



Family Connect & Support Interim Evaluation Report Executive Summary

Background

The Research Centre for Children and Families, in the Faculty of Arts and Social Sciences at the University of Sydney, has been commissioned by the Department of Communities and Justice to conduct an evaluation of the Family Connect and Support (FCS) program.

The 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 evaluation is examining the impact and outcomes of the program since it was transferred from the Family Referral Services, managed by NSW Health, to the NSW Department of Communities and Justice (DCJ) in January 2021.

Evaluation purpose

The evaluation aims to understand the connection between FCS intervention and support in preventing a child, young person and/or family's issues from escalating. The evaluation focuses on:

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

RCCF partnered with Curio to ensure that the evaluation questions and methods are culturally sensitive and meaningful, so that Aboriginal and culturally diverse families and agencies feel safe to participate.

Interim Report

The interim evaluation offers insights into what's working well, and what challenges FCS providers are facing. These findings can assist to inform decisions about program continuation, expansion and policy. These findings focus on program implementation, including perspectives of FCS staff and stakeholders.

Overall, the process evaluation, 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. The evaluation affirmed FCS as a critical referral pathway and service for families. FCS is a highly valued program across NSW, contributing a unique service delivery offering that is not duplicated by other programs.

Key findings

- Overall, the process evaluation, based on surveys, interviews and focus groups, found strong and consistent agreement that the FCS program is **performing well and meeting family needs**.
- **Core strengths** of the FCS program include its **flexible model design, broad eligibility criteria** and **active holding component**.
- FCS is seen as a **critical element** for a well-functioning child and family services system, that can prevent issues from escalating to the point of child removal.
- The FCS program **fills a gap in the service system** through providing families with free, voluntary and non-statutory early intervention support.
- FCS providers have **strong partnerships** with key local services and stakeholders.
- FCS is valued for its unique and **extensive knowledge of local service sectors** across NSW.
- FCS staff highly valued the **cultural knowledge and expertise** that Aboriginal staff bring to their roles.
- CALD colleagues were appreciated for their ability to **build rapport and overcome language barriers** with families.

Evaluation Questions

The evaluation is using a range of qualitative and quantitative methods to answer the following questions:

1. How have the key features of the Family Connect and Support 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 what 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 the 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. Have enduring partnerships between services been 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 program logic

The FCS program logic was reviewed as part of the evaluation process. A series of consultations were conducted with FCS service providers (n = 38 FCS staff members) about their views on the draft FCS Logic Model.

There was broad agreement that the program aims to improve client outcomes across a range of goals aligned with the NSW Human Services Framework. However, changes were suggested to the core components and flexible activities to align the program aims and objectives, to the core activities being delivered by the service providers.

As a result of the feedback, DCJ has revised the FCS Program Logic so that 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.



Free and voluntary

- For children, young people and families who need support.
- Can be accessed anywhere in NSW.
- Flexible in how providers reach families.
- Referrals can be made by anyone.



Right support at the right time

- Connecting families to services in their area so they don't have to retell their story.
- When there is a wait for services or support, providers stay in contact with families until they're connected.
- Practical support, information and advice is also offered.



Builds on a family's strengths to make positive change

- Individualised support: providers take time to understand a family's needs.
- Working closely with a family, providers identify their existing resources and support networks.

“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

“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

“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

“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

“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

Process evaluation

The evaluation has investigated the design and implementation, according to the program goals and guidelines. A review of the program guidelines, service protocols and other supporting documents found that FCS offers a comprehensive suite of protocols and procedures to support the implementation. Further guidelines are under development, such as the Common Assessment Framework and Common Assessment Tool.

Sector Consultations

A range of consultations, described below, were conducted with the sector to identify service provider and stakeholder perceptions and satisfaction with the FCS program. Consultations have been extended for the Aboriginal and culturally diverse sector to ensure an adequate range of agencies were able to participate. The Aboriginal and culturally diverse consultations were completed in July 2023. Once the data from these consultations are analysed an additional briefing will be provided to DCJ.

Workforce survey

An anonymous online workforce survey was conducted with FCS providers between September and November 2022. A total of 83 (58% response rate) FCS program staff completed the survey.

FCS provider consultations

Online focus group discussions were held with each FCS provider between September and November 2022. The discussions explored the experiences of program staff with implementing the program, including what works well and what could be improved in the future. The consultations were capped at 10 attendees to enable everyone to participate. In total, 80 FCS staff participated across 9 online FCS provider consultations.

The strong capacity of FCS to engage families through home visiting and telephone engagement were identified to facilitate family engagement. FCS staff were seen to have specific skills including 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. FCS staff reported that these skills assisted to break down fears families might have about engaging with support services, encouraging them to participate. FCS providers adopt a family-led and strengths-based approach in their work with families, encouraging families to identify their own needs and goals.

FCS staff highlighted how the voluntary and non-statutory nature of FCS service delivery enabled them to engage with families who are distrusting of statutory services. Less stigma was attached to voluntary, non-statutory services, assisting families to feel comfortable to seek support. FCS staff suggested that their work equipped families with knowledge and skills to navigate the service systems.

Stakeholder consultations

Online consultations were held with 54 stakeholders from organisations that make inbound referrals to FCS or receive outbound referrals from FCS, including Aboriginal and CALD referral services. 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.

“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

“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 referral stakeholder

“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..., 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

These 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. Aboriginal and culturally diverse stakeholders also valued service flexibility and the range of responses offered that allows staff to respond to the needs of families in responsive and purposeful ways. The knowledge and expertise that FCS service held about the local service system was described as invaluable, and a key strength of the program. They appreciated how FCS staff were willing to 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.

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.

Early intervention services were described as much needed for families experiencing vulnerabilities. This was particularly the case for Aboriginal families and communities, and the potential to contribute to a reduction in entries to care for Aboriginal children was highlighted.

FCS challenges and barriers

A range of challenges facing FCS providers were noted, many of which are outside of the control of FCS providers. Systemic and pervasive service gaps were identified as a key barrier to effective implementation of the FCS program, 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.

Systemic service gaps: Many of the types of supports that families require are 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.¹ 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).

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.² 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.

Complex family profiles: It was noted that FCS providers are carrying a lot of risk. 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.

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.

¹ Beaton, R. (2022) *Collaboration Workshop: Child Wellbeing Units and Family Connect and Support services*. Insight Consulting Australia.

² Ibid.

Next evaluation phase

“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

“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

The next phase of the evaluation will involve the completion of the consultations with key stakeholders and commence the outcomes and economic components of the evaluation. The findings from the next phase of the evaluation will be triangulated to test and validate the results from the interim phase of the evaluation. It is anticipated the evaluation will be completed, and final report prepared by mid-2024. The remaining stages of the evaluation include:

Family interviews

Interviews will be conducted with families and young people who have been referred to an FCS service to explore their experience of the referral process, satisfaction with the services received, cultural safety, and perceived benefits.

Data analysis of FCS Data from the Department of Social Services Data Exchange (DEX)

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

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.

Case file review

Using DEX 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.

Acknowledgement of Country

The Research Centre team acknowledges the Aboriginal and Torres Strait Islander peoples as the First Australians, whose lands, winds and waters we now all share, and pays respect to their unique values, and their continuing and enduring cultures which deepen and enrich the life of our nation and communities.

For more information

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