SVA Consulting

Family Support Networks

Process Evaluation Report

July 2020

Government of **Western Australia**
Department of **Communities**

About Social Ventures Australia

Social Ventures Australia (SVA) is a social purpose organisation that works with partners to improve the lives of people in need. SVA's services are designed to scale social impact, helping business, government, and philanthropists to be more effective funders and social purpose organisations to be more effective at delivering services.

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List of acronyms and abbreviations

Term	Description
A&C	Assessment & Coordination
ACCO	Aboriginal Community Controlled Organisation
ARACY	Australian Research Alliance for Children and Youth
CPFS	Department of Child Protection & Family Services
CSOs	Community Service Organisations
Department	Department of Communities
DLG	District Leadership Group
EIFS Strategy	Earlier Intervention and Family Support Strategy
FSN	Family Support Networks
FuSioN	Family Support Networks' client information data system
ICM	Intensive Case Management
SVA	Social Ventures Australia

Contents

Executive Summary

The Building Safe and Strong Families: Early Intervention and Family Support Strategy launched in 2016. As part of that strategy, existing Family Support Networks (FSNs) were to be refined and strengthened for the 2018 iteration (subject of this evaluation).

About the Family Support Networks

FSNs are a partnership of community sector services and the Department, with the intention of providing a common entry point to services and delivering earlier, targeted support to families with complex problems and those most vulnerable to involvement with the child protection system.

FSNs operate across the metropolitan area in four service corridors. Each corridor is managed by a lead agency from the community services sector in partnership with an Aboriginal community controlled agency. Lead agencies establish a common entry point for families to access family support services and partner with support services in their local area to form an alliance of partner agencies. These services include intensive family support, counselling, drug and alcohol, homelessness, domestic violence intervention and services for young people. The intention is for FSN to provide an integrated and coordinated range of services for families tailored to their needs.

FSN's current iteration is made up of two streams:

- *Assessment and coordination* (A&C): this stream accepts referrals from multiple sources and self-referrals and focusses on families who would benefit from service coordination assistance. These families typically have lower needs.
- *Intensive case management* (ICM): this stream only accepts referrals from the Department and assists families who require more intensive support to keep children at home. These families typically have higher needs and are already known to the Department.

About this evaluation

Social Ventures Australia in partnership with Dorinda Cox from Inspire Change Consulting Group were commissioned to conduct a process evaluation of the FSN. The current iteration of the FSN is just over a year into a five year delivery term and the evaluation seeks to answer four key questions:

- What early indicators of outcomes for families have occurred?
- Has the program been designed optimally?
- Has the implementation been effective and efficient?
- What can be learnt and improved?

This evaluation has used a mixed-methods approach drawing on stakeholder consultations (including with service delivery agencies, Department staff and families receiving services), desktop research and analysis of available data from FSN progress reports. It is important to note that there were some limitations with the data collected through FSN's data management system for this evaluation. These limitations have been noted through the report.

This report is structured in three main sections – firstly it highlights early indicators of outcomes based on available data, then considers the effectiveness of design and implementation, and finally sets out recommendations for improvement.

What early indicators of outcomes for families have occurred?

At the outset it is important to note that as this is a process and not an outcome or impact evaluation, the evidence provided in this section is at a high level and focusses on early evidence only. A further evaluation will need to be undertaken to fully ascertain the impact achieved by FSN. It should also be noted that this section draws heavily on interviews undertaken with FSN families, four of which are

Aboriginal. To the extent that this report makes findings regarding Aboriginal families, the evaluation also draws from the expertise of Dorinda Cox (expert cultural advisor) and broader research.

This section addresses the following service outcomes and short term success measures for FSN:[1]

Service outcome	Short term success measure
Families have improved parenting skills to safely care for their children at home	• Increase in case plan goals achieved for families with ongoing and closed case plans • Increase in family confidence levels in managing a safe and stable home
Families receive an integrated and coordinated service	• Reduced burden on families retelling their stories • Increase in families feeling confident and happy to engage with the lead and partner agencies
Families improve and develop culturally safe support networks	• Increase in culturally appropriate support services offered to families.

Parenting skills to safely care for children at home

Completion of case plan goals

The ICM progress report for period 1 September 2019 to 24 October 2019 provided case plan completion data on 149 families with closed case plans and 115 families with ongoing case plans. The data shows that during that period, 21% of ongoing cases had completed some case plan goals and 24% of closed cases had completed some or all case plan goals.

It is important to note, however, that these numbers reflect the fact that many case closures were due to family disengagement, intervention by Child Protection Family Services due to needs being too high for FSN (22% of A&C and 23% of ICM closed cases were referred to CPFS), or family relocation. That is, lead agencies reported that in many cases they were unable to 'get in the door' to deliver the service which accounts for the low case completion numbers.

Increase in family confidence levels and skills in managing a safe and stable home

ICM families reported that the in-home support service had helped them improve their ability to manage household routines. In particular, families spoke about being able to better handle their rent, bills, and general organisation of their homes to better enable them to keep to a routine.

Many ICM families also received parenting counselling. Overall, interviewed families also reported feeling that those counselling services benefited them and helped them better understand their children's needs, gave them good strategies and more confidence. One family, however, highlighted that while the parenting counselling was beneficial, she struggled to apply the new tools as there were many other issues in her life that were placing a strain on her coping ability.

It should also be noted that the ICM progress report included exit survey fields relating to clients' views on their confidence levels in setting up and keeping routines to support a stable family environment. Unfortunately, the number of responses received were very low (Fremantle/Rockingham had 3 responses and Mirrabooka/Joondalup had no responses). There was insufficient information to provide a meaningful finding on family confidence based on exist survey data.

[1] Family Support Networks Evaluation Plan; it should also be noted that the Evaluation Plan also contemplates a fourth service level outcome of the program being to 'deliver value for money across State Government' with the short term measurable benefit being an 'increase in families diverted from entering the child protection system'. A separate baseline data capture report has been undertaken to assess this outcome in the future. For the purposes of this process evaluation, there was no data comparison point to draw any meaningful findings.

Integrated and coordinated service

Retelling stories

There were mixed experiences among families who were interviewed regarding the retelling of stories. Two families commented that FSN effectively helped reduce the number of times they have needed to tell their stories as case workers helped explain their situation in the referral process.

It is also worth noting, however, that agencies observed that the number of times families are retelling their stories also depends on the families' own preferences (some prefer to retell their stories), and particular circumstances around the service being delivered. Some services require families to retell their situation to ensure a thorough assessment is complete before services can be delivered effectively and responsibly. Furthermore, while information on initial assessments from case workers are useful as early indicators of need, there is also often crucial information that needs to be elicited.

Confidence in engaging with lead and partner agencies

Unfortunately, no data has been available to assess this outcome. Progress reports include data fields pertaining to family engagement with agencies, however, due to the low response rate, no meaningful conclusion can be drawn.

Other positive indicators from families

While the following observations do not align to any particular success measure as defined by the Department's FSN Evaluation Plan, families shared positive stories in interviews about how FSN helped them access more services in a coordinated manner.

In particular, many families expressed the view that without FSN, they would not have known what services were available to them or how they might access those supports. FSN helped offer them services to meet those needs and facilitated the referral processes.

For ICM families, some were also able to participate in meetings where all services were present along with their case worker. At these meetings, families were able to understand what services were offering to support them and gave them a chance to update services on any change in circumstances. These meetings are not generally an option available to A&C families in the current FSN model.

Culturally safe support networks

Overall, the Aboriginal families reported that they were satisfied with the cultural appropriateness of FSN's service. In particular, families noted that they were pleased that some of their case workers were Aboriginal and that, generally speaking, workers understood cultural contexts in broad terms.

One family did, however, emphasise that further work was needed to improve cultural appropriateness to make the service more tailored to Aboriginal families. In particular, more training is needed to build workers' understanding of how Aboriginal people conceive home and family life. More Aboriginal workers would also improve cultural appropriateness.

Has the program been designed optimally?

There are four key areas for consideration – responsiveness to the needs of Aboriginal families, clarity of purpose and theory of change, effectiveness of activities to create outcomes, and governance.

Responsiveness of FSN to meet the needs of Aboriginal families

FSN was created as a diversionary early intervention program to address the over-representation of Aboriginal children in out of home care. To deliver this focus, its foundational documents stress the importance of applying cultural safety and trauma informed principles. On a practical level, FSN's current design exhibits a number of elements that aims to respond to the needs of Aboriginal families. These design elements include:

- Principles of cultural appropriateness and trauma-informed approaches written into the operating framework. For example, guiding principles quote the need to deliver a system that is safe and responsive to the needs of Aboriginal families and also a system that recognises the impact of multiple traumas on children and families.
- ACCO partners were included to work alongside lead agencies with each lead agency expected to actively engage and develop meaningful working relationships with ACCOs. This intended to enable more culturally appropriate and sensitive services through information transfer, cultural training, and increased availability of Aboriginal staff.
- During the contracting process, lead agencies were required to demonstrate an ability to achieve improved outcomes for Aboriginal children and families.

While these elements were built into FSN from the outset, there is evidence indicating that FSN's design needs to be strengthened going forward to improve its trauma-informed approach.

A review of FSN's design against *core values of trauma-informed services* as described by the Australian Institute of Health and Welfare and the Australian Institute of Family Studies[2] indicates a number of key areas for improvement as shown below.

Core values of trauma-informed services	Indicative FSN assessment	Explanation for rating
1 - Understand trauma and its impact on individuals, families, and communal groups		FSN's design does not embed evidence based definitions and approaches that must include intergenerational trauma which is the commonly recorded factor for the removal of Aboriginal children. In particular there are no overarching and consistent trauma-informed policies and training can help promote an understanding.
2 – Promote safety		The self-referral system for A&C and the referral system for ICM indicate that Aboriginal families do not feel safe to engage in FSN. Aboriginal families are unlikely to self-refer to a common entry place at a lead agency's offices and are also reluctant to engage in ICM support due to the association with the Department. SNAICC's recent 2017 Family Led Decision Making Trial indicates what it means to create culturally safe spaces.[3]
3 – Ensure cultural competence		ACCO partners have been an important feature of ensuring cultural competence. Certainly, in the case of Wungening and Centrecare's partnership, they have been able to inform and influence the level of cultural appropriateness of services. Unfortunately, these results have been inconsistent and further work is needed to move services from cultural awareness to cultural security.[4]
4 – Support client's control		FSN's services, particularly ICM, are focussed on increasing the families' ability to regain control and capacity to manage their daily household routines. Family interviews have also suggested that they have a close ongoing relationship with case workers who share information about their services routinely.
5 – Share power and governance		Aboriginal communities were not involved in the co-design of FSN. In 2017 two external community sector consultation sessions were held which included ACCOs, however, no further involvement has been documented. Furthermore, while ACCOs have been included as a core component of FSN, their roles, responsibilities and governance needs to be more formally acknowledged and documented.

[2] Atkinson, J, 'Trauma-informed services and trauma-specific care for Indigenous Australian children', Australian Institute of Health and Welfare; Australian Institute of Family Studies, July 2013.
[3] Winangali, 'Aboriginal and Torres Strait Islander Family Led Decision Making Trial', October 2017. Available at: https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf.
[4] See Juli Coffin's work as referred to by the Australian Human Rights Commission - Australian Human Rights Commission, Social Justice Report 2011, Chapter 4, https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#fnB11.

6 – Integrate care		FSN's services, particularly A&C, are focussed on providing an integrated service for families. One area of focus required may be increasing referrals to cultural services to assist Aboriginal families in their spiritual and cultural wellbeing.
7 – Support relationship building		Majority of families interviewed indicated a strong and productive relationship with case workers. There is, however, little peer-to-peer support with other Aboriginal community members built into FSN.
8 – Enable recovery		FSN's strives for a strength based model, however, a consistent and practical framework setting out clearly the roles of all parties involved, particularly in case planning stage, will be required to strengthen better recovery. For example, current case planning may involve the child protection lead in some corridors which may disempower some Aboriginal families.

Clarity of purpose and theory of change

Key stakeholders are well aware of FSN's purpose and strategy, however, the theory of change to achieve that purpose is ambiguous. FSN's design lacks a well-articulated theory of change demonstrating how its activities lead to short, medium, and long term change. Without this, it is harder for stakeholders to grasp how exactly FSN's activities works to achieve its purpose. This also creates issues for effective evaluation and data collection as outcomes and indicators will not be well defined, evidence-based, and causally linked.

Effectiveness of activities to create outcomes

There is a clear need for early intervention programs like FSN in the community (only 7% of 2017 government funding was dedicated to early intervention services) and the core elements of FSN are designed to meet this need. The evaluation has highlighted two main areas of potential improvement.

Firstly, lead agencies have identified that there is a gap between A&C and ICM with the potential to create better outcomes. Agencies have consistently reported a missed opportunity to bolster A&C's early intervention service by allowing families to step up into short term in-home support option in times of high need and then back down to A&C coordinated service delivery when circumstances have stabilised. Lead agencies also frequently quoted ICM as a possible option. Currently, the ICM stream is designed to accept Department referrals only.

Secondly, FSN's design relies on partner agencies to carry out critical activities such as attend allocation meetings, data entry and case management, however, the current workload is higher than anticipated which is causing some misalignment in incentives and sustainability concerns. The Department may consider reviewing and developing current incentives for partner agencies to ensure full participation and accountability for critical FSN activities.

Governance and ownership

The initial design of FSN's governance was sound and had potential to effectively lead the FSN. The governance framework provided a three tier structure where 'on the ground' operations could be documented and led by local steering groups while also receiving support from government departments and community sector agencies. The design also provided a link between operations and senior departments and community agencies where information sharing could flow to inform decision making. There was also a way for implementation barriers, emerging needs, and service sector gaps to be captured and communicated to government.

It should be noted that key elements of the governance design have not been established in the first year which is impacting implementation. District Leadership Groups have been slow to start up across the corridors and steering groups are not all operational and effective across the FSNs.

Has the implementation been effective and efficient?

There are four key areas for consideration – implementation of FSN's key processes (referrals, assessments, allocations, coordination, and case management), capacity of FSN to manage and support families, data collection and FuSioN database, and governance and accountability.

Implementation of FSN's key processes

The table below sets out FSN's four key processes and the key findings against each.

FSN key process	Key findings
Referrals into FSN	• A high number of referrals into A&C were unsuitable – In the first year, about 46% of total referrals were unsuitable. Reasons include case opened to CPFS, client was disengaged, client could not be contacted, client relocated, or they were inappropriate for FSN. • A high number of referrals into ICM were not accepted or families were disengaged - In the first year, FSN received 349 referrals from the Department for ICM. 62 of these referrals could not be accepted, primarily due to capacity issues. Furthermore, about 24% of families who were accepted could not be engaged. Primary reason or disengaged is due to the quality and thoroughness of referral processes. As ICM is voluntary, if families are not provided with enough information or referred in a cooperative manner, families are unlikely to engage with lead agencies.
Assessment (A&C only)	• Some families commented that FSN helped alleviate the number of times they needed to retell their story. But stakeholders have also emphasised that a centralised assessment process does not always stop families from retelling their story as it depends on the family's preference as well as the particular circumstances such as whether the service they are referred to requires full detail of their history. • Although the increase in geographical coverage and higher referral numbers was part of the contractual tendering process with lead agencies, there is a growing concern that assessment officers will soon be unable to support the number of families referred in to FSN.
Allocation (A&C only)	• Allocation meetings have been useful for information sharing and networking for agencies, however, agencies see less value in it as an effective and efficient allocation mechanism. This is because: - many cases are being allocated outside meetings. - important services needed to meaningfully discuss complex cases are sometimes missing from the partnership group which means cases cannot be resolved at meetings. - attending fortnightly meetings uses valuable resources and disrupts agencies' business as usual services. • Families are not always allocated to the right partners or at the right time. • FSNs struggle to allocate families where there is a gap in the service system – A&C is only as effective as the services available to them. In particular, there is a shortage of in-home support services and ICM is not available to them as it is a Department referral only service.
Coordination & case management	• Families are often allocated to partner agencies for case coordination for A&C stream, however, there is some concern that this may not be carried out effectively due to a higher than expected workload and a misalignment of incentives for partner agencies • Many non-partner agencies are allocated to provide services to families, however, as they are not subject to an MOU, they are not required to adhere to service standards or guiding principles of FSN. This is also a

	problem as they are not required to capture data for case managers to input into FuSioN. • Family engagement with case plans have varied.

Capacity of FSN to manage and support

Although the increase in geographical coverage was included in the new tender there is, still some growing concern among agencies that the FSN will run out of capacity to effectively manage and support families coming through. Concerns include lead agencies' network staff being stretched, lead agencies having no control over the number of referrals coming in, FuSioN creating a lot more work for agencies, and a shortage of early intervention services in corridors for A&C to refer to.

Details around the cost modelling for FSN's design was unavailable for this evaluation and as such a review of the cost effectiveness and efficiency of the program design could not be undertaken. It is recommended that the Department and lead agencies collaborate to undertake a cost modelling exercise to improve on current operations in order to ensure FSN's ongoing sustainability.

Data collection and FuSioN database

The FSNs use a shared client management database called FuSioN which intended to allow joint collection of data and client information by lead and partner agencies working with families. Some partner agencies have reported in focus groups that they have found it beneficial to have access to case notes and background information on families before commencing their own service delivery. In this way, there is some evidence of FuSioN creating a slightly more streamlined service for families.

Unfortunately, however, the overwhelming evidence is that while there is great value and need in an integrated and overarching data collection system, stakeholders have consistently reported significant problems with data collection and the FuSioN database system. Frustration stems from several reasons including FuSioN training being very time intensive, agencies having their own data collection system, regular access and log in issues, data privacy concerns, data fields required not always being suitable or applicable, and updates taking place without consultation with FuSioN users. These issues have caused inconsistent data entry and incomplete data.

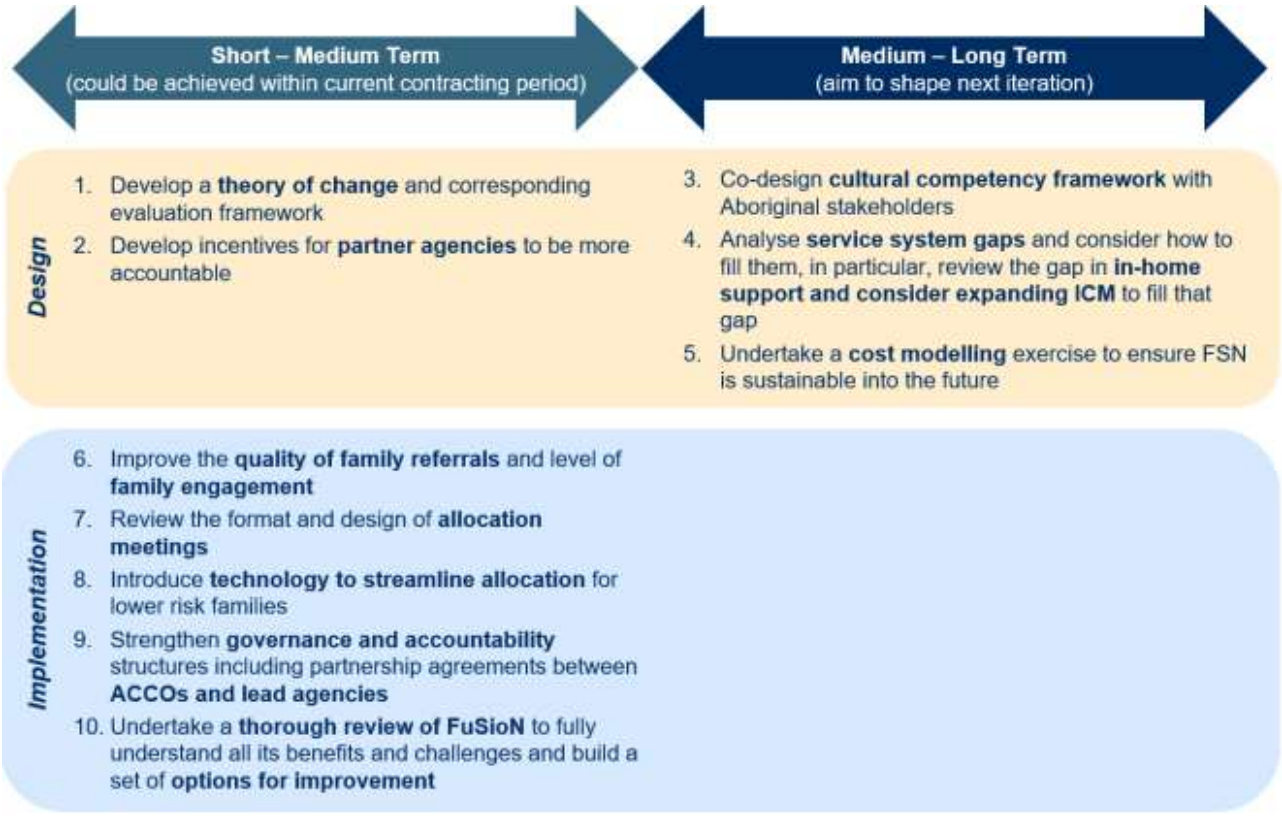
Governance and accountability

As noted above, governance elements that were initially designed have not been set up and implemented creating some challenges. For instance, the lack of DLGs in corridors has meant that FSN do not have an efficient connection to systemic issues and decision-making. For example, they are unable to inform the government of service sector gaps. There are also an absence of well-functioning steering committees in some corridors meaning the primary governance body accountable for FSN does not exist to manage and address implementation challenges.

The effectiveness of ACCOs and lead agency partnerships has been inconsistent. FSN's operating framework is silent on how these partnerships should work, leaving it largely to the ACCOs and lead agencies to co-design that working relationship. This has led to inconsistent results. Wungening and Centrecare have developed a strong partnership while Yorgum and the other two lead agencies appear to have a weaker working relationship. Further detail on the difference between the two partnerships is set out in the report.

How can we learn and improve?

There are nine key recommendations to improve FSN's effectiveness in the future.



Recommendation 1 – Develop a theory of change and corresponding evaluation framework

Develop a well-articulated theory of change that clearly defines how FSN's activities lead to short, medium, and long term outcomes. Importantly, the theory of change must sufficiently delineate between A&C and ICM streams to properly capture the difference in their activities and intended outcomes. An evaluation framework should also be developed to ensure indicators, data tools and methodologies are robust and aligned with outcomes and causal links defined in the theory of change. This may also require adapting contract agreements to align with outcomes and indicators.

Recommendation 2 – Develop incentives for partner agencies to be more accountable

FSN's current design relies heavily on partner agencies to carry out critical activities but they do not receive any funding to do so which is devaluing and reducing the effectiveness of those activities. Lead agencies rely on partner agencies to input data into FuSioN based on their assessments and services provided to families, undertake case management or coordination duties, and attend allocation meetings on a fortnightly basis.

To improve FSN, the Department should consider appropriate incentives for partner agencies to ensure full participation and accountability for critical FSN activities. These initiatives will need to be carefully designed in consultation with partner and lead agencies to define what is appropriate.

Recommendation 3 - Co-design cultural competency framework with Aboriginal stakeholders

FSN's purpose is to address the high number of children entering out of home care, with a particular focus on the unacceptable over representation of Aboriginal children in care. To achieve this purpose, FSN's design must be embedded in a cultural security framework.

This framework will ensure a more consistent, evidence-driven approach to cultural competency across the FSNs with accountability back to the Department. Importantly, it will help FSN address the weaker *core values of a trauma-informed approach* as highlighted above. These include:

- Embedding a stronger understanding of trauma and its impact through policies and training.
- Promoting safer physical and emotional spaces with a particular focus on referral pathways for Aboriginal families.
- Sharing power and governance with Aboriginal community, including ACCOs. Practically, this may be achieved through initiatives such as recommendation 8, co-designing formal partnership agreements between ACCOs and lead agencies.

A cultural competency framework will also help support client control (another component of the *trauma-informed approach*) by ensuring that the cultural diversity of Aboriginal clients is respected. It will help both Aboriginal and non-Aboriginal organisations demonstrate inclusive support for cultural diversity for each client and promote client choice and preferences.

Recommendation 4 – Analyse service system gaps and consider how to fill them, in particular, review the gap in in-home support and consider expanding ICM to fill that gap

The A&C stream is only as effective as the service system available to refer families to. Many stakeholders have consistently reported that service system gaps are reducing FSN's effectiveness as families need to sit on waitlists for longer or there are simply a lack of services. An analysis of the current service system in each corridor should be undertaken to identify gaps and consider how to fill some of those gaps. Potential options may include increasing resources to high demand services to reduce waitlists or contracting existing services to expand their offerings to fill service gaps.

The Department should undertake an analysis of the size of the service system gap in in-home support and consider options for filling this gap, including exploring the possibility of increasing ICM's budget to include the option of taking on more A&C direct referrals. It is, however, important to ensure that expanding ICM will not reduce the availability of ICM positions for those families who are at high risk and in need of those services. Detailed cost modelling and program design will be required.

Recommendation 5 - Undertake a cost modelling exercise to ensure FSN is sustainable

The evaluation highlighted that the capacity of FSN is under some strain and there are concerns about the ongoing sustainability of maintaining a high quality service. Furthermore, there have been opportunities highlighted such as a possible expansion of the ICM service or the inclusion of a step-up in-home support service that need to be considered going forward.

The Department should work with lead agencies to understand the parameters of the service and straining points on capacity to develop an agreed cost model to secure FSN's future sustainability and effectiveness.

Recommendation 6 – Improve the quality of family referrals and level of family engagement

In the A&C stream, 60% of initial screenings were deemed to be unsuitable. In the ICM stream, 24% of accepted families could not be engaged. As both streams are voluntary, successful referrals and engagement from families are heavily reliant on the quality of the handover process, the nature of the rapport between the referrer and the family and the way families are informed about the services.

While lead agencies have reported a gradual improvement as agencies become more familiar with FSN, further work should be done to strengthen the quality of the referrals by continuing to improve the education and information for agencies referring families and the families themselves. This includes taking a wider family group view to allow a greater understanding of potential risk with families experiencing multiple complexities. It should be noted that, currently, the top three referral sources into A&C are the Department of Health, CPFS and individual referrals. ICM referrers are from the Department by design.

Engagement techniques should also be co-designed with communities, particularly Aboriginal stakeholders, and families, to increase opportunities for engagement. For example, FSN's may spend time in community hubs to familiarise the community including local agencies with their service or recruit influential community members as part of the steering group.

Recommendation 7 – Review the format and design of allocation meetings

Agencies have reported seeing increasingly less value in allocation meetings which has resulted in dwindling attendance numbers. The format and design of allocation meetings should be reviewed to ensure they are effective for families and an efficient use of resources. Consideration should be given to frequency, format and location, tools to support meetings such as case lists and service registries, and family involvement.

Recommendation 8 – Introduce technology to streamline allocation for lower risk families

To streamline and increase the efficiency of allocation processes more generally, FSN should consider introducing a technology solution for allocations for lower risks families who do not need to be discussed in allocation meetings. For example, an app or online system tool that can access the capacity levels at each partner agency and search a local registry for available services. Any technology or social innovation tool must be easy to use to incentivise uptake.

Recommendation 9 – Strengthen governance and accountability structures

FSNs should reinstate and reinvigorate their governance structures. DLGs should be established as soon as possible with efforts made to ensure FSNs have a voice in the Children and Families priority sub-groups. FSNs should also ensure that steering committees are effectively operating to strengthen governance and accountability.

Importantly, FSNs should develop a formal partnership agreement between ACCOs and lead agencies to lay the foundation for effective and consistent working relationships. Currently the effectiveness of these partnerships has been inconsistent with some positive outcomes and other areas for improvement emerging. These learnings from the first year of the FSN pilot can be built on to develop a more formal agreement on how these working relationships can be improved. In particular, it is important that the co-design of these partnerships be based on the recommendations contained in the recent report by the West Australian Council of Social Service and the Noongar Family Safety and Wellbeing Council on *'Partnering with Aboriginal Community Controlled Organisations to Deliver Trusted Services With Stronger Outcomes for Aboriginal People'*. The report sets out important elements that need to ground any productive partnership between community service organisations and ACCOs. Key elements of that partnership may also be incorporated into MOUS with partners.

Recommendation 10 – Undertake a thorough review of FuSioN to fully understand all its benefits and challenges and build a set of options for improvement

FSN involves multiple different stakeholders including lead agencies, partner agencies, non-partner agencies and Department staff. It also covers a wide geographical area. For multi-agency and wide reaching services like FSN, it is critical to have a well-integrated data collection system.

A thorough review of FuSioN should be undertaken to identify areas in need of improvement and system based solutions should be implemented. Particular focus is necessary in how training is delivered, the user friendly nature of the platform (e.g. log in challenges), alignment with existing data collection systems, data privacy and appropriateness of indicators.

This work should flow on from and be guided by the theory of change and evaluation framework developed in Recommendation 1.

1. Background

1.1 Earlier Intervention and Family Support Strategy

In September 2016 the Department of Communities (Department) launched the Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (EIFS Strategy), acknowledging that effective earlier intervention, before problems become so entrenched that children have to be removed, presents the best opportunity to make a positive difference.

The EIFS Strategy provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home-care. It has four key areas with a range of actions under each:

1. Delivering shared outcomes through a 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.

Actions 3.3-3.9 under focus area three (found in Appendix 1) refers explicitly to Family Support Networks (FSN). FSNs had already been in existence for several years prior to the EIFS Strategy which looked to refine and strengthen it for the 2018 iteration (the subject of this evaluation).

1.2 Defining prevention and early intervention

Definitions of prevention and early intervention can be ambiguous which has adverse impacts on policy development and implementation of child protection strategies. This ambiguity has led Youth Action, Fams and Local Community Services Association[5] to explore traits or conditions that help to define prevention and early intervention:

Prevention:

- Undertaken with general, selective, and indicated groups to prevent issues developing (not escalating).
- Holistic and works to promote a range of known, holistic protective factors to avoid a range of issues, rather than targeting prevention of a single issue.
- By its nature is ecological and cross sectoral – promoting health and wellness is not the domain of any one system or sector.

Early intervention:

- Undertaken before responses which could be considered 'treatment' (i.e. a response is critical, interventionist or time-sensitive) are required. Once a response is treating something that is entrenched, complex or impairing function it is no longer early intervention but treatment.
- Holistic, not single-issue focussed.

Early intervention can be understood as part of a continuum of family and community services. This is commonly represented in relation to the pyramid model of public health.[6] The figure below represents an adaption of that model, describing primary (or universal), secondary and tertiary level responses to child protection matters. Early intervention and prevention fit towards the left of the continuum, however, the EIFS Strategy focuses on 'earlier' intervention activities at early and secondary intervention levels.

[5] Youth Action, Fams, Local Community Services Association.2019. "The Case for an Effective Prevention and Early Intervention Approach." New South Wales

[6] Australian Institute of Family Studies, 'Defining the public health model in the child welfare services context', CFCA Resource Sheet, December 2014.

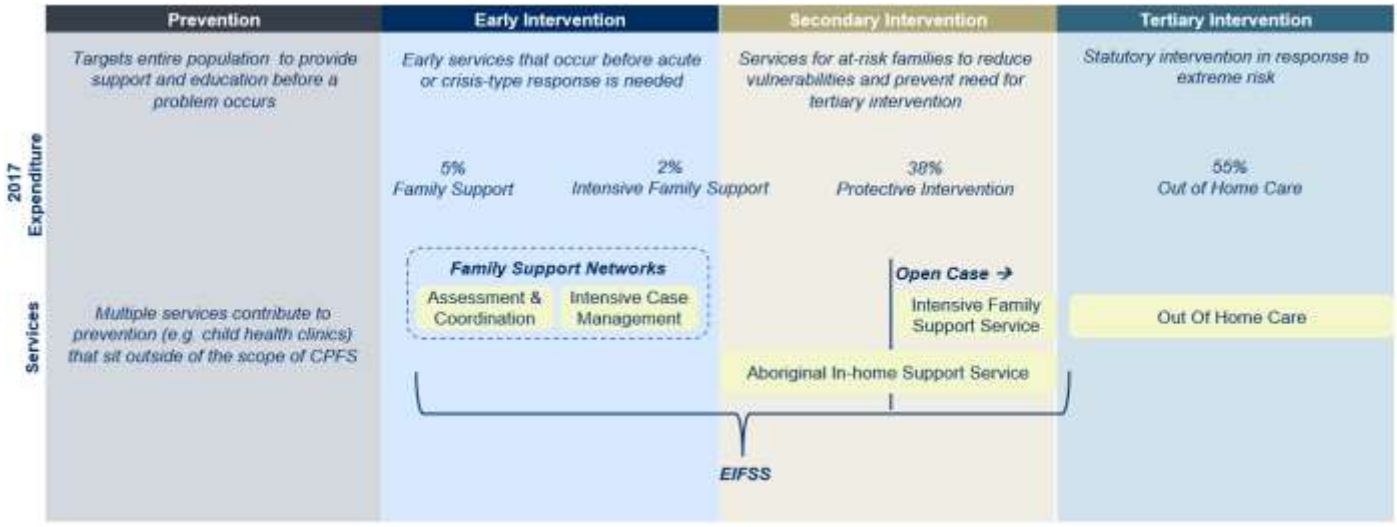


Figure 1: Continuum of family and community services[7]

1.3. Risk and Protective factors

Analysing risk and protective factors is useful when developing prevention and early intervention strategies and identifying families most likely to benefit from additional support. Definitions of risk and protective factors are[8]:

Risk factors:

Measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future. When combined with limited protective factors, they increase the probability of children experiencing child abuse or neglect**.**

Protective factors:

Attributes or conditions that can occur at individual, family, community, or wider societal level. Protective factors moderate risk or adversity and promote healthy development and child and family wellbeing. They serve as safeguards that can help parents find resources or supports and encourage coping strategies that allow them to parent effectively, even under difficult circumstances.

Protective factors can include elements of wellbeing such as health, positive relationships, safe living environments, material necessities, learning experiences, community participation and sense of culture and identity. For Aboriginal children, there is particular emphasis on connection to family, community, and culture. A focus on healing and trauma informed practices has also been promoted for Aboriginal children[9].

In Western Australia the primary drivers, or key risk factors, for child protection interventions are family and domestic violence, parental substance abuse, mental illness, and homelessness[10]. These issues are often combined and interrelated. Thus, it is understood that to prevent children being removed from parents, it is important for early intervention and prevention strategies to be holistic and partnership oriented.

There are multiple examples of evidence-based frameworks which describe protective factors that support a child's health and wellbeing. These frameworks provide a basis for identifying both the needs and strengths of children and families and to match potential services. For example, the

[7] Productivity Commission, 2017
[8] Risk and protective factors for child abuse and neglect, 2017, Australian Institute of Family Studies
[9] Partnering with Aboriginal Community Controlled Organisations to deliver trusted services with stronger outcomes for Aboriginal people, 2019, West Australian Council of Social Service and Noongar Family Safety and Wellbeing Council
[10] Earlier Intervention and Family Support Strategy Discussion Paper, 2016, Department of Communities

Australian Research Alliance for Children and Youth (ARACY) developed the Common Framework in 2010 that includes 'The Wheel' tool (see Appendix 2). This can be used to facilitate conversations about and assess a child's overall wellbeing, strengths, and needs.

1.4 About the Family Support Networks[11]

FSNs are a partnership of community sector services and the Department, with the intention of providing a common entry point to services and delivering earlier, targeted support to families with complex problems and those most vulnerable to involvement with the child protection system. The core aims of the FSNs are to help families:

- Improve parenting skills to safely care for their children at home.
- Receive an integrated and coordinated service response to divert them from the child protection system; and
- Develop and strengthen culturally safe support networks.

How FSNs work to support families

FSNs operate across the metropolitan area in four service corridors. Each corridor is managed by a lead agency from the community services sector in partnership with an Aboriginal community controlled agency (ACCO). The following table lists FSN locations, lead agencies and partner ACCOs.

Service Location	Lead Agency	ACCO Partner
Mirrabooka / Joondalup	Mercy Community Services Incorporated	Yorgum
Perth / Midland	Centrecare Inc.	Wungening
Cannington / Armadale	Centrecare Inc.	Wungening
Fremantle / Rockingham	Communicare Inc.	Yorgum

Table 1: FSN locations, lead agencies and ACCO Partners

The lead agency establishes a common entry point for families to access family support services within each service corridor. Lead agencies partner with support services in their local area to form an alliance of partner agencies. These services include intensive family support, counselling, drug and alcohol services, homelessness services, family and domestic violence intervention, services for young people and targeted community support. These services are aligned with WA's primary drivers, or key risk factors, listed above. The intention is that the FSN model provides an integrated and coordinated range of services for families tailored to their individual needs.

FSN in its current iteration is made up of two streams: Assessment & Coordination (A&C) and Intensive Case Management (ICM).

The A&C stream accepts referrals from multiple sources and focusses on vulnerable families who would benefit from some service coordination assistance. These families are typically earlier in the family and community services continuum as shown in Figure 1. The ICM stream only accepts referrals from the Department and assists families who require more intensive support to keep their children at home. These families are typically further along the continuum.

[11] Predominantly drawn from the Western Australian Family Support Networks Operating Framework, 2018, Department of Communities

Assessment & Coordination:

- **Referrals**: accepted from the Department, FSN Partner Agencies, Non-Partner Agencies in the community, Department of Health, Department of Education, and families themselves.
- **Target group**: vulnerable children and families; young people aged up to 25 years; and/or families involved with or known to multiple agencies, including the Department.
- **Priority**: given to Aboriginal families.
- **Service**: family needs are assessed, and a range of services are coordinated by the Lead or a Partner Agency, who will also provide case management. If services are not immediately available, families are placed on Active Hold and are supported while they are waiting to receive a service (rather than being waitlisted).

Intensive Case Management

- **Referrals**: accepted from the Department only.
- **Target group**: families who require intensive support to keep their children safely at home (as assessed by the Department who refers them). Often these are families that have had a recent case closure with the Department.
- **Priority**: given to Aboriginal families.
- **Service**: Lead Agency provides active and persistent case management for approximately 12 months to achieve case plan goals. Most support is provided within the family's home through practical 'hands on' support.

It is important to emphasise that A&C and ICM are designed to operate slightly differently. Most notably, while families in the A&C stream undergo an assessment and allocation process after referral, families in ICM fast track straight to case development and in-home practical supports. Figure 2 below summarises the difference in service delivery in the two streams.

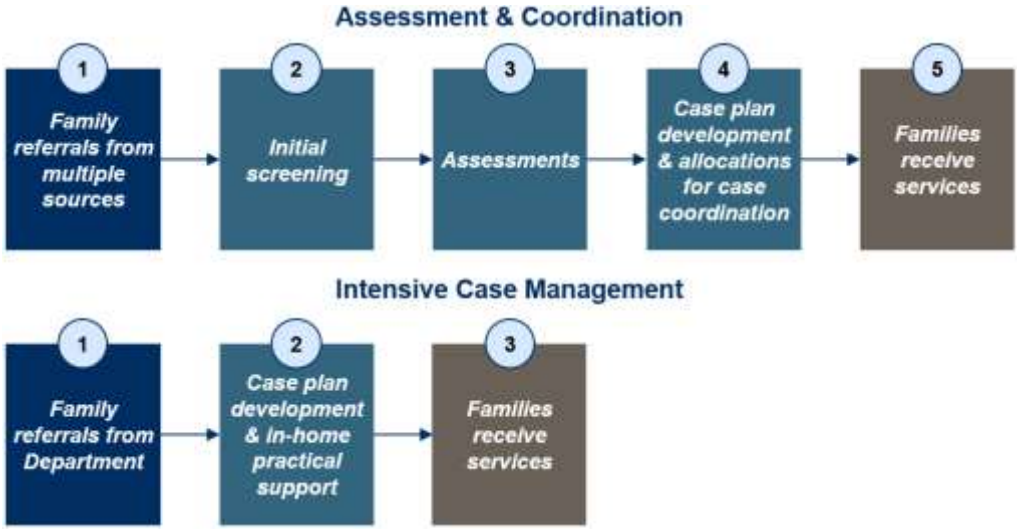


Figure 2: Summary of A&C and ICM delivery process

Guiding principles

Ten guiding principles underpin FSN operations. The implementation of these principles is largely up to the Lead Agencies to commit to and deliver.

1. Integrated, collaborative and place-based.

2. Early and intensive intervention.
3. Strengths based.
4. Child centred.
5. Family focused, person centred, and community based.
6. Evidenced based approaches.
7. Inclusive and holistic.
8. Accountable and transparent.
9. Culturally competent; and
10. Trauma informed.

Historical background of FSN

Family Support Networks were first established in Armadale (the pilot site) in 2012. Following the success of the pilot, FSNs were then established in Mirrabooka, Geraldton, and Fremantle. As noted above, the FSNs were continued as part of the EIFS Strategy and in April 2017 two external community sector consultations were held regarding proposed enhancements to the service model. Feedback from these consultations focused on FSNs needing to have a clear focus on the needs of Aboriginal families, a flexible and trauma informed case management model and the inclusion of in-home support for hard to reach families.

In line with these consultations and the strategic directions of the EIFS Strategy, the FSN model was enhanced in 2018 to identify and prevent high risk families from requiring tertiary intervention. The geographical coverage was extended, and the Intensive Case Management (ICM) stream was added. The extended coverage and ICM addition were reflected in new contracts awarded to lead agencies.

The ICM stream aimed to better service families with higher risks and complex needs, particularly Aboriginal families. The FSN delivery models were also expected to be strengthened by embedding trauma informed practice and cultural competency into them.

1.5 About this evaluation

This evaluation has been commissioned by the Department and is a process review of the FSN. This evaluation has been led by Social Ventures Australia in partnership with Dorinda Cox from Inspire Change Consulting Group. The current iteration of the FSN is just over a year into a five year delivery term and the Department is interested in:

1. What early indicators of outcomes for families have occurred?
2. Has the program been designed optimally?
3. Has the implementation been effective and efficient?
4. What can be learnt and improved?

To undertake this assessment a number of evaluation questions and sub-questions have been considered and are outlined below. The evaluation of the design considers FSN's model as it was intended, and the evaluation of implementation considers how well the current model is operating.

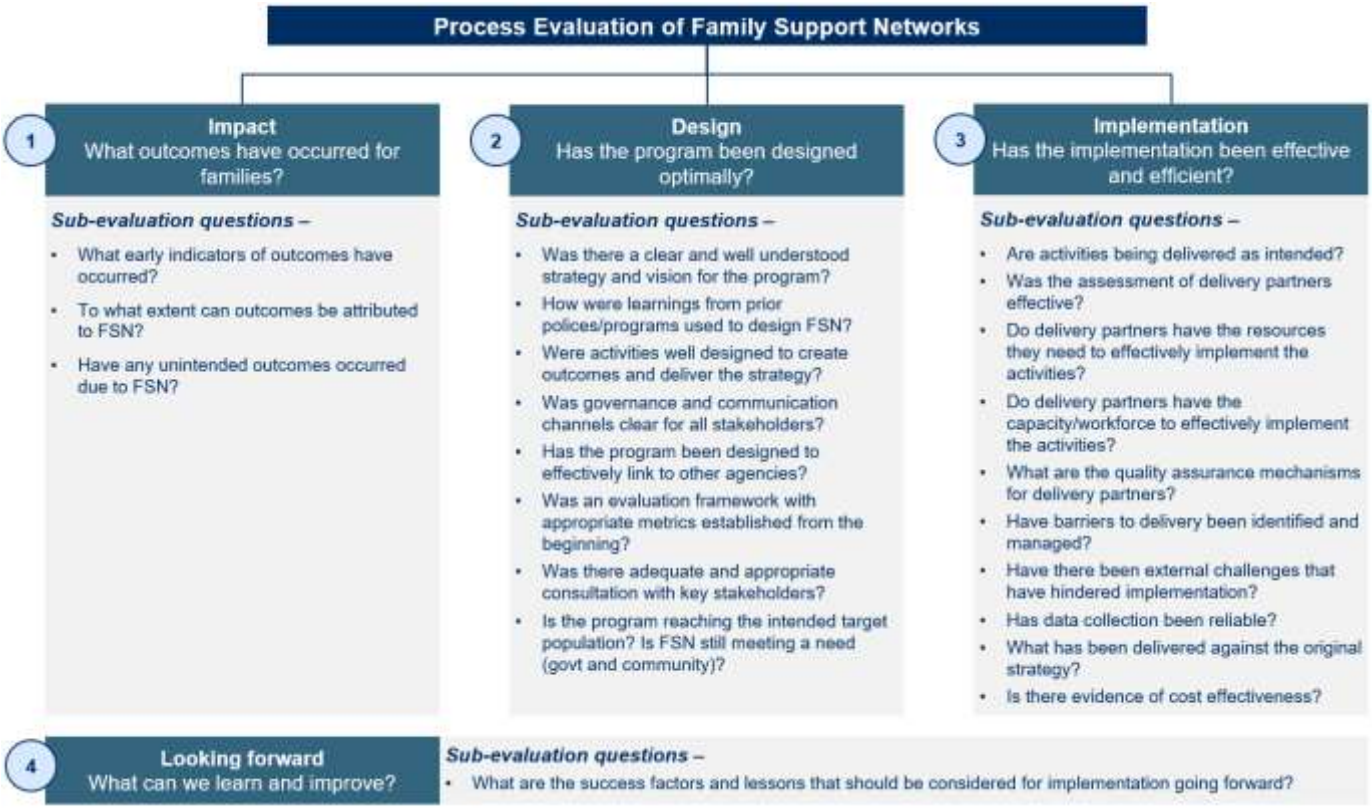


Figure 3: FSN process evaluation framework

The evaluation uses a mixed-methods approach, drawing on stakeholder consultation and desktop review of available documentation and data:

- *Key stakeholder focus groups*: focus groups have been held with two key stakeholder groups being Department staff and lead and partner agencies.
- *Interviews with families*: Eight families were interviewed (2 from each corridor with 4 Aboriginal families and 4 non-Aboriginal families).
- *Document review*: documents supplied by the Department and accessed online.
- *Data analysis*: data accessed through the Department's systems, FuSioN, and Assist; and
- *Primary research*: data available in the public domain.

Report structure

This report presents the key findings of the evaluation. It is structured as follows:

- *Section 2:* presents evidence of early indicators of outcomes for families. As this is a process and not an outcome or impact evaluation, the evidence provided in this section will be at a high level and focus on any early evidence of outcomes.
- *Section 3:* presents key findings on whether the current FSN has been optimally designed to achieve outcomes and reduce the number of children entering out of home care.
- *Section 4*: presents key findings on whether FSN's implementation has been effective and efficient; and
- *Section 5*: considers how the FSN can be improved going forward.

Data considerations and limitations

At the outset, it is important to note that there have been some limitations with the data collected through the FuSioN system. This has been due to various usage and design challenges which have

impacted on the reliability and consistency of data collection from partner and lead agencies. For example, stakeholder engagement revealed accessibility challenges (the database locks users out regularly) and training challenges where users who received training may have left certain roles (noting, only users who have undertaken training can access FuSioN). There also has been some indication that users may complete certain outcome data fields as a 'tick a box' exercise to close a case instead of meaningfully inputting data.

Furthermore, while FuSioN does capture some exit survey data about outcomes experienced by families through FSN (for example, questions include 'as a family, what is your confidence in setting up and keeping routines to support a stable family environment?'), the number of responses received are very low (in some corridors answers to some questions are less than 10) and therefore are not representative of the overall cohort. As such, there is not enough existing survey data to provide reliable analysis in this report.

Further findings in relation to FuSioN are addressed in section 4 and recommendations to improve data collection are considered in section 5.

Recommendations and insights regarding Aboriginal families

Insights and recommendations made in this report regarding Aboriginal families are informed by four interviews with Aboriginal families, the extensive expertise of Dorinda Cox from Inspire Change Consulting Group who is the cultural advisor for this evaluation, and broader literature review and desktop research.

2. What outcomes have occurred for families?

This section presents evidence of early indicators of outcomes for families. It is important to note that as this is a process and not an outcome or impact evaluation, the evidence provided in this section is at a high level and focusses on early evidence only. A further evaluation will need to be completed to fully ascertain the impact achieved by FSN.

Furthermore, it should be stated at the outset that the data collected to assess early indicators has primarily been drawn from interviews with families and information provided in the progress reports. Unfortunately, many of the data collection fields in the reports which intend to assess service outcomes, have very low response rates, such that no meaningful conclusion can be made. For example, Fremantle/Rockingham corridor had 3 responses and Mirrabooka/Joondalup had no responses against some outcomes. These areas have been highlighted below and findings and recommendations around improving data collection is addressed later in the report.

This section addresses the following service outcomes and short term success measures for FSN:[12]

Service outcome	Short term success measure
Families have improved parenting skills to safely care for their children at home	• Increase in case plan goals achieved for families with ongoing and closed case plans • Increase in family confidence levels in managing a safe and stable home
Families receive an integrated and coordinated service	• Reduced burden on families retelling their stories • Increase in families feeling confident and happy to engage with the lead and partner agencies
Families improve and develop culturally safe support networks	• Increase in culturally appropriate support services offered to families.

2.1. Parenting skills to safely care for children at home

This outcome focusses on the number of case plan goals families have completed, the confidence of families to maintain household routines and stable environments as well as families' parenting skills. As this outcome relates primarily the ICM stream, this section focusses on outcomes experienced by ICM families.

Completion of case plan goals

The ICM progress report for period 1 September 2019 to 24 October 2019 provided case plan completion data on 149 families with closed case plans and 115 families with ongoing case plans. The figure below shows that during that period, 21% of ongoing cases had completed some case plan goals and 24% of closed cases had completed some or all case plan goals.

[12] Family Support Networks Evaluation Plan; it should also be noted that the Evaluation Plan also contemplates a fourth service level outcome of the program being to 'deliver value for money across State Government' with the short term measurable benefit being an 'increase in families diverted from entering the child protection system'. A separate baseline data capture report has been undertaken to assess this outcome in the future. For the purposes of this process evaluation, there was no data comparison point to draw any meaningful findings.

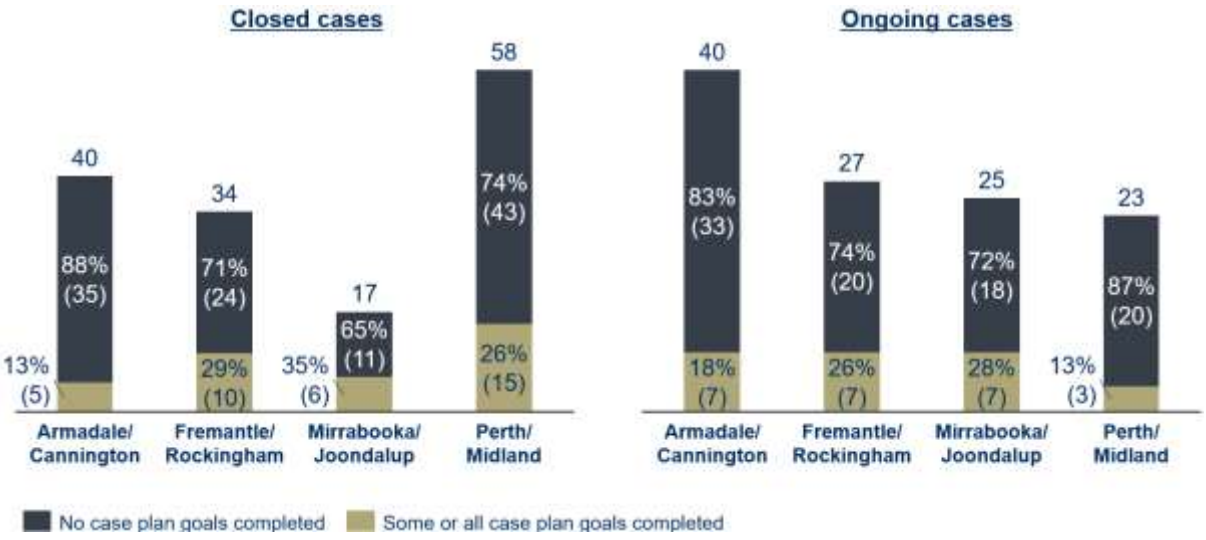


Figure 5: Case plan goal completion for families with ongoing and closed cases between 1 Sep 2014 and 24 oct 2019

The reasons stated in the progress report for the lower goal completion rate include factors such as family disengagement, family relocation or CPFS intervention. This suggests that the low goal completion numbers are reflective of a high number of families who may not have been able to meaningfully engage with the service in the first place.

In particular, the data shows that 47 ICM families (23% of ICM closed cases) and 170 A&C families (22% of A&C closed cases) had their cases closed due to CPFS intervention. The data does not allow for any further breakdown of families by reason for disengagement.

Increase in family confidence levels and skills in managing a safe and stable home

To ascertain whether families who did receive ICM support experienced outcomes, five ICM families were interviewed as part of the evaluation. Three indicated that they had completed their case plan goals, one has been escalated to CPFS after completing their full year of service with ICM and one is still part way through their one year ICM support period.

These ICM families reported that the in-home support service has helped them improve their ability to manage household routines. In particular, families spoke about being able to better handle their rent, bills, and general organisation of their homes to better enable them to keep to a routine.

"I've achieved my case plan goals with improving my house situation. That was the biggest problem, but I've got that sorted now" – ICM parent

"I have a baby, so I've been struggling with the house lately, they help me with organising bills and developing strategies for that. It has been really helpful. Now I'm in front of my rent and bills so I'm happy" – ICM parent

"I was struggling with 5 children on my own and we all have trauma from domestic violence. I was struggling to get the house organised and get my parenting strategies under control so I could have better routine. The whole year I have been with FSN they have been helping me every week." – ICM parent

"They were great because they helped me with inside the home like helping with advice on what sorts of things I could do around the house" – ICM parent

"If FSN didn't happen, I would still be feeling overwhelmed and in the dark about where to go. I'm now getting someone to come in and help with decluttering and getting rid of things. I would probably be doing it all on her own but having them there to help tidy up and offer suggestions was very helpful" – ICM parent

Many ICM families also received parenting counselling. Overall, interviewed families also reported feeling that those counselling services benefited them and helped them better understand their children's needs, gave them good strategies and more confidence.

"I am much better now than I was 4 months ago. Have more understanding of what kids need from me but before I was living in the moment and coping day to day. More able to cope better than I used to" – ICM parent

"…Knowing that I have support gives me the ability to go 'right I can do this' but before I would have felt very overwhelmed." – ICM parent

One family, however, highlighted that while the parenting counselling was beneficial, she struggled to apply the new tools as there were many other issues in her life that were placing a strain on her coping ability. This family was initially referred to A&C, was eventually escalated to ICM for one year and has now been referred onto CPFS.

"I got a few parenting courses at the beginning…I got the skills there but because of a lot of other stuff, there are concerns…I know the tools and I remember them when I am coping but I haven't had the chance to put them in place. I have resources in my head but haven't been able to put it into practice because there are other issues putting strain on my coping ability" – ICM parent

It should also be noted that the ICM progress report did included exit survey fields relating to clients' views on their confidence levels in setting up and keeping routines to support a stable family environment. Unfortunately, the number of responses received are very low (Fremantle/Rockingham had 3 responses and Mirrabooka/Joondalup had no responses). There is insufficient information to provide a meaningful finding on family confidence based on exist survey data.

2.2. Integrated and coordinated service

This outcome relates to both ICM and A&C streams. It is focussed on reducing the burden on families to retell their stories and how confident families feel in engaging with lead and partner agencies.

Retelling stories

There were mixed experiences among families who were interviewed regarding the retelling of stories. Two families commented that FSN effectively helped reduce the number of times they have needed to tell their stories as case workers helped explain their situation in the referral process.

"[FSN] *connects me with services instead of me having to repeat myself 10,000 times for the same situation"* – ICM parent

"I don't like having to tell my story over and over again so having a long term [FSN] *worker is fantastic. So, when there is a need,* [FSN] *can tell my story and it is so much easier"* – A&C parent

One family noted that due to the number of times her case worker changed, she had to retell her story numerous times, which may cause some anxiety.

"I had to retell my story - I don't mind so much because I need to do that with children with disabilities all the time. But for someone who is not used to that I can understand there would be angst." – ICM parent

It is also worth noting, however, that agencies observed that the number of times families are retelling their stories also depends on the families' own preferences (some prefer to retell their stories), and particular circumstances around the service being delivered. Some services require families to retell their situation to ensure a thorough assessment is complete before services can be delivered effectively and responsibly. Furthermore, while information on initial assessments from case workers are useful as early indicators of need, there is also often crucial information that needs to be elicited.

There is a data collection field in the process reports that asks families to indicate the number of times they needed to tell their stories. Again, the response rates were very low. Furthermore, the question

simply asks, 'how many times did you have to explain your story', which does not indicate whether there has been a reduction in the burden to retell their story within FSN's first year. For these reasons, it is difficult to draw a meaningful conclusion from the survey data against this outcome.

Confidence in engaging with lead and partner agencies

Unfortunately, no data has been available to assess this outcome. Progress reports include data fields pertaining to family engagement with agencies, however, due to the low response rate, no meaningful conclusion can be drawn.

Other positive indicators from families

While the following observations do not align to any particular success measure as defined by the Department's FSN Evaluation Plan, families shared positive stories in interviews about how FSN helped them access more services in a coordinated manner.

In particular, many families expressed the view that without FSN, they would not have known what services were available to them or how they might access those supports. FSN helped offer them services to meet those needs and facilitated the referral processes.

"I have very complex issues that are in one big ball. So, I have been dealing with children's issues and not getting my own. Many counsellors were refusing to help because they said they can't counsel my children unless I deal with my trauma first…I went to a few places, but they weren't helping…my [FSN] *helped me find a service. She sent a referral to an adult mental health service and I got an appointment"* – ICM parent

"They have just been fantastic to the point where if I have ever needed anything referral wise, they have always been able to arrange. The services I have been linked to has always been great as well" – A&C parent

For ICM families, some were also able to participate in meetings where all services were present along with their case worker. At these meetings, families were able to understand what services were offering to support them and gave them a chance to update services on any change in circumstances. These meetings are not generally an option available to A&C families in the current FSN model.

"I can go to meetings if I want and [FSN] *will arrange for everyone to be there. So, I might attend meetings with schools, housing and child protection and she can help explain to me what is happening."* – ICM parent

"Good thing is [FSN] *connects me with services and schools and teachers...Every 2-3 months* [FSN] *will get everyone together and organise a meeting to discuss how the kids are going and the teachers are there as well so they get a view on how the children and going"* – ICM parent

2.3. Culturally safe support networks

This outcome is primarily focussed on whether families have been offered culturally appropriate services. Four Aboriginal families and one culturally and linguistically diverse family were interviewed.

Overall, Aboriginal families reported that they were satisfied with the cultural appropriateness of FSN case workers. In particular, families noted that they were pleased that some case workers they had were Aboriginal and that generally speaking, workers understood cultural contexts in broad terms.

"It's a good service for Aboriginal families. When I tell her that I have family things and don't want to talk about certain things, she understands and tries to find another way. We have a better understanding of each other" – ICM parent

"My worker is not Noongar, but she is from that background, so she understands situations and cultural stuff. Family stuff she understands too" – ICM parent

One family did however emphasise that further work was needed to improve cultural appropriateness to make the service more tailored to Aboriginal families. In particular, more training is needed to build

case workers' understanding of how Aboriginal people perceive home and family life. More Aboriginal workers would also contribute to cultural appropriateness.

"There needs to be more cultural training in respect of background things on how Aboriginal people work in terms of home life and family and all that kind of stuff. It's not that they weren't understanding…but given they are working with Aboriginal people…1 Aboriginal person working with us was good but because you are working with families, you need more Aboriginal workers" – ICM parent

3. Has the program been designed optimally?

This section considers the effectiveness of FSN's design and is structured under five headings:

1. Responsiveness of FSN to meet the needs of Aboriginal families.
2. Clarity of purpose and theory of change.
3. Effectiveness of activities to create outcomes.
4. Governance and ownership.

3.1 Responsiveness of FSN to meet the needs of Aboriginal families

FSN was created as a diversionary early intervention program to address the over-representation of Aboriginal children in out of home care (54% of children in care are Aboriginal despite comprising only 6.7% of the child population[13]). FSN intends to target and prioritise vulnerable Aboriginal families to divert them away from the child protection system. Indeed, FSN's documents including its operating framework stresses the importance of applying cultural safety and trauma informed principles, and the need for services to be Aboriginal led.

This section considers how responsive FSN's design currently is to meeting the needs of Aboriginal families in a culturally safe and trauma-informed way. This section firstly sets out the core values of trauma-informed services (that is, key elements needed for a service to be trauma-informed) and then provides a high level assessment of how well FSN's current design meets those needs.

Core values of trauma-informed services for Aboriginal families

The Australian Institute of Family Studies in collaboration with the Australian Institute of Health and Welfare produced the resource sheet – *'Trauma-informed services and trauma-specific care for Indigenous Australian children'*[14] – for the Closing the Gap Clearinghouse in 2013 as a way to provide evidence on 'what works' to close the gap in Indigenous Disadvantage.

That resource emphasises that trauma-informed services looks at all aspects of its operations through a 'trauma lens'. Importantly, every aspect of the service, from management to program delivery systems, are assessed and modified to include an understanding of how trauma affects the life of individual seeking support and the workers delivering care. The resource provides core principles that services should adopt in order to become trauma-informed (set out in table 2[15]).

Core values of trauma-informed services	Description
1 - Understand trauma and its impact on individuals, families, and communal groups	This is critical to avoid misunderstandings between staff and clients that can re-traumatise individuals and cause them to disengage from a program. Implementing trauma-informed policies and training can help promote understanding. Policies formally acknowledge that clients have experienced trauma, commit to understanding trauma and its impacts, and detail trauma informed practices. Ongoing trauma-related workforce training and support is essential.
2 – Promote safety	Individuals and families who have experienced trauma require spaces in which they feel physically and emotionally safe. Creating a safe emotional environment involves making children (and families) feel welcome, providing full information about service processes (in preferred language) and being responsive and respectful of needs.
3 – Ensure cultural competence	Culturally competent services are respectful of, and specific to, cultural backgrounds. Culturally competent staff are aware of their own cultural attitudes and beliefs, as well as those of the individuals, families, and communities they support.

[13] Early Intervention and Family Support Strategy 2016, page 4.
[14] Atkinson, J, 'Trauma-informed services and trauma-specific care for Indigenous Australian children', Australian Institute of Health and Welfare; Australian Institute of Family Studies, July 2013.
[15] Adapted from above.

	They are alert to the legitimacy of inter-cultural difference and able to interact effectively with different cultural groups.
4 – Support client's control	Client control consists of two important aspects. First, victims/survivors of trauma are supported to regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy. Second, service systems are set up to keep individuals (and their caregivers) well informed about all aspects of their treatment, with the individual having ample opportunities to make daily decisions and actively participate in the healing process.
5 – Share power and governance	Power and decision making is shared across all levels of the organisation, whether related to day-to-decisions or the review and creation of policies and procedures. Practical means of sharing power and governance include recruiting clients to the board and involving them in the design and evaluation of programs and practices.
6 – Integrate care	Integrating care involves bringing together all the services and supports needed to assist individuals, families, and communities to enhance their physical, emotional, social, spiritual, and cultural wellbeing.
7 – Support relationship building	Safe, authentic, and positive relationships assist healing and recovery. Trauma-informed services facilitate such relationships; for example, by facilitating peer-to peer support.
8 – Enable recovery	Trauma-informed services empower individuals, families, and communities to take control of their own healing and recovery. They adopt a strengths-based approach, which focuses on the capabilities that individuals bring to a problem or issue.

Table 2: Core values of trauma-informed services

Assessment of FSN's current design as a trauma-informed service for Aboriginal families

FSN's current design exhibits several elements that aim to respond to the needs of Aboriginal families. These design elements include:

- Principles of cultural appropriateness and trauma-informed approaches written into the operating framework. For example, guiding principles quote the need to deliver a system that is safe and responsive to the needs of Aboriginal families and a system that recognises the impact of multiple traumas on children and families.
- ACCO partners were included to work alongside lead agencies with each lead agency expected to actively engage and develop meaningful working relationships with ACCOs. This intended to enable more culturally appropriate and sensitive services through information transfer, cultural training, and increased availability of Aboriginal staff.
- During the contracting process, lead agencies were required to demonstrate an ability to achieve improved outcomes for Aboriginal children and families.

While these elements were built into FSN from the outset, there is evidence indicating that FSN's design needs to be strengthened going forward to improve its trauma-informed approach.

For instance, agencies commonly referred to FSN's referral model as an example of poor design for Aboriginal families. FSN self-referrals currently rely on phone or walk-ins to common entry points at lead agency offices. These are not culturally safe options for Aboriginal families and present a barrier for them to access FSN.

"I don't think it works for Aboriginal cohorts. In the A&C stream, we don't get the numbers and don't get the right families because of the way it is modelled. Aboriginal numbers are very low because they are hard to reach. To engage with Aboriginal families, you need to be face-to-face, but it is a phone referral style. We don't get great engagement" – lead agency

"The A&C space relies on family capacity for engagement and typically a lot of Aboriginal families are struggling to access services. This is another barrier to service. Getting the family through the door is the tricky bit" – lead agency

Agencies have also expressed some concern that Aboriginal families have been reluctant to engage in ICM as they are aware it is Department only referral, which suggests to them they will be monitored by the Department and is a major deterrent to engaging meaningfully.

"Aboriginal families realise that if they engage in ICM, it is child protection and so they are opening themselves up to having their children removed. FSN is not just about coordinating families and families are aware of that" – partner agency

Furthermore, there are some inconsistent results occurring from partnerships between ACCOs and lead agencies, which suggests a consistent partnership framework may support better outcomes. For example, currently while all corridors have an ACCO partner, Wungening's partnership with Centrecare has been very different to the partnership Yorgum shares with its lead agencies. Wungening and Centrecare have both described the partnership they share as strong and genuine with elements of co-decision making and co-location of staff to enable greater learning and understanding. Unfortunately, Yorgum has been unavailable to consult for the evaluation, however, evidence from suggests a less structured and lower level working relationship with lead agencies. Department staff have also noted less engagement from Yorgum possibly due to staffing challenges.

In addition to the examples quoted above, a review FSN's design against the core values of trauma-informed services framework indicates key areas for improvement.

Core values of trauma-informed services	Indicative FSN assessment	Explanation for rating
1 - Understand trauma and its impact on individuals, families, and communal groups		FSN's design does not embed evidence based definitions and approaches that must include intergenerational trauma which is the commonly recorded factor for the removal of Aboriginal children.[16] In particular there are no overarching and consistent trauma-informed policies and training can help promote an understanding.
2 – Promote safety		The self-referral system for A&C and the referral system for ICM indicate that Aboriginal families do not feel safe to engage in FSN. Aboriginal families are unlikely to self-refer to a common entry place at a lead agency's offices and are also reluctant to engage in ICM support due to the association with the Department. SNAICC's recent 2017 Family Led Decision Making Trial indicates what it means to create culturally safe spaces.[17]
3 – Ensure cultural competence		ACCO partners have been an important feature of ensuring cultural competence. Certainly, in the case of Wungening and Centrecare's partnership, they have been able to inform and influence the level of cultural appropriateness of services. Unfortunately, these results have been inconsistent and further work is needed to move services from cultural awareness to cultural security.[18]
4 – Support client's control		FSN's services, particularly ICM, are focussed on increasing the families' ability to regain control and capacity to manage their daily household routines. Family interviews have also suggested that they

[16] An example of an evidence-based definition has been provided in 2004 by Wesley-Esquimaux and Smolewski who introduced a new model for trauma transmission and healing. They suggested that the presence of complex or endemic post-traumatic stress disorder in Aboriginal cultures originated as a direct result of historic trauma transmission. They described trauma transmission as follows: "Trauma memories are passed to next generations through different channels, including biological (in hereditary predispositions to post-traumatic stress disorder), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels." (Wesley-Esquimaux, C and Smolewski, M, 'Historic Trauma and Aboriginal Healing', 2004.)

[17] Winangali, 'Aboriginal and Torres Strait Islander Family Led Decision Making Trial', October 2017. Available at: https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf.

[18] See Juli Coffin's work as referred to by the Australian Human Rights Commission - Australian Human Rights Commission, Social Justice Report 2011, Chapter 4, https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#fnB11.

		have a close ongoing relationship with case workers who share information about their services routinely.
5 – Share power and governance		Aboriginal communities were not involved in the co-design of FSN. In 2017 two external community sector consultation sessions were held which included ACCOs, however, no further involvement has been documented. Furthermore, while ACCOs have been included as a core component of FSN, their roles, responsibilities and governance need to be more formally acknowledged and documented.
6 – Integrate care		FSN's services, particularly A&C, are focussed on providing an integrated service for families. One area of focus required may be increasing referrals to cultural services to assist Aboriginal families in their spiritual and cultural wellbeing.
7 – Support relationship building		Majority of families interviewed indicated a strong and productive relationship with case workers. There is, however, little peer-to-peer support with other Aboriginal community members built into FSN.
8 – Enable recovery		FSN's strives for a strength based model, however, a consistent and practical framework setting out clearly the roles of all parties involved, particularly in case planning stage, will be required to strengthen better recovery. For example, current case planning may involve the child protection lead in some corridors which may disempower some Aboriginal families.

Table 3 – high level assessment of FSN's design against core values of trauma-informed services

In conclusion, there are certain design elements of FSN that are supportive of a trauma-informed approach, however, there is a lot of potential moving forward to strengthen and improve FSN's design to effective respond to the needs of Aboriginal families. Recommendation 3 detailed at section 5 of this report suggests co-designing a cultural competency framework with Aboriginal stakeholders, including lead agencies and ACCOS, to produce a consistent overarching trauma-informed approach which will address the gaps as highlighted in the table above.

3.2 Clarity of purpose and theory of change

The purpose sitting behind FSN is clear

Key stakeholders are aware of FSN's purpose and strategy. Lead agencies, partner agencies and Department staff understand that the purpose of FSN is to address the high number of children entering into out of home care, with a particular focus on the unacceptable over representation of Aboriginal children in care (53% of children in care are Aboriginal despite comprising only 6.7% of the child population[19]). Furthermore, stakeholders understand that the FSN is grounded in the EIFS Strategy and is one critical part of delivering that vision.

While the purpose is understood, the theory of change to achieve that purpose is less clear

FSN's design lacks a well-articulated theory of change demonstrating how its activities lead to short, medium, and long term change. Without this, it is harder for stakeholders to quickly grasp how exactly FSN works to achieve its purpose.

The design of FSN involves two streams with each undertaking different activities. Within each of those streams, there are many activities from referral to case management to data collection and reporting. There are also many different participants in the system including the Department, lead agencies, partner and non-partner agencies, other government departments and families themselves.

[19] Early Intervention and Family Support Strategy 2016, page 4.

Without a clearly defined theory of change capturing the many aspects of FSN and how it diverts families away from child protection, it is more difficult for stakeholders to understand how their work and other parts of FSN contribute to outcomes. Ultimately, this reduces FSN's effectiveness.

For instance, the outcomes to be expected from A&C are different to ICM as the former focusses on delivering an integrated and coordinated service drawn from multiple agencies whereas ICM provides in-home support primarily from one lead agency. A well-articulated theory of change would define the different outcomes flowing from the two streams and how each contribute to the ultimate impact.

Currently, FSN's design conflates A&C and ICM's outcomes attributing the same set of outcomes to both streams, which has created challenges such as difficulties with evaluation.

"The outcomes for A&C don't currently make sense. It is appropriate for ICM but not this stream. If you evaluated A&C on coordination, allocation, and integration, it's great, but if you are trying to evaluate family outcomes it depends on a lot of other things. It is too long a bow." - lead agency

"A&C and ICM are different. Because they are two very different worlds, you can't bundle them together for outcomes. One is assessment coordination and the other is in-home support…The outcomes should not be bundled together but they are." - lead agency

"In hindsight, FSN should have done more work around outcomes…this is where we struggle as outcomes are premature as they are aspirational, and we can't get all the data we need. The outcomes are too long term. Need some more short term outcomes. There are definitely outcomes happening, but they are not the right ones being tracked." - Department

The evidence base and research supporting FSN's design has not been able to be ascertained

Robust evidence should inform program design, particularly programs seeking to address entrenched and intergenerational social challenges. As part of this evaluation, enquiries have been made to the Department to ascertain an understanding of the evidence and research grounding FSN's design, particularly relating to FSN's outcomes and indicators. Unfortunately, such evidence and research has not been able to be ascertained, which has made it difficult to critically analyse the nuances of FSN's design. For example, it has been difficult to understand whether key drivers of children, particularly Aboriginal children, entering out of home care has been contemplated, how FSN's design meets those drivers and what may be the desired outcomes.

3.3 Effectiveness of activities to create outcomes

The basic design of FSN's activities meets a need in the community

FSN aims to address the high number of children, particularly Aboriginal children, entering out of home care. Evidence shows that families at risk of entering out of home care often struggle with multiple concurrent challenges such as domestic violence, homelessness, and mental health. To face these challenges, families need an aligned and coordinated service system around them.

The core elements of FSN are designed to meet this need - the A&C stream is intended as a case management and coordination service to assess a family's needs and accordingly allocate services that best meet those needs, thereby providing a holistic service system around a family. ICM provides case management at a more intensive level for families who would benefit from greater support.

With low levels of funding in the early intervention sector as illustrated in Figure 1 above, there is a clear need for the type of support that FSN has been designed to deliver. Indeed, the ICM is at maximum capacity and agencies are reporting a growing number of referrals into A&C.

There is a gap between A&C and ICM with the potential to create better outcomes

Lead agencies have consistently reported a missed opportunity to bolster A&C's early intervention service by allowing families to step up into short term in-home support option similar to ICM in times of high need and then back down to A&C's coordinated service delivery when circumstances have stabilised. Having this option for A&C may help prevent families from moving towards secondary intervention along the spectrum shown in Figure 1.

Families at risk often have turbulent life circumstances where their situations may unexpectedly quickly escalate. To be an effective service, FSN should be able to adapt to families' changing life circumstances to prevent their situation from escalating. If A&C had an ability to access short term in-home supports, it would improve its adaptability and flexibility to meet family need.

Lead agencies have also frequently quoted ICM as a possible option. Currently, the ICM stream is designed to accept Department referrals only. That is, only cases that have already had significant previous involvement with the Department may be considered and referred into ICM for intensive in-home support. Maintaining control over ICM allows the Department to ensure that the right families in are referred through. It also assists in managing the limited number of spaces (60 spaces per corridor).

Lead agencies have reported that some A&C families would benefit from short term ICM assistance in times of unexpected turbulence before returning to their usual coordinated service delivery.

"ICM has to be Department only referrals so there is a gap because we can't refer families into ICM. Families need to go away and get themselves known to the Department before they get assistance." - lead agency

"Once you make Departmental only referrals, you end up missing a massive cohort of families. We end up waiting for families to get to crisis point. That is not early intervention" - lead agency

"ICM should be the bit in the middle. A&C needs an outreach service and also in home support. There is a massive gap where families come in A&C and we can't service their need and they leave. They either hit the Department to go to ICM or they are in out of home care" - lead agency

"We have had a few that have been escalated and generally if the Department have had significant involvement in the past, then to prevent current involvement we have been able to get them through. However, there have been occasions where families would really benefit from ICM support but due to the lack of history or CPFS involvement, have been declined" - lead agency

Without the option to quickly provide extra support to families in times of unexpected high need, families' situations often escalate, and they can become more likely to engage with child protection.

It is, however, important to ensure that expanding ICM to lead agency (and not only Department) referrals will not reduce the availability of ICM positions for those families who are at high risk and in need of those services. Detailed cost modelling and program design will be required.

FSN relies on partner agencies to carry out critical activities but the workload is higher than anticipated, which is causing some sustainability concerns

Partner agencies are a critical part of FSN's design and undertake activities such as:

- *FuSioN data entry*: partner agencies are required to attend training in the client management system and input data based on their assessments and services provided to families. This is very time intensive and disruptive, especially considered in the context of the percentage of agencies' case load that overlaps with FSN. Some agencies have reported this as low (<10%).

- *Case management and coordination*: partner agencies may be allocated case management and coordination duties for families. FSN progress reports indicate that about 38.4% of case management has been assigned to partner agencies.[20]
- *Attend allocation meetings*: allocation meetings take place fortnightly where partner agencies are required to attend if there is a relevant case being discussed.

These duties are additional to their 'business as usual' services and operations. There are some concerns that this is not sustainable for partner agencies. The thoroughness at which the duties are being carried out is also reduced, which hinders the effectiveness of FSN overall.

In some instances, partner agencies are also taking resources away from their 'business as usual' services to complete FSN tasks which is directly impacting on families.

"There is no brokerage by being a partner agency. An MOU is signed and that is it. They are not incentivised to work with this and are disengaged. You are buying goodwill from people who are already stretched" - lead agency

"The model is done through good will because they don't get brokerage, but it doubles the load of data input and we are asking them to join the meetings and collaborate" - lead agency

"Fortnightly meetings are really challenging. FuSioN also doubles up our hours and it takes a lot of resources to get staff to come in and do training." – partner agency

While funding may not be the only way to realign incentives for partner agencies to participate in FSN, it is also worth noting that in previous iterations of the FSN, a $1 million capacity building fund was included in the design to *"free up capacity in existing partner agency services that have waiting lists and also to provide new services to meet locally emerging gaps in service delivery"*.[21] This money has not been included in the current iteration of FSN. It is unclear why that funding has not been included. Previous evaluations undertaken by KPMG indicate this funding was valuable to the success of the service for families.

3.4 Governance and ownership

The initial design of FSN's governance was sound and had potential to effectively lead the FSN

The design of FSN's governance framework included the following key components for each corridor:

- *Local Steering Group:* has overall accountability for implementation and operation of the FSN. It is a decision-making body that consists of senior Department staff, Lead Agency staff and key stakeholder representatives. Its role is to review and monitor the strategic direction of the FSN in accordance with identified outcomes and provide direct advice on implementation barriers and operational matters.
- *Lead Agency*: responsible for managing overall coordination of both streams; providing a common entry point; adhering to the common assessment, planning and referrals processes; and developing MOUs with partner agencies.
- *Memorandum of Understanding*: each FSN will operate under an MOU, which will outline the agreed approach to service provision. An MOU will exist between the lead agency and each partner agency.
- *Terms of reference*: Lead Agency is required to work with the Local Steering Group to develop terms of reference for each element of the local governance framework. For example, aims and objectives, roles and responsibilities, duration of terms of reference and decision-making processes; and

[20] Family Support Networks A&C Progress Report from 1 September 2018 to 24 October 2019.
[21] KPMG, Update to the Evaluation of the Family Support Networks, October 2014.

- *District Leadership Groups*: the initial operating framework from August 2018 included the District Leadership Groups (DLGs) as a core part of the FSN's governance structures. The DLGs were to play an interagency leadership function comprising of senior representatives from governance and community sector human service providers. The 2018 design expected the DLGs to play an operational support role by helping FSNs to identify families most vulnerable to involvement with the child protection system, and suitable for ICM. This design was later altered in August 2019 to reduce the DLGs involvement as a core governance structure but rather become a separate key local group that the FSNs were to have constructive and formal interface with. In particular, FSNs are encouraged to identify a representative to link into DLG's Children and Families priority sub-groups.[22]

The design of FSN's governance framework provides:

- A three tier structure where 'on the ground' operations are well documented and led by the local steering group's coordination, management, and monitoring, while receiving support from government departments and community sector agencies.
- A strong link between operations and senior departments and community agencies where information and data sharing can flow to inform decision making.
- A structure whereby implementation barriers, observed emerging needs of vulnerable families and any service sector gaps can be captured and communicated to Government.

It should be noted however, that with the reduced governance role of the DLGs in the most recent Operational Framework amendments in August 2019, it is possible that the link between operations and senior departments may be weakened as compared to the initial 2018 governance design. This is because the new governance framework suggests the steering committee will report to and 'interface' with the DLGs as opposed to the DLGs forming one part of the governance structure. Furthermore, whether the local steering groups will be able to participate in DLG sub-groups will depend on whether the DLGs agree for the FSNs to join.

The governance, reporting lines and how FSN interacted with other units in the Department were unclear making it difficult for team members to inform change and highlight concerns

The development of the EIFS Strategy and the design of FSN was undertaken during a disruptive period within the Department where district restructures and program realignments were taking place. This turbulent climate meant governance and reporting lines for FSN within the Department was not always clear during its design stage. Furthermore, timeline pressures also impacted on the thoroughness of FSN's design.

Department stakeholders have reported that the governance and reporting lines of FSN during the design phase was not always clear and as a result, implementation procedures with other units and operating frameworks were not as robust and well defined as they would ideally be before tendering processes commenced. Subsequent machinery of government changes also affected the procurement and implementation period of FSN.

"Ownership of the policy was always undefined and unclear. It started in the policy unit and then moved to the Strategy Reform Unit but with limited skill or understanding of policy. The operating procedures were then developed from the policy, but that was done with limited experience and therefore created additional difficulties in continuing to develop it or the policy" – Department

"The [EIFS Strategy] *was developed based on sound reasoning and rationale…timeframes and the commitment to deliver to those timeframes did however create risks. They were articulated in briefings but not effectively managed…The scale of reform activity was not really acknowledged or even really understood. The lack of strategic planning meant things like the decision making and governance environments were not in place when they were critical"* – Department

[22] August 2019 FSN Operating Framework.

4. Has the implementation been effective and efficient?

This section considers the effectiveness and efficiency of FSN's implementation. This section has been structured under four headings:

5. Implementation of FSN's key processes (referrals, assessments, allocations, coordination, and case management).
6. Capacity of FSN to manage and support families.
7. Data collection and FuSioN database; and
8. Governance and accountability.

4.1 Implementation of FSN's key processes

FSN has four key processes underpinning its service delivery – referrals of families into the FSN, assessment of family need resulting in case plan development (A&C only), allocation of services to address family needs in accordance with their case plan (A&C only), and coordination of services around that family (A&C only) or case management (ICM only).

The figure below demonstrates the flow of FSN's service delivery for A&C and ICM at a high level. The numbers shown have been drawn from FSN's progress reports for the period 1 September 2018 to 24 October 2019 and indicate the number of cases at each stage. These figures should be taken to be indicative only as FuSioN has experienced some difficulties which has impacted on the reliability of this data as highlighted at the beginning of this report.

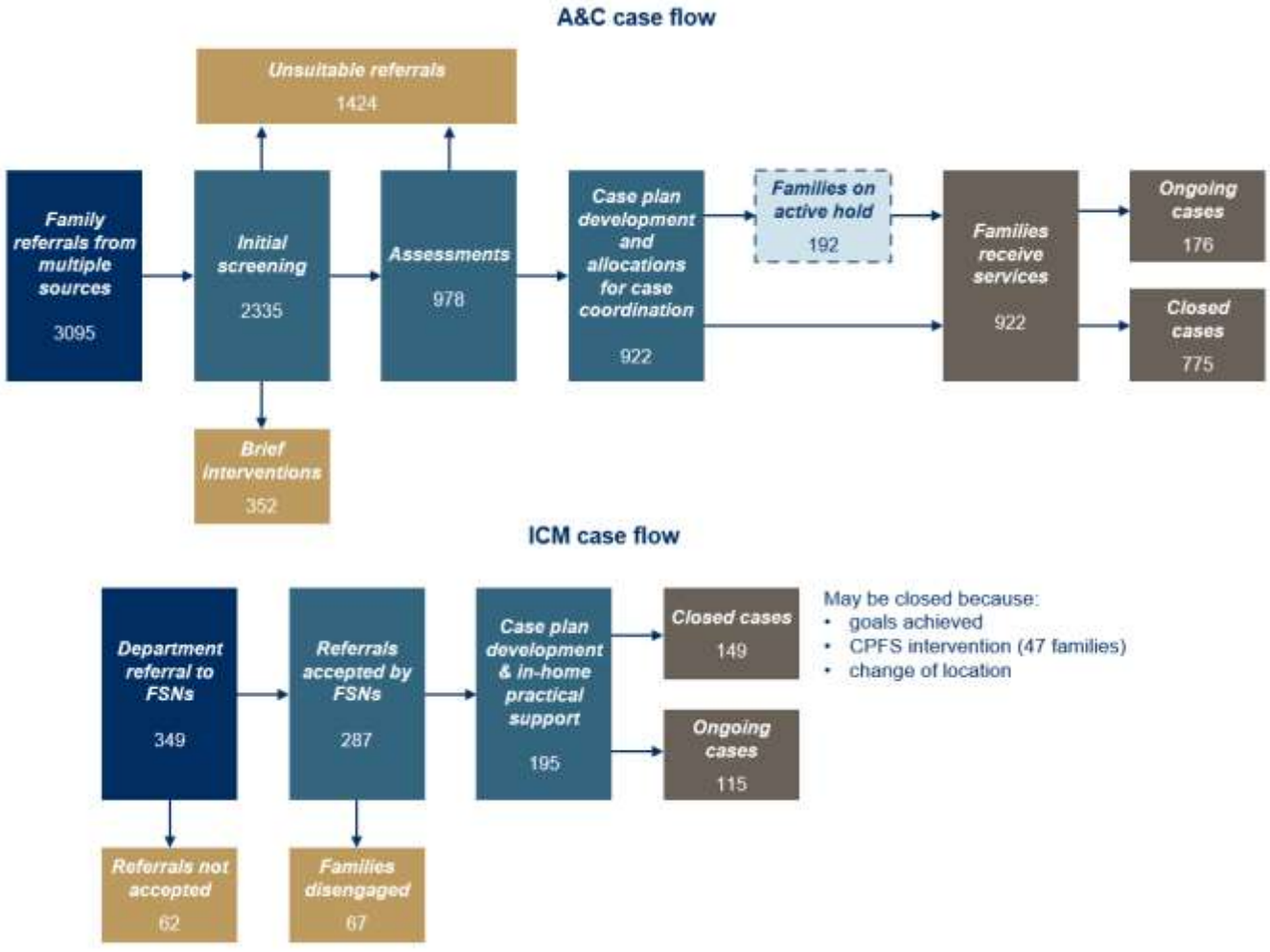


Figure 5: Indicative case flow for A&C and ICM

4.1.1 Referrals of families into FSN

A high number of referrals into A&C stream are deemed unsuitable

In its first year, FSN received 3,095 referrals for A&C and 349 referrals for ICM.[23] As shown in Figure 5, majority of A&C referrals came from the Department of Health (31%), CPFS (22%) and Individual referrals (17%).[24] All ICM referrals came from the Department of Communities by design.

Of the 3,095 referrals into A&C, 2,335 families undertook an initial screening with 1,424 families deemed to be an unsuitable referral. This constitutes about 60% of families screened. The FSN data further provides that 170 families were referred to CPFS.

The numbers apply to the period 1 September 2018 to 24 October 2019.

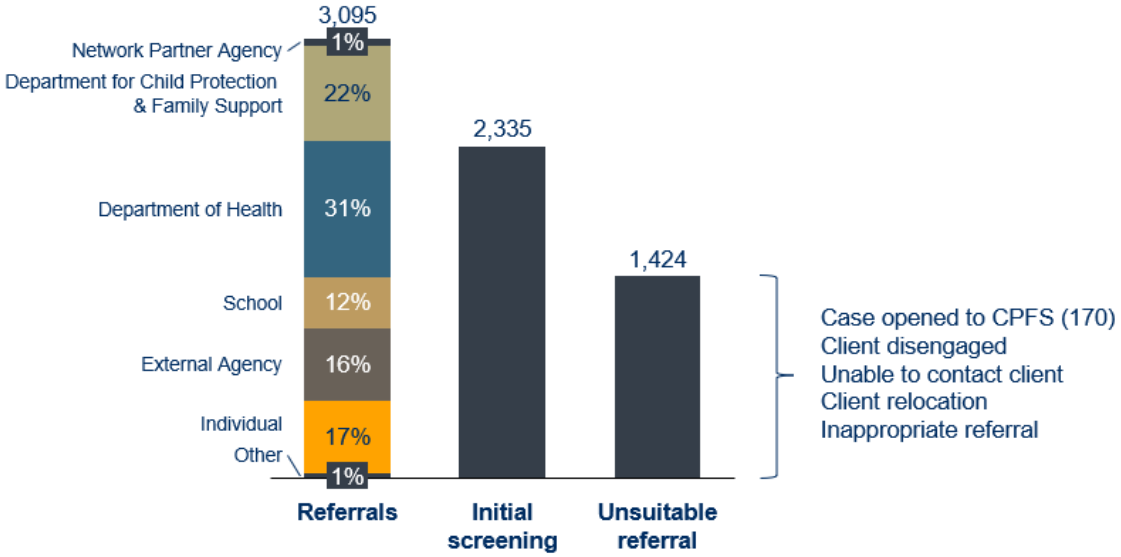


Figure 6: Referrals, initial screening, and unsuitable referrals for A&C stream

There are five potential reasons why a family may not be suitable for A&C – their needs may be too high and therefore have been referred to the CPFS, disengaged, unable to be contacted, relocated or considered to be an inappropriate referral. Unfortunately, the data does not provide any further breakdown, therefore, the proportion of unsuitable referrals against each reason is unknown.

Lead and partner agencies have stated that the main reason for unsuitability is that families are unaware or uncertain of the referral, cannot be contacted or live outside the area and need to be re-referred to the right local FSN.

"Overall, referrals still tend to be either very thorough, or perhaps more often, very poor, unaccountable, include limited information and little sense of relational rapport that is sufficient to imply the family have driven/ had ownership of this process or been sufficiently informed of our service." – lead agency

"We have found that referrals have been appropriate between 90-95% of the time. We have found that the last 12 months, families have been inappropriate due to being open to CPFS or being uncertain or unaware of the referral. Some families are also out of district, but these are provided to the local FSN…" – lead agency

"People in sticky situations don't pick up private phone numbers or don't have a phone" – partner agency

"In general, yes [families are the right type of families for FSN]. *Families are turned away for not living in our catchment area, or open to* [CPFS]*"* – lead agency

[23] One family may have been referred more than once from difference sources.
[24] Family Support Networks A&C Progress Report from 1 September 2018 to 24 October 2019; note that the data does not enable any further breakdown of referral sources.

Regarding families being unaware or uncertain of the referral, lead agencies have suggested that this may be because families who have been referred to the FSN have received very little information about why they are being referred or about the FSN more generally. While education in the community and government departments has improved, agencies have indicated a need for ongoing work in this space.

"A&C referrals have greatly improved via education to agencies concerning appropriateness, but work in this space is still ongoing with respect to quality of referral…Overall, referrals still tend to be either very thorough, or perhaps more often, very poor, unaccountable, include limited information and little sense of relational rapport that is sufficient to imply the family have driven/had ownership of this process or been sufficiently informed of our service" – lead agency

"Outcomes also depend on the readiness of families coming through. Sometimes we call them, and they say, 'I don't even know why they are being referred'. In those cases, success of those referrals won't be there" – lead agency

A high number of referrals into ICM stream are not accepted or families are disengaged

In the first year, FSN received 349 referrals from the Department for ICM. 62 of these referrals could not be accepted, primarily due to capacity issues. Furthermore, about 24% of families who were accepted could not be engaged leaving about 70% to proceed to case plan development. This means about a third of initial Departmental referrals are potentially falling through the cracks and not receiving the support they need.

Lead agencies have reported that the primary reason for family disengagement is due to the quality and thoroughness of referral processes. As ICM is a voluntary service, if families are not provided with enough information about the service, have a good rapport with the referrer or are informed about the service in a cooperative manner, families are less likely to engage with lead agencies at all.

"Given that both streams are offered on a voluntary basis to families, successful engagement becomes heavily reliant on appropriate referrals and the quality of the handover process, as well as the nature of rapport held between the referrer and family, and the way in which families are informed about the ICM service when they give consent to participate. We have consistently noted that a family who is inappropriately informed at this stage, or in any way made to feel coerced by any stated or implied 'ultimatum' (e.g. participate in the ICM service or face further attention by the Department) is by nature, not voluntary anymore, and typically leads to non-engagement once the Department has withdrawn." – lead agency

"For those who don't engage at all in the service, this is due to them agreeing to ICM with CPFS so they will close the file and be out of their lives. This would be around 2/3 of the non-engaged as we can't even get in the door as they decline a service. The remaining 1/3 disengage due to either their circumstances changing, or the service not being what they thought it was and doesn't meet the family's needs." – lead agency

4.1.2 Assessment

The formal assessment stage is applicable only to A&C. Families referred to ICM go straight to case plan development stage which includes assessment of needs.

Once families go through an initial screening, those suitable for further assistance from A&C will commence an assessment undertaken by an assessment and support officer from the lead agency.

The assessment builds on the preliminary background information collected from the initial screening and focusses on determining what the family's current situation is, identifying presenting issues and what may assist them. This is done using a series of open and strength-based questions.[25]

The assessment stage also develops a case plan for the family based on the information collected which intends to guide the required service response and allocation process.

[25] FSN Operating Framework August 2019

A centralised assessment process may not always stop families from needing to retell their stories

A key intention of the FSN is that having a central intake point will reduce the need for families to retell their stories such that a family should be able to tell their story once to the assessment officer at the beginning of their FSN journey and not have to repeat their story again.

> *"Uniquely, the FSN model provides an integrated and coordinated range of services for families tailored to their individual needs which avoids them having to tell their story more than once."* – FSN Operating Framework

It is useful to note, however, that a centralised assessment process may not stop families from needing to retell their stories as it often depends on family preferences or partner agencies' service requirements. For example, partner agencies reported that families do often need to retell their stories despite initial assessments because:

- Partner agencies have their own assessment systems and processes that they are required to undertake to ensure their services are properly and responsibly delivered to that family.
- While the information on the initial assessments are useful as early indicators of need, there is often crucial information that still needs to be elicited.
- Partner agencies have found that while families may have told one story to assessment officers, they may later tell a different story to them.

> *"It is only an assessment so not really telling a story, but it does give some indicators. There are also a lot of things that aren't on the referral and when we meet the family, they sometimes tell a different story."* – partner agency

> *"We have our own systems and FuSioN is a bare minimum of what we need to set out, so the detail we need isn't captured during assessment"* – partner agency

> *"Everyone does their own assessments. There is an FSN assessment and services assessments, so people are retelling their story anyway."* – partner agency

Furthermore, it was noted in focus groups that some families may prefer to retell their own story to new services providers and the assumption should therefore not be made that reducing the number of times a story is retold is a good thing. The preference should be directed by the family.

It is important to note, however, that two out of the eight families interviewed reported that FSN service helped to reduce the number of times they needed to tell their story.

> *"*[FSN] *connects me with services instead of me having to repeat myself 10,000 times for the same situation"* – ICM parent

> *"I don't like having to tell my story over and over again so having a long term* [FSN] *worker is fantastic. So, when there is a need,* [FSN] *can tell my story and it is so much easier"* – A&C parent

There is a growing concern that assessment officers will soon be unable to support the number of families being referred into the FSN

Assessment and support officers are responsible for conducting initial screenings, client assessments, case plan development and allocation of families to the appropriate services.

This iteration of the FSN involved doubling the geographical coverage of the corridors. Although the tendering process and contracts awarded reflected this expanded coverage, lead agencies and some Department staff have expressed a concern that the increased workload is burdening their assessment officers beyond what they are able to reasonably manage.

"We have 2 FTE for A&C officers. This is the most significant concern since we have evolved into enhanced FSN sites. Due to resource restrictions we have essentially retained the same FTE which successfully worked within one region, but since expansion now cover two regions!" – lead agency

"There are 2 A&C officers who are constantly busy. There are periods of time (e.g. school holidays) when referrals may slow but as the service becomes more established in the enhanced area, the demand continues to increase generally" – lead agency

"With A&C, we have doubled the district but not the workers so we have had to shy away from promoting because they can hardly handle it now. It has been very successful but at capacity…The pick-up has been more than expected". – Department

It should also be noted that while agencies feel they are currently keeping up with the number of referrals coming through, it is putting pressure on the quality of services being provided in some corridors, which may adversely impact on longer term outcomes for families.

"…Maintaining this level of commitment to service users while also expanding across 2 regions has equated to increasing waitlists. This trend then begins to increase wait times for families wishing to access the FSN, which in turn, begun to detract away from person-cantered values with respect to delivering a timely service to families. Therefore, we have since…moved our A&C operations further toward a phone-based service (with ongoing option of [face to face]*). Since this transition, waitlists have been significantly reduced and manageable; the sacrifice being less time to offer all families the same quality of service as before."* – lead agency

4.1.3 Allocations

This allocations stage is applicable to A&C stream. Lead agencies allocate families based on case plans developed from information gathered during the assessment stage. FSNs are given the flexibility to determine how best to allocate families to services. Generally, FSNs have established fortnightly allocation meetings where lead and partner agencies convene to discuss new and complex cases. Many cases are also allocated to agencies by A&C officers outside of those meetings.

Lead agencies in focus groups commented that the operation and efficiency of the allocation meetings are inconsistent and vary between corridors. For instance, partner agencies have reported the Fremantle and Rockingham meetings as having higher attendees and more engaged agencies than other corridors. Some corridors also have a local service directory setting out agency waitlist and capacity, which agencies have reported as being extremely helpful.

Allocation meetings have been useful for information sharing and networking for agencies, however, agencies see less value in it as an effective and efficient allocation mechanism

Partner agencies have highly valued the information sharing and networking opportunities created by the allocation meetings. The meetings have allowed them to learn about one another's services and to build relationships. It has also served as a useful forum to share waitlist and capacity information.

"Allocation meetings have been helpful because we can learn what each service actually does" – partner agency

Agencies have, however, reported seeing increasingly less value in the allocation meetings which has resulted in dwindling attendance numbers. This has been due to several reasons including:

- Many cases are being allocated outside of the meetings. This is increasingly the case with stronger relationships and understanding of respective service offerings between agencies. Partner agencies have reported that 80 to 90% of cases are allocated outside of meetings by A&C officers.
- Agencies feel that the important services needed to discuss complex cases are missing from the partnership group which means cases cannot be resolved at the meetings. For example, agencies have observed that disability services are often needed but are not available to attend meetings. This may be because those services do not have the resources to attend

fortnightly meetings or they are not partner agencies and therefore while they may receive referrals from the FSN, have no obligation to attend meetings or participate in coordination activities.

> *"There are a lot of disability services needed but no disability services sit around the table at allocation meetings"* – partner agency

> *"A lot of people attend the meetings but not the services that would make a difference. Cases are so complex but practical needs are not being dealt with by anyone around the table"* – partner agency

- Attending fortnightly meetings uses partner agencies' valuable resources and disrupts their business as usual services. Unless agencies see value in attending meetings, their participation will likely reduce over time.

To improve the effectiveness of allocation meetings, the format and design of these meetings should be reviewed and refreshed taking learnings from the first year of FSN's operations. Further details of this recommendation is provided in section 5 below.

Families are not always allocated to the right partners or at the right time

Some partner agencies reported instances where families were incorrectly allocated to them. Those agencies did not in fact provide the service required by those families. For example, one agency sent families back to the lead agencies and explain what the service criteria was. This issue was particularly noted when agencies change their service offerings or client intake criteria. The suggestion was made by partner agencies that the centralised assessment process or partner agency service offering details should be updated more regularly to ensure a more up to date understanding of what partner agencies may offer.

> *"The centralised assessments are good for clients, but our criteria has changed so the centralised process needs to be updated a bit to meet the criteria of the people you are allocating to. When our criteria changed, there was a misunderstanding that we were taking on everyone"* – partner agency

Furthermore, some partner agencies have reported that while families may need their assistance and have been allocated to them, they may have other challenges needing attention first before that agency can meaningfully support that family. The timing of the allocations is not always right which creates some inefficiencies.

FSNs struggle to allocate families where there is a gap in the service system

Where services are at capacity and are unable to take on new cases, families are placed on 'active hold' and continue to receive ongoing support and communication from the lead agency to ensure engagement is maintained with those families. Out of 978 families who had been assessed, 192 families were put on active hold. 90% of instances where families were put on active hold were for less than 13 weeks (43% were between 5 to 13 weeks). Most of these cases eventually received the service their case plan allocated them to.

In some instances, however, the services needed by the family do not exist in the corridor. One service area most quoted by lead and partner agencies is the lack of in-home support for families.

> *"We are at capacity and have a small team. We get referrals from FSN for home visiting services, but we have very small capacity to do that and have nowhere to refer out to. There is a huge gap in the home visiting service."* – partner agency

> *"A&C is great but there are no services. Tertiary is hugely funded but referrals that come through A&C, there are no services to pick up those referrals, so they sit on active hold."* – partner agency

The A&C is fundamentally a coordination service. The lack of a well-rounded early intervention local service system is a significant barrier to the effectiveness of the A&C. Without good services to

coordinate and allocate, families sit on active hold for longer periods of time or are referred to the Department for ICM assistance at which point their needs may have escalated.

4.1.4 Coordination and case management

After allocations, families in the A&C stream are assigned a case coordinator who manages services around that family. That case coordinator may be from lead or partner agencies. In the ICM stream, after referral into the FSN, the family goes straight to case plan development and receives case management with in-home support from the lead agency.

Families are often allocated to partner agencies for case coordination for A&C stream, however, there is some concern that this may not be carried out effectively due to a higher than expected workload and a misalignment of incentives for partner agencies

FSN data shows that 28% of case coordination allocations are to partner agencies as shown below.

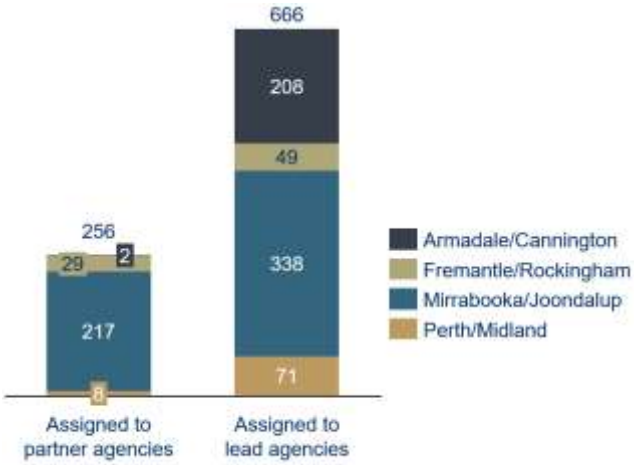


Figure 7: Assignment of case coordination duties in A&C stream

As noted above in the design section of this report, partner agencies do not receive any funding to participate in the FSN and as such, important duties such as case coordination may not be carried out thoroughly, which hinders the effectiveness of FSN, and the quality of services received by families. There is also some concern that this is not a sustainable model for partner agencies.

Focus groups and interviews have indicated that partner agencies are reluctant to participate in case coordination as they are not funded to do so. Furthermore, there is a misunderstanding that the case management function in the ICM is similar to case coordination (they are sometimes referred as the same term) amongst some partner agencies and as such, they do not understand why they need to take on more onerous duties when the ICM exists.

Many non-partner agencies are allocated to provide services to families, however, as they are not subject to an MOU, they are not required to collaborate with the FSN

52% of services engaged by the FSN are non-partner agencies. Lead agencies refer to non-partner agencies typically because there are no partner agencies to provide that service or existing partner agencies may have too long a waitlist.

Non-partner agencies are not subject to any MOU with the lead agencies and therefore are under no obligation to adhere to the service standards or guiding principles of the FSN. Furthermore, they are not required to collect or provide any data through the FuSioN system.

This is potentially problematic because:

- While some lead agencies report that they maintain open relationships with partner agencies, these relationships are inconsistent and not all non-partner agencies are collaborative. This may potentially make coordination of services around a family more difficult; and
- A substantial amount of information is being missed as non-partner agencies do not need to collect data and report back to the FSN.

Lead agencies have reported that agencies typically do not become partner agencies due to workload and capacity issues such that they would be unable to maintain FuSioN data entry and allocation meeting attendance requirements as a partner agency.

Family engagement with case plans have been varied

Families who were interviewed for this evaluation indicated that some families engaged closely with their case plan and used it as a tool to track progress while others' engagement with it was minimal.

Those families who engaged closely with the case plan, were able to provide an indication of what goals were included in the plan and the extent to which they had achieved those goals. One interviewee was unable to complete her case plan goals due to high needs (eventually escalated to ICM), however, she was able to refer to the plan and explain how she used it to try and help her progress.

> *"My case plan keeps creeping back. We have looked at it now and again…whatever happens each week and when things settle down, we try to go back and look at it. Usually something else will come up with the kids so then I'll have to deal with the kids."* – ICM parent

> *"Yes, I had a case plan and there were lots of goals I had. Most of then I have achieved except I am still working on getting my kids' birth certificate. I wasn't sure what avenues to go through, but we are working through that"* – ICM parent

4.2 Capacity of FSN to manage and support

Although the increased geographical coverage was included in new contracts with lead agencies, there is some growing concern among agencies that with the increasing number of referrals and doubling of corridor catchment areas, the FSN is running out of capacity to effectively manage and support families coming through. Concerns include:

- Lead agencies feel their network staff are stretched as the corridor sizes have increased but they have the same number of assessment and support officers. This point was also raised above at section 4.1.2.

  > *"We have two A&C facilitators that work in two districts. That's a lot of referrals and there is no cap. You can't have 2 FTE for two districts. The staff can't keep up and we are doing everything possible so that the 2 week waitlist is actually maintained."* – lead agency

- Lead agencies have no control over the number of referrals coming in and with FSN's 'no wrong door' policy, they must screen and provide some level of support or intervention to all families coming to them for assistance.

  > *"There is a negative impact on service provision because we cannot control the number of referrals coming in. we have to find services to deal with the referrals and services have said it has impacted on their service provision and blows out their waitlists."* – lead agency

- FuSioN is creating a lot more work for lead agencies and particularly partner agencies who do not receive any extra funding. The extra training required, and onerous data inputting processes are particularly taxing for small agencies who have very little resources.

  > *"It is the worker on the ground that has a new database and more workload with extra training. It is the person at the coalface who carries the burden"* – lead agency

  > *"It takes a lot of resources to get staff to come in and do training and it's not worth it because we have our own referrals. It doubles up on hours when it should be the lead agency's role"* – partner agency

Finally, as noted above, agencies have consistently expressed a concern over the lack of early intervention services in corridors, which significantly reduces the A&C's ability to efficiently support families. This is particularly the case with in-home support services where families may need extra short term support but are unable to access any services as they do not exist in the area or those that do are at full capacity. These families go to 'active hold' or are referred to the Department.

Regarding ICM, stakeholders have reported that this stream has been at capacity consistently. This reflects the very high need and demand for in-home case management services. Unfortunately, this stream currently has limited funding with only 60 positions per corridor. As noted above, the A&C stream has recognised the potential for great value in being able to step-up and refer families directly into ICM, however this is not possible currently due to the limited funding for ICM spaces. This has resulted in the Department maintaining referral control over the ICM stream at this stage.

It is important to note here that details around the cost modelling for FSN's design was unavailable for this evaluation and as such a review of the cost effectiveness and efficiency of the program design could not be undertaken. It is recommended that the Department and lead agencies collaborate to undertake a cost modelling exercise to improve on current operations in order to ensure FSN's ongoing sustainability. This exercise would also involve reviewing the viability and potential for the ICM stream to be expanded to agency referrals as a short term in-home support option as detailed above in section 3.3.

4.3 Data collection and FuSioN database

For a multi-stakeholder and system-wide program such as FSN, it is very important to have a streamlined and integrated data collection system. The FSNs use a shared client management database called FuSioN which was intended to allow joint collection of data and client information by lead and partner agencies working with families.

FuSioN records case information including assessment notes, case notes, alerts, case planning and case review information. FuSioN was intended to reduce the need for all services to maintain their own records and prevents the need for families to provide the same information to multiple agencies.

Some partner agencies have reported in focus groups that they have found it beneficial to have access to case notes and background information on families before commencing their own service delivery. In this way, there is evidence of FuSioN supporting a more streamlined service for families. Unfortunately, however, the overwhelming evidence is that while there is great value and need in an integrated and overarching data collection system, stakeholders have reported significant problems with data collection and the FuSioN database system.

Agencies have consistently reported challenges with the data collection through FuSioN in the A&C stream. This frustration stems from several reasons, including:

- The training required to operate the FuSioN data base is very onerous and time intensive. Agencies often cannot afford to relieve resources to undergo this training. Furthermore, regular personnel changes mean the knowledge gained by those who are trained is lost when they leave to other positions.
- Agencies typically have their own data collection systems, so FuSioN creates a doubling up of data entry efforts.
- There are regular access and log in issues with FuSioN where users are regularly locked out. Contacting assistance to regain access is a frustrating and time consuming.
- There are data privacy concerns where some agencies feel uncomfortable sharing sensitive personal information about clients on FuSioN which may be accessed by all FSNs. As a result of these concerns, agencies do not provide all relevant information on the system and are selective about what they include.

  "I have a lot of reservations about confidentiality and the functionality of FuSioN. The knowledge sharing goes out to all FSN and that is too wide" – partner agency

- Agencies sometimes feel the fields required to be completed on FuSioN are not suitable or applicable to their particular case. For example, FuSioN requires some assessment on

outcomes for families to be completed however outcomes expected from the A&C stream may not align with those in the system; and

- In early 2019, certain updates were undertaken to the FuSioN database incorporating several fields such as survey questions for families at case closure. These changes were undertaken with little consultation with users and therefore have caused some confusion around relevance and usage of new fields.

While data entry has been frustrating in the A&C stream, it has been more streamlined in ICM. This is because ICM is a comparatively less complicated service with only the lead agency having ownership over service provision. As such, lead agencies hold all relevant information and can maintain responsibility over data entry.

"With ICM, one person answers all the questions but with A&C, it starts with the Assessment Coordinators but then gets referred to a number of other services and they need to figure out who is responsible for reporting" – Department

Frustrations with FuSioN has meant there is inconsistent data entry and engagement with the system

Data entry into FuSioN has been very inconsistent amongst agencies with some reporting that they do not even use the system at all. Other agencies simply send notes back to the lead agency for entry. Information is also often delayed with lead agencies needing to follow up and chase partner agencies for case notes. The delayed and inconsistent reporting into FuSioN significantly reduces the reliability and quality of the data being collected.

"We don't even use it. We have done the training but have no access. It is too hard to get into." – partner agency

"We get referrals, but they are not being tracked because people are not even on FuSioN." – partner agency

"The data base is old and outdated. Need to look at some social innovation and technology here. It is so hard to get into and use. It is not incentivising anyone to use it. It is not serving its purpose' – lead agency

Large number of non-partner agencies has also meant a lot of data is not being collected as non-partner agencies have no reporting obligation

As discussed above, 52% of services engaged through the FSN are with non-partner agencies. This is a significant amount of services who are not signed up to the FSN via an MOU. There is therefore likely a large amount of useful client information that is not being included within FuSioN.

4.4 Governance and accountability

The design section of this report set out the governance structures that were intended to lead the FSN. Unfortunately, some elements of those structures have not been set up and implemented creating some challenges.

The lack of DLGs in the corridors has meant FSNs do not have an efficient avenue to inform government of implementation barriers such as service sector gaps

As noted above in section 3 of this report, the DLGs were to play an interagency leadership function comprising of senior representatives from government and community sector human service providers. In particular, the initial 2018 design expected the DLGs to play an operational support role by helping FSNs to identify families most vulnerable and suitable for ICM. Their role has since been downgraded to more of a strategic function in the recent August 2019 operational framework review. Importantly, the DLGs gave FSNs access to senior representatives and a link to policy and more strategic levels of government.

Unfortunately, DLGs across the corridors are not yet fully operational. As such, they have been unable to perform their intended function for the FSN as an interagency leadership group. FSNs have expressed a disappointment that they have not had an opportunity to make the case to government

regarding service gaps, which is a significant barrier for the A&C. Had the DLGs been operational as initially contemplated in the design, the FSNs feel they would have had an avenue to make the case and press for a strategic approach to addressing the issue of service sector gaps.

"It depends on what services are available, so we are limited there. If the family needed practical help in the home, then that's gone if that service is gone. We would have linked into the DLG to make the case for service need and unmet need would go up for a strategic approach. Without that avenue we are limited to where that would go" – lead agency

In recognition that the DLGs have taken longer to become fully operational than initially anticipated, the Department has recently consulted with the FSNs to amend the governance section of the operational framework. The updated 2019 operational framework has reduced DLGs' involvement as a core governance structure but rather has defined it as a separate key local group that FSNs may have constructive and formal interface with. In particular, FSNs are encouraged to identify a representative to link into DLGs' Children and Families priority sub-groups.[26] Whether or not the FSNs are able to join those priority sub-groups will be contingent on the DLGs' agreement to have them participate.

Without well-functioning steering committees in some corridors, managers at partner agencies are missing the opportunity to contribute to the effective implementation of FSN

Currently, FSN's primary engagement with partner agencies has been with operational staff with managers largely receiving second-hand information from their staff. Focus groups with partner agencies have indicated that agencies' managers feel they are missing out on the opportunity to better understand the strategic level view of the FSN, to share information about how their agency is experiencing the FSN and to make suggestions for improvement.

"As managers we get feedback but not the overall picture of how this all feeds into the system generally. We also don't have any input. We have an MOU and we are partner agencies, but we don't have input. Our case workers attend allocation meetings but not the people in agencies who make those decisions. That is missing. We lost that. Managers are disconnected from the FSNs. The only contact is allocations to receive referrals." – partner agency

"FSN staff are wonderful and open. They work closely with direct service staff but there is no involvement with the mangers so in terms of advocating for area needs, that is dismissed. It can't all come through lead agencies because there is a competitive environment and our voice is filtered through the lead agencies." – partner agency

The effectiveness of ACCOs and lead agency partnerships has been inconsistent

A key aspect of the FSN is the partnering of lead agencies with ACCOs. Mercy Community Services and Communicare have partnered with Yorgum and Centrecare with Wungening.

It is important to note that the original intent of FSN's design was to open the development of any partnership between lead agencies and ACCOS to the community rather than the Department taking a prescriptive and directive approach. FSN's operating framework is therefore largely silent on how those partnerships should work, leaving it to the ACCOs and lead agencies to co-design an effective working relationship.

This has led to inconsistent results. Wungening and Centrecare have developed a strong partnership while Yorgum and the other two lead agencies appear to have a weaker working relationship.

Wungening and Centrecare's partnership has allowed them to co-lead the FSN operations in their corridor with staffing and governance shared between the two organisations. For instance:

- Wungening's manager attends partner allocation meetings and has a voice at the table regarding decision making around staffing, families, and service delivery elements; and

[26] August 2019 FSN Operating Framework.

- Wungening line manager staff are employed by Wungening but are co-located in the FSN. Wungening and Centrecare also jointly recruit all positions for FSN and work in partnership to overcome staffing challenges.

As a result of this partnership, service delivery in those corridors have involved more cultural awareness and diversity with Aboriginal and non-Aboriginal staff, and more knowledge and training around cultural sensitivity and Aboriginal ways of parenting.

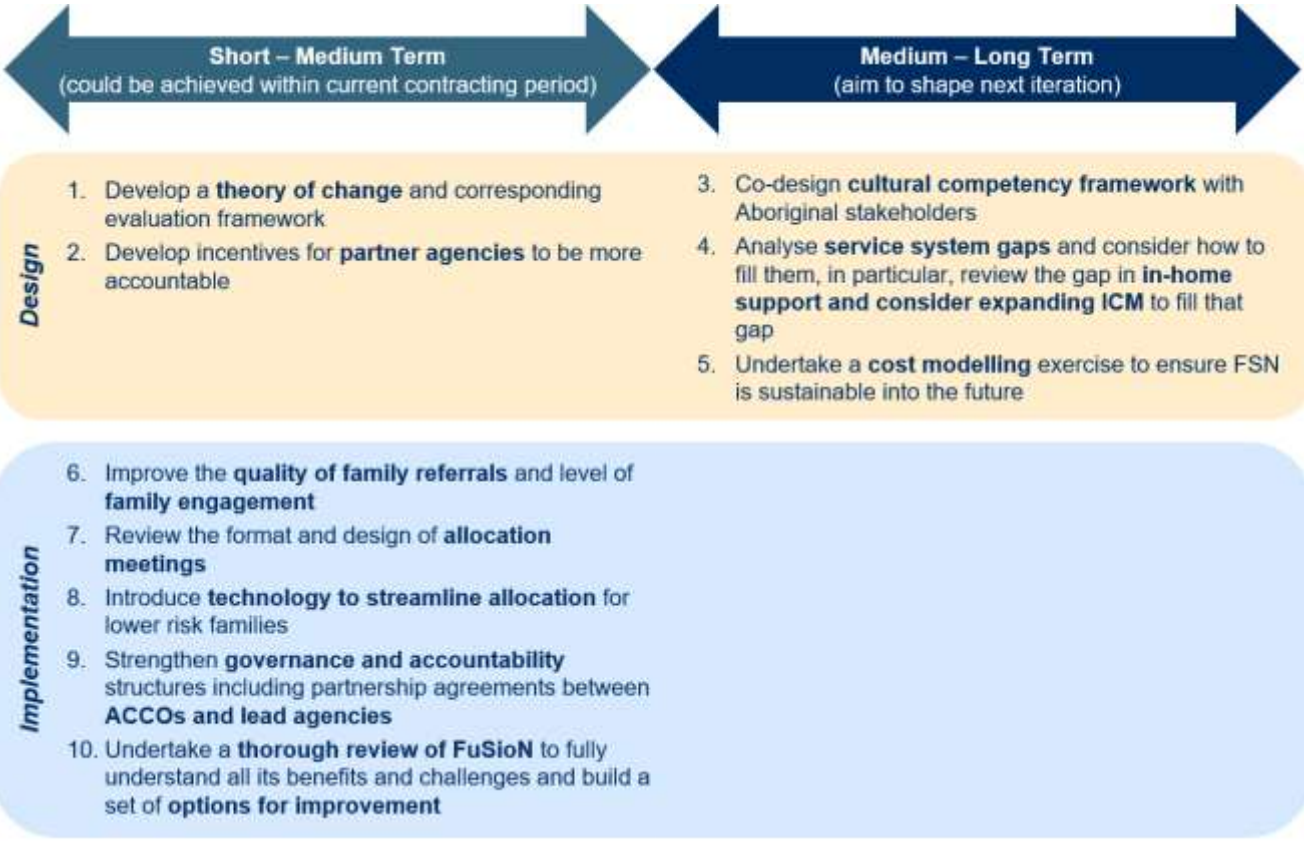
> *"Wungening's working relationship with Centrecare is positive, supportive and genuine…recruitment between both organisations has resulted in the program having a culturally diverse team containing both Aboriginal and non-Aboriginal staff…this has enabled the program to have flexibility in working with Aboriginal families and ensuring that Aboriginal staff attend visits with families, where appropriate, or are consulted to provide cultural advice on engaging with families."* – Wungening

Unfortunately, we have not been able to ascertain the precise governance and partnership elements between Yorgum and the other two lead agencies for this evaluation,[27] however, stakeholders, including some Department staff, have reported that there have been barriers to those partnerships operating effectively.

[27] Yorgum was unable to be contacted for this evaluation and Department staff were unable to provide any further detail.

5. How can we learn and improve?

This section sets out key learnings and recommendations that the Department should consider to improve FSN's effectiveness in the future. Recommendations have been categorised under design and implementation of FSN as well as timeframes as shown below.



5.1 Recommendations to improve FSN design

Recommendation 1 – Develop a theory of change and corresponding evaluation framework

FSN currently lacks a well-articulated theory of change that clearly defines how its activities lead to short, medium, and long term outcomes. Without this clarity, it is hard for the multiple stakeholders involved in FSN to grasp how activities in each stream achieve the overall purpose. Furthermore, not having a theory of change also creates issues for data collection as there are no well-defined and evidence based outcomes to be measured with appropriate metrics or data collection methodologies.

A detailed theory of change should be developed for FSN. Importantly, the theory of change must sufficiently delineate between A&C and ICM streams to properly capture the difference in their activities and intended outcomes (A&C activities focus on coordination for low need families and ICM activities focus on intensive home support for higher need families).

Importantly, this must be developed in consultation with both Aboriginal and non-Aboriginal families to ensure culturally appropriate outcomes are included. The theory of change should also be tested with low and high need families to ensure the causality between activities and outcomes are realistic.

An evaluation framework should also be developed to ensure indicators, data tools and methodologies are robust and tightly aligned with the outcomes and causal links defined in the theory of change.

It should also be emphasised that in developing the theory of change underpinning FSN's service delivery model, a robust body of evidence should be relied on and drawn from as a foundation of the design process. This evidence base must be well documented and stored by the Department. This will

ensure that services are designed based on evidence of what works, and this evidence can be easily referred to when understanding different parts of the service delivery model.

The Department may also consider adapting contract agreements where necessarily to align with outcomes and indicators set out in the theory of change and evaluation framework.

Recommendation 2 – Develop incentives for partner agencies to be more accountable

FSN's current design relies heavily on partner agencies to carry out critical activities but many have reported that the workload is higher than anticipated and with a misalignment of incentives, there is come concern that the effectiveness of those activities may be reduced.

Lead agencies rely on partner agencies to input data into FuSioN based on their assessments and services provided to families, undertake case management or coordination duties, and attend allocation meetings on a fortnightly basis.

To improve FSN, the Department should consider appropriate incentives for partner agencies to ensure full participation and accountability for critical FSN activities. These initiatives will need to be carefully designed in consultation with partner and lead agencies to define what is appropriate.

It is also worth noting that in previous iterations of the FSN, a $1 million capacity building fund was included in the design. This has not been built into the current FSN. Previous evaluations undertaken by KPMG indicate this funding was valuable to the success of service for families.[28]

Recommendation 3 - Co-design cultural competency framework with Aboriginal stakeholders

FSN's purpose is to address the high number of children entering into out of home care, with a particular focus on the unacceptable over representation of Aboriginal children in care. To achieve this purpose, FSN's design must be embedded in a cultural competency framework.

This framework will ensure a more consistent, evidence-driven approach to cultural competency across the FSNs with accountability back to the Department. Importantly, it will help FSN address the weaker core values of a trauma-informed approach as highlighted in section 3.1 above. Most notable core values to be addressed include:

- Embedding a stronger understanding of trauma and its impact through policies and training.
- Promoting safer physical and emotional spaces with a particular focus on referral pathways for Aboriginal families.
- Sharing power and governance with Aboriginal community, including ACCOs. Practically, this may be achieved through initiatives such as recommendation 8, co-designing formal partnership agreements between ACCOs and lead agencies.

In designing the cultural competency framework, reference should be made to the *Cultural Security Model* developed by Juli Coffin and referred to by the Australian Human Rights Commission in its Social Justice Report 2011 (see Appendix 5). This model distinguishes between cultural awareness, cultural safety, and cultural security which Coffin argues have been inappropriately interchanged. Under this conception an organisation cannot progress to cultural security without first addressing cultural safety and cultural awareness.[29]

Juli Coffin uses a practical example of the management of an 8 year old Aboriginal boy by a speech pathologist to define these three levels.[30]

- **Awareness**: 'I know that most Aboriginal people have very extended families.'

[28] KPMG, Update to the Evaluation of the Family Support Networks, October 2014.
[29] Australian Human Rights Commission, *Social Justice Report 2011*, Chapter 4, https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice#fnB11.
[30] J Coffin, 'Rising to the Challenge in Aboriginal Health by Creating Cultural Security' (2007) 31 (3) Aboriginal & Islander Health Worker Journal 22, p 23.

Although the speech pathologist demonstrates a basic understanding of a relevant Cultural issue, it does not lead into action. There is no common or accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture and cultural security.

- **Safety**: 'I am going to make sure that I tell Johnny's Mum, Aunty and Nana about his appointment because sometimes he is not with his Mum.'

  Safety involves health providers working with individuals, organisations and sometimes, the community. More often though cultural safety consists of small actions and gestures, usually not standardised as policy and procedure.

- **Security**: 'I am going to write a note to Johnny's family and ask the Aboriginal Health Worker (AHW) to deliver and explain it. I will check with the AHW if any issues were raised when explaining the procedure to the family and if transport is sorted out. I will ask to see if the AHW can be in attendance at the appointment.'

  Cultural security directly links understandings and actions. Policies and procedures create processes that are automatically applied from the time when Aboriginal people first seek health care.

It will also be important that the cultural competency framework appreciates and respects the cultural diversity of Aboriginal clients. Delivering culturally safe services is about recognising, respecting, and supporting the unique cultural identities of clients by meeting their needs and expectations and recognising their rights. An understanding of a client's cultural identify can lead to better care and service outcomes for clients. What is culturally safe for one client can be different to what is culturally safe for another client. This can be true even among people who identify as being from the same group, such as Aboriginal people.

Delivering services that are culturally safe, means working with the client, and any other people they want to involve, so that their cultural preferences and needs can be understood. It goes further than just respecting diversity. It means that organisations know what to do to make each consumer feel respected, valued, and safe.

Achieving culturally safe services means that an organisation must demonstrate its inclusive support for cultural diversity for each client. This choice or preference for services must extend to both Aboriginal specific or community controlled organisations or non-Aboriginal organisations and be demonstrated through ongoing protocols and brokerage with local Aboriginal stakeholders to ensure effectiveness.

The framework must also be completed in collaboration with Aboriginal services uses including extended families to self-determine the appropriate brokerage and protocols at each level of awareness, safety and security as seen in Appendix 5.

Recommendation 4 – Analyse service system gaps and consider how to fill them, in particular, review the gap in in-home support and consider expanding ICM to fill that gap

The A&C stream is only as effective as the service system available to refer families to. Stakeholders have consistently reported that service system gaps are reducing FSN's effectiveness as families need to sit on waitlists for longer or there is simply a lack of services. An analysis of the current service system in each corridor should be undertaken to identify gaps and consider how to fill some of those gaps. Potential options may include increasing resources to high demand services to reduce waitlists or contracting existing services to expand their offerings to fill service gaps.

Regarding in-home support services, agencies have consistently reported in consultations that there are few options in this area. Agencies therefore struggle to find appropriate services to refer families to. The ICM may be a possible option for A&C families as they are already processed in the system and are aware of families' circumstances. In the current FSN design, however, only the Department can refer families to ICM. It should also be noted that ICM is at capacity with families already being turned away.

The Department should undertake an analysis of the size of the service system gap in in-home support and consider options for filling this gap, including exploring the possibility of increasing ICM's budget to include the option of taking on more A&C direct referrals. It is, however, important to ensure that expanding ICM will not reduce the availability of ICM positions for those families who are at high risk and in need of those services. Detailed cost modelling and program design will be required.

Recommendation 5 – Undertake a cost modelling exercise to ensure FSN is sustainable

The evaluation highlighted that the capacity of FSN is under some strain and there are concerns about the ongoing sustainability of the service and the maintenance of a high quality service. Furthermore, there have been opportunities highlighted such as a possible expansion of the ICM service or the inclusion of a step-up in-home support service that needs to be considered going forward.

The Department should work with lead agencies to understand the parameters of the service and straining points on capacity to develop an agreed cost model to secure FSN's future sustainability and effectiveness.

5.2 Recommendations to improve FSN implementation

This section sets out recommendation to improve the implementation of the current iteration of FSN. Recommendations 6 and 7 are smaller scale changes that may be implemented more quickly.

Recommendation 6 – Improve the quality of family referrals and level of family engagement

In the A&C stream, 60% of initial screenings were deemed to be unsuitable. This was typically because their needs were too high and therefore were referred to CPFS, unable to be contacted, disengaged, or they relocated. The exact split between these reasons is not available, however the data does provide that 12% of unsuitable referrals were due to CPFS engagement.

In the ICM stream, 24% of accepted families could not be engaged. Lead agencies have reported that this is typically due to challenges with the quality of the referrals and the handover process.

As both A&C and ICM streams are voluntary, successful referrals and engagement from families are heavily reliant on the quality of the handover process, the nature of the rapport between the referrer and the family, and the way families are informed about the services.

While lead agencies have reported a gradual improvement as agencies become more familiar with FSN, further work should be done to strengthen the quality of the referrals by:

- *Continuing to improve the education and information* for both the agencies who refer into FSN and also for the families who receive the referral. The information should also be consistent.
- *Recognising that taking a broader family view can lead to better outcomes* for families who present with multiple complexities including intergenerational trauma. Although the service must have the safety of the child at the centre, working with the broader family group allows a greater understanding of potential risk and can lead to more targeted support. [31]
- *Co-designing engagement techniques with community* representatives, particularly Aboriginal stakeholders and families who have used the service, to increase opportunities for engagement. For example, FSN's may spend time in community hubs to familiarise the community with their service or recruit influential community members as part of the steering group.

Recommendation 7 – Review the format and design of allocation meetings

Agencies have reported seeing increasingly less value in allocation meetings which has resulted in dwindling attendance numbers. The format and design of allocation meetings should be reviewed to

[31] Government of South Australia Department of Human Services, Early Intervention Research Directorate, 'Summary Report of Research Findings', March 2019, https://dhs.sa.gov.au/__data/assets/pdf_file/0004/78871/Research-Report-Summary-of-Research-Findings-March-2019.pdf

ensure they are effective for families and an efficient use of resources. In particular, the following should be considered:

- *Frequency*: Allocation meetings typically run for 2 hours every fortnight. This has been a barrier to many agencies attending and fully participating in meetings. Furthermore, if critical services that are needed to properly discuss and allocate families cannot attend, consider the value of holding a meeting for that week or seek input from those services in other ways.
- *Format and location*: Meetings currently take place in person often requiring agencies to drive long distances to meet. Future allocation meetings may take place increasingly in a virtual setting instead of face to face. The COVID situation unfolding at the time of this report has necessitated a move to virtual meetings so stakeholders will be increasingly familiar with using virtual technologies and grateful of the time that is saved.
- *Tools to support meetings*: Some FSNs have shared case lists to be discussed with all agencies before allocation meetings to allow agencies to make an informed decision about whether their attendance is required. Agencies have reported this as a useful way to better manage their time and increase their active participation where required. Some other FSNs have also developed service registries which lists all services available for referral in respective corridors. This has assisted agencies to make referrals more efficiently.
- *Family involvement*: Many stakeholders including some families have spoken extremely highly of the Strong Families model which embraced a planning and coordination process for families who are receiving services from multiple agencies. That model involved a formal coordination process where families and agency representatives come together to share information and agree on actions to support the families in achieving their goals.

  FSN should consider the potential role of families in these meetings to increase opportunities for them to engage in and lead their own support. The appropriate forum and approach to any family engagement will need to be co-designed with agencies and Aboriginal and non-Aboriginal families. Particularly relevant to Aboriginal families, FSNs should consider referring to the Aboriginal Family Led Decision Making approach.[32]

Recommendation 8 – Introduce technology to streamline allocation for lower risk families

To streamline and increase the efficiency of allocation processes more generally, FSN should consider introducing a technology solution for allocations for lower risks families who do not need to be discussed in allocation meetings. For example, an app or online system tool that can access the capacity levels at each partner agency and search a local registry for available services. Any technology or social innovation tool must be easy to use to incentivise uptake.

This will reduce the time spent ringing around to find out what partners have the services available and the capacity to take on new families. In addition, it will increase the time available to focus on managing more complex cases. Furthermore, a tool may also be an effective platform to easily collect data to identify service gaps which will assist with advocacy to Government for additional funding and resources to fill those gaps.

Recommendation 9 – Strengthen governance and accountability structures

The governance structures that were built into the design of FSN have not been well implemented. In particular, DLGs have taken much longer to establish and many FSNs do not have functioning steering committees in place. Furthermore, the partnerships between ACCOs and lead agencies require a formalised partnership agreement to ground their relationship.

[32] The Aboriginal Family Led Decision Making Approach gives authority to families and children/young people to problem solve and lead the decision making in a culturally safe space by using external convenors to the Department that were Aboriginal and or Torres Strait Islander. A trial of this approach was conducted by Winangali in 2017 with positive results for child safety - https://www.snaicc.org.au/wp-content/uploads/2018/05/Evaluation_Report_ATSIFLDM-2018.pdf.

- *District Leadership Groups*: Initially DLGs intended to play an operational role by helping to identify vulnerable families that may be suitable for ICM. Their role has recently been elevated to a more strategic function where FSNs are expected to interface with DLGs Children and Families priority sub-groups. Whether FSNs can join those sub-groups, however, will be contingent on DLGs agreeing to have them participate. To strengthen this level of governance for FSNs, DLGs should be established as soon as possible with efforts made to ensure FSNs have a voice in the Children and Families priority sub-groups.
- *Steering committee*: Steering committees provide overall accountability for the implementation and operation of the FSN and allow an avenue to identify and address implementation barriers and operational matters. FSNs do not have well-functioning steering committees in most corridors. FSNs should ensure that steering committees are reinstated and reinvigorated to strengthen governance and accountability.
- *Partnership agreement for ACCOs and lead agencies*: The partnerships between Wungening, Yorgum and lead agencies should be formally co-defined. Currently the effectiveness of these partnerships has been inconsistent with some positive outcomes and other areas for improvement emerging. These learnings from the first year of the FSN pilot can be built on to develop a more formal agreement on how these working relationships should operate.

  In particular, it is important that the co-design of these partnerships be based on the recommendations contained in the recent report by the West Australian Council of Social Service and the Noongar Family Safety and Wellbeing Council on *'Partnering with Aboriginal Community Controlled Organisations to Deliver Trusted Services With Stronger Outcomes for Aboriginal People'*. That report sets out important elements that need to ground any productive partnership between community service organisations (CSOs) and ACCOs.

  ACCO partners, lead agencies and the Department are encouraged to refer to the recommendations in the co-design of the partnership agreement. For the purposes of this report, a number of critical recommendations to highlight include:

  - A crucial focus of any partnership between ACCOs and CSOs is to build the capacity of ACCOs so that ultimately any child protection and out of home care services for Aboriginal families can transition entirely to ACCOs. Most (not all) ACCOs currently lack the size, scale or experience to provide out of home care services therefore successful transition of placements to suitable ACCOs may take time and will require ACCOs, CSOs and government to be committed to work in partnership.
  - Where CSOs need to remain actively in partnership with ACCOs for the longer term, CSOs must demonstrate commitment and accountability for a high level of cultural competence, employing Aboriginal people to deliver services to Aboriginal people and build capacity of local Aboriginal staff.
  - Partnership practices (as listed in Appendix 3 of this report) should underpin the design of the partnership agreement.

  Key elements of that partnership may also be incorporated into MOUS with partners.

Recommendation 10 – Undertake a thorough review of FuSioN to fully understand all its benefits and challenges and build a set of options for improvement

FSN involves multiple different stakeholders including lead agencies, partner agencies, non-partner agencies and Department staff. It also covers a very wide geographical area. For multi-agency and wide reaching services like FSN, it is critical to have a well-integrated data collection system.

FuSioN was developed and piloted for this iteration of FSN. In the first year of operation, it has provided a place for stakeholders to share case notes and information and to plan service around families. This pilot phase has however, also highlighted many areas that need improvement in order to ensure more consistent data entry, improved engagement and confidence from users and data with high integrity that can be used to inform decision-making.

A thorough review of FuSioN needs to be undertaken to identify areas in need of improvement and system based solutions need to be implemented. Particular focus is needed in the following areas:

- *Training to use FuSioN*: Currently the training required to operate FuSioN is very onerous and time intensive which is deterring people from properly learning how to use the platform. The method of delivering FuSioN training needs to be reviewed to become more easily accessible for users and less time consuming to onboard.
- *User interface*: Users have also reported finding FuSioN difficult to access and difficult to use which is disincentivising people from engaging with the platform. One clear example is the challenge with logging into the system. The platform routinely logs users out which causes delays and frustrations with data entry. Furthermore, logins are also difficult to manage, and agencies often lose people adept at FuSioN due to staff turnover. The platform must be highly user friendly to encourage more engagement and flexibility from users.
- *Improving data collection processes for exit surveys*: The response rates for exit surveys is low and inconsistent across corridors. This information helps to assess the outcomes of FSN, and it is important the data collected is consistent and reliable. The processes and expectations to administer exit surveys should be reviewed and strengthened.
- *Alignment with existing data collection systems*: Agencies already have their own data collection systems that they are more familiar with. FuSioN was intended to replace those systems or reduce the need for agencies to engage with those systems. To ensure this is the case, a review of how FuSioN aligns with existing data collection system should be undertaken to ensure users are clear of how FuSioN is different or adds additional value.
- *Data privacy concerns*: Currently the data on FuSioN is accessible to all FSNs, however, the geographical coverage of all FSNs is quite significant meaning a large number of people unrelated to that area and service can potentially see sensitive information about families. Data accessibility should be reviewed such that only high level general information is available to all while more detailed sensitive information is only accessible to those who are working directly with the family. This may also encourage more thorough data sharing on FuSioN.
- *More appropriate indicators*: Currently the data entry fields against indicators are not always applicable and users are either ignoring fields or inputting 'dummy data' to 'tick a box' to progress to the next screen on the platform. Work needs to be done to ensure that FuSioN presents data collection fields that are applicable and relevant to different families. Completing recommendation 1 regarding theory of change and an evaluation framework will assist substantially with this as it will ensure the right indicators are designed to measure the appropriate outcomes for different participants in the program. Currently for example, some users in A&C are being asked questions such as "do you feel safe and secure in your identity and culture". These questions are of little relevance to A&C activities as the primary focus is coordinating services for families. Similarly, some questions and data fields around parenting ability and routines are more relevant to ICM families as opposed to A&C families.

This work should flow on from and be guided by the theory of change and evaluation framework developed in recommendation 1.

Appendix 1: Excerpt from 2016 EIFS Strategy

Family Support Networks

3.3 Re-focus lead agencies from being a coordination only mechanism to a case management and coordination service.

3.4 District Leadership Groups to provide targeted referrals for case management to the lead agency.

3.5 Strengthen contractual requirements and accountability of Family Support Networks and their partner agencies to deliver culturally responsive services and achieve positive outcomes for Aboriginal children and families.

3.6 Family Support Networks to be delivered by, or in partnership with, an Aboriginal community controlled organisation where possible.

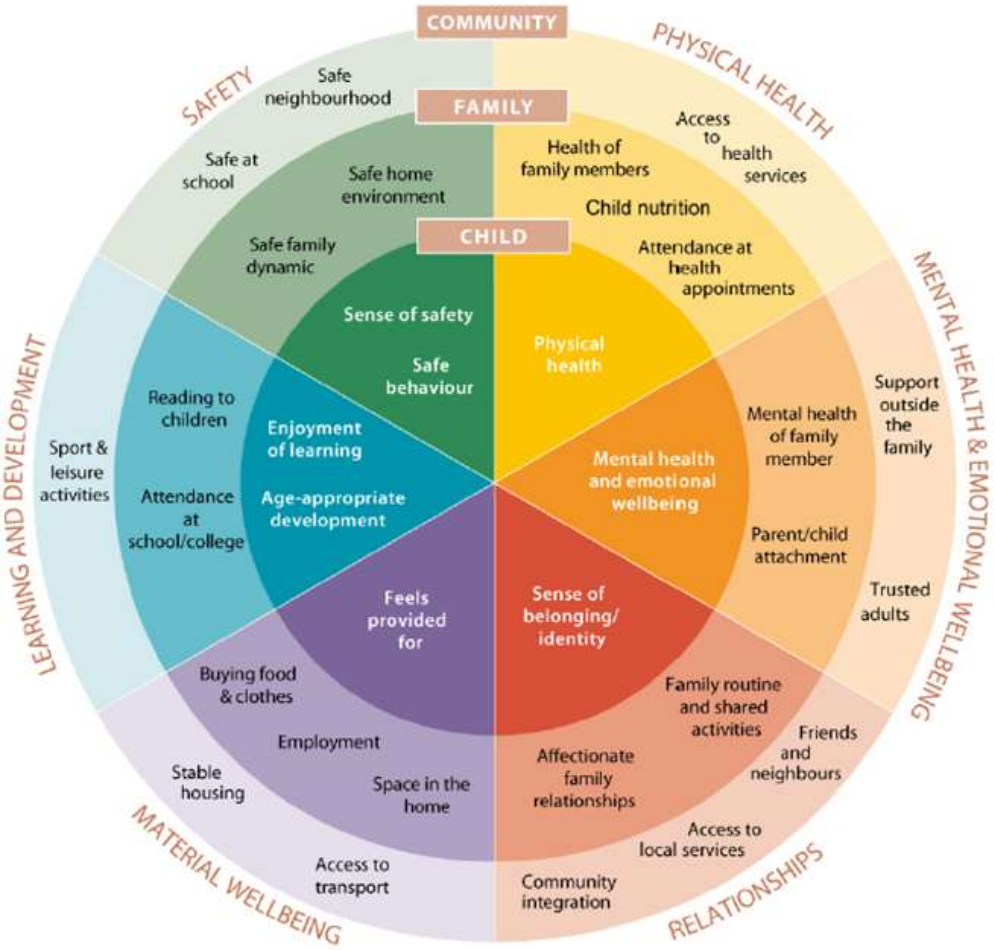
3.7 Amend the governance structures of Family Support Networks to create formal links to District Leadership Groups, with reporting to the Child Safety Director's Group.

3.8 Explore opportunities to co-locate enhanced contact centres with Family Support Network lead agencies to improve coordination of reunification and parenting services across the sector.

3.9 As funding becomes available, and contingent on further evaluation of successful outcomes, Family Support Networks to be implemented in other areas. Further consideration of models that are achievable and appropriate for regional locations will be required.

Appendix 2: ARACY 'The Wheel' tool

'The Wheel' from the Australian Research Alliance for Children and Youth 2010 Common Framework shows six domains of wellbeing in a child's life.



Appendix 3: Partnership Practices for ACCOS and CSOs

Between April 2018 and June 2019, the West Australian Council of Social Services and the Noongar Family Safety and Wellbeing Council developed a set of practices for partnering with Aboriginal Community Controlled Organisations to deliver trusted services with stronger outcomes.[i33]

Partnership Practices	Community Sector Practices	ACCO Practices	Public Sector Practices
1. The terms and conditions of the partnership should in the first place be determined by the needs and aspirations of people with lived experience, service users, the local community ACCO partner and elders.	√	√	√
2. Objectively assess capacity to deliver effective and sustainable services and only tender independently for such services where capacity exists and can be delivered from an evidence base.	√	√	
3. Before considering a tender or entering into a service commissioning process, existing ACCO services in the local and regional area shall be thoroughly researched to determine existing capacity, associated services and relationships (including contacting relevant Aboriginal peak bodies).	√		√
4. Where local ACCOs are already effectively delivering services, or are willing and able to provide them, they should be assessed as preferred providers.			√
5. Where ACCOs are already effectively delivering services or are willing and able to provide them, CSOs shall not directly compete, but will seek, where appropriate, to develop a partnership in accord with these principles.	√	√	
6. Where current capacity is limited seek to work in partnership with an existing provider or partner organisation to develop skills, capacity and expertise. There should be a fair and transparent engagement process to develop a capacity building plan to address any concerns.	√	√	√
7. If additional external capability is deemed necessary to support a capacity building plan requiring some form of partnership or other support, it should be delivered by an organisation or organisations chosen or agreed by the ACCO, consistent with the partnership principles.	√	√	√
8. In circumstances where an existing ACCO agrees to partner, partnerships should have an over-riding goal, supported by clear processes and timelines, of developing and delivering culturally-secure local services delivered by local ACCOs.	√	√	√
9. An exit strategy should be developed, unless there is an agreement with the ACCO for a longer term partnership.	√	√	√
10. Providers will develop a robust accountability framework and evaluation process together with program funders, partnering organisations and communities.	√	√	√
11. All partnerships should have an over-riding goal of developing and delivering culturally-secure services delivered by local ACCOs.	√	√	√
12. Contracts with government should incorporate a succession plan and long term planning for local ACCOs to deliver services, with appropriate resourcing included, unless the ACCO wishes to maintain the partnership arrangement.			√
13. All contracts and service agreements with ACCOs should be consistent with partnership principles, including fair joint venture agreements and provisions to support the transfer of responsibility and control.	√	√	√
14. Program planning and service system co-design processes should be evidence-based and driven by the needs and aspirations of service users, those with lived experience, Elders and local communities. Evidence of service and community need and evaluation of existing services and service models should be shared and its implications agreed with key stakeholders.	√	√	√
15. Public sector agencies should co-develop a robust accountability framework and evaluation process together with partnering organisations and communities.	√	√	√

[33] WACOSS and Noongar Family Safety and Wellbeing Council, *Partnering with Aboriginal Community Controlled Organisations to Deliver Trusted Services with Stronger Outcomes for Aboriginal People.*

Appendix 4: Stakeholder engagement

The following is a summary of the stakeholder engagement undertaken as part of this evaluation. Seven focus groups were conducted with two follow up meetings with the Department.

Focus groups conducted

Focus groups
Lead agencies (7 people attended with all three lead agencies represented)
Department FSN operational staff (12 people attended)
Centrecare partner agencies from Gosnells (10 people attended)
Centrecare partner agencies from Midland (10 people attended)
Communicare partner agencies from Rockingham (4 people attended)
Mercycare partner agencies from Mirrabooka (6 people attended)
Department FSN senior staff (4 people attended)
Department FSN staff follow up teleconference (2 people attended)
Department FSN data specialist follow up meeting (2 people attended)

Interviews conducted

Interviews
8 interviews were conducted in total: • 2 from each corridor • 4 Aboriginal and 4 non-Aboriginal • 3 A&C, 4 ICM and 1 A&C who was escalated to ICM

Appendix 5: Cultural Security Model

The following is an example of how Juli Coffin's Cultural Security Model has been adapted in a bullying prevention and management context.