THE UNIVERSITY OF SYDNEY

Research Centre for Children and Families

Curijo

Family Connect and Support Program

Evaluation

Interim Report

Research Centre for Children and Families

Curijo Pty Ltd

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Acknowledgement of Country

The Department of Communities and Justice and The Research Centre for Children and Families acknowledge the Traditional Custodians of the various lands on which we work and where Family Connect and Support services are delivered.

We pay respects to Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

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Contents

Executive Summary

Background

The NSW Family Referral Service (FRS) was introduced as a key initiative under the *Keep Them Safe*[1] reforms, arising from the *Special Commission of Inquiry into Child Protection Services in NSW* (Wood 2008).[2] FRS was introduced in 2010, managed by the NSW Ministry of Health as a voluntary service. The program was rolled out state-wide across 11 Family Referral Services in April 2013. The NSW Ministry of Health commissioned an evaluation of the FRS program in 2013. The evaluation identified a range of service benefits including reports from 7 in 10 clients that FRS supported them to access services they most needed.[3] A systematic review of the out-of-home care (OOHC) system in NSW by David Tune AO PSM (the Tune Review)[4] was conducted in 2015. The Tune Review made some important observations about the way government relates to children and families experiencing vulnerabilities. The Family Connect and Support (FCS) program aligns with the broader direction of the NSW government to invest early in services and programs for vulnerable children, young people, and families.

The Research Centre for Children and Families (RCCF) at the University of Sydney has been commissioned by the NSW Department of Communities and Justice (DCJ) to undertake a comprehensive evaluation of the FCS program. The purpose is to understand whether the FCS program provides an effective soft entry point into the service system for vulnerable families.

Evaluation of the FCS program

The purpose of the Family Connect and Support Program Evaluation is to look at the effectiveness of FCS as an entry point into the service system for vulnerable families and how their service delivery is correlated to future child and family outcomes. The evaluation explores the impact and outcomes of the program since it transitioned from FRS to FCS in January 2021.

The evaluation will be key to understanding the connection between FCS intervention and support in preventing a child, young person and /or family's issues from escalating. The focus will be on:

- the effectiveness of FCS' program design
- (unintended) implementation outcomes for families and
- Comparison of the service delivery activities to achieved family outcomes.

The evaluation will also investigate the comparability of the program benefits to program cost and social investment return and the appropriateness of FCS' culturally safe approach to Aboriginal and Culturally and Linguistically Diverse (CALD) families.

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[1] NSW Government. *Keep Them Safe: A shared approach to child wellbeing* is the response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW, led by the Honourable James Wood, AO, QC, released in November 2008

[2] Wood J 2008. *Special Commission of Inquiry into Child Protection Services in NSW: Volume 2*. Sydney: NSW Government.

[3] KPMG (2013) Evaluation of Family Referral Services: NSW Kids and Families, Government Advisory Services.

[4] Tune (2015) Independent review of out of home care in New South Wales final report.

The evaluation will offer insights into the new program design, what's working well, and outcomes families achieve. Finally, the evaluation findings will be used to support decisions about program continuation, expansion and policy and practice decisions.

FCS Evaluation approach

The evaluation of the FCS program consists of three parts:

Process evaluation - How well was the Family Connect and Support program designed and implemented to achieve client outcomes?
Outcome evaluation - What outcomes has the FCS program achieved for clients?
Economic evaluation - Do benefits for families who access FCS outweigh the cost of the program?

Details of the methodology for each evaluation component can be found in Section 3.

FCS Evaluation questions

The key evaluation questions aim to explore how the program has been designed and implemented. This includes the consideration of unintended outcomes of implementation. A range of qualitative and quantitative methods will be used to answer the following evaluation questions:

1. How have the key features of the FCS service model been implemented?
2. Are there any gaps to the design of the FCS model?
3. What were the barriers and facilitators of implementation?
4. What services / activities were delivered, how much, where and to which populations?
5. How did the different supports delivered (e.g. active holding, brokerage), work together to support clients?
6. How well did the program reach and engage priority cohorts?
7. Were the services flexible and responsive to client and community needs?
8. Were services culturally safe and appropriate?
9. How can client feedback be collected on an ongoing basis to inform the FCS program?
10. Was there meaningful client and community engagement by services?
11. Were clear client pathways through the service system developed and used?
12. Were enduring partnerships between services formed?
13. What role has FCS played in building the capacity of referrers to make appropriate referrals and adopt a shared responsibility of risk?
14. What role has FCS had in providing leadership locally and acting as a service connector for families and within the broader service system?
15. Do the benefits for the families who access FCS outweigh the cost of the program?

FCS Evaluation Interim Report

This interim report provides mid-point evaluation findings on implementation of the program, exploring fidelity to the model and perspectives of FCS staff and key stakeholders, including Aboriginal and CALD key stakeholders. The next stage of the evaluation will provide the outcome and economic evaluation. In this stage families who have participated in the FCS program will be interviewed and administrative data from ChildStory and DEX databases will be analysed, with additional interviews with Aboriginal key stakeholders planned in June 2023.

The interim report is structured in five sections:

1. Family Connect and Support overview
2. Evaluation inception and initial consultations
3. Process evaluation
4. Interim evaluation findings
5. Next evaluation steps.

Key findings

Overall, the interim process evaluation findings, based on surveys, interviews and focus groups, found there is a strong and consistent agreement that the FCS program is performing well and meeting family needs. Indeed, it is widely appreciated as a critical element for a well-functioning child and family services system, to prevent issues from escalating to the point of child removal. Core strengths of the FCS program as identified by staff and stakeholders with referral pathways include its **flexible model design**, **broad eligibility criteria** and **active holding** service component. Interim findings suggest that the FCS program **fills a gap in the service system** through providing families with **free, voluntary and non-statutory early intervention** support. The program is valued for its unique and extensive **knowledge of local service sectors** across NSW and its **capacity to engage families** in identifying their own support needs. FCS providers have built **strong partnerships** with key services and stakeholders within their local service sectors and actively **value cultural knowledge and expertise**.

However, there are challenges facing FCS providers, many of which are outside their control. These include:

- **Need for greater investment in early intervention**: DCJ staff refer families to the FCS program when families are reported to the Child Protection Helpline as needing supports but do not meet the threshold for statutory intervention. However, due to caps on Brighter Futures and other family preservation programs, it is frequently not possible to connect families with the longer-term support they need.
- **Complex family profiles**: It was noted that FCS providers are carrying a lot of risk, because although the families that are referred to them may be assessed as low risk per the Structured Decision Making tool (i.e. a response required within 10 days), many families

present with significant complexity, which impacts upon the reasonable caseload size for FCS workers.

- **Challenges accessing referrals:** FCS providers have more limited scope in making service referrals than DCJ staff, such as to fee-free psychology services or intensive family support services. For example, intensive family services are primarily occupied with statutory referrals, limiting access to FCS services. The Family Preservation program only allocates 10 per cent of their capacity to community referrals.[5] To get support for families, FCS providers feel under pressure to report families via the Helpline to reopen their case, but this is perceived as damaging trusting relationships and resulting in potential overreach in terms of statutory response.
- **Systemic service gaps:** Many of the types of supports that families require are simply not available due to geographic gaps in service delivery or oversubscription to these services. There is not an adequate supply of services with sufficient intensity and expertise for families who are not allocated for statutory child protection intervention, but have children at a high level of risk.[6] Consistently identified service gaps include: housing, mental health services (psychologists and counsellors), domestic and family violence services, intensive family case management, paediatric and allied health for children including speech therapy, and clinical assessments for neurodevelopmental conditions (e.g. autism spectrum disorder).
- **Developing culturally appropriate referral pathways:** Feedback from Aboriginal and CALD stakeholders indicates that referral pathways with FCS could be strengthened. This could facilitate more collaborative work between FCS and Aboriginal and multicultural services and improve the appropriateness of services families are connected with.

These findings will continue to be revisited as the evaluation continues, and additional data sources including interviews with families and statistical analysis of administrative data are analysed, to refine final conclusions and recommendations for the FCS program.

[5] Beaton, R. (2022) *Collaboration Workshop: Child Wellbeing Units and Family Connect and Support services*. Insight Consulting Australia.
[6] Ibid.

Section 1 – Family Connect and Support Overview

Background

In January 2021, the program (then called Family Referral Service) transferred from the NSW Ministry of Health to the NSW Department of Communities and Justice (DCJ). Building on FRS, the FCS service model was informed by the Stronger Communities Insights data and stakeholder consultations. Feedback about the FRS program emphasised its value in identifying, engaging, and referring families to services before their situation escalates. DCJ undertook a staged procurement process to select service providers to deliver the FCS program across the state.

The FCS program builds on the FRS model and provides more service elements and practice guidelines to reflect contemporary family needs in NSW. The need to redesign and build on the work of FRS was identified through extensive sector consultations. It showed that FRS was a valued program and with the redesign to the FCS model, key features and strengths of the FRS remained in the FCS model, such as:

- family strengths and needs assessment to inform service responses
- provision of information and advice to help families navigate the service system
- warm referrals to families to services that link them with appropriate support services in their local area
- follow-up of referrals to ensure they are appropriate and sustainable
- active holding in the case that there is a gap or shortage of services to provide appropriate support
- provision of timely and comprehensive feedback to inbound referrers about the outcome of their referral to the program
- flexible use of brokerage funds to address immediate family needs
- assertive outreach methods to reach isolated families
- voluntary program state-wide delivery to families in NSW experiencing vulnerability.

FCS is a state-wide, voluntary service for children, young people and families who require support to maintain a safe and positive family environment. FCS provides a soft entry point and connection to the service system for families who may be experiencing vulnerabilities or who require some level of support before issues escalate. FCS is an early intervention and prevention service that helps families identify their strengths and address underlying issues and needs from a holistic perspective.

Families are referred to FCS from a range of sources, for example, DCJ may directly refer families to FCS where it is considered that a families' need may be better met by an FCS service. Other referral sources to FCS include Child Wellbeing Units (CWU);[11] health and human service providers; family and community sector agencies.

The program aims to intervene early and prevent family issues escalating and becoming more complex, by providing an assessment of needs and supporting children to remain safe and well in their family, to avert the need for statutory intervention. The services provided through FCS include comprehensive assessment, active outreach, short-term case planning and coordination. Where services are not immediately available, FCS may offer active holding, to keep the family engaged until supports are available.

Going beyond the original FRS service model, FCS has been refined, including in the following ways:

- Service delivery is targeted to priority groups including Aboriginal families, families with children aged 0–5 years, and children and young people affected by mental illness.
- Increase consistency across the FCS program through co-designed Common Assessment Framework, and a universal referral form (used for DCJ to FCS referrals), case plans and practice tools.
- Redesigned and centrally managed program wide website with new referral functionality.
- Alignment of domains to the Human Services Outcomes Framework through outcomes-based reporting and service delivery to ensure a positive impact on the lives of vulnerable families.
- Revised service targets, compliance, and accountability measures.
- Disaster and emergency response (in the context of large-scale disasters) enable reach to isolated families through innovative and flexible service delivery (Department of Communities of Justice, 2022).

Section 2 – Evaluation inception and initial consultations

Evaluation timeline and deliverables

During the initial phase the following components of the evaluation were completed:

1. Establishment of the Steering Committee terms of reference and membership
2. Preparation of the evaluation plan including key evaluation questions and methodologies
3. Development of a communication and recruitment strategy for evaluation stakeholders and participants
4. Submission of the ethics application to University of Sydney Human Research Ethics Committee (HREC) for family and sector participation
5. Review of FCS program logic, based on consultations with FCS providers

Steering Committee

The **Evaluation Steering Committee** was established to ensure the project is informed by key stakeholders, policy, and practice considerations. Quarterly meetings are chaired by the project sponsor (DCJ) with secretariat support provided by the RCCF evaluation team including agendas, minutes, and meeting papers. The Steering Committee continues to meet regularly, providing a forum for progressing the key deliverables, and specific components of the study.

Evaluation plan

The FCS Evaluation Plan was developed in consultation with the FCS Project team in DCJ and submitted in August 2022. Feedback from DCJ was incorporated and the FCS Evaluation Plan was finalised. The FCS Evaluation Plan provides a living document of the overarching evaluation strategy, timeframes, and key deliverable for the project. The evaluation plan includes a risk assessment of the key challenges that are likely to arise during the course of the evaluation, and the mitigation strategies for managing issues as they occur. The evaluation and risk management plan will be periodically reviewed and updated to reflect developments with the project and any emerging issues as they arise.

Communication Strategy

A communication strategy was developed to encourage the engagement of key stakeholders in the evaluation process. The Steering Committee provided advice to the evaluation team on the communication and recruitment strategy for the different audiences involved in the FCS evaluation, as well as assisted, where appropriate, with the dissemination of recruitment messages. Participants

have been informed about the study through print and electronic media (see Appendix 2 for participant information sheets).

A specific component of the communication strategy has been culturally safe outreach and engagement with Aboriginal and culturally diverse families, communities, and agencies. An essential theme for the evaluation is to determine whether the implementation of FCS is culturally safety and appropriate for Aboriginal families, and other culturally diverse families, and the degree to which it is an effective program for safely diverting children from the out-of-home care system. To encourage the engagement of Aboriginal support organisations and families, targeted consultations have been conducted by RCCF and Curijo. Partnership with Curijo has ensured that the evaluation questions and methods are culturally sensitive and meaningful, so the Aboriginal and culturally diverse families and agencies feel safe to participate.

Communication strategies to recruit families to participate in the evaluation included the use of video messages to provide simple clear messages and summaries with infographics to convey key messages and encourage community engagement.

Ethics Review

The evaluation plan was submitted to the University of Sydney Human Research Ethics Committee (HREC) and approved in August 2022 [2022/512]. HREC approval has enabled the data collection through, surveys and focus groups. The data collection methods comply with the University Data Management Plan to ensure participant sensitivity and safety, as well as the secure transfer and storage of all data collection.

RCCF is partnering with Curijo to contribute their extensive experience in consultancy and evaluation of organisations and programs providing targeted early intervention and family services. Curijo is a highly respected majority Aboriginal owned organisation experienced in engagement with diverse stakeholders. Curijo lives, respects and demonstrates the values, principles and protocols outlined in NIAA's IAS Evaluation Framework and NHMRC's Guidelines Framework, specifically, *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities*. Curijo has provided guidance for engagement with Aboriginal and culturally diverse families and communities, to gain their trust and conduct culturally appropriate data collection and analysis.

FCS program logic

The FCS program has reached a stage of maturity that makes it timely to review the initial program logic. A series of consultations were conducted with NSW FCS service providers (with their consortia partners where relevant). In total, 38 FCS staff members participated in the online consultations across the seven FCS providers about their views on the draft FCS Logic Model.

Each agency was asked a series of semi-structure questions including:

- Do the core **components and flexible activities** capture the work of the FCS providers?
- How would you describe the **goals of the FCS program**? Looking at the NSW Human Services Framework, which outcomes are most relevant (Social and Community; Education and Skills;

Empowerment; Economic; Safety; Health; Home)? Which outcomes are outside the scope of what you can offer families in the FCS program?

- How do you (as an FCS provider), know you've made an **impact with families and young people**? How do you measure success?
- What are **short-term outcomes** (primarily due to the program) that you would expect to see from FCS? What about in the **medium-term**, what would you expect to see with families and young people who have participated in FCS (due to FCS and other services)? What is the vision for the **long-term** change for FCS families and young people?
- Are there differences in potential outcomes based on the **culture of the young person and family**?

There was broad agreement among FCS providers that the program aims to improve client outcomes across a range of goals aligned with the NSW Human Services Framework and therefore that the goals currently ascribed to the program are appropriate. The majority of suggested changes discussed by FCS providers pertain to the core components and flexible activities column of the program logic. Their feedback informed a set of recommendations for potential revisions to the Program Logic, to ensure alignment between the program aims and objectives, and the core activities being delivered by the service providers.

DCJ has made a number of changes to the FCS Program Logic since receiving the feedback from the consultations. The Program Logic has been simplified, and more closely aligned with the activities and services provided by the program. The outcomes are now more immediate and linked to the program goals and impacts. A one-page infographic has been designed to provide an assessable, easy read fact sheet about the FCS program (see Appendix 1).

Table 1 below outlines some of the key recommendations for the revised FCS Program Logic.

Table 1: FCS Program Logic sector comments and suggested revisions

Recommendation	Revision
Eligibility Criteria Providers informally support families who do not meet the eligibility criteria at intake, is not captured in the program logic or outcomes because they are not a formal client. For example, providers described how they take on a service directory role with ineligible families, working with them to identify another suitable service so they are not left without support.	Add 'Where families are not eligible for FCS, arrange an appropriate referral and provide information about alternative services' under broad eligibility criteria.
Family Group Conferencing (FGC) All FCS providers advised that Family Group Conferencing (FGC) did not fit the scope of their	Revise wording from 'Family Group Conferencing' to 'Family-led decision making'

service delivery and as such, they were not delivering formal FGCs. Providers reported that principles of family-led decision-making, including working collaboratively and in partnership with families and focusing on family strengths, guided their service delivery.	Add a reference to the convening of case conferencing meetings under the 'whole of family case coordination and planning' component. FGC could be incorporated in the FCS program as a referral outcome rather than a service delivery outcome
Accessible and timely service information and referrals Providing families with culturally appropriate information and referrals was important alongside ensuring such information and referrals were accessible and timely.	Revise heading to 'Accessible, timely and *culturally appropriate* service information and referrals'
Short-term case management / Active holding Was not captured within the program logic, although the lack of available local services and long wait times meant that staff were performing case management to address the immediate needs of families. This short-term case management was not part of the referral process to another service and their service delivery went beyond case coordination.	Short-term case management to address immediate needs included under active holding
Client outcomes A few minor revisions were suggested to the client outcomes: Economic: providers offer information about eligibility for Centrelink benefits rather than financial counselling. Social and community: is the only category without a long-term outcome. Recognition that cultural needs may be met in a variety of ways, in addition to programs.	'Appropriate referral-Assistance accessing financial supports.' 'Active participation in community and immersed in culture'
Education, follow-up and feedback to referrers The lead role in educating, advocating and capacity building within the local support service sector was less visible than direct work with families and not adequately captured. Time spent doing proactive outreach activities to promote the FCS program within their local service sector, upskilling local organisations in referral pathways, building relationships with local organisations to facilitate warm referrals helped to develop networks for families, and provide systems level advocacy around gaps in services.	Add 'education' to 'follow up and feedback to referrers' component and add 'outreach to local service providers to educate about the role of FCS in the service sector and upskill about local referral pathways' to this component. Add 'Relationship building with local service providers to understand their ability to meet client needs' under warm referrals and add 'Advocating for client access to services' in addition to arranging services and introducing clients to the referral agency.

Section 3 – Process evaluation

The process evaluation has commenced to investigate the design and implementation, according to the program goals and guidelines using a range of data collection approaches. To date the following evaluation activities have been completed:

- **Desktop review** of key FCS documents to assess gaps in model design and operational protocols.
- **Workforce surveys** with the service providers and practitioners to identify issues with implementation, perceptions of engagement and partnerships among services.
- **Sector Roundtables** with FCS service providers and community organisations to discuss implementation, including development of partnerships and pathways for service connections, with a targeted consultation strategy developed with Curijo to ensure engagement with Aboriginal and CALD agencies.

Consultations have been extended for the Aboriginal and culturally diverse sector to accommodate the Christmas break and impact of the Covid-19 outbreak on agencies ability to participate. It is anticipated that the Aboriginal and culturally diverse consultations will be completed by mid-July 2023.

Desktop Review

The first component of the evaluation is designed to explore the question - *How well was the Family Connect and Support program designed and implemented to achieve client outcomes?*

A review of the program guidelines, service protocols and other supporting documents that guide how FCS agencies implement the service components was conducted. The review provides a context for the evaluation, with the collation of all the relevant information underpinning the FCS operation and program management, such as:

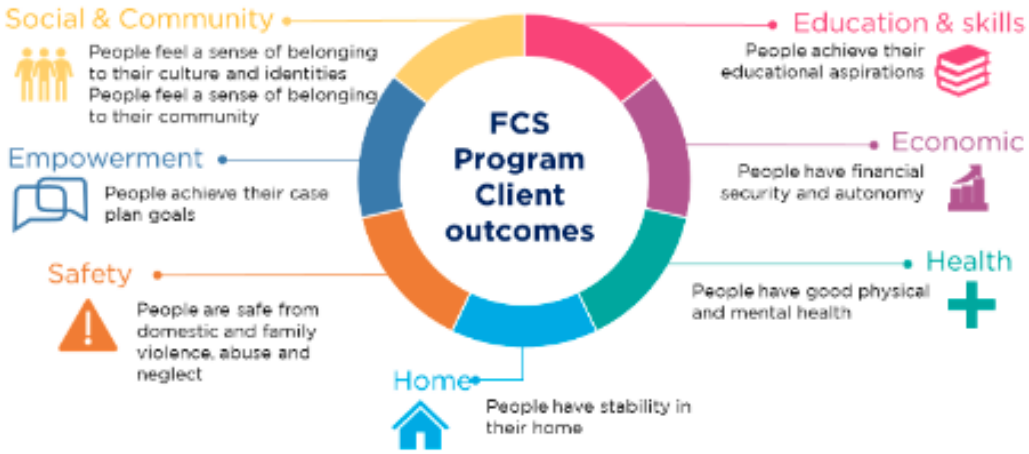
- Program Specifications
- FCS Service Agreements
- FCS Aboriginal participation plans
- Current agencies' intake document templates and policies (sourced from individual agencies)
- Relevant policies, practice advice and procedures documents related to operations of the FCS program
- Relevant data relating to referrals
- Other documents as relevant.

Overall, there is a comprehensive suite of protocols and procedures to support the implementation, with further guidelines under development. Some of the key components of the document review are detailed below.

FCS Minimum Data Set

There is a minimum data set that all providers must report on. This dataset includes client details and demographic data, service delivery data and client outcomes data. The full list of data that must be reported is provided in the FCS Data Collection and Reporting Guide. There are eight long-term outcomes that the FCS program is expected to contribute to for children, young people, families, and communities in NSW. These are aligned with the Human Services Data Set (HSDS) and described in Figure 1.

Figure 1: FCS Program client outcomes



The transition from FRS to FCS included the introduction of a new web-based service reporting platform known as the Data Exchange (DEX), hosted by the Commonwealth Department of Social Services (DSS). Reporting on the FCS program using DEX became mandatory from 1 February 2021, including Data Exchange Protocols. All service providers are required to report to DCJ on a quarterly basis and have 15 days to upload their reports in DEX from the end of the quarter.

Additional fields have been added to the enable the reporting of multiple referrals and demographic data about the family unit. The DEX records clients as individuals, or as group clients (families). Children are recorded as clients if they were present when a service was delivered, or the service provided was targeted towards the child. Both DCJ and providers have access to the data reports so they can be used for performance monitoring, and for future service forecasting.

Once client data is entered into the DEX data base, a Statistical Linkage Key (SLK) is automatically generated, which enables it to be matched over time and programs. The data from DEX will contribute to the analysis for the evaluation of the program outcomes, along with DCJ administrative and ChildStory data.

FCS Common Assessment Framework

DCJ commissioned the Parenting Research Centre (PRC) to develop the FCS Common Assessment Framework (CAF) to provide a framework for the key program principles and create a common language and core skills required by FCS workers. The CAF emphasises the importance of strong engagement and assessment skills.

Eight domains, aligned with FCS Program Logic outcomes, are identified within the CAF that FCS workers can explore with families. These domains are:

Domain	Issues to explore
Economic	Gain an understanding of the family's economic situation, including employment, financial literacy and financial management skills as well as food and nutrition.
Family Relationships	Gain an understanding of family relationships and connections outside of the family home and identify any strong relationships and supports that they can draw on.
Education and Skills	Gain an understanding of parent participation in education and training. Gain an understanding of how the child develops new skills and functions appropriately for their developmental stage. Unidentified developmental delays or medical needs can significantly impact children and how they function at home, at school and in the community.
Safety	Gain an understanding of safety and protection within the family. Explore if there are any physical and emotional safety concerns, particularly if there are current and immediate concerns that require immediate attention and support. Explore if there is family disagreement and/or conflict and if this impacts the family. FCS workers should also note that disclosures can affect limitations on confidentiality and may prompt mandatory reporting responsibilities. Cultural safety is more than being aware of and respecting other cultures. It is about creating an environment where Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) families can feel safe (physically and emotionally), heard and respected, and can draw strength in their identity, culture and community. It is about learning, living and working together with dignity. FCS workers must be aware of, and practice cultural safety when working with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse families.
Home	Gain an understanding of the family's housing situation. Is it secure and meeting their needs? Note that families may use their homes in different ways and it's important to seek the family's views on their needs.

Health (physical and mental health)	Gain an understanding of child's physical health, mental health and disability, and what may be impacting the child. Be aware that a child's health can also lead to stressors for the parents. Gain an understanding the parent's physical health, mental health, emotional wellbeing and disability and if there are any issues that may be impacting the parent and/or the family.
Social and Community	Gain an understanding the family's needs relating to their identity, culture, spirituality and/or religion. Consideration should be given to undertaking a cultural consultation if the agency hasn't got the requisite cultural skills internally. Gain an understanding of family relationships and connections outside of the family home and identify any strong relationships and supports that they can draw on.
Empowerment	Gain an understanding of parent confidence and ability to navigate the service system and position to make well informed decisions for their family. This domain also allows an opportunity for the parent to identify what empowers them, as well as what makes them feel confident to seek information and support.

The CAF is designed to provide FCS workers with a template for assessing the strengths and needs of families who are seeking support from the FCS Program. FCS workers are encouraged, where appropriate, to have conversations with families instead of a structured interview.

The CAF provides a template for practitioners to record family observations and to help them to identify and prioritise areas where families most need intervention. FCS workers should refer to the CAF for guidance around safety planning, goal setting and case planning, making referrals and active holdings.

FCS Common Assessment Tool

DCJ engaged Curijo to develop a Common Assessment Tool (CAT) to align with the domains of the FCS Framework. The intention is to provide a tool that can be adopted across the program to support consistency in terms of intake, assessment and triage for families who access FCS. This project is currently underway with a scope encompassing:

- A Common Assessment tool (CAT), co-designed to manage the change process and support a culture of common assessment practice.
- Leverage from the practice and quality expertise within FCS providers including frontline staff and practice and quality experts.
- Leverage from South Coast Medical Service Aboriginal Corporation's (ACCO and FCS provider) cultural and practice expertise.

- Remain open and flexible to broader opportunities that may arise to link the CAT across the child and family service continuum.

FCS workers can also refer to the *CAT Questions Document* to seek examples of questions which may support conversations with families during this process. Once developed, the CAT will be tested with key stakeholders, and feedback incorporated to finalise the tool for implementation in 2023.

FCS Weighted Referral System

The weighted referral is the assessment of complexity of services required by a family reflected in how much time FCS workers will spend on their case being low, medium, or high-level case. The weighting includes the Remoteness Index of Australia (ARIA+), which allows a 16% loading for greater travel time and insufficient services in regional areas (see Figure 2). The weighting enables the costing for the allocation of hours according to the complexity and duration of the service provided. The unweighted referrals are the number of clients that an organisation is expected to provide services to.

Figure 2: Weighted referral allocation method

The costing weighting is applied to the FCS program according to the formula in Table 2. It should be noted that a family assessment that is under 2-hour in duration, and which does not result in an outbound referral, is not counted towards an agencies referral target.

Table 2: Costing weighting formula

Referral Complexity	Minimum time	Maximum time	Cost weight
Low	2.0 hours	5.0 hours	0.5
Medium	5.0 hours	15.0 hours	1.2
High	15.0 hours	35.0 hours	3.4

Some staff reported that they found the weighted referral system confusing, and some felt more time should be allocated to the assessment and case planning process. It was not clear if the service tier should be determined by the complexity of the family issues, or the number of hours spent with the family during intake. It takes time to build rapport with families and to gain their trust, which did not always fit within program timeframes. Some providers felt that the unique component of FCS, capacity development within the local service system, was not able to be adequately captured within the current reporting framework. Significant time and effort was invested into building relationships across the referral network and upskilling other organisations. Consideration could be given to how to capture and measure this component of the program in the reporting system.

FCS Aboriginal Participations Plans

FCS providers are expected to complete an Aboriginal Participation Plan (APP) for their district, as a contractual requirement. A template developed by DCJ was provided to guide the process, with the intention that the APPs be living documents that could be adapted in response to community circumstances. The expectation was that the APPs would be developed in consultation with local Aboriginal organisations and stakeholders, and DCJ representatives. The APPs are reviewed quarterly by the provider, and annually by DCJ through the contract management process.

The plans also outline what steps FCS providers are taking to build the cultural competence of their staff, such as education and training program that participation in local cultural events and forums. It was noted that all FCS providers had developed comprehensive plans that detailed how providers were engaging with local Elders, communities, and service providers. The strength of the plans includes the identification of who is responsible for leading each initiative, linked to timeframes and status updates. Some providers, such as Social Futures in the Mid-North Coast and the Far North Coast areas, have developed comprehensive plans that identified the Nations, Aboriginal services, encompassed by the plan, as well as clearly defined actions and accountabilities. Their Aboriginal Participation Plans could provide a potential model for other providers to follow, particularly if new providers were to enter the field.

Sector consultations

Workforce survey

An anonymous workforce survey was conducted with FCS providers between September and November 2022. The survey was administered online using Qualtrics survey software and a link to the survey was distributed by email from DCJ to FCS providers. All FCS staff were invited and encouraged to participate. Reminders to complete the survey were provided by the research team during an FCS Community of Practice meeting and FCS provider consultations.

A total of 83 FCS program staff completed the survey: 84% female, 13% male, and remaining 2% were gender diverse or preferred not to say. There were 24 (29%) FCS staff who identified as CALD and only two were working in an identified CALD role, and there were 13 FCS staff (16%) who identified as Aboriginal and/or Torres Strait Islander. Four of the staff who identified as Aboriginal were working on Country and in an identified Aboriginal role. Some of the other Aboriginal staff, who were not working on Country, may still have strong local community and family connections.

The sample consisted mostly of caseworkers or case managers (54%) and team leaders (22%), as well as intake workers, managers, and other roles (e.g. administrators, coordinators, program workers). A range of organisations were represented with most responses from Uniting (28%), The Benevolent Society (18%), Barnardos Australia (17%), and Social Futures (13%). Professionals worked mainly in the districts of Mid North Coast, Northern NSW and New England (26%), Murrumbidgee, Far West and Western NSW (18%), and South-Western Sydney (17%).

The research team asked FCS providers to provide information about their staffing to understand the representativeness of the workforce survey sample. Based on information received from participating organisations about their total staff numbers (n=141 across FCS providers), the response rate for the survey is approximately 58%. In addition, the survey is largely representative of the workforce based on organisation, gender, Aboriginality, and position title or role. There appears to have been slightly more CALD staff reported in the survey compared to organisations' staffing numbers (29% compared to 18%), but this difference may be in part due to how staff and organisations have interpreted the term 'CALD'.

Descriptive statistics were generated to summarise the workforce survey dataset.

Table 3: Demographic characteristics of FCS staff survey respondents (n=83)

Characteristic	**Details**
Gender	
Female	84%
Male	13%
Gender Diverse	1%
Prefer not to say	1%
Aboriginal and/or Torres Strait Islander	
Yes	16%*
No	84%
Culturally and Linguistically Diverse	
Yes	29%
No	71%
Position	
Caseworker/Case Manager	54%
Intake Worker	11%
Team Leader	22%
Manager	5%
Other	8%
Organisation	

Barnardos Australia	17%
The Benevolent Society	18%
CatholicCare	1%
Mackillop	4%
Marymead	1%
Pathfinders	1%
Save the Children	6%
Social Futures	13%
South Coast Medical Service Aboriginal Corporation	11%
Uniting	28%
DCJ District	
Illawarra Shoalhaven & Southern NSW Districts	16%
Hunter & Central Coast Districts	8%
Mid North Coast, Northern NSW & New England Districts	27%
Murrumbidgee, Far West & Western NSW Districts	18%
Sydney, South Eastern Sydney & Northern Sydney Districts	8%
South Western Sydney District	17%
Western Sydney & Nepean Blue Mountains Districts	12%

* *Note: Reflects the participation of the Aboriginal staff from the South Coast Medical Service Aboriginal Corporation*

FCS provider consultations

Online consultations were held with each FCS provider and in some cases sub-contracted partners, between September and November 2022. Each FCS provider was invited to participate in an online focus group discussion that explored the experiences of program staff with implementing the program including what works well and what could be improved in the future. An email invitation was sent to each FCS provider by DCJ. Each FCS provider consultation was capped at 10 participants. A key contact person at each provider was asked to identify staff members who would like to participate and schedule a time with the research team. Consultations were held via videoconferencing platform MS Teams and were recorded and auto-transcribed. In total, 80 FCS staff participated across 9 online FCS provider consultations.

Stakeholder consultations

Online consultations were held with organisations that make inbound referrals to FCS or receive outbound referrals from FCS. Each FCS provider emailed a contact list of its key stakeholders, including Aboriginal and CALD referral service stakeholders, to assist the research team with recruitment. Consultations were held via videoconferencing platform MS Teams and were recorded and auto-transcribed.

A total of 54 stakeholders have been consulted to date. This included 40 participants from mainstream inbound and outbound referral services, 9 CALD stakeholders or those representing CALD services, and 5 Aboriginal stakeholders who work at Aboriginal Community-Controlled organisations.

Key stakeholders consulted were from a range of inbound and outbound referral services including:

- NSW DCJ including contract managers and staff from the Child Protection Helpline, allocation hub and Community Service Centres (CSC's) (n=9)
- Child Wellbeing Units (CWUs) – (police n=4; and education n=8)
- NSW Health (n=5)
- Department of Education/Primary schools (n=4)
- NGOs funded to deliver family support services (n=9)
- Aboriginal Community Controlled-Organisations (n=5) and multicultural services funded to deliver family support services (n=9)
- Private counsellors (n=1)

Consultations with mainstream stakeholders took place between November and December 2022 and are complete. The majority of the consultations with Aboriginal and culturally diverse stakeholders were conducted as individual interviews. Of the 38 CALD stakeholders who were contacted, only 9 agreed to interviews. Curijo is continuing to recruit Aboriginal stakeholders of the FCS program. To date 5 Aboriginal organisations have been interviewed. The Aboriginal and CALD consultations are expected to be completed by mid-July 2023, and the findings will be included in the final report.

Section 4 – Interim evaluation findings

The findings from the sector consultations, including the workforce survey, staff and stakeholder focus groups and interviews, have been consolidated to respond to the implementation evaluation questions. These include:

- FCS implementation facilitators and program strengths
- FCS implementation barriers and challenges
- Program design gaps
- Cultural safety
- Partnerships and collaboration
- Workforce training and skills

FCS implementation facilitators and program strengths

A number of factors were identified as supporting effective implementation of the FCS program. These were also considered core strengths of the FCS model and service delivery and included:

- Flexible model design
- Broad eligibility criteria
- Expertise in local service sector
- Strong capacity to engage families
- Free, voluntary and non-statutory early intervention support
- Filling a gap in the service system.

Flexible model design

FCS program specifications have enabled considerable flexibility in the way the model is delivered by FCS providers across the state. This flexibility allows providers to meet the specific needs of the diverse local communities and families they service. Stakeholders applauded the capacity of the FCS program to work with families according to their varying needs and issues, noting that this was rare across the sector.

> *"It's so different to anything else that we refer to outside of active cases. They're not so specific, they have flexibility. Others have much narrower focus of what they can or cannot work with the family on."* – Inbound referral stakeholder
>
> *"One of the strengths is definitely the flexibility in terms of how they can respond to the needs of different communities within a district. They can take quite a different suite of approaches to address the different needs of the community. The fact that the program is not so prescriptive is actually really positive."* – Inbound referral stakeholder

Aboriginal and culturally diverse stakeholders also valued service flexibility and range of responses offered. For example:

> *"The range of services that … this program is able to offer, I think it's definitely a strength."* – CALD inbound referral stakeholder
>
> *"It's your one stop shop and that's what I say to everybody. It's your one stop shop for, you know*, keeping your kids safe. It's there to help you keep your kids."– Aboriginal inbound and outbound referral stakeholder

Stakeholders shared examples of how the flexible model design has allowed FCS providers to play a role in offering crisis responses and offer support to communities in need including those affected by bushfires; floods; traumatic car accidents; and during COVID-19 lockdowns.

> *"There was a really tough few months where we had literally thousands of people in isolation…all of a sudden, FCS bounced in to provide essentials…it's really important for this program to have that flexibility when there are crises like that one… They've been so instrumental in the COVID response and also then after with the flooding…it's been extremely useful for the district that they can sort of shift you know the response that tiny bit if they need to when things like that happen."* – Inbound referral stakeholder

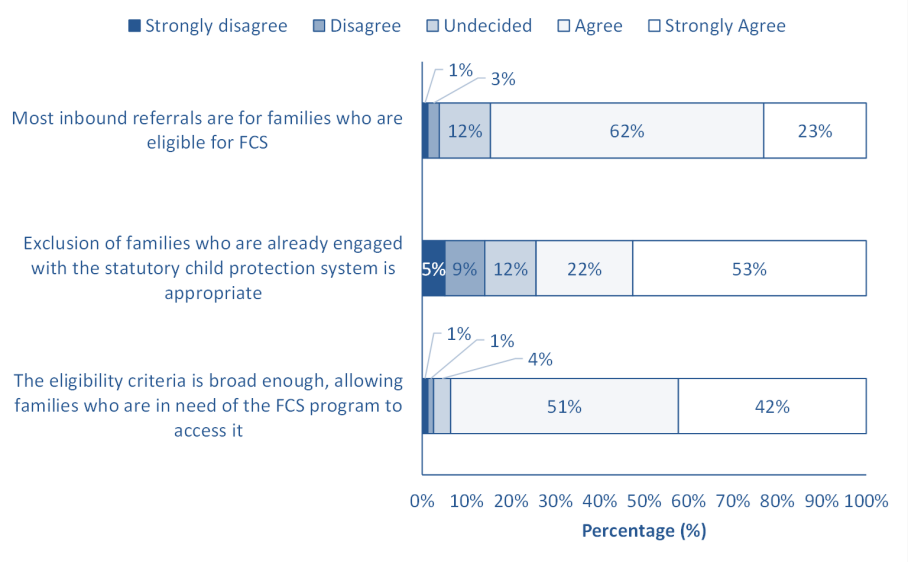
FCS staff likewise considered the flexibility of the program as one of its key strengths. Flexibility in the model allows staff to respond to the needs of families in responsive and purposeful ways. They highlighted how they were able to offer outreach and engagement options to families, working with them in ways that suit them best:

> *"I think that flexibility around how we work has been a great part of the program, the flexibility around offerings to families. However, they want to work with us is how we will work. They want to meet face to face, if they want to talk over the phone. We've had families communicate by text message, by e-mail."* – FCS staff
>
> *"We can be really responsive to family's needs and flexible with how we work and take the lead from the families. That helps for really purposeful work, I think."* – FCS staff
>
> *"One of the strengths and one of the really unique things about FCS is actually the flexibility of how we do things…we actually are one of the services that can say yes and work in so many different ways."* – FCS staff

Broad eligibility criteria

Respondents considered that FCS's broad eligibility criteria facilitated easy access to the program for families. The vast majority of FCS staff (93%) agreed or strongly agreed that the FCS eligibility criteria is broad enough, allowing families in need of the FCS program to access it. There were also high levels of agreement among FCS staff (85%) that most inbound referrals they received were for families eligible for the program. Three-quarters of FCS staff (75%) agreed that the exclusion of families who are already engaged with the statutory child protection system from the FCS program is appropriate, however, this question also elicited the highest levels of disagreement (14%) and undecided responses (12%) in relation to FCS eligibility (see figure 3). This indicates that a quarter of respondents disagree or are unsure about whether families who are already engaged with the statutory child protection system should be ineligible to receive the FCS program.

***Figure 3: Eligibility Criteria; Workforce survey responses to* 'Please indicate the extent to which you agree with the following statements about FCS eligibility'**



Note: Due to rounding, percentages may not sum up to exactly 100%

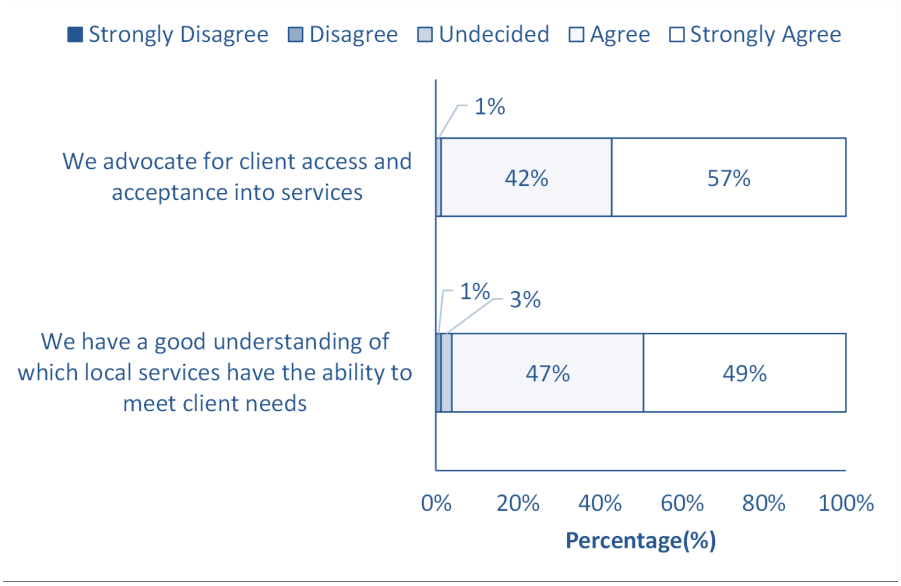
FCS stakeholders identified the program's broad eligibility criteria as a key strength of the program. Stakeholders appreciated that most referrals to FCS were accepted and that the FCS eligibility criteria was less rigid than that of other programs.

> *"Nine times out of ten they're pretty suitable unless it's super high risk. I've never heard of anybody really being knocked back unless of course they've a DCJ open case. They take almost any referral."* – Inbound referral stakeholder
>
> *"I guess our programs admission, you have to meet the criteria to be on a program. With FCS, the criteria is not as stringent. They're valuable in that way because they can work with families that other organisations can't because we're all governed you know by our guidelines and restrictions."* – Outbound referral stakeholder
>
> *"Feedback that we're certainly getting from different services and agencies around the need, particularly for services that come across us for the first time and then when they ask what our eligibility criteria is, and it is very broad, they're absolutely really pleased to hear that and definitely communicate that."* – FCS staff

Expertise in local service sector

The knowledge of appropriate and available local services held by FCS providers facilitates program implementation and service delivery. As figure 4 indicates, almost all FCS staff agreed or strongly agreed (96%) that they had a good understanding of the local services able to meet the needs of their clients. Almost all FCS staff (99%) reported that they advocate for client access and acceptance into external services.

Figure 4: Knowledge of local service sector; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS warm referrals'



Note: Due to rounding, percentages may not sum up to exactly 100%

FCS providers hold up-to-date information about services in their regions that can meet the varying needs of families. They have developed service directories and update them on a regular basis. In this way, they play a key role within communities as local service sector experts. This knowledge supports families and other local services alike.

> *"They're very proactive in linking the families and meeting their needs and researching different organisations they can refer to. They're very knowledgeable."* – Outbound referral stakeholder
>
> *"We are the holder of a lot of information around services and around the service system, so I think that's what's good about FCS. We know and if we don't know, we find out for families or for services."* – FCS staff

Stakeholders described FCS knowledge and expertise in the local service system as invaluable and a key strength of the program. Many respondents discussed the difficulty they experienced with trying to keep up with available services in their areas. This was particularly the case for inbound referrers in regional and remote locations, and state-wide services with limited knowledge of what is on offer in specific communities. These inbound referrers positioned FCS as their go-to referral for families and appreciated that FCS providers could use their expertise to make appropriate referrals for families on their behalf. They discussed how the extensive knowledge held by FCS freed up time and resources within their own organisations that would otherwise be spent on researching services for families.

> *"It's really difficult, in the rural and remote areas in particular, to sort of monitor which programs are functioning at the moment. Sometimes it's based on staff moving on to other roles or programs just not operating at the moment, due to funding or whatever it may be, whereas I feel like FCS know that stuff. They would know the key contacts. They would know, perhaps even ahead of time what might be coming in that area. So, I see that as a really a really big strength for our schools. That knowledge of who to refer to is a strength. Sometimes as a school it's hard but FCS can make*

contact with the families and know what the best agencies are to refer out to suit the family and have a few different options there for them." – Inbound referral stakeholder

"FCS is just our go-to. It is very valuable because we don't know, we cover the state. [Through FCS] you've got at your fingertips so many services….There's a lot of times I don't know what's available in [specific] areas. FCS is incredibly valuable in that space, because otherwise we would be struggling or in terms of timing because we are so, so busy and the workers would not have the time to do that research to have a look at what is local. So, it is very valuable in terms of knowing where we can go, and they can point us in the right direction." – Inbound referral stakeholder

Stakeholders highly valued opportunities they had to liaise with FCS staff about available services to meet family needs. They described how FCS staff would share their knowledge and expertise of local services which in turn gave them ideas of how to support families and contributed to strong collaborative working relationships.

"They're just your fall back every time. I feel like I can trust them as well because I know that they actually have the knowledge and the workers, and they do make referrals out on our behalf. Thank God we don't have to do that." – Inbound referral stakeholder

"We know a lot and we do a lot, but we don't know everything. So, it's always good to have that organisation where you can debrief with and chuck ideas back and forth. Other ideas come about from those conversations that you may not have thought of before, you know and different referral pathways…. when you have that relationship with Family Connect and Support, it's good because we exchange, and we talk when we see each other. They might have something to share that we didn't know about, which is great." – Outbound referral stakeholder

"They have access to other services that we may not be aware about because they are more active in the community. So, they certainly can say, well, what about this or what about that? That would definitely help our workers." – CALD outbound referral stakeholder

Capacity to engage families

Consultations with FCS staff and stakeholders suggests that the FCS program has a strong capacity to engage families. Home visiting and telephone engagement were identified as components of FCS service delivery that facilitate family engagement. This is consistent with findings of the *Preventing Child Maltreatment: Evidence Review*[7] which identified engagement as a core component of evidence-informed programs that can prevent child maltreatment and improve parenting knowledge, skills and behaviours. Most of the evidence-informed programs identified had a home visiting component and many programs had multiple components which combined home visits with telephone calls and/or other engagement activities to ensure families receive the most appropriate supports.

Home visiting

The ability of the FCS program to provide home visits was viewed as a key facilitator of family engagement in the program. FCS staff discussed how their capacity to meet families in their homes

[7] The Department of Communities and Justice and the Centre for Evidence and Implementation conducted an evidence review on parenting programs that seek to prevent child maltreatment. Key findings available at: https://evidenceportal.dcj.nsw.gov.au/content/dam/dcj/evidence-portal/documents/preventing-child-maltreatment/preventing-child-maltreatment-what-works.pdf.pdf

or another community location assisted them to develop good working relationships with families and supported their engagement in the program.

> *"Home visiting has been quite effective. Even though it's a core component of our service delivery, I find that even offering families that we can have a conversation about your situation in person, at your home or I can come out and we can have a chat at a café. If I put it in those words, it really helps families to engage and stay engaged like especially if they have like a face to a name, to their caseworker. I find that's also really helped engage with families."* – FCS staff
>
> *"I think a cool part about us is that we can actually meet the family at their house or in community rather than them having to travel up to us. I think it's just that's a really great element of our program, to meet them where they feel most comfortable."* – FCS staff

Stakeholders frequently identified the home visiting component of the program as a core strength and enabler of effective family engagement. The home visiting services offered by FCS were highly valued, including cold call home visits following a referral, as this gave families an additional opportunity to engage in the program if they did not answer initial phone call attempts. Home visits were also important for collecting information about a family's situation, particularly in instances where referring services were unable to attend the home.

> *"I think it's good that they can go out and do cold visits, unannounced visits with anyone that I haven't been able to get in contact with. I guess that allows them maybe a little bit more chance to engage them, than us."* – Outbound referral stakeholder
>
> *"I have found that families are very much engaged with the caseworker from FCS….they do cold calling to the house, which is such a win. And every single service should be doing cold calls because parents don't answer text messages or phone calls... So, you need to be going to the house."* – Inbound referral stakeholder
>
> *"Things I've heard is around like positive engagement, the home visiting. DCJ's often closing* [the case] *due to competing priorities, have never stepped foot in the house or met a family member to make any further assessment other than that initial call to the helpline and maybe some follow up conversation and they just take that on the word of the people they speak to. So, definitely the home visiting component when they're referring on to FCS, I'm hearing about like, really positive warm referrals from FCS to ongoing support and providers that follow up around that."* – Inbound referral stakeholder

Highly skilled intake and phone-based communication

The FCS program involves over-the-phone service delivery, including intake and triaging. The FCS program is voluntary, therefore, FCS intake workers require high level skills to engage families. They noted the rapid pace that intake workers were able establish rapport, trust and feelings of safety with families.

> *"We're also quite unique because a lot of our work we do over the phone…our intake workers are building that rapport really quickly. It is important and integral to be able to get the family to trust you fairly quickly."* – FCS staff
>
> *"When cold calling, most of the time with no one knowing that we're calling about…The success that we have is a testament to the workers that we have in the way that they can build that rapport quite quickly and they're active listening skills…it's a different skill set."* – FCS staff

FCS staff were seen by stakeholders to possess specific skills that facilitate effective phone-based work. These skills included active listening, the provision of information in a clear and appropriate way, demonstrating empathy, adopting a trauma-informed approach, being honest and transparent, using a friendly tone of voice and sense of humour, where appropriate. FCS staff reported that these skills assisted to break down fears families might have about engaging with a support service, encouraging them to participate.

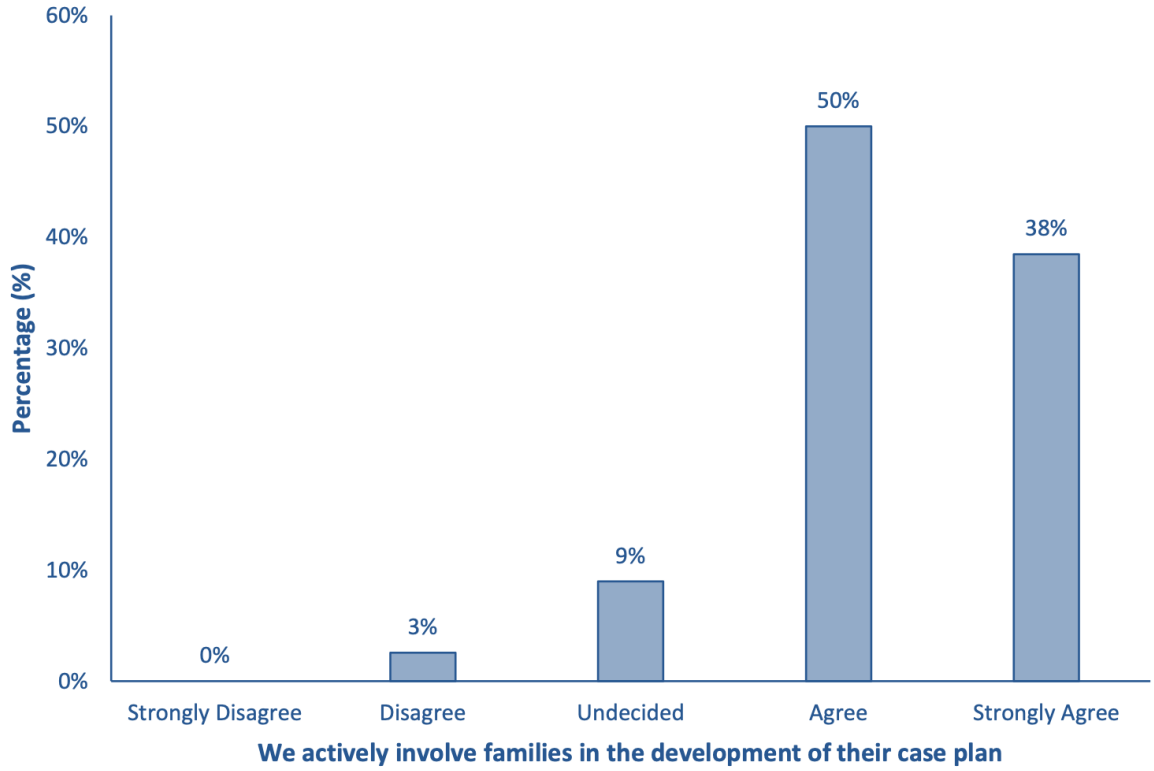
> *"You only have a small window of opportunity to sort of sell yourself and in terms of getting things across. A lot of these people have had traumatic lives and I always find a sense of humour really helps. Keep your words down in terms of, you know, big words. If I've got do a family assessment, I don't say those sorts of things, I'd say look, we want to get to know your family a little bit. Try and be very every day because the biggest thing is quite often when you ring, these families ask, 'are you going to take my kids?' I always say look, there's nothing to worry about, nothing to fear, we're here to support you I think you really need to bring their fear factor down a little bit."* – FCS staff
>
> *"Most people engage. I think that comes down to the engagement skills and knowing how to deliver that information in a supportive way, in an empathetic trauma informed way. Setting up that conversation' so it's supportive is key for our practice."* – FCS staff
>
> *"It's quite a specialised skill that the team have had to develop because the majority of our work is over the phone where we know our engagement skills that we develop is through face to face, general body language and you know that's how we develop that relationship. I think being able to really articulate the reason why we're calling, what our end result is helps. What we want to do is actually support that family, we're really curious about what their goals are what's happening for them at the moment as well."* – FCS staff

FCS family led decision making and family group conferencing

Throughout consultations, FCS providers discussed how they adopt a family-led and strengths-based approach in their work with families. This included encouraging families to identify their own needs and goals. When asked whether meetings with families are strengths-based and encourage greater family decision making and responsibility, there were very high levels of agreement among FCS staff (92%) who completed the workforce survey.

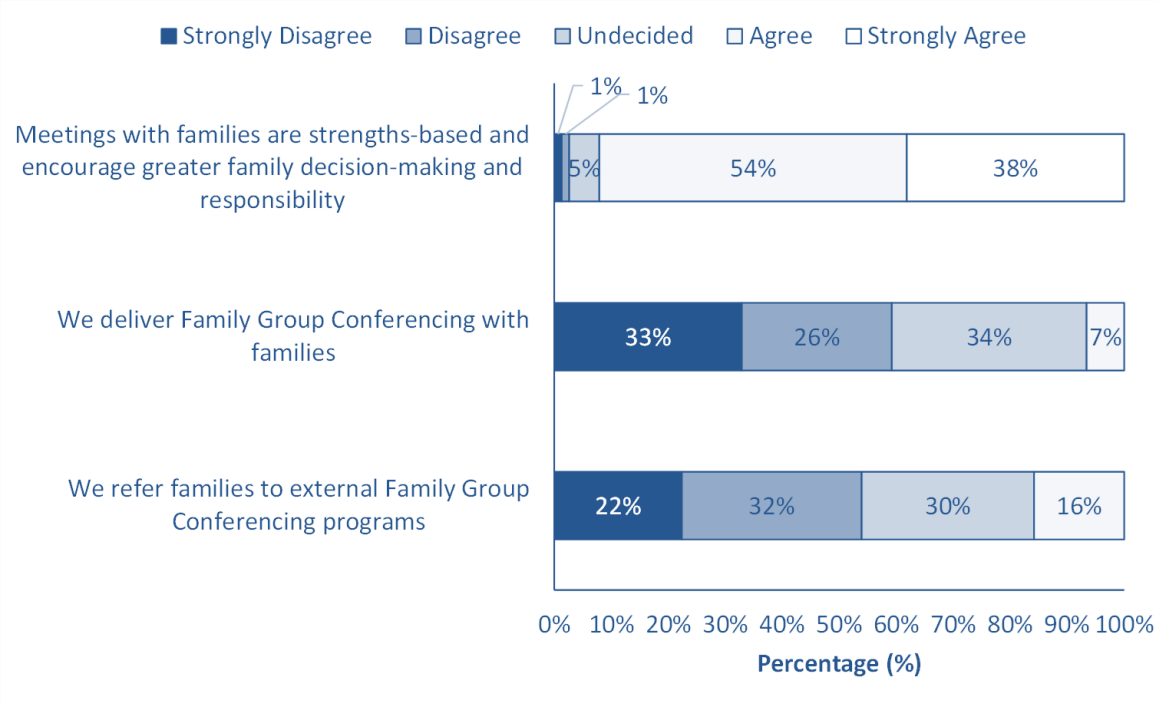
FCS staff were also positive about their engagement of families in the development of their case plan. Most staff (88%) agreed or strongly agreed that they actively involve families in the development of their case plan. The outcomes evaluation will include a case file review**,** using Data Exchange data. A treatment sample of families at low, medium and high complexity will be identified.

Figure 5: Family engagement; *Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS case planning and coordination'.*



However, FCS staff made clear that they do not deliver Family Group Conferencing. Workforce survey responses indicate that there were high levels of disagreement and uncertainty about whether the FCS delivers Family Group Conferencing. Most FCS staff disagreed or strongly disagreed (59%) or were unsure (34%) that they deliver Family Group Conferencing. Similarly, most FCS staff disagreed or strongly disagreed (54%) or were unsure (30%) that they refer families to external Family Group Conferencing programs.

Figure 6: Family-led decision-making; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS family-led decision making.'

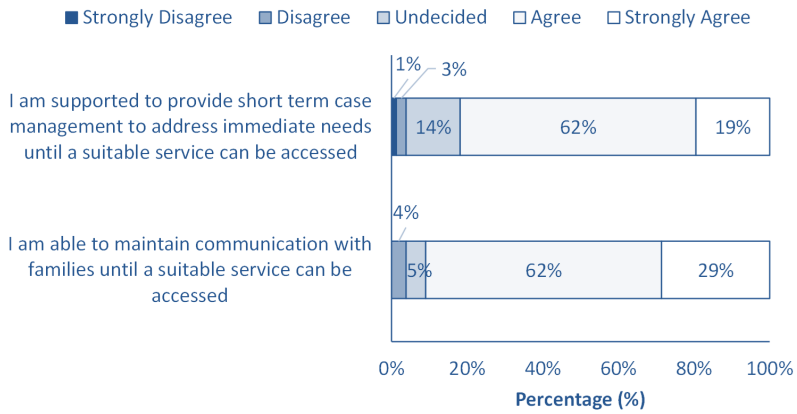


Note: Due to rounding, percentages may not sum up to exactly 100%

Active holding

Active holding was viewed as a critical component of the FCS model in relation to keeping families engaged and supported while waiting for outbound referrals to be accepted. Active holding involves the FCS provider monitoring a family's circumstances and providing practical support, home visits and follow-up with service providers, while suitable services are being arranged. In this way they stay connected to a family while they are waiting for a service or support to become available. Active holding was viewed by staff and stakeholders alike as a strength of the program given systemic service gaps in the social welfare sector. FCS staff were generally positive about their ability to undertake active holding with families until they were able to access external services they were referred to. Most FCS staff (91%) agreed or strongly agreed that they were able to maintain communication with families until they were able to access a suitable service. Likewise, most FCS staff (81%) felt they were supported to provide short term case management to address immediate needs until families could access a suitable service.

Figure 7: Active holding; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS active holding.'



Note: Due to rounding, percentages may not sum up to exactly 100%"

Free, voluntary, and non-statutory early intervention support

The cost-free and voluntary nature of the FCS program facilitates access to the program and affords families choice in whether they participate. This was viewed by both FCS staff and stakeholders as a strength of the program.

> *"They're free and voluntary as well, no strings attached, which is great for families to have that flexibility."* – Inbound referral stakeholder
>
> *"I think people appreciate an opportunity to participate voluntarily and have a choice. I think we do well to explain that and provide all the information we can about our program and how we can support families."*– FCS staff

Stakeholders recognised the important role FCS plays as a non-statutory pathway for families. This enables the program to support families in a non-punitive way. The non-statutory pathway offered by FCS was viewed as a critically important service option for Aboriginal families specifically.

> *"They're helping them navigate those systems in a really supportive kind of way as opposed to it being a statutory response. That's certainly what I see is a massive strength of the program."* – Inbound referral stakeholder
>
> *"It's not a punitive program. They invite Aboriginal people to give them the opportunity to change without it being a punitive program."*– Aboriginal outbound referral stakeholder

FCS staff highlighted how the voluntary and non-statutory nature of FCS service delivery enabled them to better engage with families who are distrusting of statutory services, as a result of past negative experiences, or are fearful of losing care of their children when coming into contact with statutory services. They indicated that less stigma was attached to voluntary, non-statutory services, assisting families to feel comfortable to seek support.

> *"I guess sometimes it's easier when it comes from a voluntary service and a charity that's coming out to see you rather than it being a government organisation." – FCS staff*

> *"Our motivation and our ability to connect with people is different because I guess we're not DCJ for one. So, already that stigma is not attached to the work we do." – FCS staff*

The early intervention context of FCS service delivery is also considered a significant strength of the program. Anecdotal feedback from stakeholders suggests that early intervention support from the FCS program can prevent the escalation of family needs, thereby reducing re-reports to the statutory child protection system. Early intervention services were described as much needed for Aboriginal families and communities, with the potential to contribute to a reduction in entries to care for Aboriginal children.

> *"It's getting families that early intervention so that we don't keep getting events in for them. Even just linking families back to community and even just a phone call can make a difference." –* Inbound referral stakeholder
>
> *"Having somewhere else that those families can try before we go 'actually it's not working' or 'the harm is too great', that is fantastic for our system and for those families rather than having to come through full assessments and ultimately yeah when they're not being reported it tells me that it's worked, and it means then that as a whole system that impacts on other families, we'll have a better chance of getting to the families we need to because we're not having to spend time with those families instead." –* Inbound referral stakeholder
>
> *"I really do think they have an impact. It is an early intervention program and we said for years that we need more money to invest in the early intervention sector and especially for Aboriginal people." –* Aboriginal outbound referral stakeholder

FCS staff described how their work assists families to build their support-seeking capacities, which can prevent escalation to the statutory system. Where families might later come into contact with statutory systems, FCS staff suggested that their work equipped families with knowledge and skills to navigate these systems.

> *"I think we're assisting risks and issues to not escalate to that point of statutory intervention. We're hoping to build those capacities and I think that empowering families to seek support is so crucial in early intervention so when issues do arise families are seeking support earlier. They're not waiting until they are in crisis."–* FCS staff
>
> *"Not only does it provide value in terms of the work they do with us, but it helps families with responsivity should they need to continue their journey through the criminal justice system or the care system because they've got exposure to what supports should look like. So, from an early intervention perspective, its building understanding or demystifying intervention for families."–* FCS staff

Filling a gap in the service system

Both inbound and outbound referral stakeholders of the FCS program repeatedly applauded the program for filling a critical gap in the service system. Stakeholders consistently affirmed the need for the program and suggested that if the program did not exist, a critical referral pathway and service for families would be lost. It was clear that FCS is a highly valued program in the social service sector across NSW, contributing a unique service delivery offering that is not duplicated.

> *"We would be lost without them. That's one of our main referral pathways." –* Inbound referral stakeholder

> *"I have been so thankful to have them because without them there would literally be nothing. If they did not exist, the gap would be even bigger than it was."* – Inbound referral stakeholder
>
> *"Another strength is just that a service like this does exist even if it is underfunded or under resourced. I feel like it's really needed."* – Inbound referral stakeholder
>
> *"It would be a big gap if they were not in our community, absolutely."*– Outbound referral stakeholder

In particular, stakeholders described how the FCS program assisted to alleviate capacity issues affecting their services, ensuring that families receive a service when they are not able to allocate resources or have long waitlists. Stakeholders highly valued the ability of the FCS program to provide support to families in the interim, including an assessment of their needs and making referrals to appropriate services.

> *"DCJ does not have the capacity to allocate a lot of families and we don't have capacity to take all the referrals…I think since COVID it's actually got worse. The homelessness is out of control …we're all at capacity and we're all flat chatting and it's getting worse with the economic situation for people. To take them (FCS) away would be devastating because who's gonna fill that gap? They're such an important service, who would fill that gap? There's no one."* – Outbound referral stakeholder
>
> *"It's providing an opportunity for us to close families* [cases] *because of capacity with the option to at least have a service. Do you know what I mean? So, whilst we are closing, we're closing with the service."* – Inbound referral stakeholder
>
> *"It fills the gap for a family that are actually not receiving any type of support at all, where you know we all have waitlists... I think it fills in that gaps and is a great support for a family to actually advocate or be able to really assess what type of service they do need…having that person or that family worker that can actually support that process, it does take a lot of that pressure off us as well, and especially when we are working with the CALD community. Some of them may have been here just a fairly short time, they've got other priorities, you know, really trying to adjust into the system. They don't know where to go so things get missed and they lack that support and the things that they really need in their lives. It is a really good stepping stone to support."*– CALD outbound referral stakeholder

Implementation barriers and challenges

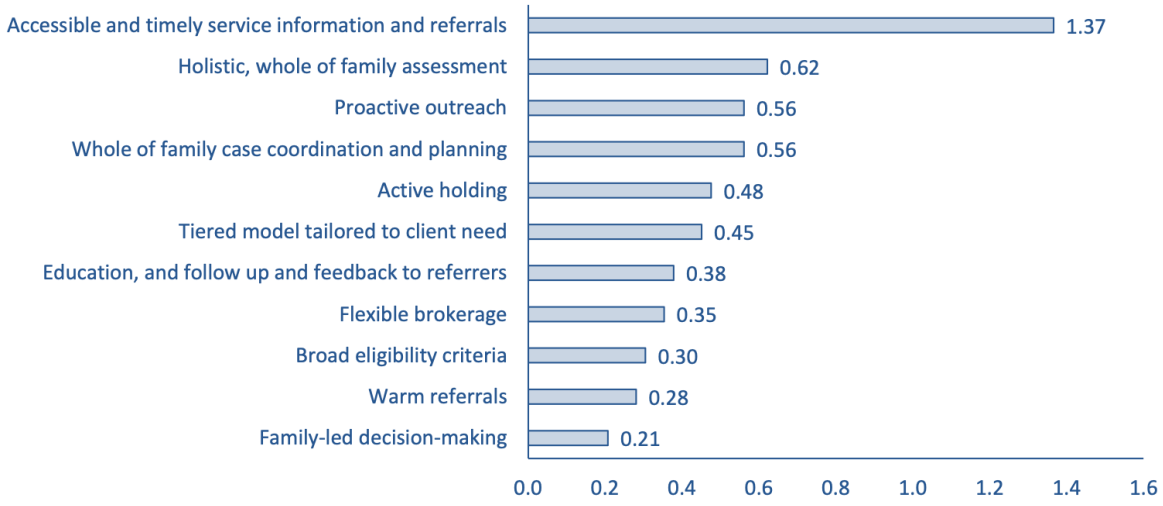
Several barriers to effective implementation of the FCS program were identified. These included:

- Systemic service system gaps
- Family complexity and managing risk
- Resourcing constraints
- Difficulties with data collection and reporting requirements

Systemic service system gaps: limited referral service availability and accessibility

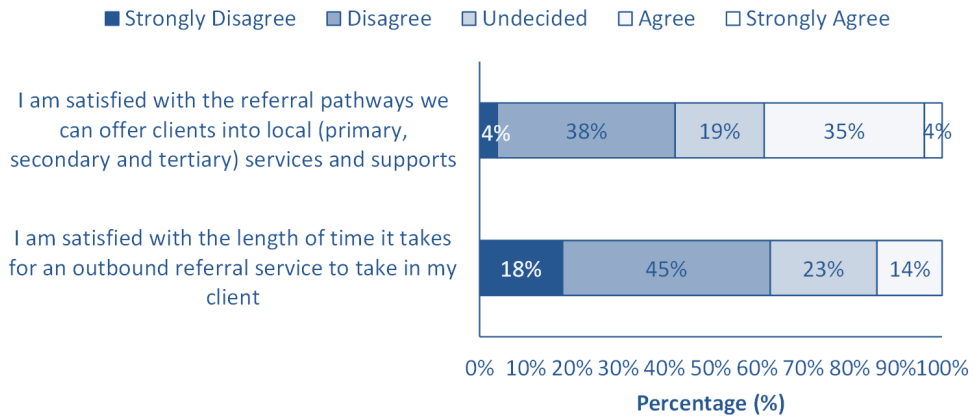
Systemic and pervasive service gaps were identified as a key barrier to effective implementation of the FCS program. Workforce survey participants (n=83) were presented with a list of core components of the FCS program model and asked to indicate the three components that are most challenging to deliver, with '1' being the most challenging. A weighted average score was calculated for each component: rankings were assigned a weight (e.g., components rated '1' for most challenging were given a weight of 3) and multiplied by the response count, and then divided by the total number of survey responses. As shown in figure 8, accessible and timely service information and referrals was ranked the most challenging program component to deliver.

Figure 8: Most challenging components to deliver; Workforce survey responses to 'Please select the three components that are most challenging to deliver, with 1 being the most challenging.



There were varying levels of satisfaction among FCS staff in relation to outbound FCS referrals. There were low levels of satisfaction with referral wait times with 63% of respondents disagreeing or strongly disagreeing that they were satisfied with the length of time it takes for services to take FCS client referrals. Only 14% of respondents agreed that they were satisfied with the length of time it takes and the remaining 23% were undecided. FCS workforce survey responses were more mixed in relation to referral pathways. In response to whether they were satisfied with the referral pathways they can offer FCS clients into local services and supports, 42% of respondents disagreed or strongly disagreed that they were satisfied, 39% agreed or strongly agreed that they were satisfied and 19% were unsure (see figure 9).

Figure 9: Satisfaction with referral pathways; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS referrals.'



During consultations, FCS program staff frequently reported difficulty with providing appropriate, accessible and timely outbound referrals to FCS clients due to systemic service gaps. FCS staff highlighted specific service gaps that were having a sustained impact on their capacity to make appropriate outbound referrals. Commonly reported service gaps in critical human service systems and wellbeing domains included:

- Housing and homelessness
- Domestic and family violence support services
- Mental health support for children and adults including psychologists and counsellors
- Children's health and allied health services including paediatricians, disability support and occupational therapy
- Longer term early intervention case management services

Common feedback included that there were limited services available that met the needs of clients; capacity issues effecting availability of appropriate services; and extensive waiting lists for client acceptance into appropriate services. Brokerage funds were deemed insufficient to source and sustain private services for clients when public services were not available. FCS staff consistently expressed concerns about how limited outbound referral service availability and accessibility impacted perceptions of the effectiveness of their service delivery.

> *"I think one of the biggest challenges is that the services are often at capacity and have such long wait lists or some of them are not even taking any more for a wait list because they're at capacity."*– FCS staff
>
> *"You don't want to be perceived to be not doing a good job because we can't get the services so that's the hard part."* – FCS staff

Service gaps were consistently reported by all FCS providers, however these gaps were more pronounced for FCS providers servicing regional and remote communities. FCS staff delivered the active holding component to clients, supporting them when their capacity to make timely and

appropriate outbound referrals was compromised by service gaps. However, they acknowledged that this could often have adverse impacts on client engagement and FCS resources. For example, circumstances might change within families while they are waiting for acceptance into outbound referral services or staff can be required to end engagement with families when waiting times far exceed the 16-week FCS program timeframe, both impacting client uptake and engagement.

Providers also noted that when they continue to actively hold clients beyond the 16-weeks, it puts pressure on staff workloads and their ability to accept inbound referrals.

> *"There's just a lot of waiting. That can be difficult at times, too. You can lose that momentum then because if a family is ready for change in that moment, you want to try and get them that support ASAP because in a couple of weeks, something might change in the family. Then they've lost that need or the capacity to even be open to change again and so you can lose engagement."* – FCS staff
>
> *"One of our greatest issues would be the capacity. Most of the services are under max capacity… you might find the perfect service, but they might have a six month wait and we're only a four-month service. I mean, we can hold on to families, but you're not gonna be holding on to them for that long…you kind of end up just closing with them being on a wait list, which isn't ideal because we always like to be able to make the referral and know that the family has engaged and then close so then we know that the referral has been successful and they've actually got the support now that they need."* – FCS staff
>
> *"There's absolutely no services to refer to, so once we're getting up to* [region] *we get really stuck with the families that are referred into the service. The risk that we get stuck with is unbelievable and that's quite a heavy load on the staff as well. So, at the moment I've only got two staff that cover the* [region]… *there's literally one family support service to refer to and understandably they do not have capacity 90% of the time. There's one psychologist that covers the entire district, and he's a travelling psychologist, one paediatrician, a travelling paediatrician…. So, when we're allocating two staff that work in* [region], *they're holding the families for the entire duration, the entire 16 weeks and beyond. So, we're looking at about six months per family which is just, it's not really FCS at all."* – FCS staff

FCS stakeholders also acknowledged systemic service gaps as a barrier to delivering the FCS program and other programs in the early intervention context. A lack of critical services and widespread service capacity issues were commonly discussed by stakeholders.

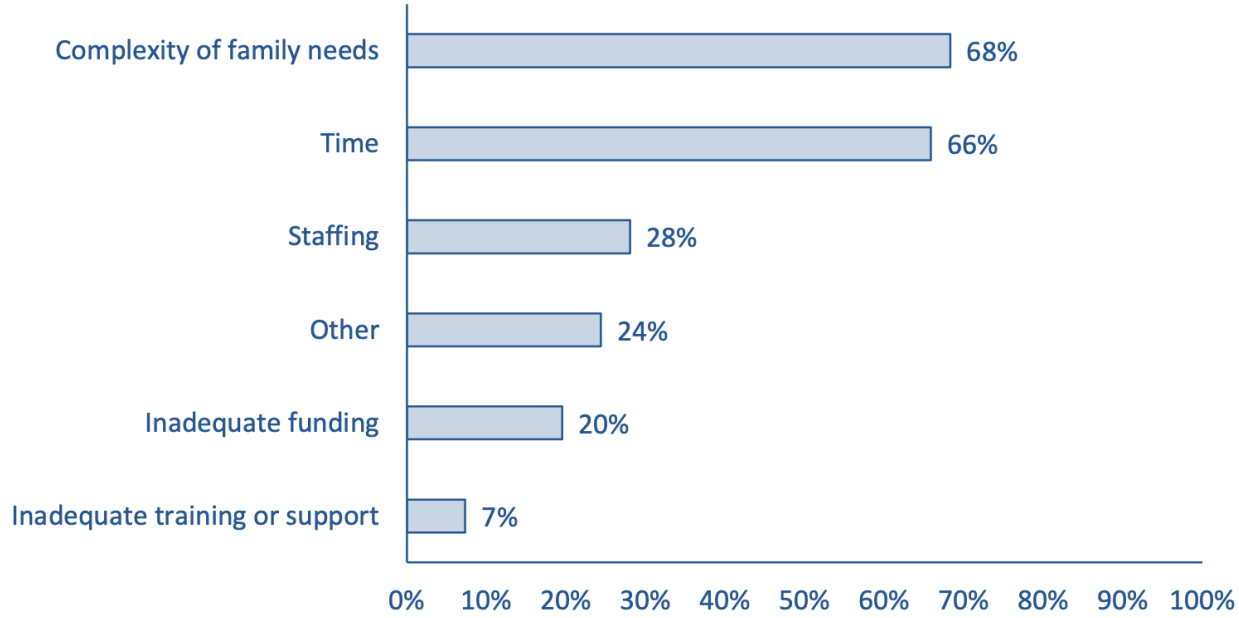
> *"We are in a space at the moment where capacity is an issue everywhere…It's an issue with FCS where their capacity is greatly impacted by the sheer volume of work that we in the early intervention space have…The system at the moment, there's like a jostle. A jostle for actual services for families, and so sometimes it feels like our window into that early intervention space is becoming smaller and smaller."* - Inbound referral stakeholder
>
> *"We wish we had more Aboriginal services. We wish we had more Youth Services. We obviously wish we had more mental health and youth focused services for mental health as well…we wish we had more psychologist services that didn't have wait lists and NDIS providers that didn't have wait lists and NDIS specialists that didn't have waitlists either."* - Inbound referral stakeholder

Family complexity and managing risk

A key barrier to FCS service delivery identified by staff and stakeholders was the increased complexity of family needs and high risk level associated with cases that are referred and accepted

into the FCS program. As shown in figure 10, FCS staff were asked to indicate the difficulties they encountered in relation to components of the FCS model that are most challenging to deliver. The main difficulties were in relation to the complexity of family needs (68%) and time (66%).

Figure 10: Complexity of family needs; Workforce survey responses to 'What are the challenges you have encountered in relation to these three components?'



During consultations, FCS staff and stakeholders alike suggested that the complexity of family needs have been increasing over time, impacting the level of risk the FCS providers are holding on to. FCS staff indicated that inbound referrals from Child Wellbeing Units[8] and DCJ could often and increasingly be characterised as high risk due to the complex nature of the family's needs. FCS staff questioned whether they were best placed to respond to referrals for complex and acute reasons such as domestic and family violence, homelessness and significant mental health concerns due to the ongoing child safety risks associated with such referrals and the lack of appropriate and available outbound referral pathways.

> *"Most of our work comes to us as domestic violence incidents….the complexity that we're receiving now compared to four years ago is 100-fold, like it just doesn't even compare"* – Inbound referral stakeholder
>
> *"Cases our FCS program is receiving are becoming too complex and always include history/current DFV or housing…very limited services offer support for families to access affordable housing. There needs to be a clear definition of what support FCS provides in the 16-week period, so we are not bogged down trying to link families to all different services to meet their needs."* – FCS staff
>
> *"I guess the other challenge we're having now at the moment is the complexity of families we're getting through. Since I first started five years ago, I reckon the complexity has increased such that we are now receiving families that should be getting a service from DCJ directly, child protection.*

[8] Child Wellbeing Units (CWUs) are located in the three key agencies employing mandatory reporters: the NSW Department of Education, the Ministry of Health and NSW Police. The purpose of CWUs is to support their workforce and build capacity, in order to support mandatory reporters to better respond to concerns relating to the safety, welfare and wellbeing of children and young people.

So, we're getting some fairly acute reports coming in, particularly from police Child Wellbeing Units and education occasionally and health."– FCS staff

Collaborative work between FCS and Child Wellbeing Units (CWUs) has commenced to develop a shared understanding of risk and better ensure appropriate CWU referrals are made. DCJ convened a workshop in October 2022, which brought together all state-wide CWUs (Police, Health and Education) and all FCS providers in order to strengthen the working relationships and arrangements between them. FCS works with 'high risk' families was a key theme that emerged through the workshop and potential solutions were discussed. During evaluation consultations, FCS staff and CWU stakeholders expressed interest in continuing this shared work to manage the risk level of referrals.

The need for collaborative work and consultation between DCJ and FCS providers in relation to DCJ referral criteria was raised. The FCS program currently accepts DCJ referrals that are screened in as requiring a less than 10-day response. These referrals come from ROSH reports that have been screened as lower risk and therefore have longer response times than higher risk referrals requiring a less than 72-hour or less than 24-hour response. The previous FRS model accepted referrals requiring less than 72-hour responses. This is a higher risk level than the current FCS model.

DCJ stakeholders indicated that the screening process lacked accuracy in effectively assessing risk and explained how cases requiring a less than 10-day response could often involve more significant risks and concerns than those screened in at higher risk with shorter response times. This resulted in FCS providers working with families with complex needs and a higher risk level than their screening suggests.

"I think also sometimes our screening [is] not always accurate. It could be one word that was said that really can potentially escalate that priority from a less than 10-day response to a less than 72-hour response. When you look at the bigger picture, some of our less than 10 days response may actually be more concerning if we are looking at some of those wider things, other considerations they might not be looking at in terms of the response priority. So sometimes the less than 10-day response priority criteria can be a barrier to some of our referrals. And just an example of that is some of our most significant domestic violence reports where men are very physically violent to their partners, they can screen in as less than 10 days….whereas some of our 72 hours might be around some of that medical neglect, educational neglect, those sorts of issues where we think that FCS could actually help and support to link that family and assist with those needs… The shift in the criteria does limit the families we can refer out…It means that it kind of takes away some of our ability to use our professional judgment if we have to stick to those level screenings." – Inbound referral stakeholder

"I'm really interested in the referral criteria. I don't understand how we got to where we are with it. Obviously the change from the family referral service through to FCS took a little while for us to get used to, only being able to refer matters where there's been a less than 10 day ROSH….In terms of response time, sometimes that might be an indicator of the immediacy of the situation, but sometimes you know, we go out on less than 10 day reports and they're actually the critical level ones that are really awful, really scary and actually needed help straight away and vice versa. You know, sometimes the less than 24-hour matters are ones that we could have sent to FCS. So, I'm interested in that kind of breakdown and whether it was just a nice way of being able to kind of separate and streamline it. It's left a gap in our service system I believe in my patch, if DCJ aren't

able to allocate to an FCS… because it's a 72 or 24 hour response, what else can we do with those, and you know we're closing a high number of reports. So, there is that bit of a gap and you know, I am just interested in whether that referral criteria is working for others." – Inbound referral stakeholder

Significant concerns were raised about referrals being made from DCJ to FCS due to DCJ resourcing issues and capacity constraints as opposed to FCS being the most appropriate service response for the family. Both FCS staff and stakeholders acknowledged that families were being referred to FCS because their case was not allocated by DCJ, despite the complexity of family needs and the underlying risks involved.

"Because the lack of DCJ funded services in that area, the lack of capacity, the CSC's are often referring to FCS as an option because we have no other option. And then those families sit with FCS until the risk escalates enough to move to a potentially TEI referral, which often still doesn't happen." – Inbound referral stakeholder

"At times when you see that the referral is coming from DCJ, it actually says closed at intake because of no worker allocation available. So, it's not [about] the risk, it's just that they have no workers and they found FCS who are funded to take some of our referrals. So that then speaks again to the risk that we hold as non-statutory service providers." – FCS staff

In these circumstances, FCS staff expressed concerns about their role and capacity to manage the high level of risk as a voluntary, non-statutory service. FCS staff stated that when they reported complex cases back to DCJ, they were not deemed high risk enough to qualify for acceptance back into the statutory system. At the same time, families were being assessed by outbound referral support services as too high risk. As such, families became 'stuck' with FCS in the absence of a statutory response or appropriate intensive and longer-term case management services.

"When we get those high-risk cases, we report to DCJ, but because we're involved, they see that as a safety factor even though we're a voluntary service so families could disengage at any time. [DCJ] are not prioritising our reports because they go, well someone's at least seeing the family. And then the flip side is if we try and refer out to family support, a lot of the time they're saying these are too high risk, we can't take these referrals because they're too high risk. But we're holding them, so we're a referral service. But then we feel like we're sitting in the middle of those two points." – FCS staff

"What I'm finding is some of my referrals that I'm getting have been through the DCJ system. But DCJ refused to pick them back up and the complexity has increased. So, we're trying to deal with that, not being a statutory body. But the complexity of the family has increased more to probably 12 months ago when DCJ [were] involved. Which then in turn means that FCS as a whole is holding far too great a risk because we aren't a statutory body. So, we're holding a lot of risk and you know is that appropriate? I think not." – FCS staff

FCS staff noted that increases in the complexity of cases has led to increased complexity involved in supporting families while managing ongoing child safety risks. They pointed out that while workers or providers on a whole may not be at capacity, the complexity of cases they were working with left them unable to take on more families. They suggested that family complexity should be considered when making decisions about worker caseload targets or limits and resource allocation.

> *"Ongoing management of those complex safety issues whilst dealing with ongoing crisis [is challenging]."* – FCS staff
>
> *"I think just recognising it in terms of caseloads and workloads that with greater complexity comes greater intensity and we need to be able to provide that if that's what we're gonna be doing. It's not necessarily that we're at maximum capacity, but I've got high risk families which does make my workload hard. I think the complexity that everyone's holding, makes it a higher workload. It's not necessarily that everyone's at capacity."*– FCS staff

The increased complexity associated with families they are working with and level of risk they are managing has led FCS staff to question whether FCS service delivery is moving out of the early intervention space altogether.

> *"I feel like we're becoming a DV worker more than early intervention worker. But then what does that tell us? That means we have to actually operate quite differently. Are we early intervention or are we actually actively supporting people to escape violence?"* – FCS staff
>
> *"They seem to be losing that step. They keep introducing new services to cover that gap of no one is doing that early intervention, and that's what FCS is meant to be. But then the risk keeps increasing and it ends up not being early intervention anymore."* – FCS staff

Limited access to referral pathways to DCJ-funded services

A significant gap in the service system design identified throughout consultations is access to referral pathways to DCJ-funded services. As discussed above, limited outbound referral accessibility, and managing risk associated with complex cases were identified as barriers to effective implementation of the FCS program. Limited access to DCJ referral pathways for complex cases are exacerbating these issues. FCS providers commonly reported the need for access to DCJ referral pathways to intensive family preservation services, long-term case management services, counselling for children and young people, and other specialist programs. FCS providers indicated that the categorisation of their outbound referrals as community referrals was problematic given the small caps on community referrals for these services when compared to allocation for DCJ referrals. It is acknowledged that DCJ-funded services are often at capacity with extensive waiting lists for children and families that are within the statutory child protection system. An increased allocation of resources would be needed to allow a greater number of referrals to be accepted by DCJ-funded services to enable increased referral allocation to FCS providers.

> *"The only problem is they are a community referral and DCJ take priority and that can be a bit of an issue sometimes in time management and trying to slot them in depending on how many DCJ referrals we get."* – Outbound referral stakeholder
>
> *"Brighter Futures has 10% community referrals and 90% DCJ referrals per year. So, if they've met their allocation of community referrals, that's it for that year for us possibly having a choice to refer to them." – FCS staff*
>
> *"We've got 10% of community referrals that can go into intensive services. We're often pushed out of that bracket so if we feel the need for an intensive service, we often can't get them into that, so we're holding them, we're holding that risk." – FCS staff*
>
> *'I guess we have access to the pathway, but we come through as a community referral. They have caps on the number of community referrals they can take and they're often full." – FCS staff*

> *"Those services have limited capacity and we don't have a direct pathway to make referrals into those services."."* – FCS staff

Inbound referrers reported similar access limitations to DCJ referral pathways. In lieu of being able to make direct referrals to family preservation services, they are left with little choice but to refer to the FCS program in circumstances where FCS might not be the most appropriate service for the family.

> *"Sometimes we're asked if the referral would be more suited for family preservation services or a more intensive service. But we don't have access to those because most of those are only for DCJ to be referring to. So, we're stuck in this very difficult position where we're receiving very complex and high risk matters because police have attended a job. So, if police attends an incident, it's usually crisis or higher. There is such a gap on that other end and a lot of early intervention services, not just FCS are pushing back and saying we're actually not funded to do this. But there's nothing really between that. There's Brighter Futures, but we can't access that and not a lot of other services can access, it's DCJ."* – Inbound referral stakeholder

FCS providers receive many inbound referrals from DCJ and both FCS staff and stakeholders described how these referrals were often a result of DCJ capacity and resourcing issues. As such, the lack of access to DCJ referral pathways was characterised as a significant service and system gap given many families require access to the referral pathways available to DCJ.

> *"What I think is a gap in the service is the fact that we do take cases due to DCJ cases that have been closed and often closed due to capacity. So often during our assessment phase we would identify that the families do need more intensive longer term supports and some really appropriate referrals that would suit the family's needs. These are referral pathways that we don't have access to and only DCJ have access to. So, I feel like that is something that is a gap and always has been a gap and something that we've recognised for a long time in the service that it would be great to have some different referral pathways open to us to be more responsive to family's needs."*- FCS staff
>
> *"Something that I've noticed since I've been working with the FCS program is around the difficulty around referring families that are higher risk or higher vulnerability than TEI services, and there's only minimal community referral pathways within the family preservation program. So, say DCJ makes a referral to FCS, and they've rated that as we're closing due to competing priorities, the risk isn't high enough for us to allocate. They may refer to FCS and when FCS get out there in the home, the risk is quite high and they realise that this is outside of a TEI service and they need to refer to some sort of family preservation service, that's their only option. But often they're at capacity because their contract is only 10% community referral pathways and the other family preservation services are DCJ referrals only. So, I guess they have really minimal referral options when the families are more complex, or something happens in the family and the risk is escalated."* - Inbound referral stakeholder.

In order to gain access to DCJ referral pathways for families who need them, FCS providers put pressure on DCJ colleagues at their local CSCs or allocation hubs to make referrals without a child protection report. FCS providers reported mixed results. Sometimes their advocacy attempts were successful, other times DCJ colleagues were unable to assist because the family did not have an open case with DCJ.

"So, for a lot of cases where there's complex needs, a large part of our role and time spent is in advocacy to get community services to then refer the family through to that intensive family support that it's very obvious that the family needs." – FCS staff

"I tried that with a family that used to be under DCJ, and they closed them off. This child has significant trauma, and I went to DCJ to see if I could refer to their child protection counsellor and they knocked me back because unless they are an open case with them, nobody else can refer to their child protection counsellor." – FCS staff

FCS providers reported that they often had no option but to make a report to the DCJ Child Protection Helpline in the hopes of getting families referred into the services they needed. This included referrals to programs within their own organisation. Providers shared examples of times when they had to make reports to DCJ, however this also had varied outcomes dependent on DCJ resourcing and capacity.

"One example recently, we had a family that had a lot of complex needs and a lot of issues happening in the home. It wasn't immediate risk because the parents really wanted support, but when we tried about four different services in the community that we were allowed to refer to, every single service declined it due to high needs of the family and just said that we can't work with this family, there's just too much happening. So, we had no choice but to make a report to DCJ based on cumulative harm to then get them to open and allocate so that they could remake the referral…you just never know what happens, if they allocate it or if they don't. If they don't end up referring or you know, don't find the right service, they just close it off." – FCS staff

"There was an example that came up quite recently when we had a young person at risk of homelessness because of family dynamics that were really breaking down. And the young person was 15 [years of age] *and this was an ideal referral through to the homeless youth accommodation program and this program sits within [our organisation] and it was ironic because the team leader sits about 5 desks away from me. They said they have a lot of capacity, they can take a referral. The only way for a referral is via reports through to DCJ and then they can make the referral. So, we made a report through to DCJ in the hope of getting a referral through to this service that is 5 desks away from myself. And they just said we don't have any capacity to allocate this case to a worker that would then need to do an assessment to make the referral through to the program."* – FCS staff

FCS providers raised ethical concerns about making reports for the purpose of gaining access to DCJ referral pathways rather than escalating child safety concerns, including that records of such reports may later have an adverse impact on the family. Damage to relationships between FCS staff and families were also reported as well as increased levels of stress experienced by the families as a result of child protection reports.

"The only way that I could possibly even get the client onto the wait list was to do a report. So, report the mum. There was no reason why she had to be reported. It wasn't her. It wasn't her issue that the services weren't available. The risk was increased because of the lack of services, the lack of supports that were available….it's just so not okay…. she wasn't doing anything wrong in relation to her parenting or her capacity to increase hers or a children's safety. It was just about the fact that she couldn't get the support she needed, that increased her risk. "– FCS staff

"I know that we have made reports on a family to get them over the line with Brighter Futures and often having those conversations with the family if they're okay with this because it's the best way

to get you into the service that you need. But when you stop and you think about that ethically, it's not good, you know, because that report stays on a record with the department for, what, 20 years? Something like that. So, we're actually doing something that really isn't an ethical thing to do in order to try to fast track a family, to get the service that they need." – FCS staff

"It was really like stressful for the family because obviously we're transparent and they just were so unhappy with that process, and it was really tricky managing that relationship with them and then hoping and praying that DCJ do the right thing and actually refer to the right service… it was really difficult decision to make but it was the only way we could get that family a service." – FCS staff

A formal process is needed to enable access to DCJ referral pathways without making formal child protection reports back to DCJ. FCS providers and stakeholders offered suggested solutions to achieve this. One suggested solution was to prioritise FCS referrals to specific intensive family services so that they receive the same treatment as DCJ referrals. This would enable FCS providers to make direct referrals to needed services without being limited by restrictions or caps on community referrals. Another suggested solution involved the development of a process by which FCS providers could request that DCJ make a referral on their behalf without the need for reopening a family's case. The effectiveness of such a process would be dependent on DCJs capacity to make the referrals.

"It seems pointless to go back around and make a report for it to be open. There should be better communication and it needs a process. I feel like the only answer would be if an FCS referral could be considered a DCJ referral or there is some sort of process in place where FCS can go directly back to DCJ and then make the referral. That's really the only answer…There needs to be some sort of process in place where some of those families may need to go back through. – FCS staff

"We don't get prioritised in the same way as the DCJ referrals do. I guess if our [referrals] were to be considered in a similar vein, particularly if it has come from DCJ as a first instance, that could be a much more streamlined option." – FCS staff

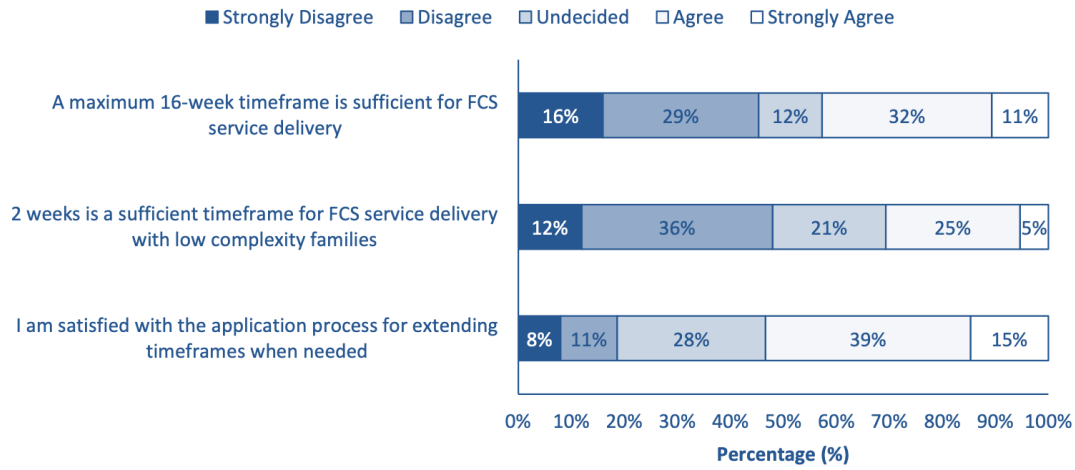
"If we had those priority referral pathways, we would actually then free up capacity, particularly with DCJ triage team because they wouldn't have to be doing our work for us just based on just a process issue." – FCS staff

"It would be good to be able to access more intensive family preservation services that DCJ seem to have all the access to. It would be good to just have a few pathways for the families that we work with." – FCS staff

Program timeframe constraints

Overall, the allocated timeframe for delivering the FCS program was viewed as a challenge by FCS program staff. Workforce survey results indicate that were generally low levels of agreement with the sufficiency of FCS program timeframes. Slightly more FCS staff disagreed or strongly disagreed (45%) that the 16-week timeframe for FCS service delivery is sufficient than those who agreed or strongly agreed (43%). Likewise, more FCS staff disagreed or strongly disagreed (48%) that 2 weeks is a sufficient timeframe for FCS service delivery with low complexity families than those who agreed or strongly agreed (30%). Only slightly more than half of FCS staff (54%) agreed or strongly agreed that they were satisfied with the process for requesting extensions on timeframes when needed (see figure 11).

Figure 11: Program timeframes; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS program timeframes'



Note: Due to rounding, percentages may not sum up to exactly 100%

During consultations, many FCS staff mentioned how limited outbound referral service availability impacted their capacity to deliver the program within the 16-week timeframe. Outbound referral service waitlists and delays to accepting FCS clients required the provision of the active holding component, to ensure families were supported in the interim. FCS staff explained how this results in extension requests and delays to ending engagement with FCS clients, putting a strain on FCS resources.

> *"One of the things I would change would be the length of time that they have with us. In a perfect world it would be a suitable amount of time, but I mean it's just that those referral pathways aren't always receptive to that time frame."* – FCS staff
>
> *"I guess our hope is that we'll have linked them into a longer-term program. The problem is the referrals. There could be a lot of delays and waiting lists on the other end. That could be anything from maybe an extra couple of weeks to an extra couple of months. I mean it's really hard to be clear there because yeah, it just it depends on other services."* – FCS staff
>
> *"I would say one of the biggest challenges is we're supposed to be a 16-week program delivery unless we get approval to go beyond that. But the backlog occurs when the services we want to refer to have wait lists which means we have to hold individuals longer and do that weekly check in with them to make sure that they're tracking okay and there's no additional issues so that's sort of extends on workers caseloads."* – FCS staff

There were varying suggestions for how to overcome challenges arising from the limited FCS program timeframe. Making a change to when the 16-week timeframe commences from the day of referral to the day the family is allocated to a family worker was one suggestion. FCS staff believed this could ensure that delays in making contact with families did not have flow-on effects to the time families have to engage in the program.

> *"When the family referral first comes into triage…what we're seeing or what we're experiencing is that because we know these families have got stuff happening, they don't always find the ability to prioritize the response to us within the five days. And we're worried that that's not a realistic or a smart principle in terms of what we know about people we're working with. So, we see benefit in*

maybe pushing that assessment and triage time out beyond the five days to be more realistic around us being able to make contact with the family….I would think then the 16 weeks should start when it gets allocated to a family worker, not from the beginning, from when it gets allocated to workers." – FCS staff

"It's from the date we get the referral, but we might not get onto the family. They might not answer the phone or when they contact us back it might be 2 or 4 weeks and we've already missed that time to work with them and so it would be great if the 16 weeks started from the day, they are allocated the caseworker. Then if there just was no 16 weeks, and we would just manage it ourselves. As long as we were meeting the funding targets, I feel like it shouldn't matter how long we work with the family for." – FCS staff

Some participants suggested that altering the FCS program timeframe from four months to six months may provide a more realistic timeframe for enabling outbound referrals for families to be accepted. One stakeholder suggested that a six-month FCS program delivery timeframe may assist with improving family engagement with outbound referral services or, in some cases, remove the need for outbound referral services altogether if family needs could be met by FCS with an extended timeframe.

"I don't know if there is a better timeframe or more appropriate time frame, maybe it was an extra month or maybe 6 months all up. It's just that little extra window of time that we can actively hold a family and support them until that next step or that other service can be engaged because sometimes it's just the unknown aspect of it. You just can't tell, and you just can't be sure when they're going to have capacity to be able to support the families we refer." – FCS staff

"The timeframe is a bit hard as well, because if you think about it, four months is a long time to work with the family and get to know them and go around to their house and all that stuff. And then they have to be referred to another service and some people don't wanna do that… I wish they had more workers and they worked for six months, you know, think about what they could do in six months. I think a lot could be done in six months. They already do so much. If they had six months or a little bit longer, then it would be even more beneficial so that we wouldn't get that drop off after they have to refer out to stuff." – Inbound referral stakeholder

Other suggestions included that families assessed as high risk could receive automatic program extensions. Another suggestion was that the current 16-week timeframe could be used as a guideline rather than a requirement, allowing FCS providers to exercise discretion and judgement to determine reasonable timeframes depending on the needs of families and outbound referral service availability.

"We also have a weighted scale of families, so you know you've got low, medium and high. I think if a case goes to high very quickly, it should automatically become a longer time frame because it's a complex case so that would be a really easy way to sort through it all." – FCS staff

"For the more complex families, I think removing or extending the time frame would be better for the family because no one fits into … a perfect box, you know, there are some families that are on long waiting lists or need some extra engagement. There's a whole lot of reasons. What everyone's feeling in the team is to either extend or remove the timeframes." – FCS staff

"I think it's good to have a guideline, but I think to say 16 weeks, that's it and then have to apply for an extension, I think that's probably not good because we all know that there are families that

> *are more complex than others, and some families keep coming back. I think have a guideline of 16 weeks and if you can make it and try and close off by then and give a give some sort of a reason why it won't go past that. But to make it mandatory, I think it's a bit ridiculous."* – FCS staff

Resourcing constraints

Limited staff for geographic coverage

FCS providers experience specific challenges associated with service delivery across regions that cover large geographical areas with dispersed populations. All FCS providers reported resourcing constraints in relation to the number of funded positions available to service their program catchment areas. There were calls for additional funding for staff positions in order to meet the needs of the communities they service.

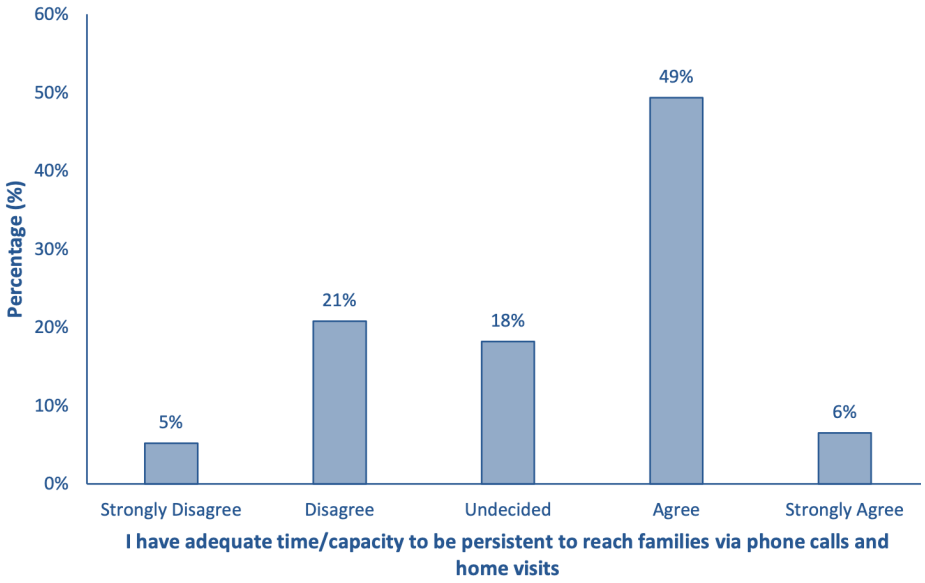
> *"If we don't have enough program workers on the ground, then yeah, people will miss out. We've got two program workers for the whole LGA. Have a look at how big our LGA's are…it's crazy, and especially given the high complexities and demands."* – FCS staff
>
> *"We need an extra person out at [remote location] and because it's a very small area in terms of population, that's how we're funded. We're not funded based on the geography of the area. In areas where there are limited social infrastructure, the need for FCS in the early intervention space may be greater, but if they're funding solely based on population, then it's not going to capture a true reflection of the work that's being done or the work that needs to be done in those communities. If you look at [remote town] and places like that where there's significant social disadvantage, the population isn't quite as high."* – FCS staff

Stakeholders likewise acknowledged the need for additional funding for more staff positions to better enable coverage of the large geographic areas that FCS providers are contracted to service.

> *"We have a very interesting service down in [our area] in that it was quite affected by the resource allocation model when the switch came from health to DCJ, which had a significant impact. They had a chunk of their previous area cut off and they had a significant reduction in funding levels, which has meant really, really, really low FTE* [staff numbers] *across the program and of course, a wide geographical spread. For example, they have a .8 position that covers 2 massive LGAs. They really struggle with that, it's quite difficult…we're really underfunding in our region, and I think it's a significant issue."* -- Inbound referral stakeholder
>
> *"It's a really good program, like there is a very high need for it out here. They need more staff to cover more areas because it's such a big area."* – Aboriginal outbound referral stakeholder

Limited resourcing for staff is having an impact on the ability of FCS providers to deliver the proactive outreach component of the FCS program model. As indicated in figure 12, resourcing was viewed as a barrier to reaching families. When asked whether they have adequate time and capacity to reach families via phone and home visits, just over half of FCS staff (55%) agreed or strongly agreed that they had adequate time and capacity (see figure 12).

Figure 12: Adequacy of time/capacity for proactive outreach with families; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS proactive outreach'



Note: Due to rounding, percentages may not sum up to exactly 100%

During consultations, FCS staff emphasised the importance of conducting in-person cold calls and home visits for initial engagement of families following a referral and ongoing engagement of families. As mentioned previously, in-person cold calls and home visiting were a highly valued component of the FCS program among stakeholders. However, FCS staff reported that their capacity to conduct these important proactive outreach activities was severely hindered by limited staff time and capacity. Managing resources and allocating staff time and costs for travelling large geographical distances is not always feasible and carries the risk of time wastage if families are not home.

> *"In the [our region] we cover such a big area…Sometimes we're getting referrals that are a 2-hour drive away so if you have to go out and do a home visit because we've assessed that's a need, that can take out two caseworkers' entire day just to go out and do that cold call."* – FCS staff
>
> *"We might work harder to have more visits because that's obviously where we get the most commitment or more change, when we're actually physically with a family and meeting them at those home visits. I think you probably get a lot more information and get to observe what's happening a bit more closely and maybe even strategise a bit better with a family that you can see in face-to-face meetings. It's just not always possible. I mean we're looking at being so spread out and the risk of doing the driving in the car for a few hours and the family not being there is, you know, a real probability at times with someone that's disengaging. It can be really tough to do that well."* – FCS staff
>
> *"They need to be door knocking, ringing, sending texts, dropping letters in the letterbox. But we do understand that a lot of our Aboriginal families, as well as our other community members out here are transient, and it's a big geographical area to also get to at times. Whilst we've got people at [remote locations] they each would have to travel hundreds of kilometres to get to a client's home just to check where they're at, because they may not have engaged with that phone call so there are a lot of those very huge challenges that they face due to the geography of the area."* – FCS staff
>
> *"We have an office in [town] that is a regional area. So, we are seeing the very different perspective. There's no services traveling. It's really far. Each of our workers are traveling three to*

four hours return and that's also putting a cost on how we operate a service as well because at the moment, petrol prices are crazy, and we also need to then be able to team up staff. Once we go out on the visit in [regional town], you want the two workers to make it meaningful. And sometimes you got out there and they're not there. So, it's such a waste of day." – FCS staff

Staff safety is a significant consideration when making decisions about delivering proactive outreach with limited resources. FCS providers explained how they are often only able to allocate one staff member to respond to a referral with an in-person cold call or to conduct a home visit. In these circumstances and as a result of concerns for staff safety, in-person cold calls and home visits are not carried out.

"We're mostly sole workers. We go to very isolated properties. It's hard to get another person from another service to come with you so I think we have to make judgment calls that maybe some of the referrals we get, we might not take on board as opposed to if it was an FCS in inner city where they can grab a co-worker where it's suburban, not out on an isolated property because I think at the end of the day, the judgment calls have to be about the worker's safety. When you're talking isolation, in any regional or rural area, you have issues with your mobile phones anyway. But particularly with isolated properties. You have to be extra careful because you can't call for help if you need it."– FCS staff

"Sometimes it can be really hard to try to get the police to come out with us and so there's a bit of a gap there because those families are often left without support because no service will go out to the home to try to offer support and then we can't get the police to come with us. So that has happened on a number of occasions, but we can't go out because of the safety concerns. That's something probably we need to do within our region to troubleshoot that and see how we can better support families." – FCS staff

To keep up with community demand for the FCS program and manage caseloads of staff, some FCS providers reported that they were self-funding additional FCS positions. FCS providers with particularly low staffing numbers and an inability to self-fund additional positions were having to find other ways to manage resources such as ensuring staff do not take leave at the same time.

"Basically, at the moment our organisation is funding an extra position in the team, FCS isn't funding that. We're getting that from other funding which you know, I'm grateful to our CEO for doing that, but it's taking away from other money that needs to be spent in the organisation and the need is there so that's a huge challenge for us." – FCS staff

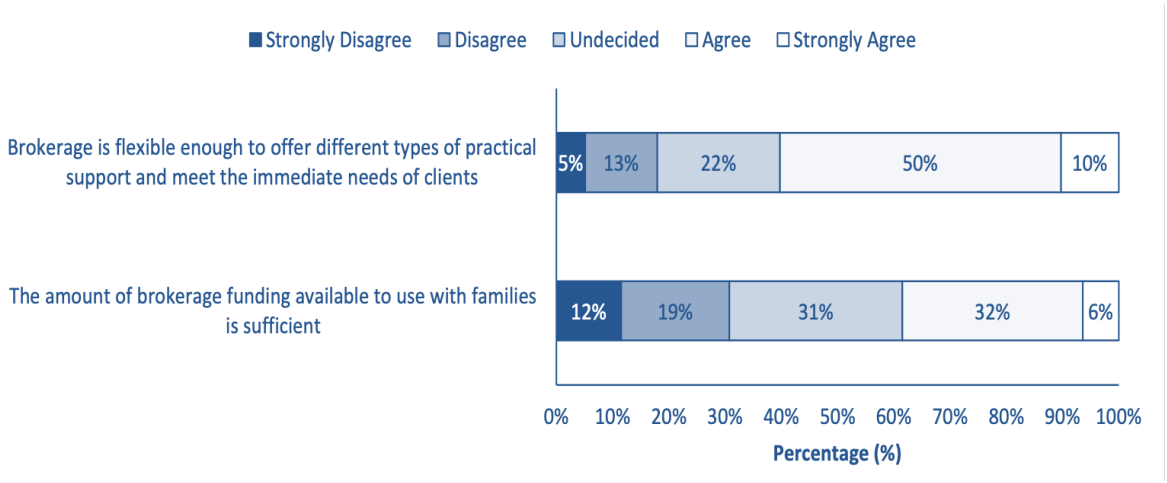
"We can't and don't take annual leave at the same time. Our managers have never said that we can't and I'm sure that they would never stop us, but we don't because there'd been nobody here to cover the cases. If she goes on holidays [colleague]*, I step in and cover her cases. If I go on holidays, she steps in and covers."* – FCS staff

Limited brokerage funding

FCS staff were more positive about the flexibility of funding than the amount of funding available. Approximately a third (38%) of FCS staff agreed or strongly agreed that the amount of brokerage funding available to use with families is sufficient. Most staff (62%) disagreed or strongly disagreed that available brokerage funding was sufficient (31%) or were undecided (31%) about whether the amount was sufficient. However, FCS staff viewed the flexible nature of brokerage funding more

favourably, with 60% agreeing that brokerage funds are flexible enough to offer different types of practical support and meet the immediate needs of clients (see figure 13).

Figure 13: Brokerage funding; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS flexible brokerage'



During consultations, both FCS staff and stakeholders advocated for increased brokerage funding to respond to the immediate needs of families. Brokerage funding for each family is decided by each FCS provider based on their budget. It was suggested that the size of families should be taken into consideration when allocating brokerage funds and that more funds may be needed to meet the needs of those from communities that experience widespread vulnerabilities.

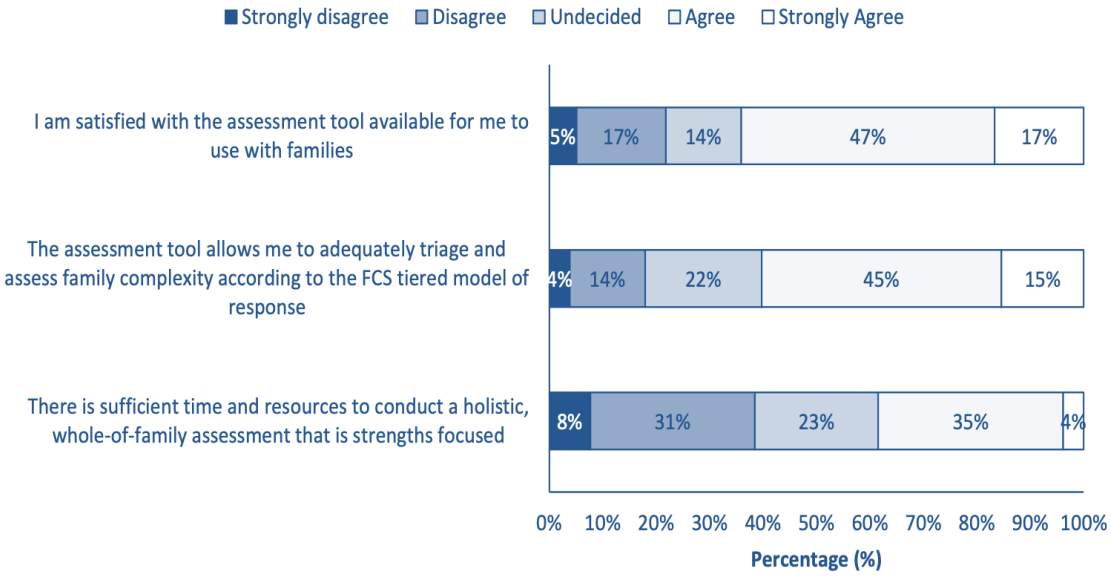
> *"We want more brokerage for families. I mean, we've got the same amount of brokerage to spend on a family of three than we do to spend on a family of ten and it's $200. It's not enough."* – FCS staff
>
> *"There's a big need for brokerage around this area... It's not a big bucket of money that they have over there, but it should be a lot more because they cover the whole [area] which is like nearly half of the state."* – Aboriginal inbound and outbound referral stakeholder.

Limited time to conduct assessments

FCS staff were generally positive about the assessment tool they use to conduct family assessments with 64% reporting satisfaction with the tool. As shown in figure 14, FCS staff were less positive about the sufficiency of time and resources available to conduct a holistic, whole-of-family assessment that is strengths focused with 39% disagreeing, 39% agreeing and almost a quarter being undecided (23%). These findings are consistent with the findings discussed above under 'program timeframe constraints'.

Figure 14: Family assessments; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS family assessments'

Figure 14: Family assessments; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS family assessments'

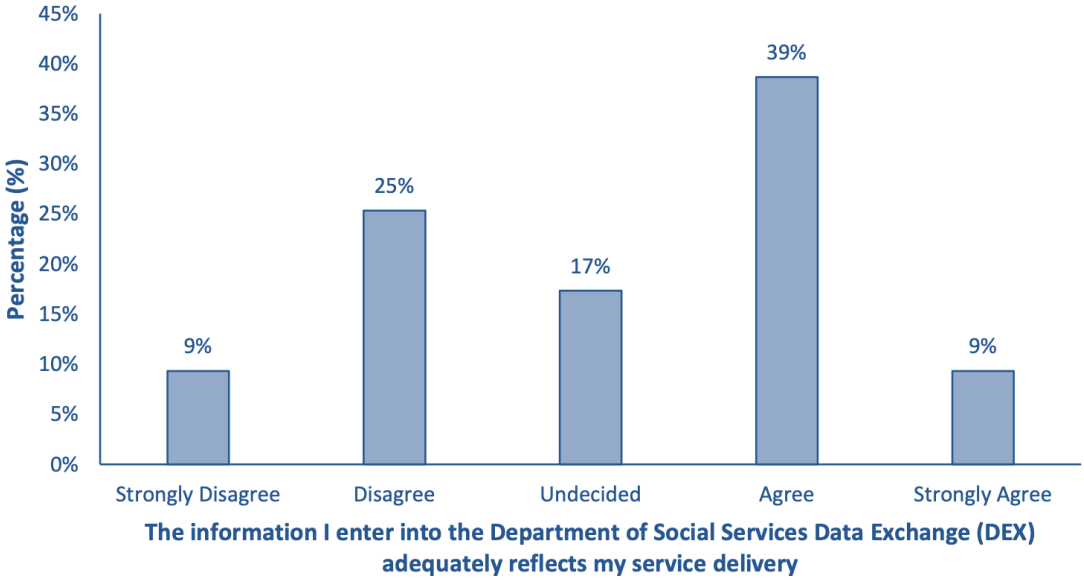


Note: Due to rounding, percentages may not sum up to exactly 100%

Difficulties with data collection and reporting requirements

There were mixed views about whether the Department of Social Services Data Exchange (DEX) adequately reflects FCS service delivery, almost half of FCS staff (48%) agreed or strongly agreed that it did while 34% disagreed or strongly disagreed and 17% were unsure (see figure 15).

Figure 15: Data collection and reporting; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS data collection and reporting.'



Note: Due to rounding, percentages may not sum up to exactly 100%

FCS staff indicated a range of reasons for their responses, including concerns about the appropriateness of personal information gathered about families, such as sexual orientation and level of education.

"Questions of a very personal nature, example: sexual orientation and gender identity. Why?" – Workforce survey

"It is too lengthy and too personal and takes away from the time you need to invest in quality relationships." – Workforce survey

"Collecting info on every family member's level of education, Centrelink benefits, etc does not feel appropriate." – Workforce survey

FCS staff also raised concerns about whether data collected and reported about CALD families adequately and accurately captured their cultural diversity. Some FCS staff were critical of the way that CALD families were being identified based on the language they speak rather than how they identify culturally.

"CALD data is based on the language the family speaks only, not their cultural diversity." – Workforce survey

"I do not feel that DEX is culturally appropriate. I feel uncomfortable de-identifying clients as CALD [due] to the language they speak."– Workforce survey

Additional reasons given for disagreeing that information entered into DEX adequately reflects service delivery included that some aspects of service delivery were not included in reporting requirements particularly relating to intake and coordination roles and difficulties with errors in the DEX system.

"The intake role involves a lot of work that is not captured by DSS. This includes discussions with services, clients and parents that do not eventuate into a referral. This may involve incidental counselling, researching services, debriefing and providing service information to those in the community. It is hours of work that is completed daily and not captured with DSS." – Workforce survey

"It doesn't reflect the extensive work that coordinators are putting into families." – Workforce survey

"I am unsure about the data errors that arise on the system. Often, the error codes are confusing and do not make sense, e.g. when I am unable to close a DSS case on the same day of a last case note." – Workforce survey

Survey participants also indicated that reporting information in DEX was time consuming and duplicated information they already input into their internal reporting or other systems which contributed to burden. Participants suggested that this took time away from doing family work and could be simplified.

"There does seem to be some repetition & keeping data collection simple is key when the time frame is short." – Workforce survey

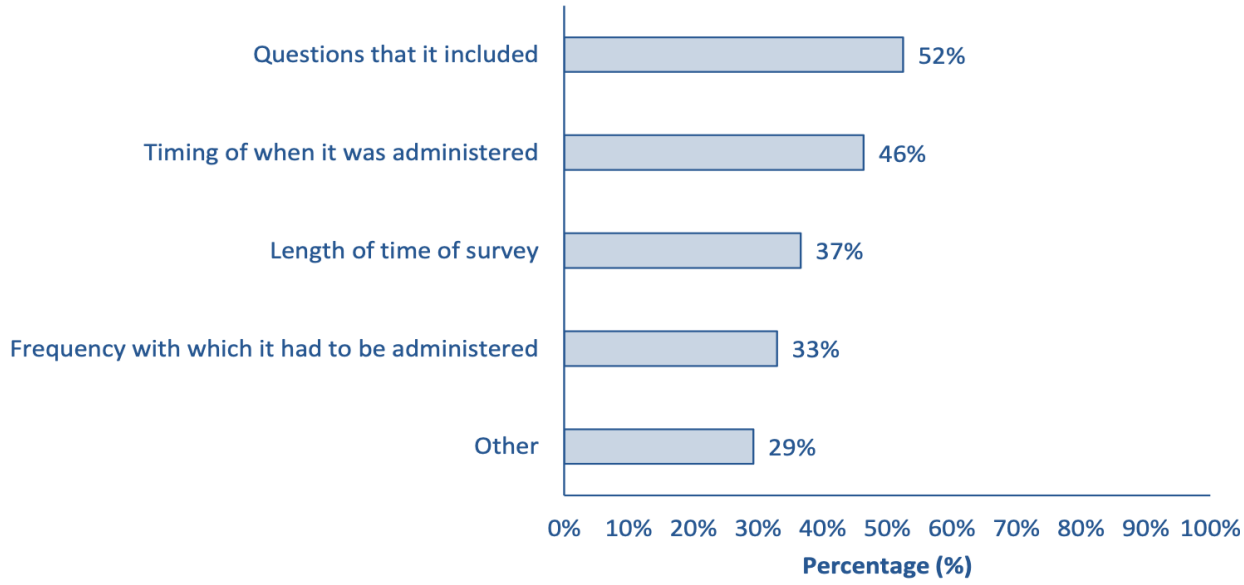
"The admin in inputting data is heavy which takes our time from doing more client work." – Workforce survey

"Some of the data entered duplicates our work. I feel if we had one system that rolled out all of the data entry information it would cut on time."– Workforce survey

Client survey

FCS staff were asked whether they conducted the FCS client survey with clients (see figure 16). Nearly two-thirds of respondents indicated 'Yes' (64%), nearly a third indicated 'No' (31%), and 5% were not sure. When asked about any issues experienced with the client survey, the most common response was dissatisfaction with the questions included in the survey (52%). This was closely followed by the timing of when it was administered (48%), frequency for conducting the client survey (33%) and the length of time needed to complete the survey (37%).

Figure 16: Client survey; Workforce survey responses to 'Please tell us about any issues you had with the client survey. Select all that apply'



Approximately one third (29%) of respondents reported 'other' challenges with the survey, with many reporting that families were unwilling to participate. FCS staff suggested that the client survey should be externally and independently administered rather than administered by a program staff member who worked closely with the family in order to ensure families were better positioned to openly and honestly respond to the survey.

> *"Clients were often unwilling to participate or would agree to fill it out but not return it."* – Workforce survey
>
> *"I don't agree that I should be the person who asks the client about their satisfaction with the service I deliver. I'm not sure their answer may accurately reflect their experience due to the power imbalance and they may not want to answer truthfully in front of me."* – Workforce survey

Additionally, FCS staff frequently expressed concerns about the appropriateness of the language used in the client survey, describing the wording of questions as inappropriate with the potential to jeopardise relationship building efforts with families. There were concerns that questions in the client survey do not adequately take into consideration the trauma histories of Aboriginal families and communities, and blame them for experiencing vulnerabilities. Overall, FCS staff suggested that the client survey could cause offence.

"The language is terrible and it [is] a horrible way to your first introduction to the client." – Workforce survey

"From an Indigenous worker's point of view, we deal with people that have multiple traumas and challenges in life. [We ask] do you feel your family is functioning? Well, that's quite insulting especially to Aboriginal people who have lots more challenges, intergenerational trauma. But you're asking people that are in desperate dire straits to rate themselves. And then at the end, you're going to ask them to rate themselves in those domains again and nothing might change, things might have got worse in that 16-week period. If there's long waiting lists." – FCS staff

"I think one of the big things, is it implies that the client is the problem. That's such an uneducated, patronising way of approaching any family. Society is often the problem. Outside influences are often the problem. You know you look at domestic violence, the perpetrator's the problem. It goes in and it assumes that you have a problem, so rate yourself on that problem. And then we're going to come back later and see if you've improved. I'm not comfortable with that, it doesn't sit well with me ethically." – FCS staff

DCJ responded to the concerns of FCS staff in relation to the client survey by making it non-compulsory to administer. This evaluation will be used to inform the development of a new survey tool that collect FCS client satisfaction and outcomes data.

Section 5 - Cultural safety

Across consultations, strengths and challenges were identified in relation to culturally safe approaches delivered by FCS providers. FCS providers were viewed to value cultural knowledge and expertise of staff, community organisations, stakeholders, and leaders. It was also evident that FCS providers were committed to conducting proactive outreach with Aboriginal families and communities. Interim evidence collected from staff and stakeholders indicates that FCS providers practice cultural safety with families, however these findings require validation from families during the next phase of the evaluation. Additionally, FCS staff identified that the client survey, provided by DCJ and trialled to collect feedback from families, was culturally inappropriate (see above 'client survey') and requires redevelopment. A core area for improvement for FCS providers as identified by Aboriginal and CALD stakeholders is the need to build and develop their culturally appropriate referral pathways.

Valuing cultural knowledge and expertise

FCS staff highly valued the cultural knowledge and expertise that Aboriginal FCS staff bring to their roles. Non-Aboriginal FCS staff explained that they frequently utilised the cultural support offered by their Aboriginal colleagues through formal cultural consultations and informal exchanges of knowledge, advice, and ideas for engaging and supporting Aboriginal families.

> *"Our management or leadership team are majority Aboriginal and Torres Strait Islander. It's helpful to just have that consultation and that support when we need… We have a number of Aboriginal workers so we've always got someone we can consult with."* – FCS staff
>
> *"We have Aboriginal staff that we're able to approach and ask for advice and I think everyone that's employed in our team has such respect for Aboriginal culture. That sort of shines through all the work that we do."* – FCS staff
>
> *"Particularly for my team, we really utilise our Aboriginal support staff. We often can do some consults with them prior to engaging a family around what particular engagement considerations we should be keeping in mind…I know that my team finds that really invaluable support. We rely quite heavily on that and it's really yeah, that level of insight that for us really improves our ability to engage particularly with our First Nations families."* – FCS staff
>
> *"Particularly if the family might be known to some of our Aboriginal staff members and if that's considered a good idea, they will come along with us too to help build some of that engagement and rapport with the family."* – FCS staff

FCS staff were similarly appreciative of the unique skills and expertise that their CALD colleagues brought to their roles. They discussed how CALD colleagues were able to speak with families in-language to build rapport and overcome language barriers and provide interpreter assistance for team members. One provider also discussed how a CALD staff member was involved in developing a CALD cultural consultation template that staff members could use to seek out information about cultural needs and nuances of diverse families from CALD staff members of the same cultural background. They explained how this information could help to build understanding about cultural differences among staff members on an ongoing basis.

"We really appreciate having CALD staff members who are able to bridge that gap. So, one of our intake workers is Arabic-speaking. Nothing replaces being able to do that firsthand. We've used [our manager] recently, her interpreting skills to be able to engage with families directly. It is really useful." – FCS staff

"Obviously, we do have a high number of referrals coming from CALD families. We always want to make sure that we're providing the best service that we can to families and that we're meeting their needs. So, when exploring that, we were looking at how within the FCS we can be doing that with the workers and the knowledge that we have because we have such a beautiful, vast knowledge bank of staff. So [CALD worker] has created a template that people can utilise and take to various workers who might hold that knowledge to be able to check in around what we should be doing with those families or how do we best approach something? What are the cultural norms? How do we do our engagement? If it's around domestic violence or mental health, how should we be approaching that? I think that not only helps that one particular family or client we're working with but it's actually that continuous learning for us as staff who may not have that knowledge already in regards to building that up so you know in future times, we don't always need that consultation to be happening with particular workers because we're continually building." – FCS staff

Some FCS providers also leveraged the knowledge and expertise of Aboriginal and CALD workers from external organisations to fill gaps in their cultural capability. Aboriginal and CALD stakeholders provided examples of instances where their local FCS provider had utilised their organisations or particular staff within organisations for cultural consultations.

"We work a lot with the external local Aboriginal community organisations so that if there's any consulting that we can't get internally, it will be the external." – FCS staff

"They will come to us too around cultural stuff, around seeking family, for supports for family. They also utilise I guess the knowledge base that we have in the area, the Aboriginal knowledge base, if that makes sense. They will come and ask questions." – Aboriginal outbound referral stakeholder

"I'm from India myself, I work quite closely with our local Multicultural Support Agency, which is now called Mosaic Multicultural connections. And I know from my experience that FCS work quite closely with them as well. They have been able to come to me and sort of ask me and, but I have also experienced that they already have that relationship going with Mosaic where you know they sort of collaborate and make sure that they are providing the culturally appropriate service to the families." – CALD inbound referral stakeholder

Culturally safe practice with families

The evaluation team is yet to collect feedback directly from families about their experiences with the FCS program, including whether they received culturally safe and appropriate support. It is also important to note that not all stakeholders were able to provide feedback about culturally safe approaches adopted by FCS providers when working with families, reporting they did not have direct knowledge of culturally safe approaches taken. However, some feedback from stakeholders collected to date during consultations indicates that some FCS providers practice cultural safety with families. Aboriginal stakeholders provided positive feedback about culturally safe practice with Aboriginal families, emphasising that this stemmed from having Aboriginal workers in key roles including intake and triage, casework, and management. One Aboriginal stakeholder pointed out

that they had never received negative feedback from an Aboriginal family about their experiences with the FCS program, once referred onto their service.

> *"I think they're very culturally safe. They have an Aboriginal woman at triage for that first point of call and even at the front reception, she is at Aboriginal Elder in the community and just having that face, you know, that first point of call is the most important thing that you could possibly do for an Aboriginal person. You know, it's something that we just do naturally. We make each other feel comfortable. They know that they're able to come in and express their issues and get the help that they need by having that Aboriginal person there face-to-face and because [Aboriginal worker] is at triage and intake, she's able to sit down with them and go through what they need. [FCS provider] always had a higher rate of Aboriginal workforce compared to the non-indigenous workforce. But I think the workforce that they've got there at the moment both indigenous and non-indigenous, are very culturally appropriate because they've been exposed to a lot of that stuff through [the organisation] and through FCS."*– Aboriginal inbound and outbound referral stakeholder
>
> *"I think the person that runs it, she's an Aboriginal woman. Because it's run by an Aboriginal person, so she has that cultural safety and cultural knowledge that they need. We've had no complaints about that. We haven't had any complaints. I think in our area we're blessed that we have an Aboriginal manager…. if they're not working effectively with families, we hear it, the families will tell us. But we've not had any complaints."* – Aboriginal outbound referral stakeholder

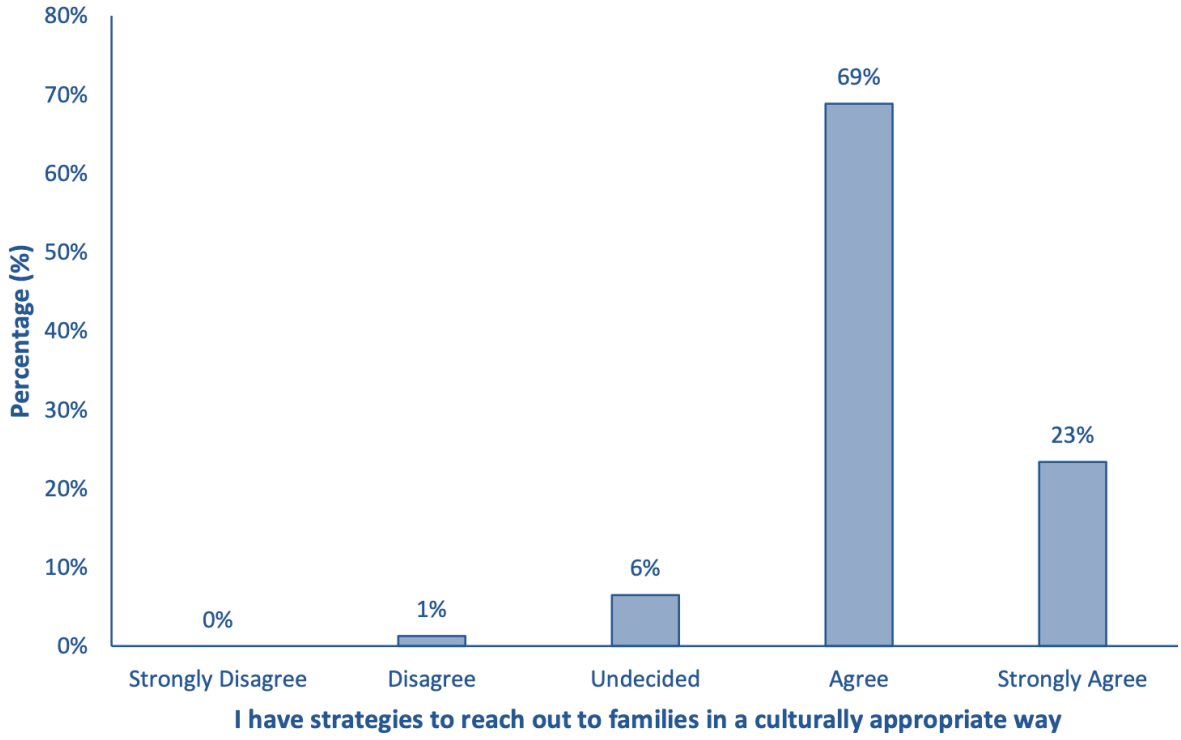
Some CALD stakeholders also provided positive feedback about the sound capacity of some FCS providers to engage in a culturally safe way with families. Some feedback pertained to the ability of individual workers to consider the cultural needs of families and other feedback pertained to the openness of whole teams to seek out and receive further culturally specific information about families.

> *"[FCS worker] is just really mindful of people's individual situations. So, what I've read from her referral, she definitely takes into account the cultural background and takes that into consideration. And like in her referrals, she'll say 'I'm wondering if this might be appropriate or, you know, Mum's got this cultural background'. She almost gives us a bit of a heads up too about what to expect when working with the family and what considerations need to be made so she's clearly educated around the cultural differences and needs of the families in this community."* – CALD outbound referral stakeholder
>
> *"I have one little example that I might be able to talk to in terms of the culturally and linguistically diverse….They were working with the family and then they made a report to us about that family because there were some worries, and they were coming to the end of their intervention. And some of the things that they were talking about, we thought we needed a bit of a cultural lens to look at some of that. So, it was just around care arrangements, aunties adopting kids and stuff like that. It turned out to be quite a cultural norm, and so we had a cultural consultation with one of our staff from the same cultural background and shared that with FCS and they were really open to hearing that…they were really open to that and wanted to get the outcome of that consultation."* – CALD Inbound referral stakeholder

In the workforce survey, most respondents (92%) reported that they have strategies to reach out to families in a culturally appropriate way. FCS staff were generally confident in their ability to practice cultural safety and were generally satisfied with cultural safety training they have received (see

figure 17 below, and figure 22 in section 'workforce skills and training'). However, satisfaction with cultural safety training elicited the highest levels of disagreement and lowest levels of agreement when compared to other areas of training. About two thirds of respondents agreed or strongly agreed that training they had received provided sufficient information about culturally safe practices with CALD families (67%) and Aboriginal families (69%). This is discussed further under 'workforce skills and training' (see figure 22).

Figure 17: Cultural outreach with families; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS proactive outreach.'



Note: Due to rounding, percentages may not sum up to exactly 100%

Proactive outreach with Aboriginal communities

FCS staff pointed out the critical work Aboriginal colleagues do to promote the program and build relationships with local Aboriginal communities. Aboriginal staff likewise highlighted the targeted proactive outreach activities they undertook in order to build trust with Aboriginal communities and develop referral pathways with Aboriginal organisations. Proactive outreach activities included attending Aboriginal interagency meetings, community events and meetings with Aboriginal services.

> *"The Aboriginal staff that we have are so essential. They've not only changed the relationship the service has with them, it changes the relationship with people who work for these organisations, and it just makes it for me. I'm speaking from a white person perspective, it's made a huge difference. She really might not be thinking, that's just her way, that's the way she does things but from me as an objective bystander it's made a really big difference here in [regional town] of how I can relate to those organisations."* – FCS staff

> *"Because we get out and about and join in and everything, we've certainly made progress with community and becoming very well accepted into the communities, especially [regional town], which is [Aboriginal Nation] and has been a very closed community for a long time."* – FCS staff
>
> *"I go to a lot of interagency meetings within the community that are either primarily run by Aboriginal people, Elders in the community or that I guess open forums for family and for workers that work with primarily Aboriginal families. I also try to do a lot of meetings with Aboriginal services to build our connection with their services, which makes our referral pathways a bit easier."*– FCS staff

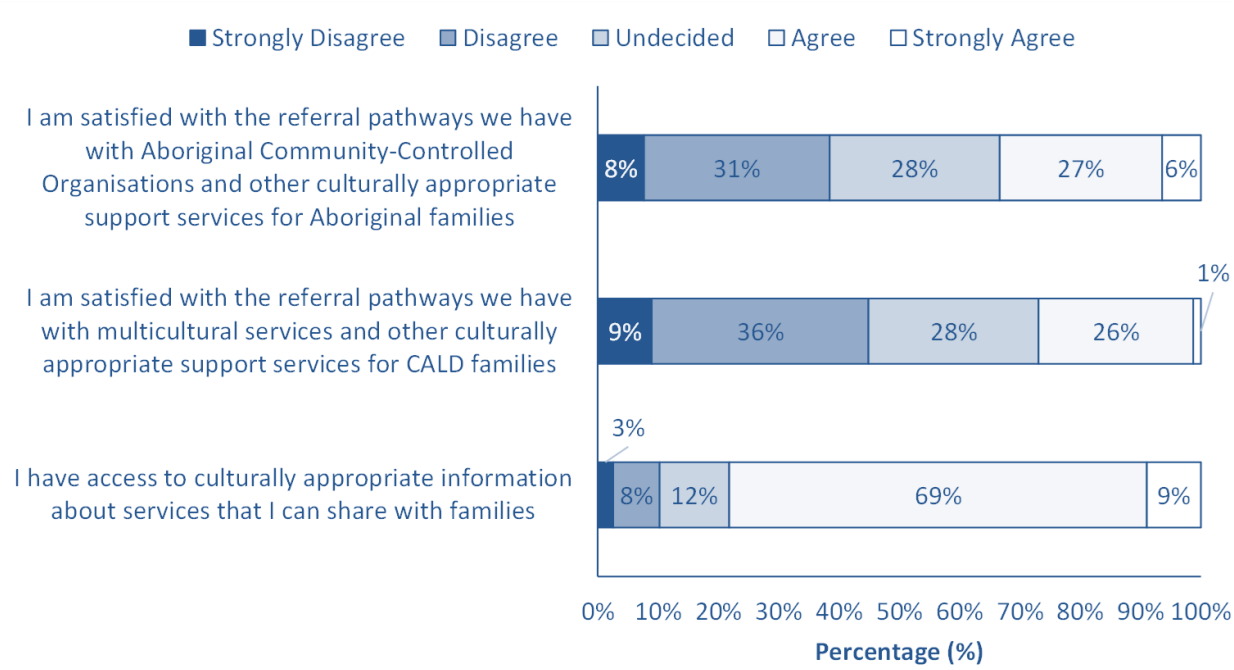
One Aboriginal stakeholder provided positive feedback about the proactive outreach activities that an FCS provider undertook.

> *"When we talk about engagement with families, they're very participatory in that. We do a lot of things like we'll put on community Christmas parties. They'll put on movie nights like in the park with the great big screens. They'll do things for child protection week. They'll do stuff for Aboriginal and Torres Strait Islander week, so they are very proactive within the community, and not only does it do that, but it advertises who they are and gets them out to be known. And that's with all of their workers, it's not just their Aboriginal workers. So, I would say they were very proactive in that regard."*– Aboriginal inbound and outbound referral stakeholder

Challenges with culturally appropriate referral pathways

As shown in figure 18, there were high levels of agreement (78%) among FCS staff in relation to having access to culturally appropriate information about services that they can share with families. However, FCS staff were less satisfied with their Aboriginal and CALD referral pathways, indicating that there is room for improvement. There were slightly higher levels of satisfaction with their referral pathways with Aboriginal Community Controlled Organisations and other culturally appropriate support services for Aboriginal families than their referral pathways with multicultural services and other culturally appropriate support services for CALD families. One third of respondents (33%) agreed or strongly agreed that they were satisfied with their Aboriginal referral pathways compared to under one third (27%) for CALD referral pathways. Satisfaction with CALD referral pathways was lower, with 45% disagreeing or strongly disagreeing that they were satisfied compared to 39% for Aboriginal pathways.

***Figure 18: Aboriginal and culturally diverse referrals; Workforce survey responses to* 'Please indicate the extent to which you agree with the following statements about FCS referrals'**



Note: Due to rounding, percentages may not sum up to exactly 100%

During consultations, FCS staff discussed challenges with culturally appropriate referral pathways. This included a lack of Aboriginal services in specific regions to refer on to, a lack of interpreters and CALD staff at outbound referral services and concerns about the skillset of workers at outbound referral services to practice cultural safety with CALD families.

> *"There's very little Aboriginal support in the [regional] area.…There's not a lot of referral pathways for Aboriginal people here, especially children and there are some pathways for Aboriginal programs over in [another regional area] like counselling, men's groups, things like that, but they're few and far between." – FCS staff*
>
> *"Another challenge is that some services don't have access to interpreters, and we have a lot of CALD families that we work with. There might be a service that would be a great fit for them, but they don't have a worker that speaks Arabic or Vietnamese or whatever it might be, and they don't have access to interpreters so that's a challenge." – FCS staff*
>
> *"I get nervous referring to services because you just don't know what their skillset is in working with the CALD community and how culturally aware and sensitive they are to the needs because in this area, it's a very small community and it's still growing. So, there's just a lot of education that needs to happen and you don't want when you're trying to find the right fit for a family, you don't want them to fail, or you don't want that referral to fail and then they lose faith in the system, and they lose faith in everything and then they won't access support again." – FCS staff*

Aboriginal stakeholders provided mixed feedback about the effectiveness of their referral pathways with FCS. One Aboriginal stakeholder reported that referrals were being made between their own programs while another Aboriginal stakeholder reported that no referrals were being made to their service. Another Aboriginal stakeholder reported that outcomes for Aboriginal families could be

improved if referrals to their service were made earlier. Overall, Aboriginal stakeholders suggested that there was room to improve the referral pathways between their programs.

> *"They utilise some of the programs we have, they make referrals to us because we're a NDIS provider. So yeah, we do we do utilize their programs and they do utilize ours, but I reckon we could do a better job at it."* – Aboriginal inbound and outbound referral stakeholder
>
> *'It is a minimal referral process which is really disappointing because I know when it was the Family Referral Service, they had a percentage that had to be, you know, Aboriginal referrals and partnerships with Aboriginal organisations. I'm assuming that some of that would still be in their current contract…There are no referrals…You would like to think that they are getting Aboriginal families that are referred through the Child Wellbeing Unit there and where are they going? Because they're not coming to us….We're certainly not seeing them…. I think we all need to strengthen our referral practices. I think it's a really valuable service. They just need to get their referral pathways."* – Aboriginal outbound referral stakeholder
>
> *"FCS workers are either overwhelmed by the complexity of some families or they have a time frame and they're closing, so they shoot us off our referral. So, we don't actually work with [FCS]… So by the time we get [the family]…what I mean is if we got them back here [earlier], it would have had a different outcome and I've got enough proof to say that." – Aboriginal outbound referral stakeholder*

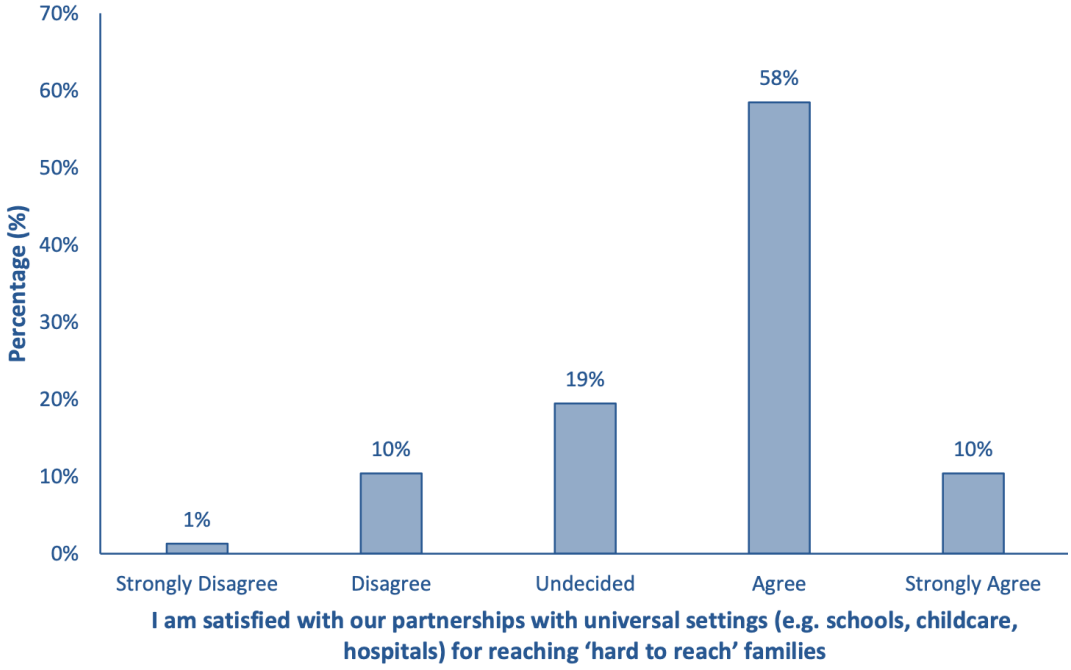
CALD stakeholders also provided mixed feedback. Some CALD stakeholders reported that they received very few or no referrals from FCS. One stakeholder explained that when they did receive referrals from FCS, it was apparent that families had been referred to relevant multicultural services. They pointed out that this was an indication that the FCS provider had a good awareness of appropriate multicultural services to connect CALD families with and suggested that this may be the reason why they didn't receive referrals from FCS as linking CALD families with relevant multicultural services would typically be a role their service fills.

> *"The referral process is not that effective as I don't receive that many formal referrals."*– CALD outbound referral stakeholder
>
> *"In the time that I've been here, I haven't actually received any referrals from anyone that's got the program. But hoping we will."* – CALD outbound referral stakeholder
>
> *"I know a couple of the families that we have received from FCS have already been referred with the multicultural centre. So, I mean they are clearly aware of the supports that are out there, and I assume that they are accessing them and perhaps that's why we're not getting those referrals because they're already linking them into the relevant services."* – CALD outbound referral stakeholder

Partnerships and collaboration

All FCS providers have placed a strong emphasis on building and maintaining relationships and partnerships with a range of service providers across their regions to foster inbound referrals and identify appropriate and available outbound referral options for families. Common strategies include attendance at inter-agency meetings, organising and attending community events, and undertaking targeted visits to universal settings such as early childhood centres and schools and other service providers. Just over two thirds of FCS staff agreed or strongly agreed (68%) that they were satisfied with their partnerships with universal settings such as schools and hospitals for enabling reaching 'hard to reach' families (see figure 19).

Figure 19: Satisfaction with service partnerships; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about FCS proactive outreach.'



Note: Due to rounding, percentages may not sum up to exactly 100%

Overall, FCS stakeholders reported having positive working relationships with FCS providers largely because of active referral pathways, FCS outreach strategies, and service collaboration to support families. Some room for improvement was identified, with some stakeholders suggesting that they would like to have more opportunities to build relationships and collaborate with FCS staff. Ongoing provision of information about the FCS program to key inbound stakeholders was identified as a need.

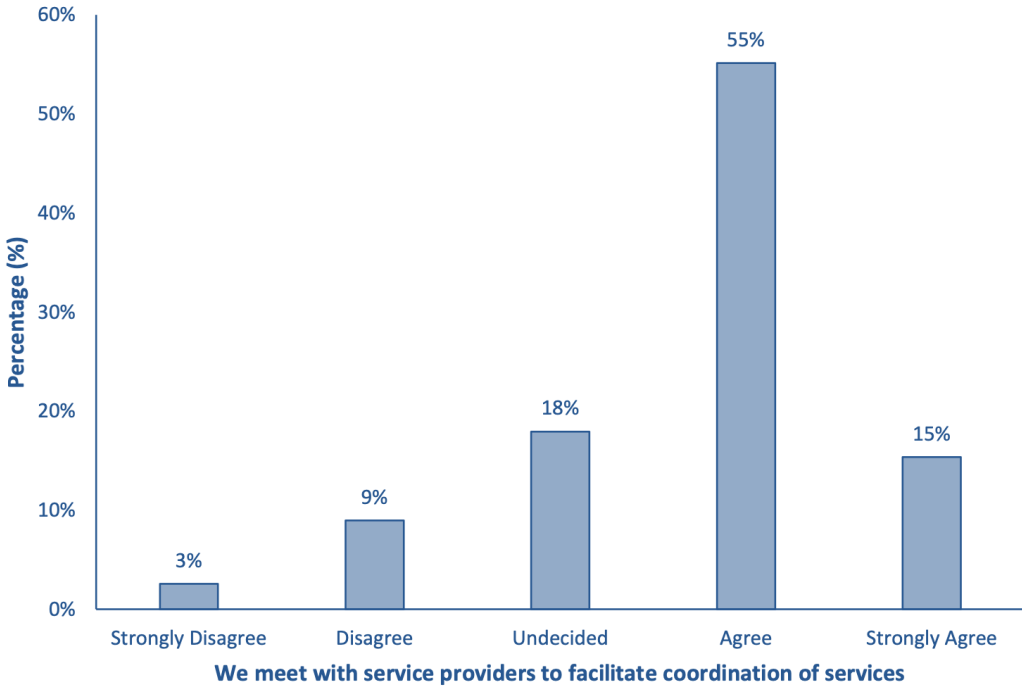
> *"Our relationship, exchanging information and things like that is really good. We work well together. We have good relationships with workers, so that of course helps and that goes right back to family referral days when it was started."* – Outbound referral stakeholder
>
> *"We have very good relationship with a lot of the workers there. So, we know them all by name and it's very easy. They do come and talk to the team at times."* – Inbound referral stakeholder

Similar mixed feedback was received from Aboriginal and CALD stakeholders. Some had strong relationships with their local FCS providers while others reported a need to build and strengthen the relationships between their services. In particular, some Aboriginal and CALD stakeholders discussed the need to develop more active referral pathways between their organisations and suggested that more case conferencing meetings were needed to work collaboratively in supporting families.

> *"We've got a close relationship with the team at [FCS provider] and they are really on board. They have a very clear overview of what our services do…I think it's those personal relationships that we've built with that organisation. Since we're all back in the office space to, just catching up face to face to remind each other about our services".* – CALD inbound and outbound referral stakeholder
>
> *"It could still improve. I've been very busy lately with lots of migrants in our region and to sort of reach out and do all the community networking as well …I think it is important for their partnership to really work."* – CALD outbound referral stakeholder
>
> *"The case coordination is really something that's very important with any of those services and I think we could do better at that. I think there could be, you know, a lot more innovative work done in regards to when we're working with families, that we can work together as a collaboration instead of all of us sitting in our silos and doing what we do. I've learned over the years that it takes a whole lot of agencies to help our families, it's not just one."* – Aboriginal stakeholder
>
> *"It's pretty daunting if you don't know somebody at that service, especially for Aboriginal people, we want to know who they're working with. But we're slowly building up that relationship between [our service] and [FCS provider] to stop working in silos."* – Aboriginal inbound and outbound referral stakeholder

As shown in figure 20, FCS staff mostly indicated that they meet with service providers to facilitate the coordination of services, with 70% agreeing or strongly agreeing that they did so.

Figure 20: Service coordination; Workforce survey responses to, 'Please indicate the extent to which you agree with the following statements about FCS case planning and coordination'.



Stakeholders located in schools valued having an FCS worker onsite. These positions are funded by the Department of Education. Stakeholders in schools reported that this assisted with referral pathways and building familiarity with the FCS program among school staff and families. Some stakeholders reported that they had lost onsite FCS workers as a result of funding limitations and were eager to get them back.

> *"[FCS provider] had some additional funding that they secured via Education to have the family connect and support program in schools, which I know was more universal previously and has been slowly chipped away at….we're losing one of our workers working in schools, which is going to make things more difficult."* – Inbound referral stakeholder

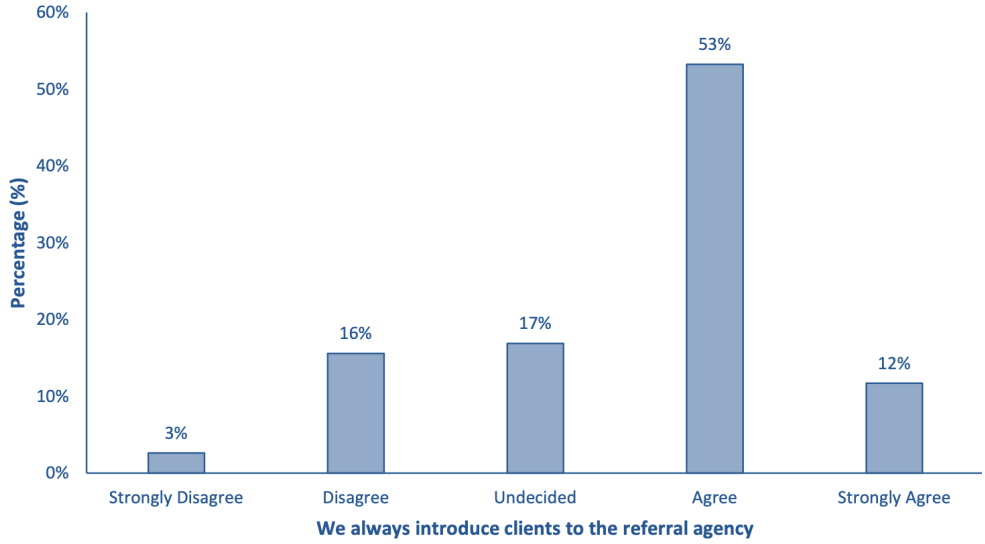
Stakeholders appreciated when FCS providers made warm referrals involving contacting services for families and introducing them to services rather than simply providing contact information and leaving it to families to make contact.

> *"They're not leaving it up to the family. They're not going, 'here's the number', but they're doing it for them, which again is a really big strength because we do that all the time, 'here's all the numbers for the services' and the family never takes them up. So, it's really good that they do that."* – Inbound referral stakeholder
>
> *"They offered to do joint visits with the referrals too. So, to build that rapport with the family in that changeover which actually we know works. We know that's the best way to do any sort of referral sign up is to do that joint visit with them."* – Outbound referral stakeholder

Almost two thirds of FCS staff (65%) agreed or strongly agreed that they always introduce clients to the referral agency. However, about one-fifth (19%) disagreed and the remainder (17%) were

undecided, indicating that FCS providers do not always introduce clients to referral agencies (see figure 21).

Figure 21: Warm referrals; Workforce survey responses to, 'Please indicate the extent to which you agree with the following statements about FCS warm referrals'.

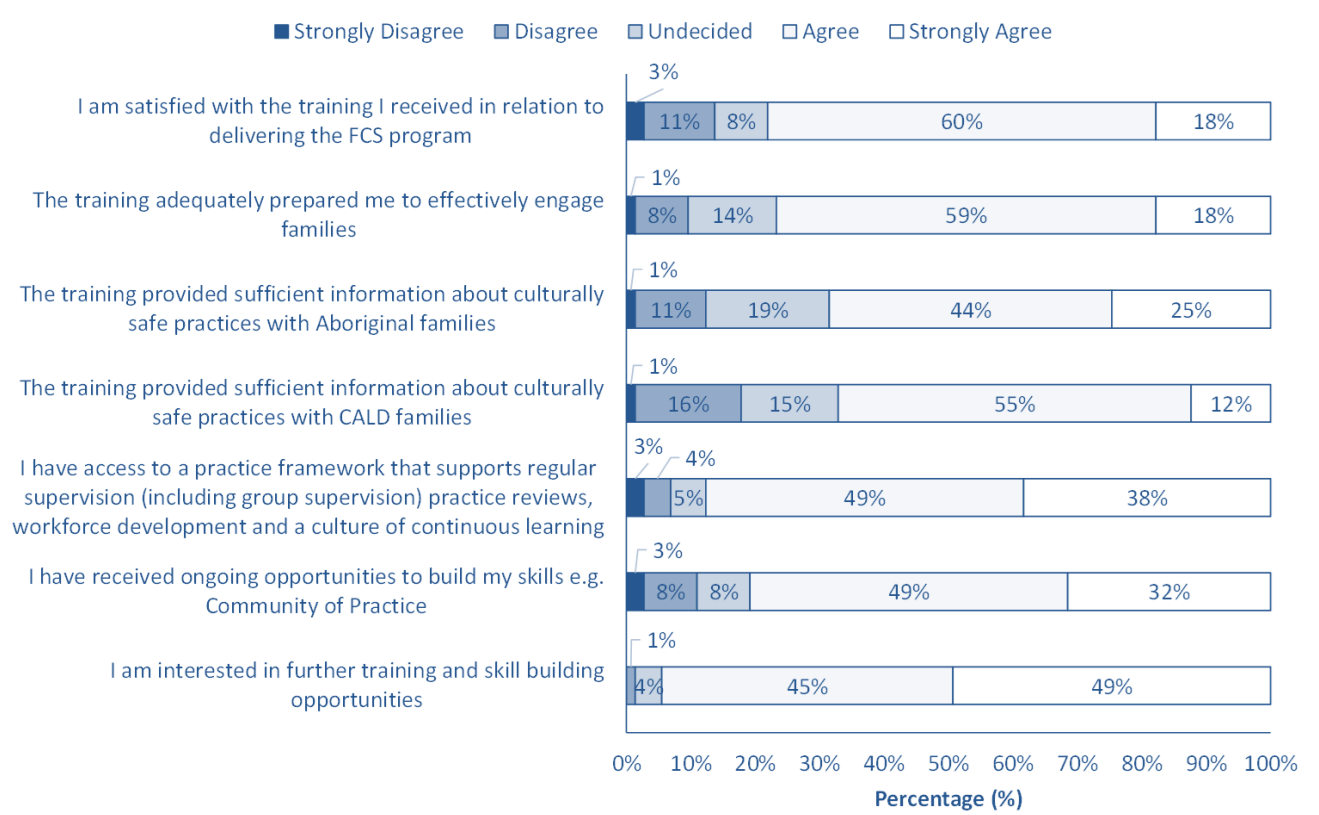


Note: Due to rounding, percentages may not sum up to exactly 100%

Workforce training and skills

Overall, FCS staff expressed satisfaction with the training and support they received in relation to the FCS program. As shown in figure 22, the lowest levels of agreement and highest levels of disagreement pertained to the sufficiency of training and information about culturally safe practices with CALD and Aboriginal families. About two thirds of respondents agreed or strongly agreed that training they had received provided sufficient information about culturally safe practices with CALD families (67%) and Aboriginal families (69%). There were higher levels of agreement that the training received had adequately prepared them to effectively engage families (77%) and respondents tended to agree or strongly agree that they were satisfied with training received to deliver the FCS program (78%). Respondents were generally more positive about the ongoing opportunities for skills building (81%) and access to a practice framework that supports regular supervision, practice reviews, workforce development and a culture of continuous learning (87%). There was a clear interest (94%) in further training and skill building opportunities among FCS staff.

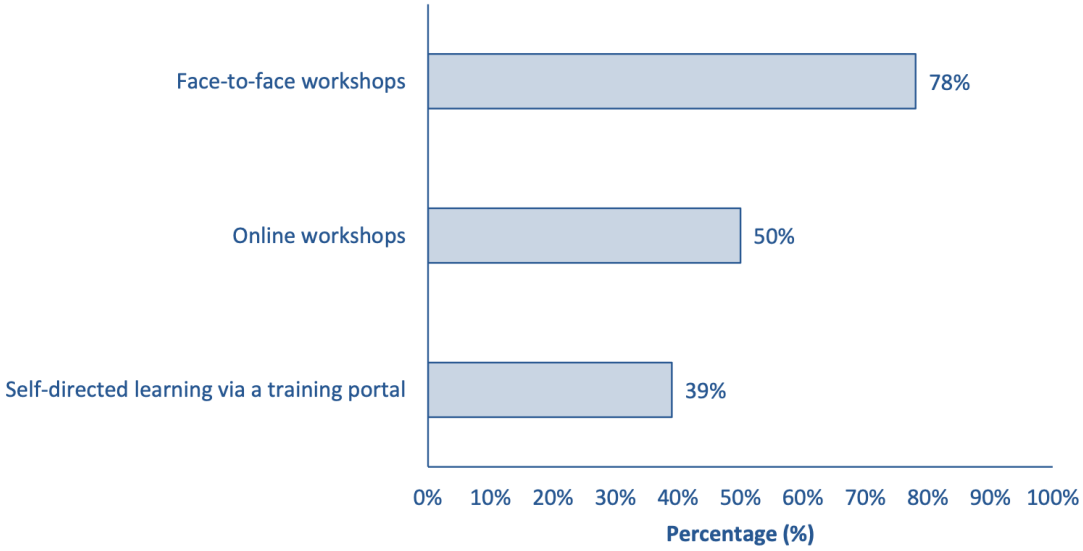
Figure 22: Satisfaction with training and ongoing support; Workforce survey responses to, 'Please indicate the extent to which you agree with the following statements about the training and support you received in relation to the FCS program'.



Note: Due to rounding, percentages may not sum up to exactly 100%

As shown in figure 23, respondents who were interested in further training and skill building opportunities had a clear preference for face-to-face workshops (78%), followed by online workshops (50%) and self-directed learning via a training portal (39%).

Figure 23: Preferred training modes; Workforce training response to 'If you are interested in further training and skill building opportunities, please give your preferred mode. Select all that apply.'



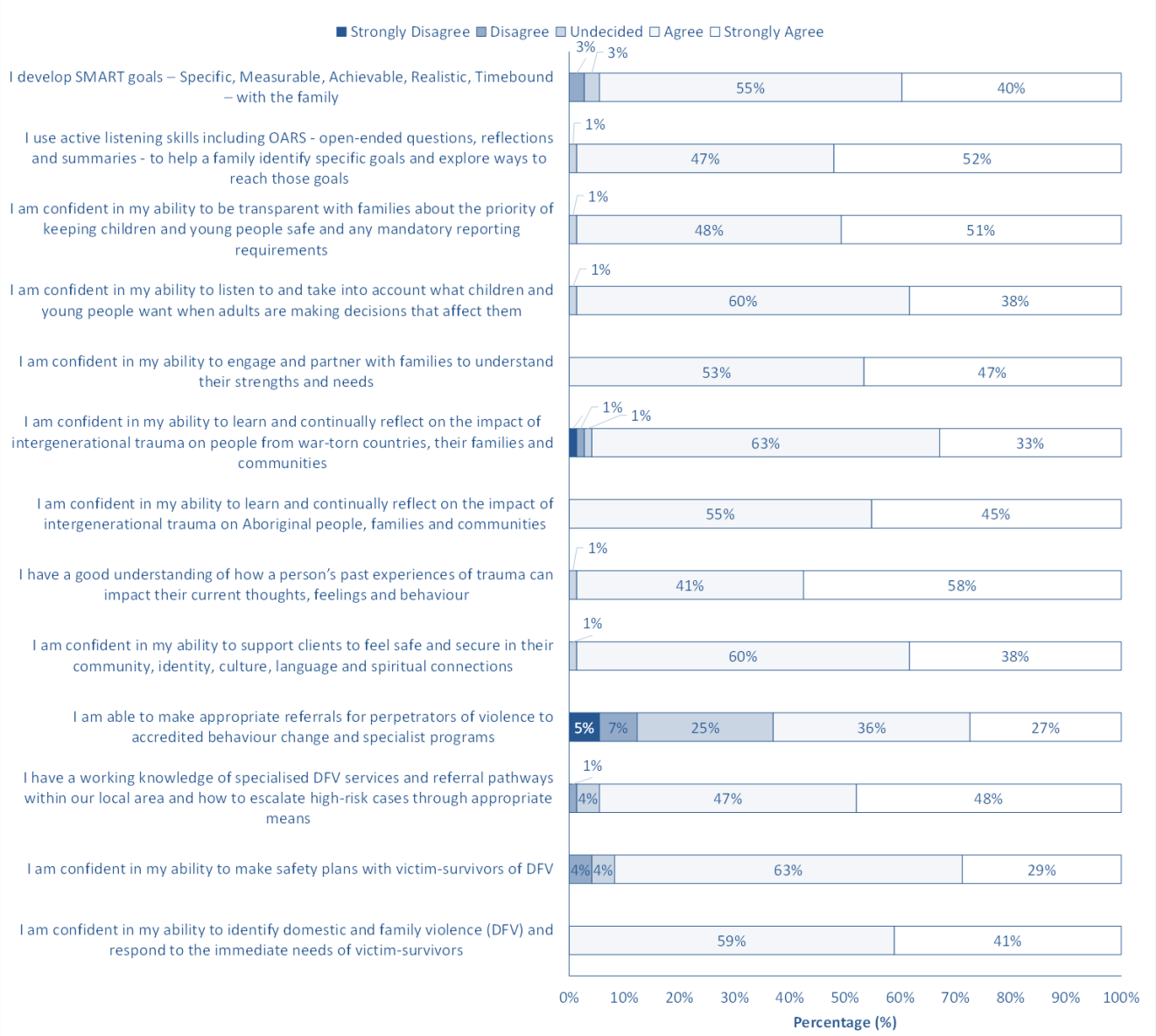
Overall, FCS staff were very confident in their skills to deliver the FCS program (see figure 24). There were very high levels of agreement (90-100%) among FCS staff with statements pertaining to:

- Confidence in ability to identify and respond to DFV (100%).
- Confidence in ability to make safety plans with victim-survivors of DFV (92%).
- Knowledge of local specialised DFV services and referral pathways and how to escalate high-risk cases through appropriate means (95%).
- Confidence in ability to support clients to feel safe and secure in their community, identity, culture, language, and spiritual connections (98%).
- Understanding of how a person's past experiences of trauma can impact their current thoughts, feelings, and behaviour (99%).
- Confidence in ability to learn and continually reflect on the impact of intergenerational trauma on Aboriginal people, families, and communities (100%).
- Confidence in ability to learn and continually reflect on the impact of intergenerational trauma on people from war-torn countries, their families, and communities (96%).
- Confidence in ability to engage and partner with families to understand their strengths and needs (100%).
- Confidence in ability to listen to and consider what children and young people want when adults are making decisions that affect them (98%).
- Confidence in ability to be transparent with families about the priority of keeping children and young people safe and any mandatory reporting requirements (99%).
- Using active listening skills including OARS - open-ended questions, reflections, and summaries - to help a family identify specific goals and explore ways to reach those goals (99%).

- Developing SMART goals – Specific, Measurable, Achievable, Realistic, Timebound – with the family (95%).

The lowest level of agreement in relation to skills to deliver the FCS program pertained to the ability to make appropriate referrals for perpetrators of violence to accredited behaviour change and specialist programs. Only 63% of respondents agreed that they were able to do so while 25% were undecided, 7% disagreed and 5% strongly disagreed. This response is very likely explained by limited service availability in this context.

Figure 24: Skills self-assessment; Workforce survey responses to 'Please indicate the extent to which you agree with the following statements about your skills to deliver the FCS program.'



Note: Due to rounding, percentages may not sum up to exactly 100%

Section 6 – Next evaluation steps

- **Interviews with families and young people** who have been referred to FCS, exploring their experience of the referral process, satisfaction with the services received, cultural safety, and perceived benefits.
- **Analysis of FCS Data from the Department of Social Services Data Exchange (DEX)** to provide an overview of the client profiles and demographics, engagement with FCS target groups, types of services delivered, intensity and length of service engagement and the key referral sources, mapped to DCJ Districts to discern regional variations.

Outcomes evaluation

The outcomes component will include administrative data analysis, coupled with a case file review to explore the question of the outcomes achieved by FCS.

Administrative data analysis: The research team will analyse and compare children's trajectories and child protection outcomes in families that received an FCS service with those in families with similar characteristics or risk factors that did not. In February 2023, DCJ provided RCCF with datasets from the DEX comprising information about clients who have accessed the FCS program, the types of services received, and the dates they interacted with the program. The FCS data captures all clients (children, carers, and family members) who have engaged with the FCS program. The RCCF team is currently doing preliminary explorations of these datasets to determine how the identifier in the FCS datasets can be used to link with children recorded in ChildStory, to enable the construction of a comparison group to assess outcomes.

Table 4: Variables for outcomes analysis

Data source	Variables
DCJ: Child Protection Reports	Date helpline report received Primary issue reported Flag for risk of significant harm (ROSH) report Safety Assessment: Safety decision Risk Assessment: Final risk level
DCJ: OOHC Placements	Date of first and subsequent OOHC placements OOHC placement type OOHC placement purpose Date of OOHC exit
DCJ: Child and Family services	Referral to Brighter Futures Referral to IFS/IFP
DCJ: Persons File	Month and year of birth Gender Indigenous Status Country of birth

	Language
DCJ: Relationship mapping	Person ID Related person ID Relationship type

Using a quasi-experimental design with propensity score matching or other statistical matching techniques to compare families with similar characteristics to those who received FCS, the outcome evaluation will examine the extent to which FCS has contributed to promoting more positive outcomes for families, including reducing risks and avoiding entry into the statutory care system for children and young people.

Logistic regression and/or other statistical analyses will be conducted using administrative data to determine whether outcomes for children and young people in the treatment group were different from those in the matched comparison group. The proposed outcomes (Table 4) have been identified in consultation with the FCS governance group and in line with the FCS logic model. These outcomes include differences in ROSH notifications and reports, entries to care, and out-of-home care placement. The timeframes for following the FCS and comparison groups will be from the program inception in January 2021 through December 2022.

Case file review – using Data Exchange data, a treatment sample of families at low, medium, and high complexity will be identified. For in-depth insights into the FCS services, a set of FCS referral forms, brokerage requests and FCS provider case file notes will be analysed to identify risk factors in relation to reasons for referral, and the quality and timeliness of the FCS process. Drawing on data from the case file review and interviews, composite case studies will be developed that illustrate facilitators and barriers to service delivery.

Economic evaluation

The treatment effects reported in the outcomes section will be used as the basis to calculate the cost-benefit for these outcomes. The economic evaluation of FCS will measure the unit costs for operating the FCS program and compare it with the cost of traditional care. Unit cost of the program will be calculated, including caseworker / manager involvement in referrals; brokerage fees for families as a result of an FCS assessment; and FCS data collection and entry. The NSW government treasury guidelines for cost-benefit analysis will be referred to for the analysis[9].

The economic component of the evaluation will require access to the average cost of the intervention per family. Data has been received on the FCS costing work, which was completed three years ago based on figures from NSW Health. FACSIAR will use the financial acquittals provided by the FCS providers to calculate a unit cost. This unit cost will be used in the cost-benefit calculations.

[9] NSW Government Treasury Guidelines (2017), p. ii, downloaded from https://www.treasury.nsw.gov.au/finance-resource/guidelines-cost-benefit-analysis.

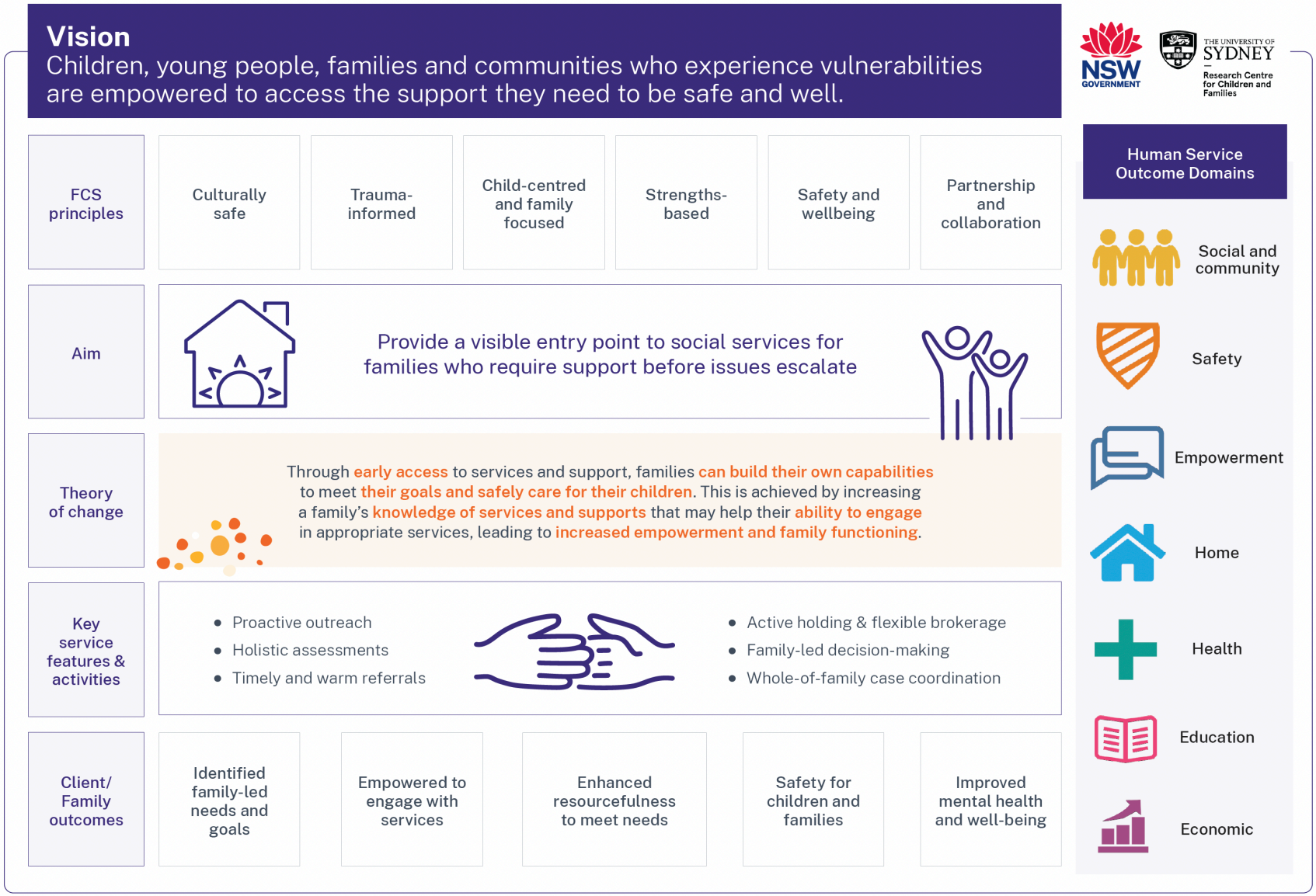
The evaluation team will have access to the FCS financial acquittal documents if needed. We will investigate the potential of using different unit costs by level of complexity in the economic evaluation, as we explore linking the DEX data to the Child Story data in the outcome component of the evaluation.

CURRENT SITUATION	ACTIVITIES AND SERVICES	EVIDENCE	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
The number of child protection helpline reports continues to rise and less than one-third of children reported at Risk of Significant Harm (ROSH) receive a face-to-face assessment (Donnelly Inquiry, 2017; Tune Review 2016). Reviews of the NSW child protection system between 2008 and 2019 consistently highlight that there is inadequate investment in early intervention services to support families to address their complex needs and vulnerabilities to prevent contact with statutory child protection and entries into OOHC (Wood 2008; Tune Review 2016; Donnelly Inquiry 2017; Family is Culture 2019). The following cohorts (Stronger Communities Investment Unit 2018 Insights Report) are more at risk of entering the NSW statutory child protection system. • Aboriginal children, young people & their families • Children aged 0-5 years • Children and young people affected by mental illness Commonwealth and NSW Governments have committed to reduce overrepresentation and increase access to early intervention for Aboriginal families (Closing the Gap, 2020; FACS Aboriginal Outcomes Strategy, 2017-2021). In addition, families with vulnerable young children 0-5 and young people affected by mental illness have been identified as priority populations (Stronger Communities Investment Unit 2018 Insights Report).	**Proactive outreach** • Outreach into universal settings, home visits and cold calling to better reach families. • Anyone who presents to FCS will be provided with support if they are not already engaged with the statutory child protection system. **Holistic assessment** • Timely needs and strengths-based assessment. • Whole-of-family lens, trauma-informed and culturally safe. • Tiered support model tailored to client needs. **Timely and warm referrals** • Intake and referral gateway into local services and supports, with support to navigate the system. • Culturally appropriate information and referrals. • Advocating for client access to services, arranging services and introducing clients to the referral agency. • Active outbound contact with families and/or outbound agencies to learn if family's needs have been met/whether further support is required. **Active holding & flexible brokerage** • Check ins and support to families, including practical supports and use of brokerage, home visits, follow up with services – until a suitable service can be accessed. • Brokerage funding where presenting issues can be quickly addressed through practical assistance. **Family-led decision making** • Meetings with families are strengths-based and encourage family decision-making and responsibility about the services with which they engage • Informal supports within the family as well as formal supports are identified and engaged in partnership with the family	Available evidence on effective and targeted early intervention can significantly impact the developmental outcomes, and in turn, life trajectories of children, families and communities. Research shows that enablers of success and specific service features of interventions include: soft entry points; flexible approaches that respond to individual needs; strengths-based approaches; and community- driven and culturally appropriate design[i]. Consultations with the child and family sector, in the FCS redesign process, highlighted the effectiveness of identifying, engaging and referring families to services before their situation escalates. The FCS model builds upon the strengths of the longstanding NSW Family Referral Services, that were implemented as part of the Keep Them Safe Reforms. These strengths include: * Information & advice to help family's navigate the service system * Warm referrals * Brokerage funds * Assertive outreach The core component 'Engagement' is critical to preventing child abuse and neglect (DCJ Evidence Portal: Preventing Child Maltreatment Evidence Review). Engagement activities include building trust and being flexible in delivery to meet the needs of clients. How services engage with families is crucial to ensuring parents/carers participate and remain in a program. In the case of FCS, families' support needs are meet and they are effectively engaged and connected with the appropriate services through warm referrals.	• Number of families effectively contacted by the service/ service type received. • Number of client responses delivered across the response type 1 to 4 based on case complexity and time engaged with service. • Number of clients reached from priority target groups. • Number of outbound referrals to a variety of referral agencies. • Number of families who receive an assessment. • Number of families who have accessed brokerage. • Number of families who are satisfied with the service they receive. • Number of case conferencing meetings convened. • Number of clients who needed and received active holding and short-term case management. • Number of community outreach activities delivered e.g., attending interagency meetings, attending community events. • Number of clients who were ineligible and received a referral to another appropriate service. • Number of practical supports provided through brokerage and/or appropriate referral (by type of	Through early access to service and support, families can build their own capabilities to meet their goals and safely care for their children. This is achieved by increasing a family's knowledge of services and supports that may help their ability to engage in appropriate services, leading to increased empowerment and family functioning.	**Families engage with Family Connect and Support.** **Families identify their needs, through assessment considering the 8 NSW Human Services Outcomes Framework domains (economic, family relationships, education and skills, safety, home, health and empowerment).** **Families are provided with culturally appropriate service information and referrals.** **Families have increased knowledge of the services and supports available to them.** **Families have improved resourcefulness to meet their needs.** **Families are empowered to engage with services which support their needs.** **Families feel heard, understood and respected when engaging with the FCS.** **Children are safe within their families with reduced risk of entry into the child protection system.** **Families, children and young people's mental health and wellbeing are improved.**

CURRENT SITUATION	ACTIVITIES AND SERVICES	EVIDENCE	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
Families have needs that cross government silos (e.g. economic, health, housing, education, safety) and attempts to coordinate services across agencies have failed to improve their outcomes (Tune Review, 2016). The current service system is complex and difficult to navigate, with inconsistencies in service provision and entry points across geographic locations. This makes it difficult for families to access the supports available to them (TFM Access Services Redesign, 2019).	• Referral to a formal Family Group Conference or convening a Family Group Conference where appropriate. **Whole-of-family case coordination and planning** • Dedicated case coordination and a single point of contact for the family. • Individualised, single case plan that can move with the family. • Case conferencing meetings with the family's service providers to facilitate coordination of service provision.	Evidence shows 'Engagement' is most effective when practitioners also: * Build a positive relationship with families by fostering a trusting and caring partnership built on empathy respect and open communication, and *Actively work with families to overcome barriers to their participation (DCJ Evidence Portal: Preventing Child Maltreatment Evidence Review 2022). Engagement is important in ensuring families receive referral to other support services that provide: case management; parental education, coaching and modelling; parental self-care and personal development; and building supportive relationships and social networks (DCJ Evidence Portal: Preventing Child Maltreatment Evidence Review).	support required e.g., education. DFV, finance, housing, and health)		

[i] Their Futures Matter (TFM), 2018, *Access Systems Redesign: Evidence Review.,* Sydney: State of NSW.

Appendix 2 - Visual FCS Program Logic Infographic



Appendix 3 – Aboriginal Participation Plan Template

Service Provider/s and consortium partners names			
Geographical coverage	Country of operation	District/s	LGA's
Bordering Nations/ Tribes			
Service outlets/locations			
Date this plan was endorsed			
Outline the Aboriginal people/groups/organisations consulted in the development of this Aboriginal Participation Plan?	**Internal**		
	External		
Summarise the feedback you received from the Aboriginal people/groups/organisations involved in the development of this plan.			
Review and Monitoring			
Date	**2022**		
	2023		
Please provide a brief (half a page) summary of the strategies you have in place to support Aboriginal children, young people and families, Aboriginal staff and/or the capacity of Aboriginal led organisations in the districts in which you operate. In your summary provide information about the strategies you will use to reach different Aboriginal groups, across the various lands in the district you cover. Please provide information about how these support the delivery of the Family Connect and Support Service. *Please include how you ensure your service is culturally appropriate and accessible and how you prioritise Aboriginal CYP and families. Please include any specific targets you have to measure your achievement.*			

A summary of your strategies and timeframes

Strategy/initiative name	Responsibility	Timeframe	Description – stages	Status
E.g. Develop a service partnership with Aboriginal Family Group Conferencing practitioner/s to deliver services to your FCS client group.	FCS Program Manager and CEO	Formal partnership in place by June 2021.		
FCS staff will undergo continuous Aboriginal cultural immersion and learning.	Senior Practitioner Aboriginal engagement, Team Leader, FCS Staff	6 monthly as of June 2021		
Cross service Partnership with Local Aboriginal & Torres Strait Islander services for a holistic community approach.	Senior Practitioner Aboriginal Engagement & Team Leader.	Joint community participation by June 2021		
Community cultural engagement/ Participation and consultation.	Senior Practitioner Aboriginal Engagement & Team Leader. Regional Manager	July 2021		

1. Understanding the needs of Aboriginal people to improve outcomes

a) Identify the Aboriginal population/group/communities that your service works with?

b) Identify the strengths and needs of this Aboriginal population/group.

Please include any differences that exist between metropolitan, rural and remote communities or local communities within these broader areas?

Strengths

Needs

c) What Aboriginal engagement and other anecdotal information sources, data, or research provides further evidence to support the identified needs as outlined above (please provide references)?

2. Engagement with Aboriginal people

a) What internal and external Aboriginal stakeholders (including regional alliances, interagencies and other key groups) will be engaged in the development, implementation, and review process of your service?

Aboriginal stakeholders (internal and external)			
Name of individual/group	**How were they identified?**	**What is their role in community?**	**What will be their contribution to the APP?**

b) Detail how these stakeholders will be engaged throughout the development, implementation, and review process?

c) Detail any barriers to engagement identified and what strategies will be put in place to address these?

d) Detail strategies that you will use to promote service visibility amongst Aboriginal communities and stakeholders.

Barriers identified	**Strategies to address these**
New service	
Past experiences	

e) How will Aboriginal stakeholders (identified in question 2a) be provided with feedback on the implementation of the FCS service?

3. Impact on Aboriginal people

a) Detail the anticipated positive impacts/outcomes that your service will have for Aboriginal people – including Aboriginal CYP and families?

Detail what will be different/what positive changes Aboriginal CYP and families will experience?

b) Detail the potential <u>negative</u> impacts/outcomes Aboriginal CYP, families and communities may experience as a result of this service or initiative?

c) What strategies have been identified to address these <u>negative</u> impacts?

Potential negative impact/outcome	Strategies to address these
Dependency on FCS service & "getting rid of the family"	
Engaging Aboriginal communities	

d) What is in place to measure your impact on Aboriginal people after implementation?

4. <u>Commercial Arrangements</u>

a) Provide evidence of formal partnership with Aboriginal led or Aboriginal Community Controlled Organisations - outlining the commercial details of the partnership

Aboriginal Participation Plan Approval				
Service provider/s (include consortium and sub-contracting partners)				
Role	**Position**	**Contact**	**Electronic approval by**	**Date**
DCJ program/contract management representative				
DCJ Aboriginal Outcomes representative				

<u>Notes</u>

- This template has been developed as a guide for FCS providers to capture the key initiatives, relationships, service partnerships and actions (both formal and informal) that support the effective delivery of the Family Connect and Support program to Aboriginal families and communities.
- It is a draft only and will be further developed to ensure it is practical and workable for providers.
- The final product can also be adapted to meet the needs of each provider and district.

Appendix 4 - Focus Group Discussion Guides

Focus Group Introduction

- Facilitator to provide high level summary of the FCS program
- Facilitator reminds discussion will be audio recorded and you can leave at any time by ending the Zoom/MS Teams meeting. If you leave, we will not be able to remove your contributions to the discussion once the recording has been made, but only aggregated (group-based) responses will be documented, and no individual will be identifiable.
- You can choose to turn your camera on or off and you can use the settings to change the name that appears on the screen. If you wish to speak, use the "raise hand" function and I will unmute your microphone.
- Please reconfirm consent by typing 'yes' in the chat box. If you would rather not take part, you are free to leave before we start.

Discussion Guide for focus groups with service sector stakeholders

Discussion guide for non-Aboriginal Organisations

1. How did your organisation hear about or start working with the FCS program?
2. In what ways do you/your organisation work with the FCS program? (Prompt: make referrals, receive referrals)
3. How effective do you think your referral process is? Why?
4. How do you think services delivered by the FCS program support families? (Prompts: assessments, brokerage, active holding, referrals, case coordination). Can you provide any examples?
5. Are there other ways you collaborate together? (Prompts: interagency meetings, case coordination meetings, community events)
6. Do they offer any leadership or skills building for your organisation/staff?
7. How would you describe your relationship with the FCS program? (Prompt: strength of relationship)
8. Is there a need for the program in your local community? Why?
9. How well do you think the program meets the needs of clients? (Priority populations) Why? (Prompt: flexible and responsive to client needs)
10. What impact do you think the FCS program is having on:
    a. Families, including children?
    b. The local family service sector?

    Please provide examples, (Prompts: financial, education, safety, housing, health, understanding how to access support)
11. How does the FCS provider work with Aboriginal children and families?
12. How does the FCS provider work with CALD children and families?

13. In what ways is the FCS program culturally safe for clients?
14. What do you think are the strengths of the FCS program?
15. Are there any ways you think the program could be improved?

Discussion guide for Aboriginal Community-Controlled Organisations

1. How did your organisation hear about or start working with the FCS program?
2. In what ways do you/your organisation work with the FCS program? (Prompt: make referrals, receive referrals)
3. How effective do you think your referral process is? Why?
4. How do you think services delivered by the FCS program support families? (Prompts: assessments, brokerage, active holding, referrals, case coordination). Can you provide any examples?
5. Are there other ways you collaborate together? (Prompts: interagency meetings, case coordination meetings, community events)
6. Do they offer any leadership or skills building for your organisation/staff?
7. How would you describe your relationship with the FCS program? (Prompt: strength of relationship)
8. Is there a need for the program in your local community? Why?
9. How well do you think the program meets the needs of clients? (Priority populations) Why? (Prompt: flexible and responsive to client needs)
10. What impact do you think the FCS program is having on:
    a. Families, including children?
    b. The local family service sector?

    Please provide examples, (Prompts: financial, education, safety, housing, health, understanding how to access support)
11. How does the FCS provider work with Aboriginal children and families?
12. How has FCS connected with your organisation and other local Aboriginal organisations?
13. In what ways is the FCS program culturally safe for clients?
14. What do you think are the strengths of the FCS program?
15. Are there any ways you think the program could be improved?

Discussion guide for focus groups with FCS program staff

Service delivery

1. What services are delivered as part of the FCS program and to who?
2. How do services delivered by the FCS program support families? (Prompts: assessments, brokerage, active holding, referrals, case coordination). Can you provide any examples?
3. Could you describe your referral process? How effective do you think your referral process is?
4. What happens when you receive a referral that isn't a good fit for FCS? Is this always apparent at intake or clearer later on when working with the family?

Engaging families

5. What are your strategies to reach priority cohorts? (Aboriginal children, young people and their families; vulnerable young child 0-5 years; children and young people affected by mental illness)
6. How do you engage with families, what are your strategies for building rapport? Challenges?
7. What kind of training or support have you received to deliver the program/perform your role?
    a. Is there any other training or support you would like to receive?
    b. Do you feel you have the right skills for your role at FCS?
8. What are your strategies for ensuring services are culturally safe and appropriate for Aboriginal families?
    a. What are your strategies to support Aboriginal children and families?
    b. What are your strategies to support Aboriginal staff?
    c. What are your strategies to ensure non-Aboriginal staff are culturally safe?
    d. What are your strategies to connect with ACCOs in your area?
9. What are your strategies for ensuring services are culturally safe and appropriate for CALD families?
    a. What are your strategies to support CALD children and families?
    b. What are your strategies to support CALD staff?
    c. What are your strategies to ensure staff are culturally safe with CALD families?
    d. What are your strategies to connect with multicultural services in your area?
10. Who do you consult with for cultural expertise/local cultural knowledge?
    a. Have you ever experienced conflicts of interest when trying to engage cultural support? Are there any other barriers that you have encountered when trying to engage cultural support?

Needs and impact on families and community

11. Is there a need for the program in your local community? Why?

a. Does demand for services fluctuate over time and what are the patterns?

12. How well do you think the program meets the needs of clients? Why? (Prompt: flexible and responsive to client needs)
13. What impact do you think the FCS program is having on:
    a. Families, including children?
    b. The local family service sector?
14. *Please provide examples,* (Prompts: financial, education, safety, housing, health, understanding how to access support)

Strengths and challenges of FCS

15. What do you think are the strengths of the FCS program?
16. What are the main challenges to implementing the program?
17. Are there any ways you think the program could be improved?
18. In what ways does FCS differ from FRS?
    a. Are there any useful elements of FRS that your program has retained?

Relationships and collaboration with other local services

19. Does your program have a local service map, including contacts across the sector, preferred outgoing referrals?
    a. Are there any issues within your local service sector that provide a challenge to delivering the FCS program, including timely and appropriate referrals?
    b. What is the process to escalate issues if there are difficulties for accessing support? What is the timeframe of the escalation process? How does this impact the family?
20. How do you collaborate with other local services? (Prompts: partnerships, interagency meetings, case coordination meetings, community events, leadership or skills building)
21. How do you collaborate with local ACCOs? (Prompt: Aboriginal participation plans)
22. How do you collaborate with local multicultural services/support? (Prompts: Informal/formal networking opportunities)

Interface with child protection

23. When working with families, do you have to engage with the mandatory reporter's guide? What happens if you have to make a report to child protection?
24. Are there any challenges related to working with families close to/on the ROSH threshold?
    a. What resources do you access? E.g. family preservation services

Appendix 5 - Family Connect and Support Workforce Survey

Start of Block: Consent

Q1
Research Centre for Children and Families
Faculty of Arts and Social Sciences

Q2
Family Connect and Support Evaluation - online workforce survey

Please click here to download and read the Participant Information Statement.

Q3 **Consent statement:** I confirm that I have read and understood the Participant Information Statement above, and understand that submitting the completed survey is an indication of my consent to participate in this study.

- ○ Yes
- ○ No

End of Block: Consent

Start of Block: Section A: About you and your role in Family Connect and Support (FCS)

Q4 **Section A: About you and your role in Family Connect and Support (FCS)**

Q5 What is your current position?

- ○ Caseworker/Case Manager
- ○ Intake Worker
- ○ Team Leader
- ○ Manager
- ○ Other (please specify) _____

Q6 Which organisation do you work for?

- ○ Barnardos Australia
- ○ The Benevolent Society
- ○ CatholicCare
- ○ Mackillop
- ○ Marymead
- ○ Pathfinders
- ○ Save the Children
- ○ Social Futures
- ○ South Coast Medical Service Aboriginal Corporation
- ○ Uniting

Q7 In which DCJ district(s) do you mainly operate? Select all that apply.

- ☐ Illawarra Shoalhaven & Southern NSW Districts
- ☐ Hunter & Central Coast Districts
- ☐ Mid North Coast, Northern NSW & New England Districts
- ☐ Murrumbidgee, Far West & Western NSW Districts
- ☐ Sydney, South Eastern Sydney & Northern Sydney Districts
- ☐ South Western Sydney District
- ☐ Western Sydney & Nepean Blue Mountains Districts

Q8 What is your gender?

- ○ Female
- ○ Male
- ○ Gender diverse
- ○ Prefer not to say

Q9 Do you identify as Culturally and Linguistically Diverse?

- ○ Yes
- ○ No

Skip To: Q11 If Do you identify as Culturally and Linguistically Diverse? = No

Page Break

Q10 Are you in an identified CALD position?

- ○ Yes
- ○ No

Q11 Are you of Aboriginal or Torres Strait Islander origin?

- ○ No
- ○ Yes, Aboriginal
- ○ Yes, Torres Strait Islander
- ○ Yes, both

Skip To: End of Block If Are you of Aboriginal or Torres Strait Islander origin? = No

Break

Q12 Are you working on Country?

○ Yes

○ No

Q13 Are you in an identified Aboriginal position?

○ Yes

○ No

End of Block: Section A: About you and your role in Family Connect and Support (FCS)

Start of Block: Section B: FCS program delivery

Q14 **Section B: FCS program delivery**

Q15 The FCS program model is made up of the following core components and flexible activities. Please select the three components that are most challenging to deliver, with 1 being the most challenging.

_____ Accessible and timely service information and referrals

_____ Holistic, whole of family assessment

_____ Tiered model tailored to client need

_____ Whole of family case coordination and planning

_____ Proactive outreach

_____ Active holding

_____ Education, and follow up and feedback to referrers

_____ Warm referrals

_____ Flexible brokerage

_____ Family-led decision-making

_____ Broad eligibility criteria

Q16 What are the challenges you have encountered in relation to these three components? Select all that apply.

- ☐ Staffing
- ☐ Time
- ☐ Inadequate funding
- ☐ Inadequate training or support
- ☐ Complexity of family needs
- ☐ Other, please specify

_____

Q17 Please indicate the extent to which you agree with the following statements about **FCS eligibility**.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
The eligibility criteria is broad enough, allowing families who are in need of the FCS program to access it.	○	○	○	○	○
Exclusion of families who are already engaged with the statutory child protection system is appropriate.	○	○	○	○	○
Most inbound referrals are for families who are eligible for FCS	○	○	○	○	○

Q18 Please indicate the extent to which you agree with the following statements about **FCS family assessments**.

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I am satisfied with the assessment tool available for me to use with families.	○	○	○	○	○
The assessment tool allows me to adequately triage and assess family complexity according to the FCS tiered model of response	○	○	○	○	○
There is sufficient time and resources to conduct a holistic, whole-of-family assessment that is strengths focused.	○	○	○	○	○

Page Break

Q19 Please indicate the extent to which you agree with the following statements about **FCS referrals.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I am satisfied with the referral pathways we can offer clients into local (primary, secondary and tertiary) services and supports.	○	○	○	○	○
I am satisfied with the referral pathways we have with Aboriginal Community-Controlled Organisations and other culturally appropriate support services for Aboriginal families.	○	○	○	○	○
I am satisfied with the referral pathways we have with multicultural services and other culturally appropriate support services for CALD families.	○	○	○	○	○
I am satisfied with the length of time it takes for an outbound referral service to take in my client.	○	○	○	○	○

I have access to culturally appropriate information about services that I can share with families.	○	○	○	○	○
The assessment tool allows me to adequately triage and assess family complexity according to the FCS tiered model of response	○	○	○	○	○
There is sufficient time and resources to conduct a holistic, whole-of-family assessment that is strengths focused.	○	○	○	○	○

Q20 Please indicate the extent to which you agree with the following statements about **FCS case planning and coordination.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
FCS case plans are developed within two weeks of an initial assessment.	○	○	○	○	○
We actively involve families in the development of their case plan.	○	○	○	○	○
We meet with service providers to facilitate coordination of services.	○	○	○	○	○
FCS case plans follows families when they are transferred to external referral agencies.	○	○	○	○	○

Q21 Please indicate the extent to which you agree with the following statements about **FCS flexible brokerage**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
The amount of brokerage funding available to use with families is sufficient	○	○	○	○	○
Brokerage is flexible enough to offer different types of practical support and meet the immediate needs of clients	○	○	○	○	○

Q22 Please indicate the extent to which you agree with the following statements about **FCS proactive outreach**.

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I have adequate time/capacity to be persistent to reach families via phone calls and home visits.	○	○	○	○	○
I have strategies to reach out to families in a culturally appropriate way.	○	○	○	○	○
I am satisfied with our partnerships with universal settings (e.g. schools, childcare, hospitals) for reaching 'hard to reach' families.	○	○	○	○	○

Q23 Please indicate the extent to which you agree with the following statements about **FCS active holding.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
I am supported to provide short term case management to address immediate needs until a suitable service can be accessed.	○	○	○	○	○
I am able to maintain communication with families until a suitable service can be accessed.	○	○	○	○	○

Q24 Please indicate the extent to which you agree with the following statements about **FCS warm referrals.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
We always introduce clients to the referral agency	○	○	○	○	○
We advocate for client access and acceptance into services	○	○	○	○	○
We have a good understanding of which local services have the ability to meet client needs.	○	○	○	○	○

Q25 Please indicate the extent to which you agree with the following statements about **education, follow up and feedback to FCS referrers.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
Local services understand the role of FCS in the service sector	○	○	○	○	○
Local services understand the inbound referral pathway to FCS	○	○	○	○	○
We provide appropriate and timely feedback to the service and/or professional who made the inbound referral.	○	○	○	○	○
Local services understand the outbound referral pathway from FCS	○	○	○	○	○
We follow up with families to see if their needs have been met and whether further support is required	○	○	○	○	○
We follow up with outbound referral services to learn if a client's needs have been met and whether further support is required	○	○	○	○	○

Q26 Please indicate the extent to which you agree with the following statements about **FCS family-led decision making.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
Meetings with families are strengths-based and encourage greater family decision-making and responsibility	○	○	○	○	○
We deliver Family Group Conferencing with families	○	○	○	○	○
We refer families to external Family Group Conferencing programs	○	○	○	○	○

Q27 Please indicate the extent to which you agree with the following statements about engaging **FCS priority cohorts.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
Our service has strategies to engage Aboriginal children, young people and their families	○	○	○	○	○
Our service has strategies to engage families with children aged 0 -5 years	○	○	○	○	○
Our service has strategies to engage families with adolescents affected by mental illness	○	○	○	○	○

Q28 Please indicate the extent to which you agree with the following statements about **FCS program timeframes.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
A maximum 16-week timeframe is sufficient for FCS service delivery	○	○	○	○	○
2 weeks is a sufficient timeframe for FCS service delivery with low complexity families	○	○	○	○	○
I am satisfied with the application process for extending timeframes when needed	○	○	○	○	○

Q29 Please indicate the extent to which you agree with the following statements about **FCS data collection and reporting**

	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
The information I enter into the Department of Social Services Data Exchange (DEX) adequately reflects my service delivery	○	○	○	○	○

Page Break

Q30 Please tell us about any issues with the program data you collect.

_____

Q31 FCS has trialled a client survey. Did you conduct the survey with clients?

- ○ Yes
- ○ No
- ○ Not sure

Q32 Please tell us about any issues you had with the client survey. Select all that apply

- ☐ Timing of when it was administered
- ☐ Length of time of survey
- ☐ Questions that it included
- ☐ Frequency with which it had to be administered
- ☐ Other (please specify)

_____

End of Block: Section B: FCS program delivery

Start of Block: Section C: Training and skills

Q33 **Section C: Training and skills**

Q34 Please indicate the extent to which you agree with the following statements about the **training and support** you received in relation to the FCS program.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I am satisfied with the training I received in relation to delivering the FCS program	○	○	○	○	○
The training adequately prepared me to effectively engage families	○	○	○	○	○
The training provided sufficient information about culturally safe practices with Aboriginal families	○	○	○	○	○
The training provided sufficient information about culturally safe practices with CALD families	○	○	○	○	○
I have access to a practice framework that supports regular supervision (including group supervision) practice reviews, workforce development and a culture of continuous learning	○	○	○	○	○
I have received ongoing opportunities to build my skills e.g. Community of Practice	○	○	○	○	○

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I am satisfied with the training I received in relation to delivering the FCS program	○	○	○	○	○
The training adequately prepared me to effectively engage families	○	○	○	○	○
The training provided sufficient information about culturally safe practices with Aboriginal families	○	○	○	○	○
The training provided sufficient information about culturally safe practices with CALD families	○	○	○	○	○
I have access to a practice framework that supports regular supervision (including group supervision) practice reviews, workforce development and a culture of continuous learning	○	○	○	○	○
I have received ongoing opportunities to build my skills e.g. Community of Practice	○	○	○	○	○
I am interested in further training and skill building opportunities	○	○	○	○	○

Q35 If you are interested in further training and skill building opportunities, please give your preferred mode. Select all that apply.

- ☐ Face-to-face workshops
- ☐ Online workshops
- ☐ Self-directed learning via a training portal
- ☐ Other (please specify)

_____

Q36 Please indicate the extent to which you agree with the following statements about **your skills** to deliver the FCS program.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I am confident in my ability to identify domestic and family violence (DFV) and respond to the immediate needs of victim-survivors.	○	○	○	○	○
I am confident in my ability to make safety plans with victim-survivors of DFV.	○	○	○	○	○
I have a working knowledge of specialised DFV services and referral pathways within our local area and how to escalate high-risk cases through appropriate means.	○	○	○	○	○
I am able to make appropriate referrals for perpetrators of violence to accredited behaviour change and specialist programs.	○	○	○	○	○
I am confident in my ability to support clients to feel safe and secure in their community, identity, culture, language and spiritual connections.	○	○	○	○	○
I have a good understanding of how a person's past experiences of trauma can impact their current thoughts, feelings and behaviour.	○	○	○	○	○
I am confident in my ability to learn and continually reflect on the impact of intergenerational trauma on Aboriginal people, families and communities.	○	○	○	○	○

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I am confident in my ability to identify domestic and family violence (DFV) and respond to the immediate needs of victim-survivors.	○	○	○	○	○
I am confident in my ability to make safety plans with victim-survivors of DFV.	○	○	○	○	○
I have a working knowledge of specialised DFV services and referral pathways within our local area and how to escalate high-risk cases through appropriate means.	○	○	○	○	○
I am able to make appropriate referrals for perpetrators of violence to accredited behaviour change and specialist programs.	○	○	○	○	○
I am confident in my ability to support clients to feel safe and secure in their community, identity, culture, language and spiritual connections.	○	○	○	○	○
I have a good understanding of how a person's past experiences of trauma can impact their current thoughts, feelings and behaviour.	○	○	○	○	○
I am confident in my ability to learn and continually reflect on the impact of intergenerational trauma on Aboriginal people, families and communities.	○	○	○	○	○
I am confident in my ability to learn and continually reflect on the impact of intergenerational trauma on people from war-torn countries, their families and communities.	○	○	○	○	○
I am confident in my ability to engage and partner with families to understand their strengths and needs.	○	○	○	○	○

I am confident in my ability to listen to and take into account what children and young people want when adults are making decisions that affect them.	○	○	○	○	○
I am confident in my ability to be transparent with families about the priority of keeping children and young people safe and any mandatory reporting requirements.	○	○	○	○	○
I use active listening skills including OARS - open-ended questions, reflections and summaries - to help a family identify specific goals and explore ways to reach those goals.	○	○	○	○	○
I develop SMART goals – Specific, Measurable, Achievable, Realistic, Timebound – with the family.	○	○	○	○	○

Q37 Do you have any further comments about FCS?

_____

Page Break

End of Block: Section C: Training and skills

End of Survey