Family Foundations Process Evaluation

Institute of Child Protection Studies
Australian Catholic University

Dr Justin Barker
Rhys Thorpe
Professor Morag McArthur

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Report Authors

Dr Justin Barker

Rhys Thorpe

Prof Morag McArthur

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Institute of Child Protection Studies

Canberra Campus, Australian Catholic University

Postal: PO Box 256, Dickson ACT 2602

Email: icps@acu.edu.au

Web: www.acu.edu.au/icps

Phone: (02) 6209 1228

Twitter: @ACU_ICPS

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Glossary

ATSI: Aboriginal and/or Torres Strait Islander

BCS: Belconnen Community Services

CaLD: Culturally and Linguistically Diverse

CYFSP: Child, Youth and Family Services Program

CSD: The ACT Community Services Directorate

FFP: Family Foundations Program

ICPS: Institute of Child Protection Studies at the Australian Catholic University

Executive Summary

Purposes and Scope of the Process Evaluation

The aim of this process evaluation was to assess the extent to which Belconnen Community Services' Family Foundations Program has been implemented as intended, and to identify key issues and lessons learnt to aid future program implementation. The process evaluation is part of the broader Family Foundations Evaluation.

The process evaluation used a mixed methods approach. Quantitative and qualitative methods were used and data were triangulated to evaluate Family Foundations' implementation. The evaluation drew on a range of data sources. These included:

- interviews with Family Foundations' staff;
- interviews with Family Foundations' clients;
- interviews with key stakeholders;
- administrative data;
- program guidelines and procedures

This study attempts to address the overarching question:

> *To what extent has the Family Foundations Program been implemented as intended: have all the components been implemented and if not, what are the reasons or barriers?*

Process evaluation questions were created to answer this broader question, developed in consultation with the ACT Community Services Directorate and the Evaluation Reference Group.

Process Evaluation Findings

Below is an overview of the answers to the broad process evaluation questions and the associated recommendations.

1. Is Family Foundations working with the intended target population?

Family Foundations Program (FFP) is working with the intended population group. The definition and inclusion criteria for the Program is very broad which allows for a diverse range of families to be accepted into the Program. The families entering the program all require parenting support to improve outcomes for the child or children and to prevent further adverse outcomes. FFP works primarily with mothers and a small number of fathers and grandparents. There is a mixture of complex and high needs families and other less vulnerable families. Just under a third of the clients have a history, or are deemed at risk, of child protection involvement. The preliminary Strength and Difficulties questionnaire (SDQ) results suggest that more than half the families

in the FFP have a child that scored in the highest category of Total Difficulties within the general population. Over a quarter of the families identified as Aboriginal or Torres Strait Islander, CaLD or both. This evaluation has found that the Family Foundations Program can work with a wide range of population groups that share the need for parenting support to improve outcomes for children.

2. How well has Family Foundations been operating an accessible and responsive intake, assessment and managed demand by prioritising high needs families?

Family Foundation Program has successfully implemented an accessible and responsive intake and assessment process in line with the intended model. The vast majority of families referred to FFP are accepted into the program, and then either allocated a worker, placed in Active Holding or accepted into Group Work. In 2017, during the data collection period, 73 families were referred to FFP. Based on the referrals for which we have sufficient data (n=66) 35% of referrals entered Group Work, 30% into Active Holding and 29% were allocated a worker. Only 2 referrals were declined and another 2 referrals closed within a week. This is a high acceptance rate and reflects the appropriateness of referrals and the breadth of families able to be accepted into the Program.

The program is successfully addressing demand for service. Active Holding provides an effective means to provide support and maintain engagement with clients whilst FFP works at capacity. Active Holding appears to be working as intended with very few people turned away. Nearly all families that enter Active Holding remain engaged in the Program and then progress to allocation of a FFP worker. The response time to referrals aligns with the intentions outlined in the Program Guidelines and procedures, with a few exceptions that exceed the maximum expected time for a response to a referral.

Child and Family Centres (CFCs) were by far the most common referrals source with the overwhelming majority coming from Gungahlin and West Belconnen CFCs. Consequently there is not an even distribution of families accessing FFP from across the ACT.

While there is a prioritisation process based on referral date and other factors such as individual situation and need, age of child, and source of referral (see *Family Foundations Program guidelines and procedures* for details) it is unclear from the available data how well this triage and assessment is working or currently needed given that nearly all referrals appear to be accepted. While this prioritisation may impact the response time and who gets allocated to Active Holding, this does not appear in the data.

3. To what extent is the program implemented as outlined in the program logic, policy and Program guidelines?

The FFP has undergone changes and disruption over the life of the program. However, during the process evaluation the FFP has not only clearly articulated the intentions of the program but have implemented these practices and processes. The creation of the FFP Program Logic and Program guidelines and procedures has

clarified not only the rationale and logic of the Program, but has embedded clear structures and processes that reflect the program intentions in practice. The FFP is to be commended for the development of the Program guidelines and procedures which inform their practice and this evaluation. These documents are an exemplar of best practice within the community sector in its endeavour to create transparent and accountable practice that reflects the theories and principles that inform the practice model.

While each component of the FFP has been implemented successfully, there are activities that could be refined. *Assessment and intake* processes are sound however the Program needs to consider clarifying if and how high needs families are to be prioritised. *Active Holding* is functioning in the way it was intended, providing ongoing support and engaging clients until they are able to be allocated a worker for one-to-one work. *Home visits* are a clear strength of the program and underpins the key feature of the practice model and clearly demonstrates a commitment to the principles and theories that inform the Program. FFP is a *flexible and responsive* program that adapts to the needs of the families within the diverse contexts of their lives. Their practice is unified by the principle and theories that are the foundations of the program, but allow for diversity in implementation which facilities achieving outcomes for the array of family needs encompassed by the program. However, the *time restrictions* of the FFP (9-5 Monday to Friday) limits who, where and when clients can engage with the program.

The 12 session model provides a structure and framework that can be adapted and extended based on the needs of the families. However, the intention of this model and its impact on practice need to be discussed and clarified with the workers. Predominantly families are involved in the program for a median of 4 months, however the average length of time for current clients is 7 months. A small group of families have remained in the program for much longer (see section 9 for exit planning and transitioning out of the Program).

FFP workers have a focus on providing family support and not providing case management. However, at times FFP workers have attempted to address needs and issues outside of the programs intentions and model of practice. Notably, some clients have experienced distress and trauma through past experiences surfacing during session with FFP. For most clients this has been adequately responded to. However, some clients have been left feeling vulnerable and unsupported.

The FFP team is currently a cohesive and committed team that work together well to provide evidence informed supports. The current management has provided a consultative approach that encourages teamwork, participation from the staff, fostering and reinforcing professional learning and development. However, it is imperative that this stability in approach to management be maintained to ensure continuity of FFP model and staff team.

4. What is the capacity of Family Foundations to provide quality support?

The FFP provides a range of appropriate professional development opportunities for staff and regular supervision and support for practice. These components of the service are clearly valued by staff. They have

embedded structures into their practice model that allow for support and reflective practice. The staff were predominantly satisfied with their work and the current team expressed feelings of stability, cohesiveness and clarity. The staff were positive about the culture that has been created within the Program.

5. What are the early indications that families are being assisted?

This process evaluation examines the early signs of positive outcomes for families who have been involved in the FFP. However, outcomes are not the focus of this process evaluation, hence this report provides only a preliminary overview of early indications of how and if families are being assisted.

The preliminary outcome data for the FFP is promising. Results from the outcome tools demonstrate statistically significant changes for families. Given the limited size of the available data, these findings cannot be generalised across the program at this stage. Nevertheless, the data demonstrates that the small number of families who completed follow up scales have made significant progress against targeted outcome measures. Workers are cautious to not overemphasise the changes that occur in their clients, yet celebrate the outcomes they see in these often complex families. The FFP staff are to be commended for adapting and integrating robust outcome measurement into their program, demonstrating a commitment to outcome oriented practice. The FFP have successfully implemented a model of practice that is making positive outcomes for families and best practice in outcome measurement.

6. How successfully has Family Foundations implemented the delivery of an evidence based program?

The FFP is informed by a range of evidence based interventions and practices. This is clearly seen in the Group Work programs that are delivered as part of the program which have a strong and emerging evidence base. These evidence based programs are not only delivered in groups but inform the one-on-one work provided by the team.

7. To what extent have families been supported and linked to supports and services?

The available data do not allow for an adequate response to this question. It is unclear whether supported referrals and linking clients to supports and services is a key component in the FFP. Although it is in the Program Logic there is no systematic collection of data regarding referrals for clients. However, this does not seem to be a key mechanism for change within the program theory.

8. To what extent is Family Foundations able to engage in coordinated or collaborative service delivery with other service sectors, government and non-government, tertiary and universal?

Partnerships and collaboration are a key component of the FFP model. The links to other services and organisations is primarily focused on ensuring appropriate referrals to the Program from key partners and

stakeholders. It is clear that the strong relationships and partnerships are facilitating referrals. However, there is a need to strengthen links to the key stakeholders who are not referring clients to the program. There was conceptual and theoretical clarity regarding who the key partners are for the FFP, however, these relationships had not all been adequately developed. It is unclear how collaboration and partnerships function to improve outcomes for families who are clients of the FFP. There is a lack of clarity regarding what the goal of partnerships and collaboration are for the FFP.

9. To what extent are families supported to transition out of the program?

Exit planning and transitioning clients out of the FFP are not adequately outlined in the Program Guidelines and procedures. What constitutes a 'success transition out of the program' remains unclear. The available data suggests the all clients that enter the program 'complete' the program. Questions do remain about the prolonged period of time some families are engaged in the program, indicating that there may be variability regarding the criteria for exiting the program.

10. Were there any other positive, negative or unintended consequences for participating children and their families, program partner agencies and the community?

No unintended consequences for participants were identified during the evaluation.

Recommendations

Recommendation: There is a need for the program to revisit, clarify and refine the inclusion and exclusion criteria for families and convey this clearly to the staff.

Recommendation: Provide clear communication guidelines for interactions with stakeholders regarding the practice model to avoid misunderstandings and ensure appropriate referrals.

Recommendation: Clarify intentions and processes regarding prioritising high needs families.

Recommendation: Explicitly outline the expectations about how to address trauma that is encountered in the lives of clients. This may involve clarifying what 'trauma informed' means for FFP and develop guidelines or protocol for supporting these needs.

Recommendation: FFP need to consider providing support at alternative times in order to engage clients and their partners who are unavailable during the current program availability.

Recommendation: Continuity and consistency in approach to management to ensure ongoing growth and stability of the practice model and staff retention and satisfaction.

Recommendation: Identify the role of referrals and linking families to supports and services and, if it is a key component of the practice model, and develop systematic data collection to facilitate reporting and evaluation of this component.

Recommendation: Develop and articulate clear aims and process regarding partnerships and collaborations.

Recommendation: Develop community and partnership engagement strategy to include prioritising partners that align with the goals of the Program.

Recommendation: The FFP need to consider developing clear expectations and aims regarding clients exiting the Program, criteria for commencing exit planning and processes for exiting.

Introduction

The Institute of Child Protection Studies (ICPS) has been commissioned by Community Services Directorate (CSD) of the ACT to evaluate the Family Foundations Program. This document presents the findings of the process evaluation. The aim of this process evaluation was to address the overarching process evaluation question:

> *To what extent has the Family Foundations Program been implemented as intended: have all the components been implemented and if not, what are the reasons or barriers?*

This section provides a brief overview of the origins and background of Family Foundations. This is followed by an outline of the evaluation plan and methodology. Here we outline the key tasks conducted in the developmental phase of the evaluation that are essential to conducting a robust evaluation. This includes the evaluation questions within the process evaluation, and the methods used, before presenting the findings. The findings are structured by the key questions within the process evaluation. Each of these questions is answered by providing a broad evaluative summary of evidence, followed by more detailed answers to sub-questions.

Background

In 2014 the Community Services Directorate (CSD) contracted RSM Bird Cameron to review the Children's Services Program. This review made a number of recommendations including a further assessment of the 'Behavioural Support Program'. This second review was conducted in 2015 and resulted in the select tendering of a replacement program called Parenting Support Program. This program will be based on an evidence based model. CSD would like to evaluate firstly the implementation of the new program and then subsequently the medium term outcomes it is designed to deliver specifically improving parental capacity and child wellbeing. Belconnen Community Services (BCS) were successful in the select tendering process for providing this service which they named Family Foundations.

Family Foundations is a territory wide program that targets vulnerable families with children aged up to 5 years old. It provides targeted evidence based parenting services and deliver strengths based parenting interventions and supports tailored to individual families. The program includes: individual and group sessions, assessment of child and family needs and capacities, active referral, by active connection of families to both targeted and universal services, home visiting and other outreach services. The program operates an accessible and responsive intake service, and manages demand by prioritising high needs families.

The program promotes collaborative practice with other service providers, building strong service partnerships, establishing opportunities for partnership-based service delivery, and maintaining a commitment to reflective and best practice service delivery principles, and actively promoting the program across the Territory.

Family Foundations builds relationships with Early Intervention and Prevention Services – both targeted and mainstream – including but not limited to: Early Childhood Education and Care Services; Maternal and Child Health Services (MACH), ACT Government services – Child and Family Centres, and the Child Development Service, as well as local community services organisations.

The Service delivers outcomes for children, young people and their families that are consistent with the goals of the Community Services Directorate Outcomes Framework. In collaboration with CSD, Family Foundations has developed targeted outcomes for the program that are linked to the program objective

Evaluation Plan

The purpose of the evaluation is to assess the extent to which the Family Foundations program has been implemented as intended: have all the components been implemented and, if not, what are the reasons or barriers to this, and how might they be overcome. Developing an evaluation plan, a first important step in any evaluation, ensures that standarised evaluation processes are used throughout Family Foundations to facilitate a rigorous and timely evaluation.

Our approach to developing evaluation plans involves interrelated tasks. These tasks were undertaken as part of the development of the evaluation plan, however they also contribute to the development and refining of processes and documentation for the Family Foundations program and form an essential part of a developmental evaluation.

The Evaluation Plan consisted of the following tasks:

- clarify the evaluation questions;
- review and update the program logic;
- conduct evaluation and outcome measurement training workshop and training;
- identify outcome indicators, select and develop outcome measurement tools and trial the tools;
- develop approach to data collection for data sources for process and outcome evaluation;
- finalise outcomes and indicator framework (evaluation framework) and,

All of these tasks are mutually supportive and inform each other. It is therefore an iterative process that can inform and reflect the development and changes to the program that occurred throughout the period evaluation. As will be seen in the findings, the evaluation process prompted and informed the creation and refinement of numerous processes within the Family Foundations Program.

The final Evaluation Plan involved aligning the evaluation questions with appropriate research methods to create a range of data sources to answer the questions. Ultimately the evaluation framework provides the matrix of this information that structures the evaluation.

Process Evaluation Questions

Evaluation questions were developed to answer the overarching process evaluation question. The Evaluation Plan was structured by the process evaluation questions which were agreed upon by the Reference Group in April 2017. The process evaluation questions include:

1. Is Family Foundations working with the intended target population?
2. How well has Family Foundations been operating an accessible and responsive intake, assessment and managed demand by prioritising high needs families?

3. To what extent is the program implemented as outlined in the program logic, policy and Program guidelines?
4. What is the capacity of Family Foundations to provide quality support?
5. What are the early indications that families are being assisted?
6. How successful has the Family Foundations implemented the delivery of an evidence based program?
7. To what extent have families been supported and linked to supports and services?
8. To what extent is Family Foundations able to engage in coordinated or collaborative service delivery with other service sectors, government and non-government, tertiary and universal?
9. To what extent are families supported to transition out of the program?
10. Were there any other positive, negative or unintended consequences for participating children and their families, program partner agencies and the community?

Developmental stage of the evaluation

It is important to have a clear description of the program to be evaluated. It is also essential to identify the questions for the evaluation and to link the intention of the program (aim) to the activities (what you do) to the outcomes (the intended results) to the indicators or data that will demonstrate you have done what you intended. This clear conception of the intentions of the program are clearly established through the creation of a Program A Program Logic workshop was carried out with the Family Foundation team which aimed to introduce the role and value of Program Logic, clarify the aim and objectives of the Program and identify the activities and outcomes.

The Family Foundations Program Logic is the basis for the evaluation framework. At its most basic, the Program Logic is a picture of how a program is expected to work. It is a systematic and visual method for presenting a planned program with its underlying assumptions and theoretical framework. The 'program map' as it is sometimes called, describes the assumptions and operational theories that underpin the program, and acts as a reference point for the evaluation.

A key task of a Program Logic is to make explicit the implicit theory used in the design and implementation of an initiative. This identifies what *should* happen if the theory is correct. It also provides an opportunity to identify short, medium, and long term indicators of changes that can provide evidence on which to base evaluative judgements. In other words, if the Program Logic is based on strong evidence (theory of change) about what is expected to happen, and short and medium term outcomes are detected within the time frame, it is possible to provide evidence to support the links to the long term outcomes. It also provides an opportunity to identify those outcomes that are in direct control of the program (short term outcomes), and those that are affected by other organisations and environmental factors (medium and long term) outcomes.

The Family Foundations Program Logic (PL) forms a vital plank in the evaluation framework to which all elements of the framework relate. This Program Logic acknowledges that there are two streams of activities

and outcomes: those related to clients (program requirements), and those related to the service system (system requirements). Part of Family Foundations assumptions and underpinning program theory is that the achievement of client outcomes is predicated on the development of a coherent and collaboration-based service system. The service level outcomes of the Program Logic were intended to indicate the range of processes necessary to create a coherent, 'joined up' service system.

This Program Logic is presented with the following structure:

- *Inputs* (resources): In order to accomplish our set of activities we will need the following
- *Activities*: In order to address our problem or asset we will conduct the following activities
- *Outputs*: We expect that once completed or under way these activities will produce the following evidence of service delivery
- *Outcomes*: We expect that if completed or ongoing these activities will lead to the following changes

The Program Logic also includes: a brief summary of the External Influences that can impact on the program; an overview of the Identified situation or social issue that the Program aims to address; the assumptions or expectations upon which the Program is developed; and the principles and underpinning theories of the Program. The Family Foundations Program Logic is also informed by the Child, Youth and Family Services Program Practice Framework.

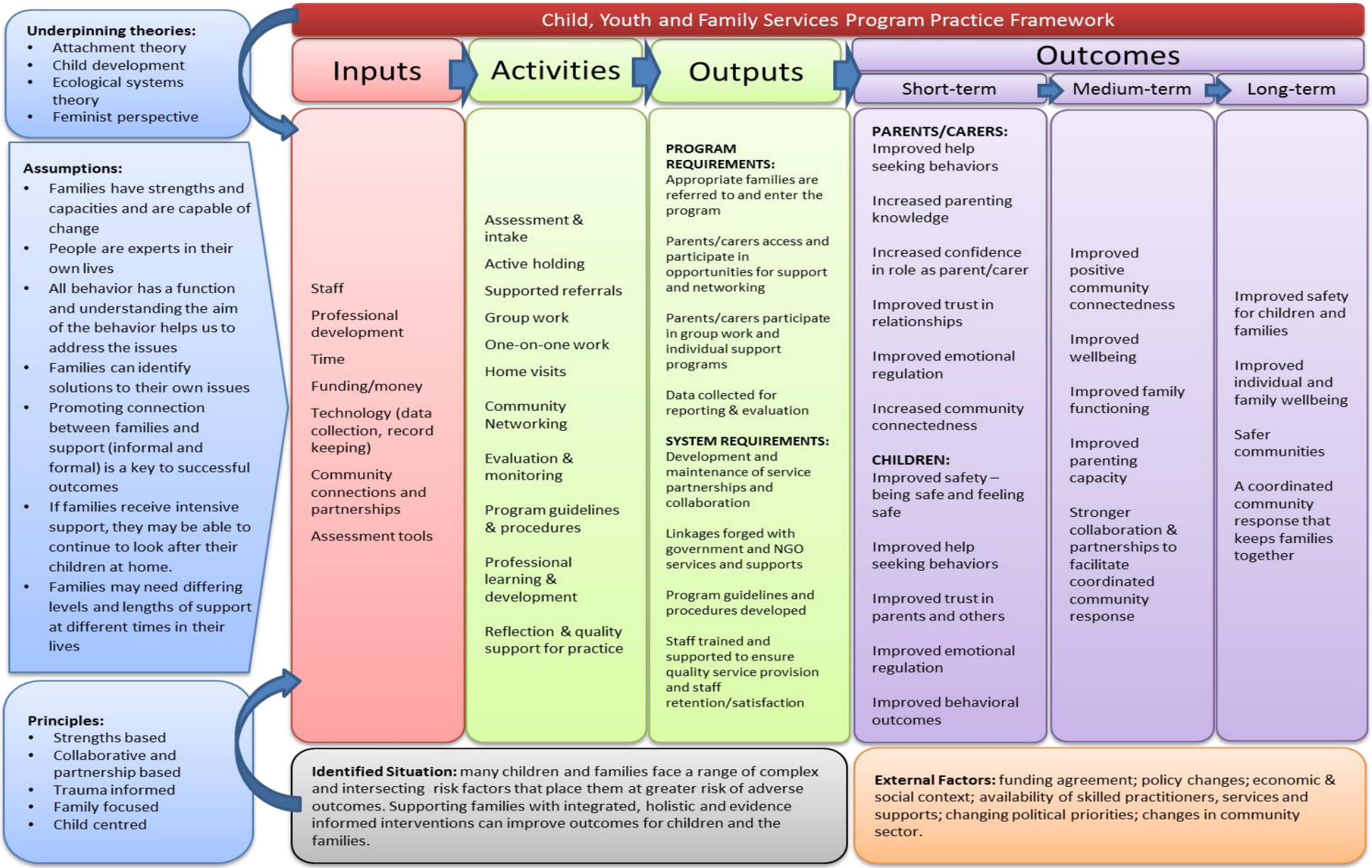

Figure 1: Program Logic

Research Methods and Data Sources

Quantitative and qualitative methods were used to collect to evaluate both the Program's processes and results achieved.

This process evaluation used several sources of data, which include:

- **Workers (interviews):** Individual interviews were conducted with six workers from the Family Foundations Program.

- **Stakeholders (interviews)**: 10 interviews were completed with stakeholders. These stakeholders were selected in consultation with the Family Foundations team and the Reference Group to include CSD or community sector staff who work with the Family Foundations Program either at a funding and policy level, or in services working collaboratively to support shared clients.

- **Clients (interviews):** The study conducted interviews with 15 clients. Initial contact to potential participants was made by workers in the Program, who provided a brief outline of the project. Those interested in participating consented to being contacted by a researcher who followed recruitment protocols to offer participation in the project. Interviews parent participants received a voucher to thank them for their involvement.

- **Aggregated and de-identified administrate data:** The Family Foundations Program collects administrative and demographic information. Aggregated and de-identified data were provided and analysed to describe the profile Program's participants.

- **De-identified Outcome Data:** The FFP provided ICPS with de-identified outcome data for analysis. These data will be essential for the outcome evaluation, to determine the extent to which the Program has made a positive difference to its clients. The outcome tools that are used by Family Foundations outlined addressed below.

- **Analysis of Family Foundations Procedures and Guidelines:** The Program Guidelines provide a clear articulation of the intended program activities and processes. This document acted as a baseline for what the program is intended to look like, enabling us to assess how successfully the program has been implemented as intended.

Outcome identification and measurement

As a result of the workshop discussed above where outcomes were clarified with program staff a range of outcome tools were selected and created. These include:

- **Parenting Questions for Family Foundations** - parenting warmth, parenting irritability (hostility), & parenting consistency (16 items): These items were taken from *Growing Up in Australia:* The Longitudinal Study of Australian Children (LSAC) and has been used extensively in Australia for the past 12 years. These measures are strongly predictive of child outcomes and can be compared to longitudinal data from across Australia.

- **Parent Empowerment and Efficacy Measure (PEEM)** is a validated tool that measures efficacy to parent (confidence to be a good parent) and capacity to connect with informal and formal networks.

- **Strengths and Difficulties Questionnaire (SDQ)** identifies behavioural and emotional problems in children with subscales that measure: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships problems, and prosocial behaviour. It is completed by parents regarding their children. The SDQ is widely used globally and can allow for comparison.

- **Support Checklist** that identifies the services and supports clients use/access on entry and upon exit to the Program.

Ethics Approval

Ethics approval was obtained from the Australian Catholic University's Human Research Ethics Committee to conduct this research.

Data Collection and Reporting

The capacity to conduct an evaluation is contingent on the availability of rigorous data. If good data collection and reporting systems are in place, ongoing monitoring of results can occur. There is a need for systematic and consistent data collection for a future outcome evaluation and the generation of reliable reports. Thus, the development of good data collection and reporting systems was an important part of the evaluation and integral to ongoing monitoring and best practice. This process evaluation involved ICPS working with the Family Foundations Program to refine their internal data collection processes. The questions and sub-questions on the evaluation framework were linked to data sources to clarify what data would be need to be collected and reported by Family Foundations staff to enable a robust evaluation and ongoing monitoring. BCS, in collaboration with ICPS and Family foundations staff, developed and trialled a tool to facilitate data collection.

Analysis

All of the qualitative data from the interviews were transcribed and imported into Nvivo, a qualitative data analysis program. Thematic analysis was then conducted on these data with initial coding sensitised by the evaluation questions which structured the semi-structured interview schedules. The interviewee responses to each of the semi-structured question were analysed using open codes to identify emerging themes.

The quantitative data (aggregated and de-identified administrative and preliminary outcome data) was imported into Excel. Descriptive statistics were used to provide answers to the evaluation questions.

Process Evaluation findings

The findings in this report are structured by the process evaluation questions and sub-questions that were outlined in the Evaluation Framework (Appendices 1) in order to answer the main evaluation question. The process evaluation questions are answered through a broad evaluative summary of evidence, followed by more detailed answers to sub-questions.

1. Is Family Foundations working with the intended target population?

Family Foundations is working with the intended population group. However, the definition and inclusion criteria for the Program is very broad. The families that enter the program are in need of parenting support to improve outcomes for their child/ren and to prevent further adverse outcomes. FFP works primarily with mothers and a small number of fathers and grandparents. There is a mixture of complex and high needs families and other families who were less vulnerable yet still required parenting support. Just under a third of the clients have a history, or are deemed at risk, of child protection involvement. The preliminary Strength and Difficulties questionnaire (SDQ) results suggest that more than half the families in the FFP have a child that scored in the highest category of Total Difficulties within the general population. Over a quarter of the families identified as Aboriginal or Torres Strait Islander, CaLD or both. The evaluation found that the Family Foundations Program can work with a wide range of population groups that are all unified in their need for parenting support to improve outcomes for children.

Broad definition

The FFP Guidelines (2017) states that the client group for the program are families pending parenthood and/or with children up to 5 years and who are dealing with complex parenting needs.

The worker interview data highlighted that the definition of the target group is very broad – families dealing with complex parenting needs. This breadth or spectrum of the target group was referenced in all of the worker interviews. However, there was some conflict over whether there was a need to refine the inclusion and exclusion criteria to be more targeted or whether the ambiguity was a strength that allowed the program to include a diverse range of families that would benefit from parenting support.

Several workers highlighted how the broad definition of the target group allowed for the inclusion of a broad range of people from different socio-economic positions, all of whom may being needing early intervention.

> *It's a wide range of clients that we get because really our criteria is not very specific…so it can fit a lot of people and so yes we are getting the people that we are supposed to be getting and working with.*

Other workers referred to the program as ‘extremely broad’ and ‘quite broad’:

> *We do get people that have gone through a lot of trauma. We get people that have had really bad childhoods. We get people that are maybe dealing with depression, anxiety. We get people that are just dealing with post-natal depression. We get people that are dealing with different parenting styles, so I think that it's a wide range of needs.*

Much of the discussion with the workers addressed the extremes; families whose needs were either too complex or families who did not need more support, which is addressed below in the discussion regarding the 'worried well' and 'pointy end.' However, a repeated clarifying caveat to the above definition of the intended target group that came from the interviews was that the program does not work with families experiencing a crisis:

> *So I think the fact that one of our criteria is that a family isn't in crisis, is a good thing because we're not a crisis management service, and we're not case management. We're very ... which I think kind of narrows it down a bit more, even though it's still extremely broad, that we offer therapeutic parenting support…We don't offer crisis case management, or case management.*

However, it was also clear that once they had starting working with a family, if they then experienced a crisis they would continue to work with them and endeavour to not slip into case management but stay focused on parenting support (this slippage is addressed below in more detail).

'Worried well' and 'the pointy end'

There was a key tension between the Program providing services to 'the worried well' and the 'pointy end.' These two terms were frequently used to refer to clients who may not need the support of FFP as they are well serviced and able to or already engaged with a range of other supports (the 'worried well') or complex and high needs families affected by variations of trauma, mental health issues, involvement with statutory child protection and other complicating issues (the 'pointy end').

> *It's kind of navigating, not just sticking to middle class families that are doing well enough anyway, but finding that middle ground between capable parents, and parents that really need us but are not at the pointy of the spectrum of really struggling on multiple areas.*

There were mixed views regarding the acceptance of complex, high needs clients (the 'pointy end' clients) that were not currently experiencing crisis, thereby meeting the inclusion criteria. Some worker's perception was that the complex clients with multiple, complex and high needs did not fit into the program:

> *We're not getting the pointy ended clients. When they are, they're not in the right place, to be able to do the parenting, which is pretty clear.*

It was suggested that FFP is "missing a cohort that we are designed for" in reference to clients involved in or at risk of involvement with child protection services. This statement highlights the lack of clarity around whether FFP is actually intended for this population group.

It was also noted the parents with some mental health issues are excluded from the program. This was at odds with what some of the workers believed was a key target group that would benefit from participation in the program.

The quote below addresses a pertinent issue with assuming families that are not in poverty or experiencing other overt risk factors are not in need of parenting support and early intervention.

> *There's been talk about not working with the "Worried Well." Which I've got to say, I really detest that saying…I think people, it demeans the pain that people are going through and struggle, which is real for people. So you know, clearly, we need to be able to have a cut-off point where people are doing well enough…they're capable parents and they're able to do it…Where people are maybe socially well off, but they are struggling because they're not meeting the emotional need. I think that's where we have a place.*

However, the opposing view is that there are "help seeking families being over serviced" as they are already engaged with a range of services.

There is also the recurring view that if the Program were to accept high risk clients, the 'pointy end', that this would change the program and it "becomes a different ballgame." These clients would change the intention, practice, caseloads, and length of involvement in the program. It is this slippage into working outside of the intended population the can change what the program does across the board.

Stakeholder interviews similarly revealed that external services have different views regarding who are eligible and ideal clients for FFP. Some services viewed complex and high needs clients as the target group whilst others saw FFP focussing on general parenting skills.

Outside of program capacity

The worker interviews highlighted that FFP did have some complex 'pointy end' clients that were being case managed by another services and just receiving parenting support from FFP. However, some workers acknowledged the difficulty of trying not to take case management tasks when confronted with different needs of their clients. Notably, there are concerns that at times the FFP was working with clients with complex and high needs but were unable to adequately address the client's needs. This is addressed in more detail in below in '3. To what extent is the program implemented as outlined in the program logic, policy and Program guidelines?'

Recommendation: There is a need for the program to revisit, clarify and refine the inclusion and exclusion criteria for families and convey this clearly to the staff and to referring stakeholders.

1.1. What are characteristics of the children and families using Family Foundations? Are they the intended target group?

This question has been answered with reference to administrative data and workers interviews. The administrative data provides a robust picture of the clients while the worker interviews provide a descriptive overview.

Client Family Profile

Family Foundations is primarily working with mothers (n=72), with a small number of fathers as the primary client (n=6) and grandparents (n=3 all of which are female). The age of the primary client ranges between late teens and mid-fifties, with both mean and median age in the mid-thirties.

Of the 99 children with sufficient data to report on, 59 are male, and 40 female. Primary children (with sufficient data) were more likely to be male than female (30 male, 22 female). The age of the primary child (as at date of entry) ranges from birth to a little over seven years, with an average age of 3.36 years and a median age of 3.57 years. There were 3 families for whom the primary child was aged 6 or 7 on *entry* to the program. All of these families had younger children (in the target age range) as well, so it's not clear whether the older child was in fact the primary child, or whether the "primary child" field was recorded incorrectly and the service in fact focused on the younger child.

The majority of families (n=62 families with sufficient data) were small, with only one or two children (see Figure 8: Numbers of Children in each family, in Appendix 2). Around a quarter of families (n=17) had older children outside the target age range.

More than half (59%) of the primary clients were in a relationship with a partner, either married (n=28, 35%), partnered (n=16, 20%) or de facto (n=3, 4%). Less than quarter were single (n=17, 22%) and 19% (n=15) were separated or divorced (see Figure 9: Marital status of primary clients, in Appendix 2).

Just over a quarter (n=25) of primary clients have their educational attainment recorded. Of those, nearly half (n=11) have a university degree, a fifth (n=5) have a vocational qualification, 7 finished Year 12, while a couple of clients finished school at Year 10 or earlier. However, the small number of clients who have their educational level recorded make it difficult to draw any firm conclusions for the client group as a whole.

Income & employment

A little over half the families (n=50) had detailed employment data recorded. As shown in Figure 10: Employment rates of all families (see Appendix 2) of those families, just under half (n=21) had at least one

adult in full time employment, while a similar number had no income from employment at all (n=22). Most of these families with no employment relied on Parenting Payments. There was a small group of families (n=7) who had one adult in part time or casual employment. It is worth noting however that almost all families with no employment, or only part time unemployment, were single-carer families with a mother as the primary carer. Figure 11: Employment rates of single carer families and Figure 12: Employment rates of two carer families (see Appendix 2) display the employment rates for single-carer and two-carer families separately.

Only a quarter (n=8) of single carer families receive income from employment, with just a tiny fraction (n=2) in full time employment (see Figure 11: Employment rates of single carer families, in Appendix 2). The majority of single carer families rely on parenting payments (n=21).

Much of the employment status of two adult households is only partially recorded or not recorded at all.[1] However, the data that is present suggests that two-carer families have much higher employment rates. Nearly two thirds of two-carer families have at least one full time income (n=19) (see Figure 12: Employment rates of two carer families, in Appendix 2). From the data present, there are no two-adult families that are recorded as having neither adult in employment. There is however a large group of families (n=9) where the primary client of the service (the mother in all cases) is not employed, but no employment data is recorded for the second adult in the family. It is possible some of these families have neither adult in employment. Only one two-carer family relies on a single part time or casual income, though again, there is missing data here suggesting more families could fall into this category. Interestingly, in all two adult families where one adult works less than the other (n=17), the partner with the lesser work hours is the mother, who is also the primary client of the service.

Child Custody

Most families have their child custody status recorded (n=74). Of these, the vast majority (n=63) have full custody of the children, while a small group (n=9) have shared custody. A couple of families (n=2) have full custody with a non-resident parent having listed as having “visitation”. Those with shared custody are still mostly mothers (n=6 of 9).

Child Protection Involvement

Just under a third of families have a history of or are deemed at risk of child protection involvement (n=22 of 74 families with sufficient data) (see Figure 13; Child protection involvement, in Appendix 2). Nine percent (n=7) of families in the Program had child protection involvement during their involvement with the Program

[1] These findings refer include “partnered” families. We don’t know from the records how much these partners contribute financially to the household. For example, a casual boyfriend with a full-time job may be included as a “partnered” family, but may not meaningfully contribute to the family’s finances. The written summaries assume that these “partners” are contributing to the finances, but this is potentially a false assumption.

while 16% (n=12) previously had involvement. The administrative data suggests that a further 4% (n=3) of families were at risk of involvement with child protection.

Strengths and Difficulties Questionnaire (SDQ) Scores

The SDQ identifies behavioural and emotional problems in children and young people. It consists of 25 items (questions) which can give a total difficulties score or you can look at the subscales. Within the available FFP data a relatively small number of families have completed SDQ results on record, making generalisations difficult. Nevertheless, the SDQ categories provide tentative insight into the profile of children involved in the Program. Of the 17 families whose initial SDQ results were available, more than half of families (n=9, 52%) scored in the "very high" category for Total Difficulties (see Figure 14: SDQ 'Total Difficulties' Scores, in Appendix 2). This is the highest category of difficultly the SDQ provides. In the general population, only 4% of families fall into this category. Due to the limited data available at the time of the process evaluation it is difficult to generalise to the FFP client's base, however, if these SDQ results are representative of the entire profile of families involved in FFP this suggests that a significant proportion of families in the program fall into the most acute category of families in the SDQ.

Family Needs

FFP staff recorded the array of needs for each of the families that entered the Program (see Figure 2: Family needs). The table below displays the range of family needs as identified by FFP workers. As can be seen, most families have multiple needs and thus are included under several categories in the chart.

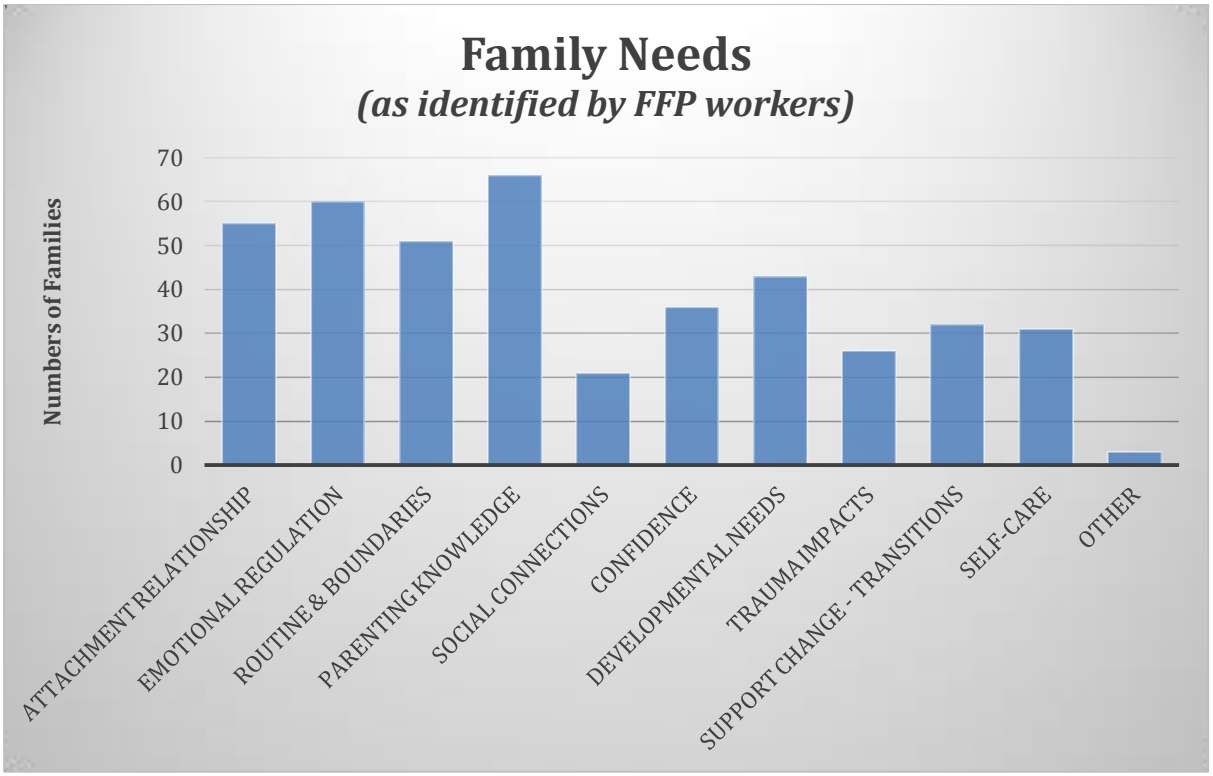

Figure 2: Family needs

1.2. What is the profile of families that are referred to the program, accepted to the program, and which target population groups are not being referred or accepted?

Staff interview findings suggest that most referrals to the FFP fit into the target population. A few services were initially referring families who had very high needs that prevented from entering the program, such as acute parental mental health issues:

> *From that one case management team we've had a few families that have been referred in that have been quite pointy end. It's been, parental mental illness, or something, and they haven't been in a place to do therapeutic parenting support. But I can see that the case managers are kind of thinking, "well, what else is there?" There's a desperation of wanting to help people, but that understanding of well, is this the right place, you know, just making a referral.*

The above quote highlights that some services are unsure of where to refer families that have complex needs that include parenting support.

Some families that were referred were outside of the target population based on the age of the children:

> *No. No, we get mostly the right. Mostly the right families. The hardest ones are where the principal child is over six, and that's the main issue, but there's younger kids.*

According to the available administrative data, only two of the 73 families referred to the FFP in 2017 (to 6 December) were not accepted (see Figure 3: Family participation and response time flowchart). In one case the child was too old (over 5) and in the other the extensive mental health needs of the parents were deemed too high to fit the criteria for Family Foundations. A further two families were accepted into the program but closed within a week. Thus, the profile of clients referred to the program is predominantly also the profile of families referred to the program.

1.3. What are the main barriers for referring and/or engaging appropriate families in the program?

The majority of FFP staff reported that there were few barriers to accessing and engaging appropriate families in the Program. However, it was suggested that vulnerable families that are not engaged with services and or at risk or fearful of child protection services may not self-refer and, moreover, avoid contact with services all together. This was seen as a barrier to accessing high needs clients that were considered a "missing cohort" for whom the FFP was intended. This reliance on referrals from services, and Government funded services in particular, was suggested as a barrier to work with families who services find hard to engage: "We can't rely on vulnerable families to seek help as they avoid contact with these services." This proposition reinforces the need for FFP to clarify whether these high-risk hard-to-reach/engage families are part of the intended population group.

1.4. How responsive were the services to clients from a range of diverse backgrounds?

Twenty-one families (just under a quarter) were identified as having a culturally and linguistically diverse background. Eight families identified as either Aboriginal or Torres Strait Islander. Two of these families identified as both CaLD & ATSI, meaning a total of 27 of the 92 families (29%) identified as either CaLD, ATSI, or both. FFP staff indicated that the work with a diverse range of clients and have been making a concerted effort to engage ATSI population groups by attending key groups such as Deadly Bubs play group.

Around two thirds of the CaLD families (n=13) had data recorded for their specific cultural background. This was a diverse group however, with no particular cultural group more numerous than others. Recorded cultural backgrounds included Asia, Europe and the Middle East. Nine Families (approximately 10%) speak a language other than English at home.

Only one primary client is recorded as having a disability. Five children are recorded as having a disability, all of whom are listed as the primary child. Of the 62 families with sufficient data then, this means that around 8% of families in the program have a child with a disability.

As seen in the demographic overview provided above, FFP clients include a range of families for different socioeconomic backgrounds and family composition. However, the FFP does not appear equally accessible to families across the ACT.

1.5. What is the rate of participation and completion for the program?

The available administrative data does not distinguish between families who complete the Program from those who drop out or do not complete the Program (see Figure 3: Family participation and response time flowchart). However, staff interviews suggest that all families that were accepted have completed the Program:

> *The other thing is, as far as my knowledge goes, all families have actually completed the programme, so that they have been through the process of setting their goals, building skills, reflecting, reviewing and then exiting the programme, so, I think that that's also very important because sometimes people engage with the programme and don't actually walk through the whole of the programme can offer and so that is really important in terms of how you evaluate the effectiveness of the programme, is that people have actually got outcomes that they've achieved from the programme*

Figure 3 below provides a detailed summary of the referrals, participation and the length of time at each stage of the FFP. There were 66 families referred to FFP in 2017 (up to December 6 2017). Only two referrals (3%) of the referrals were declined. Two of the referred families were closed within one week of commenced FFP involvement. Of all the referrals in this period 19 families (29%) entered straight into the FFP individual and family support, 20 families (30% of referrals) went into Active Holding, and 23 (35%) took part in Group Work. Seventeen of the twenty families on Active Holding moved into the FFP and the remaining three were recent referrals that are still on Active Holding.

During the period of data collection in 2017, 36 clients entered FFP for individual and family support. However, there were already clients in the Program that had been referred prior to 2017. In the 2017 data collection period 24 families exited FFP and, as at December 6, 40 families remain in the Program.

As mentioned previously, the data does not specify whether families 'completed' the Program. However, the participation rate (referrals to participation) is very high, with all clients that enter the Program either exiting of still in the program.

1.6. What factors influence whether children and families participate in and complete specific program activities?

There was no available data to address this questions

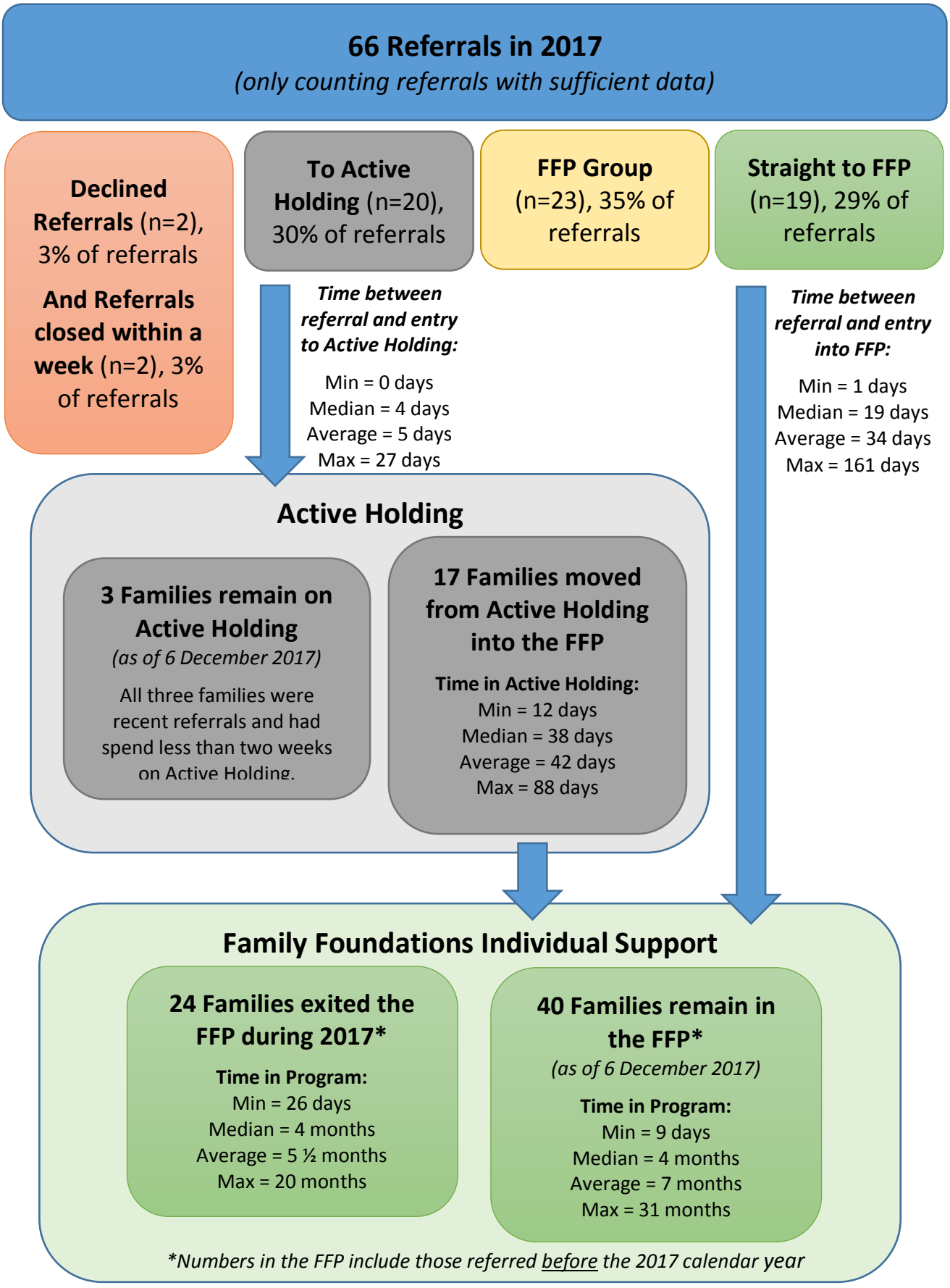

Figure 3: Family participation and response time flowchart

2. How well has Family Foundations been operating an accessible and responsive intake, assessment and managed demand by prioritising high needs families?

Family Foundation Program has successfully implemented an accessible and responsive intake and assessment process in line with the intended model. The vast majority of families referred to FFP are accepted into the program, either allocated a worker, placed in Active Holding or accepted into Group Work (see Figure 3: Family participation and response time flowchart). In 2017, during the data collection period, 73 families were referred to FFP. Based on the referrals for which we have sufficient data (n=66) 35% of referrals entered Group Work, 30% into Active Holding and 29% were allocated a worker. Only 2 referrals were declined and another 2 referrals closed within a week. This is an exceptional acceptance rate and reflects the appropriateness of referrals and the breadth of families able to be accepted into the Program.

The program is successfully addressing demand for service. Active Holding is providing an effective means to provide support and maintain engagement with clients whilst FFP works at capacity. Active Holding appears to be working as intended with very few people turned away. Nearly all families that entering Active Holding remain engaged in the Program and then progress to allocation of a FFP worker. The response time to referrals aligns with the intentions outlined in the Program Guidelines and procedures with a few exceptions that exceed the maximum expected time for a response to a referral.

Child and Family Centres (CFCs) were by far the most common referrals source with the overwhelming majority coming from Gungahlin and West Belconnen CFCs (see Figure 4: Referral sources). Consequently there is not an even distribution of families accessing FFP from across the ACT (see Figure 6: Geographic distribution of FFP families).

While there is a prioritisation process based on referral date and other factors such as individual situation and need, age of child, and source of referral (see *Family Foundations Program guidelines and procedures* for details) it is unclear from the available data how well this triage and assessment is working or currently needed given that nearly all referrals appear to be accepted. While this prioritisation may impact the response time and who gets allocated to Active Holding, this does not appear in the data.

2.1. What are the range of responses to referrals by FFP?

Referrals are accepted via email, phone or in person. All referrals require a completed Family Foundations referral form. All of the referrals are taken to the Team Meetings which are held every two weeks where the eligibility of referrals are discussed and assessed. Three responses to these referrals are made from this point: acceptance into the program and allocation to an available FFP worker/practitioner; enter in to Active Holding if not available workers; or, referral is not accepted as it does not meet the eligibility. These processes are clearly outlined in the *Family Foundations Program guidelines and procedures.* However, the data also suggests

that a significant proportion of the referrals are accepted into Group Work sessions. It is unclear whether these are referrals specifically into Group Work or whether they are allocated based on need.

2.2. How many families were referred to the program over the evaluation period and what is the proportion of families referred that enter the program and Active Holding?

In the 2017 data collection period (up to December 6) there were 73 families referred, with 66 referrals having sufficient data to determine what happened with the referrals. It is important to remember that at the beginning of the data collection there were already clients in the FFP that limit their capacity to allocate available workers to incoming referrals.

Based on the referrals with sufficient data (n=66) 35% of the families referred to FFP entered into Group Work (n=23). Thirty-nine families that were referred entered either Active Holding or were allocated an available worker for individual and family support. Excluding the Group Work referrals, 48% of referrals entered straight into the program (n=19) across the data collection period and 52% were accepted and placed on Active Holding (n=20).

Of the Families that were accepted into Active Holding 85% (n=17) were allocated a FFP worker and only 15% (n=3) remained in Active Holding. Furthermore, all three of these families that remained in Active Holding at the end of the data collection period were recent referrals and had spent less than two weeks on Active Holding.

2.3. What are the main barriers for referring and/or engaging families into the program?

Aspects of this question have been addressed in 1.3 above. However, here we will address the diversity and sources of referrals that are received by FFP to provide indication of where referrals are coming from and where they are not coming from.

Referral Sources

According to administrative data the FFP received 73 referrals in 2017 (to 6 December), 72 of these have valid data Figure 4: Referral sources provides an overview of the referral sources. Child and Family Centres were by far the most common referral source, accounting for two fifths of all referrals. Self-referrals, other BCS services and various Community Health services accounted for another two fifths of referrals. The remaining few referrals came from Education (primarily Florey Primary School), other Child and Family Services (Barnados and Marymead), with just a couple of referrals received from OneLink.

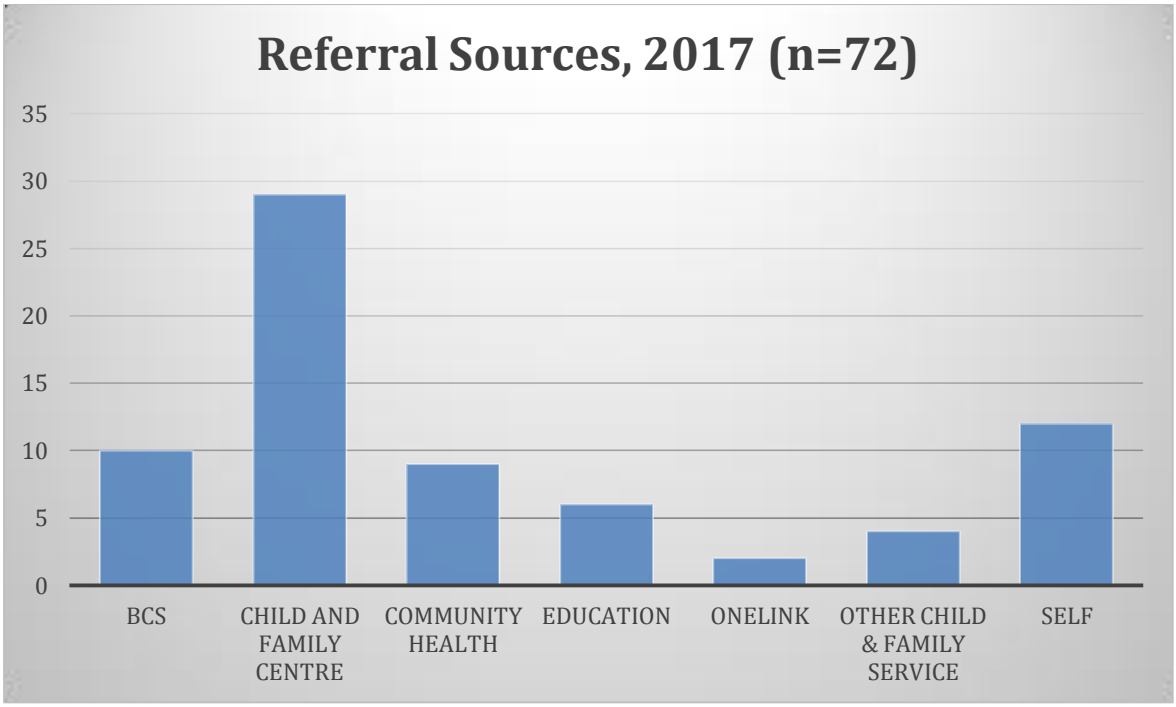

Figure 4: Referral sources

Given the prevalence of referrals from Child and Family Centres it is worth breaking these down into regions. As Figure 5: Child and Family Centre referrals demonstrate the overwhelming majority of Child and Family Centre Referrals came from either the Gungahlin or West Belconnen Child and Family Centres. Just a single referral came from the Child and Family Centre in South Canberra. This discrepancy between referrals from northside and southside Child and Family Centres may go some way to explaining the much higher levels of clients from northern suburbs (see 2.9 below). If FFP decides to prioritise increasing the rate of clients from southern suburbs, targeting the southside Child and Family Centre and other appropriate agencies for increased referrals would likely be a logical place to start.

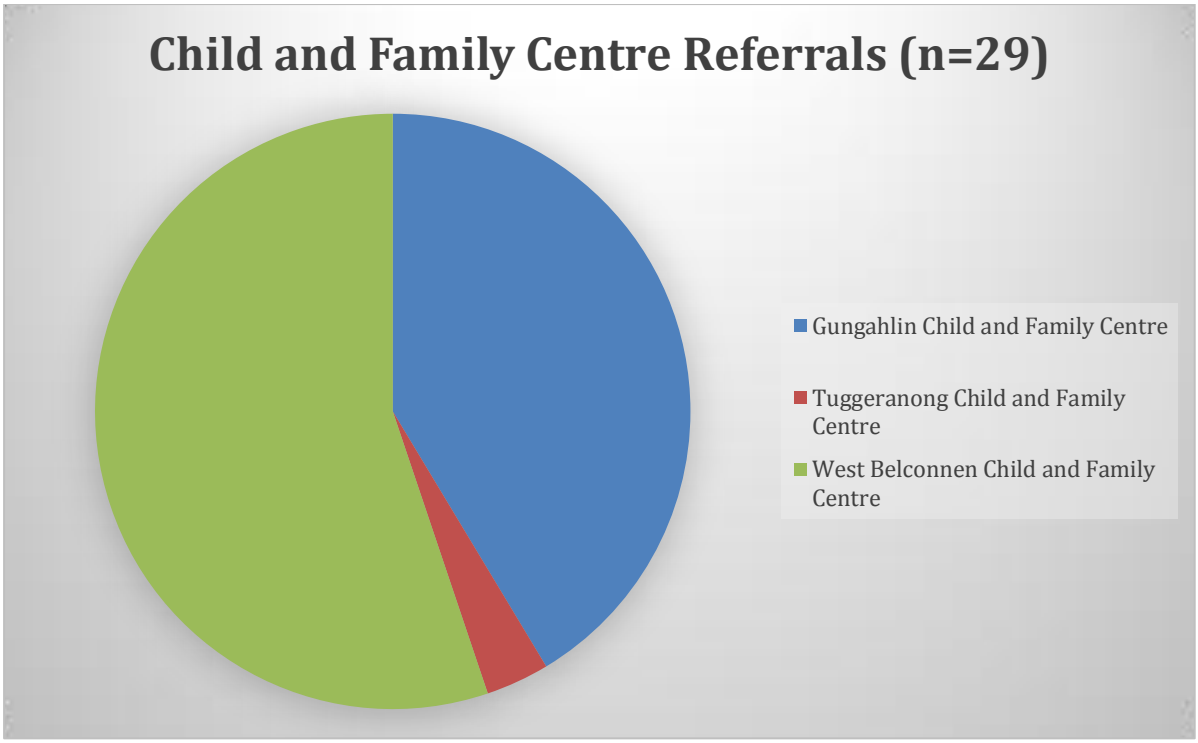

Figure 5: Child and Family Centre referrals

Stakeholder interviews highlighted that both Gungahlin and West Belconnen CFCs had very close relationships with FFP staff. This is very likely a good part of why the referral rates are so much higher from these sources. This points to the importance of these partnerships/relationships. These close relationships between programs were highly valued by the Gungahlin CFC & West Belconnen CFC Stakeholders, and the data seems to suggest it results in more referrals to FFP.

2.4. How responsive were the services to clients from a range of diverse backgrounds?

See 1.4 above.

2.5. How effectively is supply for services meeting demand for services?

The available data on the rates of acceptance into the program and the very limit number of referrals not accepted indicates that the program is adequately addressing the demand for their service. Active Holding is providing an effective means to provide some support and maintain engagement of clients whilst the FFP works are at capacity. This is particularly impressive given that at time throughout the year they have bene under staffed.

Staff interviews suggested that Active Holding is currently working well. However, there were questions raised as to whether this is sustainable when if there was an increase in referrals that could lead to both Active Holding and participation in the program being full.

2.6. How responsive is FF to referrals?

The time between receiving a referral and the date action provides us with an indication of how responsive FFP was to referrals (see Figure 3: Family participation and response time flowchart).

The time between referral and acceptance into Active Holding varied from 0 days to a maximum of 27 days. The average response time was 5 days and the median was 4 days. For the referrals that were directly allocated a FFP worker, the time between referral and allocation varied from 1 day to a maximum response time of 161 days from referral. On average referrals were responded to in 34 days, with a median of 19 days.

As outlined in the Program guidelines and procedures (pg. 12 Program Guidelines and Procedures), the intention of FFP is to respond to referrals and provide feedback to referrer within three weeks from receiving the initial referral. Based on these intentions and the available data, FFP is responding to Active Holding very promptly with rare exceptions and inside the expectations. Referrers that are allocated a worker are mostly frequently addressed within the intended time frame. However, there are clear exceptions with a maximum time far exceed the FFP expectations.

Many clients reported being accepted into the program very quickly and spoke positively about the process:

Participant: *Well, they called me to let me know that I was on the waiting list and then they called me up to let me know that they had someone that could do it and that she would ring me and organise to come out and see me and the first visit and that sort of thing…*

Interviewer: *How satisfied were you with that whole process?*

Participant: *100% satisfied. It was just so easy*

Of the clients who had go onto the waiting list, most expressed a preference for entering the service earlier, while recognising the pressure on support services. Most did not see the wait as a major problem for their family. The following comment captures the majority of responses:

> *[I]t would've been great if I could've gone into the program a little bit earlier because the support that I have received has been immense, but they did their best to support me through that period.*

A couple of clients seeking involvement with group programs spoke about significant difficulties getting information about their referral and place on the waiting list, including lack of response to multiple phone calls and emails over several months. One client explained that after multiples messages without response, they resorted to having their worker from another service call on their behalf on at least two occasions to prompt for information and advocate for the referral. It's worth highlighting that both of these parents were attempting to access a group program, and these accounts stand in contrast the majority who spoke far more positively about accessing the service.

The communication between FFP and clients on Active Holding for one-on-one work seems very strong however, so consideration may be given to the communication with those on waiting lists for group programs.

2.7. To what extent does FFP adequately manage demand for their services?

The Family Foundations appear to be managing demand for the program very well. Very few referrals are not accepted and Active Holding is effectively holding clients while they wait to be allocated a worker (see Figure 3: Family participation and response time flowchart).

2.8. To what extent are high needs families being prioritised?

This question is unable to be answered based on administrative data. Theoretically, the needs of referred families are considered in prioritising families at intake. However, given the broad profile of families that have been accepted into the program (see 1.1) and the feedback from staff in the interviews, it appears that FFP try to balance the ratio of high needs families and families that require less support. Whether this is the intention of the program or not is unclear. Yet, each staff member spoke about supporting families with a range of needs and complexity. This spread or distribution complexity of clients in some ways creates a more sustainable caseload for each worker and results in varying lengths and intensity of support for each family. This variation in support needs is in some ways reflected in the 'duration of support' (see Figure 7: Duration in program – exited families).

The key question that this issue raises is regarding whether FFP intends to be prioritising high needs families. One of the key findings of the process evaluation is that there are varying opinions regarding the role of FFP in assisting nigh needs and complex families. However, as mentioned above, it is apparent that FFP does indeed service high needs families. It just needs to be clarified if it wants to clarify the current approach.

It is worth reiterating that FFP has accepted nearly every family referred to them either into the program directly or into Active Holding. Therefore this question may become more pertinent if the Program becomes unable to service all the referrals that come to them.

Recommendation: Clarify intentions and processes regarding prioritising high needs families.

2.9. How accessible is FFP for families?

It is clear from the referral source (see Figure 4: Referral sources) that FFP is primarily accessed by families through services, in particular CFCs. Therefore, the relationship with these services appears to be the main determinant for where referrals come from. Consequently there is not an even distribution of families accessing FFP from across Canberra.

Family Foundations appears to be supporting more families in the northside of Canberra more than the southside. As suggested above (see 2.3) this may be due to the quality of the relationship between FFP and the CFC in these areas of Canberra. The majority of families serviced by FFP had a location recorded in the available administrative data (n=77). Of these, more than half were located in the Belconnen area, with a further quarter from either Gungahlin or North Canberra. The remaining quarter of families came from the Western and Southern Regions.

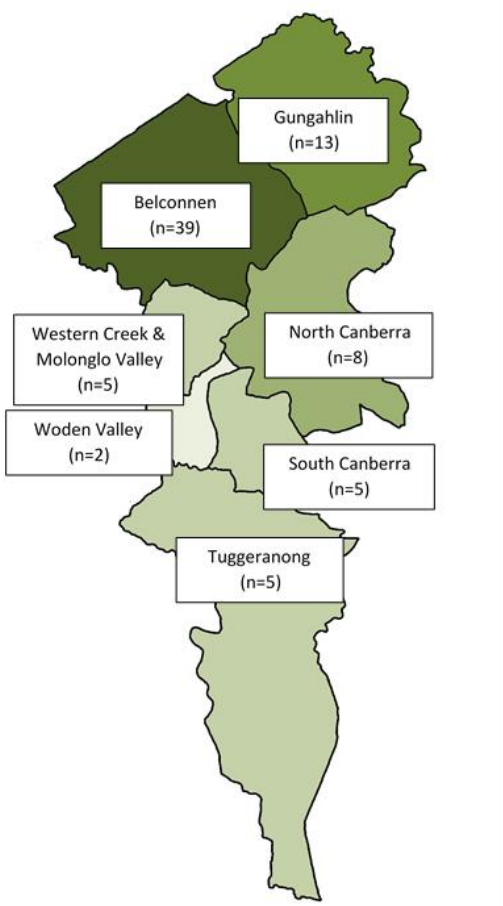

Figure 6: Geographic distribution of FFP families

Questions were raised in the staff interviews regarding the accessibility of FFP for families that are not engaged with services or who even avoid services (see 1.3 above). The preponderance of referrals from services, which are also prioritised according the Program Guidelines and procedures, entails that self-referrals and families that are not service engaged are not readily accessing FFP. This may be a conscious decision to avoid slipping into case management, which may be required if taking on families that are complex and not service engaged. However, it invariable means that some families are unable to access FFP.

3. To what extent is the program implemented as outlined in the program logic, policy and Program guidelines?

The FFP has undergone changes and disruption over the life of the program. However, during the process evaluation the FFP has not only clearly articulated the intentions of the program but have implemented these practices and processes. The creation of the FFP Program Logic and Program guidelines and procedures has clarified not only the rationale and logic of the Program, but has embedded clear structures and processes that reflect the program intentions in practice. The FFP is to be commended for the development of the Program guidelines and procedures which inform their practice and this evaluation. These documents are an exemplar of best practice within the community sector in its endeavour to create transparent and accountable practice that reflects the theories and principles that inform the practice model.

While each component of the FFP has been implemented successfully, there are activities that could be refined. *Assessment and intake* processes are sound however the Program needs to consider clarifying if and how high needs families are to be prioritised. *Active Holding* is functioning in the way it was intended, providing ongoing support and engaging clients until they are able to be allocated a worker for one-to-one work. *Home visits* are a clear strength of the program and underpins the key feature of the practice model and the clearly demonstrates a commitment to the principles and theories that inform the Program. FFP is *flexible and responsive* program that adapts to the needs of the families within the diverse contexts of their lives. Their practice is unified by the principle and theories they are the foundations of the program, but allow for diversity in implementation which facilities achieving outcomes for the array of family needs encompassed by the program. However, the *time restrictions* of the FFP (9-5 Monday to Friday) limits who, where and when clients can engage with the program.

The 12 session model provides a structure and framework that can be adapted and extended based on the needs of the families. However, the intention of this model and id impact on practice needs to be discuss and clarified with the workers. Predominantly families are involved in the program for a median of 4 months, however the average length of time for current clients is 7 months. A small group of families have remained in the program for much longer (see Section 9 for exit planning and transitioning out of the Program).

FFP workers have a focus on providing family support and not providing case management. However, at times FFP workers have attempted to address needs and issues outside of the programs intentions and model of practice.

The FFP team is currently a cohesive and committed team that work together well to provide evidence informed supports. The current management has provided a consultative approach that encourages teamwork participation from the staff, fostering and reinforcing professional learning and development. However, it is imperative that this stability in approach to management be maintained to ensure continuity of FFP model and staff team.

During the developmental phase of the evaluation the FFP has refined and created a Program Logic, outcome indicators and tools, and developed Family Foundation Program guidelines and procedures. These components of the evaluation have provided the baseline and set of expectations regarding what the intended FFP looks like. This section of the report assesses whether the FFP has been implemented as outlined in these documents, acknowledging that the program has undergone significant changes since inception and up until the creation of the documents.

3.1. What activities and processes are delivered as part of the program?

The intended activates and processes of FFP are outlined in Program Logic and Program guidelines and procedures. The key activities as outlined in the PL are:

- Assessment and intake
- Active Holding
- Supported referrals
- Group work
- One-on-one work
- Home visits
- Community Networking
- Evaluation and monitoring
- Program guidelines & procedures
- Professional learning & development
- Reflection &quality support for practice

The Family Foundation Program guidelines and procedures further outline the activities and processes as they are intended to be implemented. This document was created during the developmental phase of the evaluation. This process followed on from the Program Logic which identified the broad activities undertaken by the FFP. Furthermore, the development of the Program guidelines and procedures is one of the activities that was listed in the Program Logic (see above). The workshop to develop the Program guidelines and procedures assisted the team to articulate what was already clearly established aspects of the Program, to introduce and refine others and identify components of practice that needed development.

The Family Foundation Program guidelines and procedures outlines the intended 12 session model that informs their practice. It is noted that the 12 session model is flexible and intended to suit the needs of the client rather than be prescriptive. Nonetheless, the Program guidelines and procedures outlines procedures to be completed linked to sessions (see page 17 of Family Foundation Program guidelines and procedures). The Program guidelines and procedures also provides the referral timelines and processes and the Family foundations Child and Family Action plan and other tools that are used with clients (Genogram, Ecogram and Closing Reflection).

While the FFP has undergone changes, many of the key components of practice have remained – such as the group work, one-on-one work, and home visits that underscore the key mechanisms for affecting change in the clients' lives. The creation of the Program Logic and Program guidelines and procedures has clarified not

only the rationale and logic of the Program, but has embedded clear structures and processes that reflect the program intentions in practice. The FFP is to be commended for the development of the Program guidelines and procedures which inform their practice and this evaluation. This document is living document that may change as FFP develops, including any responses to this process evaluation. However, this initial document is an exemplar of best practice within the community sector in its endeavour to create transparent and accountable practice that reflects the theories and principles that inform the practice model.

3.2. To what extent have the service components been implemented as intended? What are the barriers to implementing the program as intended? What changes have been made?

This section reflects on how the available data indicates whether the FFP has implemented the model as outlined in the Program Logic, referred to above, and Family Foundations Program guidelines and procedures. Many of the key activities of the program are being implemented as intended. Below is an explication of the key issues the emerged in the process evaluation data regarding the intended service model components.

Assessment and intake

Assessment and intake appear to be functioning as intended with only questions regarding clarifying how the program engages and prioritises high need and complex families. The intake and assessment process was refined in response to the development of the Program guidelines and procedures, with the introduction of the following;

- fortnightly assessment and allocation meetings which involve consulting the FFP team in decisions regarding key decisions regarding intake, assessment and allocation – "*But I think it is working. We are doing our intake meetings, every two weeks and I think that works*";
- rotating intake position which shares the responsibility of this task across the team and is accompanied by an associated easing of caseloads whilst fulfilling this task;

Active Holding

Active Holding appears to be functioning in the way it is intended and outlined in the Practice guidelines and procedures. The administrative data indicates that nearly all referrals are allocated into the program and provided a FFP worker or are placed on Active Holding. The time spent in Active Holding was a minimum of 12 days, maximum of 88 days, with an average time of 42 days and median of 38.

The available data suggests that all of the families in Active Holding have been later allocated a FFP worker. This indicates that Active Holding is maintaining contact and engagement with clients as intended.

Client's Experiences of Active Holding

A few clients were able to discuss their experience of Active Holding – although they did not refer to it as 'Active Holding.' Everyone recognised Active Holding was not ideal and not as good as being involved in the program – this was apparently reinforced by staff themselves. However, the common theme was that it was better than nothing, often *much* better than nothing. Clients generally understood the limited capacity and appreciated Active Holding as an attempt to provide support in the interim. For some Active Holding was a very important source of support through a particularly difficult time.

Home visits

Home visits are a clear strength of the FFP and emphasises a key feature of the practice model linked to flexibility of service provision, relationship building and providing further insights into the parenting and family conditions of their clients. Home visits constitutes the single largest activity in terms of FFP worker hours; either in face-to-face service delivery, travel time and time spent completing related administrative tasks. Support provided to families and individuals at BCS was the second most frequently reported task by hours, followed by telephone support. However, home visits is overwhelming the most significant aspect of FFP practice based on hours of work conducted by FFP staff.

Group work

FFP provides parenting group work sessions to the community in collaboration with community service providers. We have limited available data regarding the delivery of group work. The available data indicates 35% (n=23) of referrals were placed directly into group work and provided no other services by FFP – this refers to clients who joined a group and were not allocated a worker and did not receive Individual and family support. However, of the families that were allocated a worker and received individual and family support, 10 families participate both in a group program and receive individual support.

The available data collected regarding group work does not allow us to adequately report whether the program is being conducted as intended. When asked in interviews, the FFP staff noted that it was not a problematic aspect of their work and was a valuable contribution.

> *The other element of the programme of course is the provision of parenting programmes, so that is group work, which adds capacity to what we can do, and we are indebted to do that group work in partnership with other programmes and agencies, particularly the Child and Family Centres, and I believe that co-delivery of group work like secure security parenting or tuning into kids builds collaborative partnerships, builds common practice and it's a really ... actually really good model. If were delivering all these things on our own, we would be delivering much less of it, so, it is good.*

Many clients spoke about the synergy between Circle of Security (see 6.1) and one-on-one work. Circle of Security had a clear purpose for clients:

> *[T]he referrals that they made onto Circle of Security, felt like an extension. It didn't just feel like shoving me off to another service, which that's how things had felt in the past. Everything felt really siloed [at previous services], but this felt really meaningful in terms of integrating what I was doing. And I felt like it was actually giving me the tools to help her [daughter]*

Clients also generally appreciated the opportunity FFP provided to reinforce learning and strategies developed through Circles of Security. With the foundation of learning from Circle of Security, FFP was seen as an opportunity to build strategies and problem solve for clients' specific contexts and families

Flexibility and individualised response

It is apparent that the 'flexibility' of FFP practice, based on the needs of clients and the different approaches to practice within the staff team, entails that there are variations in how the service is delivered. The varied or individualised responses to clients is a strength of the program, but limits the degree of fidelity or replicability of the program. However, creating a program that can be replicated is not one of the key objectives of the Program. Instead, practitioners adapt their practices informed by the underpinning principles and theories of the program. Thus, this section overlaps with 3.3 below which addresses how the underpinning principles and theories inform the practice of FFP.

It is clear from the staff interviews that, while the FFP is informed and structured by a broad model (seen in the Family Foundation Program guidelines and procedures), there is variation within this model of practice. This variation in practice is in response to the different needs of families but also due to the different skills and attributes of the workers. This was strongly reflected in the worker interviews:

> *I think it's a strength that each, because no matter what programme you have and how hard you try and nail it to a wall, you know, everyone's going to have a different perspective, and everyone has different skills and strengths. I think that kind of comes from my strength based practice as well.*

And:

> *It's different. It's different because if I'm working with a person who is very vulnerable who really had a bad childhood, who hasn't got a framework for what parenting and good relationships are, I would work with this family quite differently than with a family who has a good support system, had probably good parents, parents who are struggling with parenting styles within their relationship and this is affecting their children. It would be quite different, and the intensity also will be quite different.*

The variations in practice are based on the needs of family informed by the principles of being strengths based and family focused – which entail responding to the often unique needs of the family and their strengths. Thus, each worker reinforced the need to vary the way one-on-one work is delivered and articulated it as a strength. However, the only concern and point of tension from the workers was in regard to the implementation and purpose of the 12 session model (see below for more detail).

Clients appreciated workers shaping services to their needs, such as delivering a group program in a 1-1 arrangement to avoid any anxiety around group work. In the words of one parent:

> *[T]hey're very, very flexible and they're just very good at finding a compromise and an easier way for you to do things without putting you out.*

A number of clients also spoke about how they appreciated their workers' willingness to put plans aside and focus on specific issues and needs that had arisen:

> *[S]he [worker] meets me where I'm at. at each meeting assesses, and then we'll be flexible with the direction that each meeting takes, which is fantastic.*

The 12 session model

One of the key findings from the staff interviews is that there are varying perspectives on the efficacy and utility of the 12 session mode outlined in the Program guidelines and procedures. Some worker found the broad structure useful as it ensured an outcome focus that moved families toward achieving goals and then exiting the program. This clarity of purpose and outcome focus would have then effect of getting new families into the program and not getting families too embedded in the support offered by FFP. However, others found the 12 session model too prescriptive, emphasising a process ahead of the needs of the clients. Below are quotes from different workers regarding the 12 session model:

> *Well, during the twelve weeks, has been a struggle. I think that's been... but on the same token I can see where that can be useful as well.. But it changes the dynamic in the way that we work with families.*

> *I think it's hugely variable. It has been hugely varying, with the 12 session model, I can see how it would be easier just to have session one, two, and three is a bit like this, and session four, five, and six is a little bit like this stuff, and then where, you know, I could see how it might be easier work to have some kind of ... Not conformity, but some kind of relational kind of stuff around that...I don't tend to work that way. I tend to just take each client as they are and what their needs are and adjust.*

Whilst all of the workers are aware the 12 session model is flexible, as outlined in the Program Guidelines and procedures, it was felt by some that there was pressure to conform to this model that impacted their capacity to the work they felt was needed for the clients.

> *I feel like when we're asked on the one hand to be at this highly trained level, to be working with people who are so complex, it impacts on the work, and it impacts on the relationship, and then even though we have access to more sessions, we can come to the team and advocate that we should work longer, it does impact from the start. Because at the very start, when I sit down with someone, I'm thinking, I need to have got this done in this session, and this done in the next session, and all of a sudden, we need to be doing a mid-review.*

It was felt by some FFP workers that the 12 session model quite strict:

> *I say it is a really strict, enforced structure. We have numbers up on the board of how many sessions we've had with clients. Three out of 12, five out of 12.*

However, other FFP staff felt that the 12 sessions was a great guide for practice with the majority of clients for whom they were focused on improving parenting outcomes.

> *12 sessions is plenty of time for parenting support but restrictive if mental health issues are included. But 12 weeks is adequate to build the foundations of parenting support as 'help seeking families' often have other supports.*

This debate highlights the recurring issue of the working with high and complex needs families and the less complex, more service engaged and supported families.

One worker clarified the intention of the approach of the 12 session model:

> *So there's several things about it…. It can be extended. The whole idea of having that within our structure so that we can actually have a guideline. So if we kind of agreed that - you know we generally see families every fortnight, it doesn't always happen. It doesn't always have to happen like that, because some families might need [to be seen] every week. But if you see a family every fortnight, that's six months and six months in the life of a child is a long time. A child under five.*
>
> *So it's not restricting ourselves but having a framework, being able to work towards something and reviewing as a team and so it's also a very good tool for team building and discussing cases, so we can be also on the same page. And learning from each other because we get different professional development. And so we might address one issue in some many different ways, so it's good to have that space … I guess we're inclined to having the discussion a lot more if it gets to oh we should renew this case together. So it's not really just oh it's going to have to be closed sessions.*

This worker highlights how the intended model also has an impact on how workers reflect on their practice, tying it to other principles of practice.

A recurring theme from the stakeholder interviews was a scepticism regarding the capacity for FFP to bring about meaningful change in clients lives within a 12 week timeframe. It is clear that external stakeholders understand the 12 session model to equate to 12 weeks. This misunderstanding may prevent referrals to the program.

Recommendation: Provide clear communication guidelines for interactions with stakeholders regarding the practice model to avoid misunderstandings and ensure appropriate referrals.

Duration in Program

The 12 session model is relatively new to the FFP and is intended to assists staff to monitor the duration of support provided to families. It is worth reiterating that the 12 session model is not linked to any specific length of time. Therefore it is instructive to examine the length of time families were involved in FFP family and individual support.

Twenty four families engaged in individual and family work exited the program during 2017 (families only engaged in group sessions are not included in the duration statistics). Families remained in the program from around four weeks to nearly two years. The average duration in the program was a little over 5 ½ months, with a median duration of a little under 4 months. The maximum length of involvement for an exited family was 20 months. The average was pushed up by a small group of families who remained in the program for a much longer period. **Error! Reference source not found.** displays the number of families exited after specific periods of time.

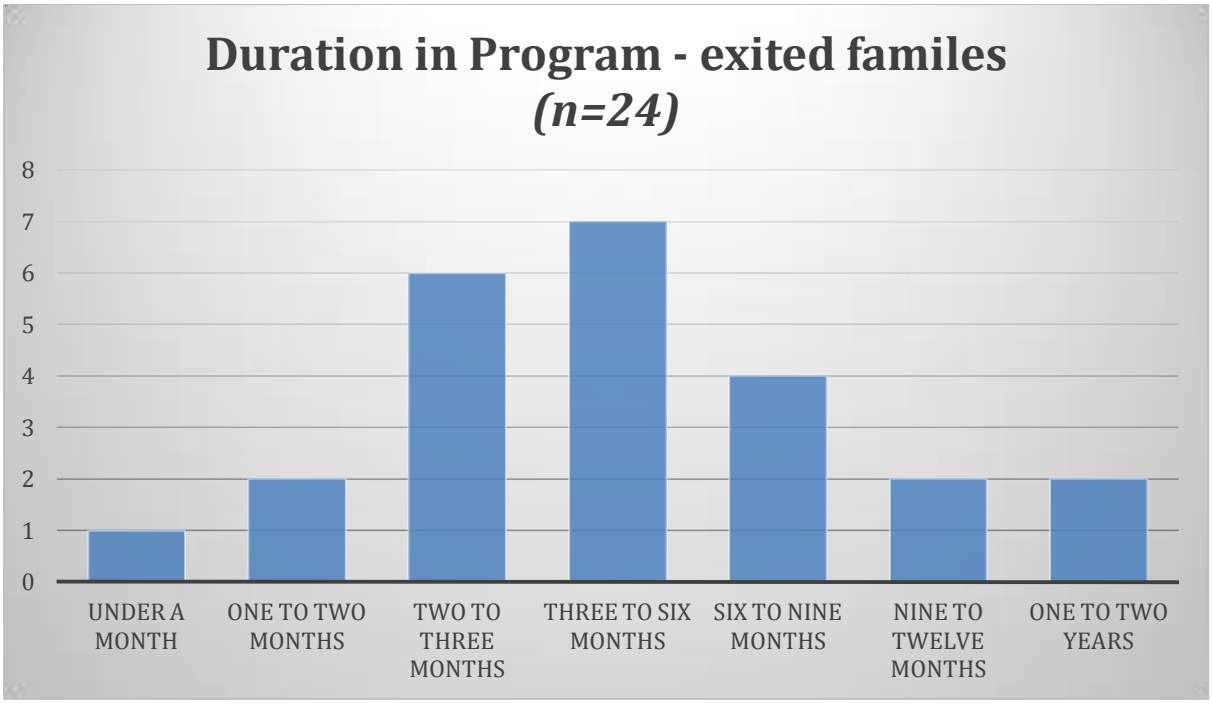

Figure 7: Duration in program – exited families

For the families still in the program the average length of involvement with the Program thus far is 7 months, median of 4 months and a maximum of 31 months. The length of inclusion in the Program is higher for the families who still remain in FFP. However, the median length of involvement is 4 months for both the families exited and those who still remain in the Program. For the 40 Families still in the Program 7 months is the average length of time in the Program.

It is worth noting that the 12 session model was introduced during the data collection period. This new approach to reviewing families' involvement is clearly still to be integrated into the practice of the FFP workers. There is variation amongst the workers about the necessary length of involvement for clients. Some believe that most clients could easily be progressed through the FFP within 12 sessions done fortnightly, approximately 6 months. Furthermore, some workers think this is more than is needed for some of the lower need families. However, other workers maintain that the quality of their work would be comprised if they had to rush through a prescriptive approach that does not take into account the diverse contingencies of the client's lives.

The variation of duration of involvement in the program could also be attributed to the diverse profile of families accepted into the program. The complex families are likely to need support for longer, and may explain the variation in duration of program length. Again, this reinforces then need to discuss the inclusion criteria.

Case work and case management

It is the clear intention of FFP that it does not provide case management. Staff interviews addressed how this is sometimes difficult. The greatest struggle was, again, how to address the complex needs of families that have more high needs. It was a common theme in the interviews that complex families often require support in more domains of their life aside from parenting support. Some workers found ways to work collaboratively with a service providing case management whilst others sometime had to take on case management tasks.

One worker discussed how it was imperative that she be clear to the client what the limits of her capacity are and would defer to their case manager for other tasks:

> *…I've personally taken a couple of those families and I've worked really closely in unison with the case management team so we've had a really set plan from the beginning. We knew what we were doing. I knew what their task was. I knew what my task was…I gave them, "I'm going to be working on this. Just this."*

> *Talking to the participants as well and letting them know, "you're struggling with this stuff, that's this person's position. They can help you with this. You can tell me about it, but that's out of my scope. I can't support you with blah blah."*

Most of the families that enter the program were considered by staff to already have other supports in place to address further issues: "They've normally already case management, or they've already had some kind of support in place and they've been referred in to us." However, this again highlights the need to be clear regarding intake and eligibility – do families need to be referred from or already linked to other supports to be involved in FFP? If so, then this limits the range of service resistant families that do not engage with other services. This is, of course, entirely acceptable, but needs to be explicitly clarified.

Other workers mentioned that at times they need to 'step up' and take on some case management tasks but had not taken on this role:

> *…we're social workers. We're a team of social workers. Not being able to do housing letters, and not being able to, you know. If someone's asking you for those simple things, and that's part of the rapport, you need to build that.*

The above quote also highlights how providing other supports is part of developing trust and rapport with clients. However, at times staff felt it necessary to provide help with other tasks where the other supports are not adequate to address the clients' needs:

> *I feel like normally, I'm doing the work that I would expect to be doing with clients. It's just sometimes, in this case, the case manager hadn't thought of emergency childcare, counselling, just a whole list of things that would be really useful and should have happened a couple years*

> *ago. I've been able to chat with the case manager about that, and sometimes she can sort of be on board and do that, and other times, I feel like I'm doing it. I put in the referral for emergency childcare. And that's relationship building with my clients, too, so when I can do those things that's not difficult and you come through with something that you promised that you said you would do*

Time and location

The flexibility of the FFP was considered one the great strengths of the program by staff and clients. However, it is important to note that clients discussed that there are distinct time restrictions and limitations to this flexibility. Families and stakeholder appreciated and acknowledged the flexible ways that the FFP staff could provide support but noted that it was only between 9-5pm and Monday to Friday.

. Parents liked that workers came to them and could be flexible within a 9-5pm timeframe:

> *No, to be honest they have been really, really fantastic. They were so flexible and [my worker] always come to my house with me, which makes it so much easier, and she's done it always in a time when the [children] are at school so that they don't have to hear our conversation.*

For some of the families time restriction limited who could be involved and how they could be involved. Some fathers were limited in the time availability between these opening hours (See 4.8 regarding involvement of fathers in the Program). Furthermore, some parents noted that they had to meet FFP in less than ideal locations during work hours. One mother discussed how she was engaged in distressing conversations in public locations and was left by the worker feeling vulnerable and unsupported. It was suggested that if she was able to meet outside of work hours this could have happened in a different location.

> *One of the things I liked was its [FFP's] flexibility in terms of coming to the person. But what I did find confusing was initially it was, "We can come to you, and we can work to your needs," but as soon as I got on, it was, "No, we work Monday to Friday. It's 9:00 to 5:00. We don't do weekends."*

Recommendation: FFP to consider providing support at alternative times in order to engage clients and their partners who are unavailable during the current program availability.

Limits of capacity and skills

While the FFP worker interviews suggested that they found ways to address the wider needs of their clients while mostly remaining focused on providing parenting support, it is clear that at times the FFP workers attempted to address needs or issues outside of the intentions of the program and possibly outside of their expertise. Clients and external stakeholders reported that there had been occasions when FFP workers had left clients feeling distressed and upset after discussing issues of their past trauma and not adequately addressed

the issues that had been raised. One client expressed concern that the FFP worker appeared distressed and unable to deal with the issues that had arisen. This sentiment was reinforced by an external stakeholder who expressed concern the FFP staff had overstepped their expertise in attempting to deal with trauma.

A number of participants commented on the highly personal, emotional and often quite unsettling nature of the work FFP do. This seems particularly true of certain components of Circle of Security Group Work, but also applies to other one-on-one work as well. Most clients managed these more difficult aspects of the program without significant issues. However, some clients sought support from family and friends while others acknowledged the extensive care and support they received from their FFP workers. A small number of parents expressed feeling upset and even distressed after sessions and did not feel this was acknowledged or responded to appropriately. For example, some workers explored sensitive, personal issues without the client understanding the purpose of this exploration, perceived by the clients as an "investigation." Another parent described a worker ending the sessions abruptly due to time limitations, without the parent feeling as though their needs were met, or being provided with appropriate avenues for further support.

When addressing parenting needs of complex clients it is not uncommon that past experiences that impact their parenting are brought to the surface. Circle of Security explicitly explores childhood experiences which can evoke trauma. Some clients involved in the Program felt that these past trauma had been explicitly brought up and left the client feeling distressed and unsupported.

Although this issue was highlighted by only a small number of participants, it is imperative that FFP have clear expectations about how to address any trauma that is discovered in the lives of their clients. Whilst it is essential to be trauma informed and understand how past experiences impact parenting practice and competency it is not the intention nor necessarily the expertise to directly address this trauma with the clients. Instead, protocols and processes for referring to appropriate support is recommended. The internal protocols need to adequately attend to the needs of clients, acknowledging and validating their experience and ensuring they are not left feeling vulnerable proceeding their engagement with FFP.

Recommendation: Explicitly outline the expectations about how to address trauma that is encountered in the lives of clients. This may involve clarifying what 'trauma informed' means for FFP and develop guidelines or protocol for supporting these needs.

3.3. To what extent does Family Foundations activities reflect the underpinning theories?

The FFP is informed by theories and principles that are outlined in the Program Logic. The theories include: attachment theory; child development; ecological systems theory; and, feminist perspective. These theories are not part of an overt curriculum or prescriptive model of practice across the Program. Instead, each of these theories are embedded to varying degrees in the training and expertise of the staff and reflected in their practice. The Group Work appears to reflect these theoretical perspectives in a clear format as they inform and

educate participants through these perspectives. The one-on-one work is more often imbued with these perspectives, informing practice but not necessarily articulated explicitly to the clients. However, some FFP clients reported that they had learnt about attachment and child development. The worker interviews highlighted how the staff are strongly committed to the existing theoretical frameworks. This critical reflection, ironically, indicated not only commitment and robust familiarity with these theories, but a capacity to see the limits of these theories. For example, one worker discussed the cross-cultural implications of a feminist perspective and how attachment to family can differ in families from diverse backgrounds.

The FFP Program Logic outlines the following principles underpinning practice: strengths based; collaborative and partnership based; trauma informed; family focused; and, child centred. These principles were strong themes in the worker interviews and are also reflected in Program guidelines and procedures. Notably, the FFP created and have implemented Child and Family Action Plans that are co-created with the families. These were created as a tool to encourage and reflect the family focussed and strengths based approach that underpins FFP. The Program is to be commended for embedded and reflecting these principles through mechanism such as the Action Plan. However, it was noted that the evaluation and the associated processes, such as creating the Program Logic and the Program guidelines and procedures, helped to clarify these principles and to create a shared language and commitment across the team.

Throughout the worker interviews the FFP staff both explicitly and implicitly referenced the principles of practice and how they are enacted in practice. One worker noted that FFP is the most client centred service she had ever worked with.

In some ways FFP appears to be a very principles based, theory inform service which allows for diversity within similarity. The workers are unified in the general approach – expressed as principle and theories – but not constrained to replicate the same practices in each family and context. As noted above, this flexibility is in part necessary due to the varying needs of the families (which are by their very nature are often complex as they encompass several people's needs). However, the flexibility also allows for different skills and attributes of workers to inform not only their individual practice but to inform and enrich the team through their team meetings and group supervision.

The FFP needs to reflect on what trauma informed means for the team given the concerns raised about the FFP workers addressing or raising issues outside of their expertise (see 'Limits of capacity and skills' above at 3.2). The broad intention of being trauma informed may need to be more clearly articulated given the unintended consequences of aiming to address trauma without the trauma focused skills.

Several clients commented on the strengths based aspects of the program and appreciated the opportunity to reflect on positives and strengths:

> *The fact that she [worker] sits down and gets you to think about it [your good qualities], you kind of think about it and then you go, "Ah, well you know, I'm really good at this, and I'm good*

> *at this, and I'm good at this." Then by the end of the session you're like, "Holy crap, I'm good at a lot of things. That's amazing." It makes you feel really, really good and better in your parenting ability, because a lot of the time you don't have time to reflect on stuff like that… any time as a parent you've got someone saying, "You're doing a good job." It gives you that little boost of confidence and that little extra pep in your step. You're like, "Oh, maybe I'm not so bad of a parent."*

Parents also spoke about learning parenting strategies and partnering with their worker to problem solve and identify now approaches to responding to their children. One parent described these conversations as "like having your own personal coach."

3.4. What was the rate of participation and completion for individual components of the program?

The available data does not allow us to make any robust statements regarding the rate of completion of different activities or components of the Program. However, broadly speaking, the data indicates that very few families leave the program prior to completion and formal exiting.

3.5. How successful has Family Foundations been in delivering reflective and best practice service delivery principles?

The FFP worker interviews revealed a strong theme of reflective practice and a commitment to embedding best practice service delivery principles. There are several formal mechanisms that facilitate their reflective practice as individuals and as a group. The "case review process" also referred to as the "team and case sharing" is a mechanism that encourages and allows for workers to discuss their clients as a team to reflect and draw on the diverse experience and expertise. Similarly, the individual (external and internal) and group supervision that are employed by FFP are exemplary and is this clearly valued in the worker interviews. The senior practitioner role is also being used to help identify training and professional development needs of the FFP workers. FFP has a strong culture and set of processes that facilitate reflective practice and best practice service delivery principles.

All of the FFP staff reported a very high degree of satisfaction with the available supervision. Informal supervision and debriefing was also provided by the staff team. Team meetings allowed for group support and others spoke of informal and unstructured one-to-one debriefing. The only concerns expressed regarding supervision was the available and supply of qualified supervisors.

This attention and commitment to supervision in theory and practice reflects the professional integrity and reflective culture of FFP.

3.6. Is the program managed effectively?

Based on the worker interviews the FFP is currently managed effectively. However, the FFP team is aware of future instability and uncertainty regarding management. This uncertainty is reinforced by previous experiences of management within the program not working as effectively as it is now. The uncertainty regarding the future management of FFP is unsettling to the staff who have enjoyed the current stability and approach to management.

Current management was applauded for the capacity to "balance worker needs and management needs and buffer us from that kind of higher up management stuff." The current manager was reported to "excel" at consulting with the workers, valuing their skills and input and supporting them to do their job. She was noted as being great fostering partnerships:

> *She knows what we can offer, she knows what we can't offer. She has boundaries around that. She understands services. She's been around enough to know how to collaborate and do all that. I think she does that really well.*

It was noted that the current management values the expertise of the team and the decisions were "made as a team, not just one person." The consultative approach seems to underscore the management style that has been successful in creating stability and a coherent team that are enabled through the support of the manager. However, these skills and attributes were noted as uncommon and there was a pervasive understating that management would change again. This potential instability was noted by all workers and the seen as a potential threat to the current stability, security and efficacy of the current team. There is a need for consistency in the approach to management.

> *But I think it needs consistency and also I think that we're on the right path because if you asked me what Family Foundation needs for the future, I think it's what is getting right now and it's just building on that.*

During the current management FFP has undergone meaningful change and progress. The current management approach has been instrumental in facilitating and enabling the growth and stability the FFP. The Program needs consistency in this approach to management to ensure continuity and success.

Recommendation: Continuity and consistency in approach to management to ensure ongoing growth and stability of the practice model and staff retention and satisfaction.

3.7. What improvements could be made to design and implementation of the program?

The recommendations throughout this process evaluation highlight potential areas for growth, consideration and potential improvement that have emerged from analysis of the data. FFP worker interviews highlighted a

few areas of potential improvement such as increased opportunities to involve fathers in the program and continuing to explore future group work audiences and opportunities with other partners. It was also suggested that the Program would benefit from "in-house" mental health support for parents. This would allow them accept a different cohort and strengthen the outcomes for existing clients. Several workers also suggested the potential to expand the program, growing it to meet the need of the community.

4. What is the capacity of Family Foundations to provide quality support?

The FFP is providing exemplary professional development opportunities for their staff and excellent supervision and support for practice. Rarely are these components of a service so clearly valued and implemented. They have embedded structures into their practice model that allow for support and reflective practice. The staff were predominantly satisfied with their work and the current team express feelings of stability, cohesiveness and clarity. The staff were positive about the culture that has been created within the Program.

4.1. Has Family Foundations been able to attract and retain qualified and appropriate staff? Is there an adequate induction into the program for new workers?

FFP workers report that there has been a "huge amount of change" in regards to the FFP staff. However, the overwhelming response to this question was that the current team is cohesive, stable and "feels strong." It was noted that in the past the recruitment of new staff had felt a little rushed. However, each of the staff that have been in the program were considered qualified and a valuable addition.

Since the introduction of the Program guidelines and procedures and the accompanying process that help develop and refine the FFP model, induction for new workers has improved. The clarity of purpose and processes seen in the Program Logic and Program guidelines has not only created formal mechanism for induction, but enabled staff to convey clearly to new staff how FFP functions.

4.2. What is their experience of working with the program?

The worker interviews suggest that the FFP staff are happy with the program but have experienced significant change and disruption. The staff team at the time of the interviews all felt that that team comprised a range of qualified and motivated employees who supported and informed each other. The current structure of the team and the process that have been put in place to have created a stability and foundation collaborative and cooperative reflective practice.

> *A lot of change, and yes of course it impacted being able to build the team that we have today and it's taken all of these months to be able to have that safety. That safety to talk, to have a good time in the group supervision, to have the opportunity to discuss we are feeling in the anyway judged, or stressed*

> *I love Family Foundations. I like it and I think that it's important for each person to love the place where they're working. I understand people in the government don't.*

> *It has a programme that has gone through a lot of changes, and that have impacted, and so I guess seeing progress has taken a lot of time, yeah. But I think today I'm quite happy with things, how they're going.*

The changes and disruption experienced by the staff appears to have been resolved and they have become proud of the program, they work for. Initially staff were unclear about how to talk about FFP but this has changed during the time of the process evaluation.

4.3. How successful has Family Foundations been in delivering reflective and quality support for practice?

(See 3.5)

4.4. To what extent do staff have the opportunity to participate in appropriate professional development and training? How are training needs identified?

The FFP staff were all very positive about the culture and support for professional development and training within the Program. Each staff member talked about how they had been able to identify and participate in training. This access and support for professional development not only built their capacity as a workers and a team but generated enthusiasm.

> *[It] has been great, at least since I've been here, in terms of providing and allowing us to just get professional development external, I've gone to about seven different trainings.*

One worker reported that this is work place has provide the best professional development and training in any humans services workplace that she has seen.

> *I have done the most amazing amount of professional events, so I also feel very lucky. I feel I've done a lot. There's been a lot of money because [inaudible 00:55:09], and I feel very fortunate to have done the amount of training I've done. I think that's great.*

Staff can approach the senior practitioner with a proposal for training. This process seems to working well given the positive feedback from staff regarding access to training and professional development.

4.5. How and to what extent is professional learning (training and development) translated into practice?

Despite the enthusiasm and positive feedback regarding training and professional development, it was acknowledged by some workers that it is always a struggle to implement training into practice. However, it was had noted they had tried to send more than one worker along to training to support and encourage integrating professional learning into practice and provided a forum for staff to provide feedback to the team.

> *But then in thinking from a programme perspective, you can't just say oh well they're all professionals, they're going to use it. So we decided that- And this is something new as well that in aiming at sharing knowledge and also allowing that post-reflection on what is it that I learned, and how can I use it within my practise?*

However, there was an identified need to improve the way training and professional learning is embedded in practice:

> *It wears off and you forget, and you're not supported and surrounded by other people who have done the same training. We're not having conversations around it. There's not time.*

4.6. How well does the program provide continuity of service?

Most clients had the same worker for the duration of their involvement in the program and really saw their worker as the program. Only one client discussed a worker transitions. She had two worker changes during her time in the program, but spoke extremely positively about how this was handled:

> *I was super upset that [worker] was leaving because she'd been such a support and she'd been one of the only positive interactions I'd had with a service. But then, the minute I met [new worker], it was just no different. She was just as amazing. It was just such a pleasant surprise too. Just to have the whole service experience be so nice.*

4.7. To what extent are clients satisfied with the quality of service?

The client interviews indicate that families are overwhelmingly satisfied with the quality of service. Although some clients identified areas for improvement (addressed throughout the process evaluation) the overall service experience of clients was extremely positive. Workers were generally seen as engaged, friendly, caring, flexible, understanding and genuinely interested in clients and their families. A number of clients remarked that workers would remember conversations and details, for some this was contrasted with experiences of other services

4.8. What is the capacity of the workforce to actively engage children and family members?

While some past clients spoke about FFP staff working directly with their children, most of the parents interviewed suggested FFP worked primarily with them, rather than the children.

Clients often spoke about and greatly valued the way FFP workers would engage with their children. Clients appreciated worker engagement strategies like bringing drawing materials, bubbles and other activities to connect with children, as well as keep them occupied during sessions.

> *I absolutely loved the way [worker] would interact with [child]. He would go to her like from first day because of the way she spoke to him and me and I think she felt like someone who we've known for a long time, like from the time she came actually*

Because workers were in homes, several clients also noted that that they felt their workers really knew their families better, with some contrasting this with counsellors or psychologists they worked with who had never met the children or seen the home environment.

Clients were generally positive about their partners being involved if they were available during business hours. Clients appreciated the way the service could be tailored to the particular needs of their family. Where important, partners could be heavily involved, or peripherally if the needs centred around the primary client. Some families worked together with their partner in sessions, while others met the worker separately. This individualised approach was valued:

> *The next time I see her we're going to start the Circles of Security because my partner has quite severe anxiety, so the thought of going into a group setting is really quite scary for him and he just couldn't manage. So when she said that we could do it individually with just me and him here, and her, it was like, "Oh, yeah, that would be awesome, Let's do it!"*

This parent in particular recognises a major change in their family as a result of her partner's involvement. He is able to play with the children for extended periods of time and she notes this has resulted in a major shift in the relationship between her partner and their son:

> *[The son] is attaching a lot more onto his dad now, rather than just being my little cling on and not wanting me to leave or anything. Now every time daddy leaves it's like, "Dad, dad, dad, dad, dad, dad, dad." It makes him feel good… It puts a big smile on his [her partner's] face, and because he's feeling happier and more wanted, he is a lot more confident as a parent and a lot more engaged.*

There are clear benefits of involving partners for some families.

The 9-5pm restriction of the program is a major barrier for full-time working parents, often fathers with this client group. Those who had availability in the day were involved in FFP and clients greatly valued this, those partners who did not were *not* involved, and this was a disappointment for some parents.

> *I would particularly want him to sort of be able to attend the course [Circle of Security], but unfortunately it wasn't [possible]… Basically the time he finished was 5 P.M., course starts at 5:00, you know, and he cannot. Basically he works in [inflexible work setting], so leaving midday for a couple of hours to attend this was not possible…If there was a course that met his time requirements, absolutely [he would attend].*

This parent in particular struggled to consistently implement strategies and learning from the Circle of Security and FFP because she didn't feel she have the support of her partner in adopting the new approaches. There are likely opportunities lost in working with partners who do not have availability in business hours.

4.9. Is Family Foundations adequately resourced?

The staff interviews suggest that the program is well resourced. It was suggested that the FFP offers relatively high level of pay within the child, youth and family NFP sector, which contributes to their ability to attract and retain qualified staff. Furthermore, the available resources for professional development, training and formal supervision similarly reflects a service that managers their available resource very well. Staff also noted they are always able to access material resources for their work.

> *We are quite well-resourced. Yeah, we only need to be able to just explain, it can't just be just go and spend what you want. We just need to be able to explain why it's needed that's it.*

5. What are the early indications that families are being assisted?

This process evaluation examines the early signs of positive outcomes for families who have been involved in the FFP.

The preliminary outcome data for the FFP is very promising. Results from the outcome tools demonstrate statistically significant change for families. Given the limited size of the available data, these findings cannot be generalised across the program at this stage. Nevertheless, the data demonstrates that the small number of families who completed follow up scales have made significant progress against targeted outcome measures. Workers are cautious to not overemphasise the changes that occur in their clients yet celebrate the outcomes they see in these often complex families. The FFP staff are to be commended for adapting and integrating robust outcome measurement into their program, demonstrating a commitment to outcome oriented practice. The FFP have successful implemented a model of practice that is making positive outcomes for families and best practice in outcome measurement.

5.1. What changes have occurred in the lives of Family Foundations participants due to their participation on the program?

The FFP Program Logic identifies a range of potential outcomes for parents/carers and children. FFP has begun using a number of scales to measure various aspects of family functioning and wellbeing. A small number of families have completed outcome measures at two points in time, making it possible to determine whether these aspects have changed for families over the course of the program. This early data is promising. Results from the PEEM, SDQ and one subscale of the FFQ demonstrate statistically significant improvements for families who have completed a second test after involvement in the program. Given the small numbers at this early stage of evaluation, it is not possible to generalise these findings to all families involved in the program. The absence of a control group also prevents us from knowing whether these improvements are a direct result of the program or simply natural changes over time. Nevertheless, the data demonstrates that the small number of families who completed follow up scales have made significant progress against targeted outcome measures. Below we provide an overview of the preliminary outcome data with sufficient data to report findings.

Parenting Empowerment and Efficacy Measure (PEEM)

The Parent Empowerment and Efficacy Measure (PEEM) aims to examine the sense of control or capacity to engage confidently with the challenges of being a parent. It was designed to be used in family support settings and is sensitive to changes when used as program evaluation tool. It examines a general dimension of empowerment, but also addresses confidence to be a good parent and capacity to connect with informal and formal networks. A higher total score, or total empowerment score, represents higher overall parenting efficacy, with a score range between 10-200. This total score is the best indicator of overall parenting efficacy.

14 families completed the PEEM at two points in time. The mean total score at baseline was 128 with a standard deviation of 26. These scores improved after involvement in the program to a mean of 150 (standard deviation 22). These results were statistically significant ($t(1,14) = 2.797$, $p = 0.015$).

These are promising early findings. A higher proportion of families with multiple scores for the PEEM would enable more definitive conclusions. Nevertheless, these early results suggest many families are scoring better on the PEEM after involvement in the program.

Looking at the scores in more detail reveals that a number of families with moderate to high initial scores saw minimal changes, or even slight regressions between tests. This was offset however by a similar group, particularly those with very low initial scores, who scored markedly higher on the second test, indicating a very substantial improvement. One family in particular impacted these results, providing the lowest score in the cohort at baseline and very nearly the highest score at follow up.

The FFP may wish to further explore the relatively large group of families whose PEEM scores are not shifting substantially, or even slightly regressing, after involvement in the program. Nevertheless, it is positive to see that around half of families with two PEEM results over time did see substantial increases between tests.

Family Foundations Questionnaire (FFQ)

These questions have been taken from *Growing Up in Australia:* The Longitudinal Study of Australian Children (LSAC). These measures are strongly predictive of child outcomes, measuring; parenting self-efficacy, parenting warmth, parenting irritability (hostility), and parenting consistency. Only 11 families had FFQ results for two points in time (one family had only partial FFQ data at follow up, meaning some subscales have results for only ten families). Of the limited comparisons possible, most subscales did not reveal significant change between tests. The notable exception, however, was the Parenting Irritability Score which reduced substantially for most of the ten families with data available.

Unlike the other measures under the FFQ, parenting irritability did show a significant shift from baseline to follow up. Mean PI scores at follow up had dropped by nearly a standard deviation (from 23.5 to 15.9), this was statistically significant ($t(1,10) = 3.079$, $p = 0.013$). A couple of families scored very low on the PI scale both at baseline and follow up, while a couple of others scored in the middle range and demonstrated minimal change. The remaining families however (more than half) showed substantial reductions in PI scores at follow up.

Strengths and Difficulties Questionnaire (SDQ):

The SDQ identifies behavioural and emotional problems in children. It has subscales that measure: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships problems, and prosocial behaviour. It would have to be filled in by parents regarding their children.

Only 6 families, completed both pre and post results recorded for the SDQ. Despite these numbers preventing any generalisation, the results are included here as the tentative early findings are promising. All six families had a lower "total difficulties score" on the SDQ at follow up, with the mean dropping from 15.83 at baseline to just 10.67 at follow up. This substantial drop in the mean was statistically significant ($t(1,6) = 3.109$, $p = 0.026$). Five of the six families were in the best possible "Close to average" category at follow up (80% of the general population fall into this category), despite most of these families falling into elevated categories at baseline. FFP are encouraged to keep collecting this data to enable more definitive conclusions.

Clients reported a number of positive outcomes from their involvement with the program.

> *[I]t's very difficult for children to explain their thought process, and as parents when you're juggling multiple children, it's very difficult to be able to take a step back and put the situation and what's actually going on for the children and the way that they're viewing it. So I think that's one thing that the service really did do, is give me the opportunity to think about what*

> *might be going on for the children. So if there was behaviours that [my child] wasn't displaying, more tantrums or hissing at me a lot, what's changed in her environment? What might've caused that? How do you think she feels at the moment? Those types of questions, just looking at the situation from different viewpoints*

Parents discussed being able to communicate more effectively with their children to explore issues or set boundaries with fewer arguments and tantrums. Some parents noted that their children actually listened and responded better to them as a result of better communication.

> *[T]he way he responded to me was much better after that [improving their parent-child "bond"]… he's less irritable during the day and I think his sleep did improve… he's a happy kid, I mean, he smiles all the time and yeah, it made a lot of like big difference to him*

A few parents noted that the program had suggested strategies that when implemented had helped them remain calm when interacting with their children and that their children had noticed this change. One mother, speaking from her daughter's perspective, said *"there's not a cross mummy anymore. You can go to her and she's okay."* A couple of parents noted that their partners were now more actively involved in parenting as a result of the FFP and this had a positive impact on their families (see 4.8).

5.2. How satisfied are families with service they receive and the results of the service?

A client satiation survey was created for the evaluation to be provided to families after exiting the program. Sufficient data was unavailable at the time of the process evaluation.

5.3. Is there an increase in parenting capacity, community connectedness, emotional regulation and behaviour since participating in the program?

The worker interviews findings suggest that the FFP staff were cautious to NOT overemphasis the positive outcomes for families in the Program. Some of the workers reported that with the high needs families small but meaning changes happen but often took more time to been seen.

> *Yes and no. They're very small changes. Yeah, I see very little changes…I think a very small change is positive, like little things. I'm not expecting everything to be tied up neatly. I'm hopeful if a parent can move from being less dismissive to seeing their child as a little person, like that would be huge for me.*

Other workers noted changes but framed them as more significant change or meaningful:

> *It's a huge change. Yes, like I have a client that I think she was very sad at the beginning, very stressed and concerned as a mother, she had no idea what to do what the child, and by the end*

she felt quite capable. Knowing that yes, it's going to mean she's- I am a good mother, I know I can, that's it. And that's huge. I think that's amazing.

There was a notable reservation from workers regarding reporting positive changes in their client's lives. This may be because of the newly introduced outcome measurement tools they are using. However, hopefully the initial positive findings from the outcome measure tools will encourage FFP staff in regards to the changes they are facilitating in their clients lives.

6. How successfully has Family Foundations implemented the delivery of an evidence based program?

The FFP is informed by a range of evidence based interventions and practices. This is clearly seen in the Group Work programs that are delivered as part of the program which have a strong and emerging evidence base. These evidence based programs are not only delivered in groups but inform the one-on-one work provided by the team.

6.1. To what extent is the Family Foundations consistent with international best practice?

FFP workers and the program as a whole draw on a range of evidence based interventions and programs in the delivery of their group work and one-on-one work. They deliver evidence based group session, including Circle of Security and Tuning into Kids. All of the staff draw on a range of other evidence based and evidence informed interventions acquired through their formal education and ongoing professional development and training. However, Tuning into Kids and Circle of Security were to two most frequently mentioned interventions that are manualised, replicable and have an established evidence base.

Tuning into Kids is a parenting program that utilises the principles of emotional socialisation and coaching that aims to help children learn to understand and regulate their emotions. It has robust evidence base including pre and post-test evaluations (with no control group) and cluster randomised trials.

Circle of Security focusses on assisting parents to provide their children with the emotional support needed to develop secure attachment. Circle of Security is still developing more robust evidence but is considered to be promising practice within the field of programs addressing family and peer relationships.

This evaluation is unable to assess the degree of fidelity with which these programs have been implemented. However, the programs have a strong evidence base and are not only delivered as group sessions, but inform many of the workers one-on-one work.

FFP is to be commended for the uptake of outcome measurement for their program to contribute to the evidence base of their program as it is delivered in this context. It may be helpful for FFP to explore the other

evidence based interventions that have been implemented in Australia as there is an ever going number of programs with increasing robust evidence.

6.2. Is Family Foundations being implemented as intended?

(See 3 above)

7. To what extent have families been supported and linked to supports and services?

The available data does not allow for an adequate response to this question. It is unclear whether supported referrals and clients linked to supports and services is a key component in the FFP. Although it is in the Program Logic there is no systematic collection of data regarding referrals for clients. However, this does not seem to be a key mechanism for change within the program theory.

Recommendation: To identify the role of referrals and linking families to supports and services and, if it is a key component of the practice model, develop systematic data collection to facilitate reporting and evaluation of this component.

7.1. How effective are Family Foundations workers in supporting and linking families to services and informal supports?

The available data does not allow us to adequately answer this question. According to available administrative data, only one family was referred on to other services in 2017. It is unclear whether this is an accurate representation of very low referral rates, or whether families have been referred on to other services, but the referrals have simply not been recorded. Although 'supported referrals' is an activity in the FFP Program Logic it does not appear to be one of the components of their practice. This was reiterated in the worker interviews in relating to the explicit focus in delivering parenting intervention and not case management.

7.2. To what extent does FF work collaboratively and in partnership with other services/agencies to support families?

Partnerships and collaborations with other services/agencies is conceptually a key component of the FFP. There was sparse data available regarding how FFP work with other services to support families. Based on the staff interviews, the key function of this relationships with other services is to facilitate referrals into the FFP.

> *I think it's really important that people are referred in where it's appropriate. So they've had some kind of service to begin with so they know. So we're not walking into families cold, where they've never had a service before… Also, that means we need to have strong relationship with the other programmes so they know what they're referring into, and what our purpose is.*

The interaction between families and other services primarily emerged in discussion with FFP staff pertaining to working with families who are already engaged with other services, including families being case managed by other services/agencies. The FFP staff are aware of the focus of their program and, as discussed above, the aim to not slip into providing case management. Thus, the workers acknowledged the significance of the more high needs families being case managed by another services to address their diverse needs. Workers talked about how this division of support regarding the clients often worked well – other services providing case management and FFP providing family support and capacity building. Yet some spoke of how the service providing case management sometimes appeared to not be doing an adequate job. It is at these times that FFP staff sometimes felt the obligation or need to step up and provide some case management support to their clients.

While it is clear that some families are provided with an array of support from different services/agencies to address their needs, it is unclear how collaborative and partnership oriented this provision of support is. While there are good relationships, that are still improving, between services that result in appropriate referrals, it remains unclear how these services and supports interact to improve client outcomes. However, it is conceptually and theoretically not the role of FFP to coordinate the range of services supporting their clients. Thus, the degree of coordination, collaboration and partnership with other services appears to be primarily contingent on the other services. Where there is good partnerships and communication with other services seems to be determined by the relationship between the workers rather than a systematic process of integrated service delivery. However, to reiterate, it is not the intention of FFP to provide this integrate and collaborative service delivery response.

8. To what extent is Family Foundations able to engage in coordinated or collaborative service delivery with other service sectors, government and non-government, tertiary and universal?

Partnerships and collaboration are a key component of the FFP model. The links to other services and organisation is primarily focused on ensuring appropriate referrals to the Program from key partners and stakeholders. It is clear that the strong relationships and partnerships are facilitating referrals. However, there is a need to strengthen links to key stakeholders who are not referring clients to the program. There was conceptual and theoretical clarity regarding who the key partners are for the FFP, however, these relationships had not all be adequately developed It is unclear how collaboration and partnerships function to improve outcome for families who are clients of the FFP. There is a lack of clarity regarding what the goal of partnerships and collaboration are for the FFP.

Recommendation: Develop and articulate clear aims and process regarding partnerships and collaborations.

Recommendation: Develop community and partnership engagement strategy to include priority partners that align with the goals of the Program.

8.1. How well has the Family Foundations developed and maintained partnerships and collaboration?

'Collaboration and partnership based' are included as principles that underscore the FFP as outlined in the Program Logic. The importance of these principles was reflected clearly by most interview participants. The key partners that were consistently identified in the interviews included: Maternal and Child Health Nursing service (MACH); Child and Family Centres (CFCs); Child at Risk Health Unit (CARHU); Child Development Service ACT; and, OneLink. If the main purpose of partnership and collaboration is to facilitate appropriate referrals into FFP, then it is clear that not all of these partnerships are functioning equally well. As seen in Figure 4: Referral sources, the majority of referrals are coming from CFCs (40%, n=29) followed by self-referrals (17%, n=12) and from within BCS (14%, n=10). Very few referrals came from community health (MACH) (13%, n=9) education (8%, n=6) and OneLink (3%, n=2). This data suggests that CFCs stand out as providing the largest number of referrals from within the identified valued partners and collaborators. This is also reflected in the worker interviews, with CFC being noted as the most successful partnerships. However, MACH was reported as one of the most important source of referrals, with discussion of the need to priorities families referred from them. Similarly, the interviews reinforced that other key partners were important but had not been developed as robustly as those with the CFCs

The worker interviews highlighted the ongoing effort and time it takes to develop and maintain relationships with partners and collaborators. One worker noted that you "can't walk away from it [collaboration]" and that it requires continual effort. Furthermore, these partnerships and collaborations were seen to hinge on interpersonal relationships between key people. Thus, the nature of the partnerships was of contingent on the quality and strength of these personal relationships. These relationship between key people within FFP and other organisations are therefore tenuous as if people leave these jobs the partnerships become uncertain. This finding is not unique to this evaluation

It appears as if the CFCs have received the most attention and concerted effort in developing and maintaining relationships. The worker interview findings highlighted how FFP workers had been allocated a CFC that they were responsible to develop and maintain partnerships with. However, given the finding outlined briefly above pertaining to the importance of interpersonal relationships, the success or failure of these links to CFCs can rely on the availability and receptiveness of key personnel within CFCs.

There are three CFCs in Canberra; Gungahlin, Tuggeranong and West Belconnen. It is clear from the referral data (see Figure 5: Child and Family Centre referrals), that the relationships between FFP and West Belconnen CFC yields the largest number of referrals from CFCs (55%) followed by Gungahlin (41%). However, very few are received from Tuggeranong. This unequal distribution of referrals may be as a result of several factors, including perceived geographical distance being a barrier to clients. However, whatever the explanation, if the Tuggeranong CFC is aware of the way FFP functions, it is difficult to imagine that they do not have clients that would benefit from this service. Therefore, it appears that more time and thought needs to be put into developing the relationship with Tuggeranong CFC.

FFP has made a considerable effort and been relatively successful in developing and maintaining relationships with key partner organisations. Before extending their efforts to improve these partnerships based on the findings of the evaluation, it is recommended that the FFP team consider and refine what they want to achieve from 'partnerships and collaboration.' Clarifying what the aim of these aspects of their practice intend to be will allow for a more focused effort (e.g. are partnerships primarily aimed at increasing appropriate referrals to FFP?). This clarification can then be linked to more robust indicators for the success of this aim.

8.2. Who are the key internal and external partnerships that have been developed through Family Foundations?

(See 8.1 above)

8.3. What have been the benefits and challenges associated with establishing multiple partnerships and strategic relationships with internal and external stakeholders involved in the program?

One of the initial barriers to establishing partnerships and strategic relationships was the lack of internal clarity and confidence in the FFP. This lack of unified vision of the aims and activities undertaken by the program has been reified throughout the time of the evaluation:

> *I think that's an area that's still really growing, and I think that's for a few reasons. I think the partnerships have been difficult because we haven't known who we are, and it's very hard to go and partner with someone and say, "We're fabulous, refer to us," when we don't even know what we do. So I think that's been a real process of us just growing and learning and feeling confident and getting [inaudible] and having guidelines, basic things like that, that needed to get done for a foundation before we put ourselves out in the world and say, "Hey, let's partner up, this is what we can offer. Let's work together." Because until then, it's felt really fake and not genuine and quite difficult. My partner network place is [Westfield 00:57:18] Common, and to sort of prance in and go, "Oh*

This interview participant reiterated these sentiments, highlighting the increased confidence within the program:

> *That's shifted, probably, in the last six months, where the programme feels more solid, and I feel more confident going into another organisation, saying, "This is Family Foundations, this is our track record, this is what we do, this is what we're planning." Feels a bit more stable, to be able to go in and talk to other people.*

As mentioned above (see 8.2), the worker interviews reported how partnership and relationship with services were linked to interpersonal ties usually between two people:

> *Something else you said made me think that partnerships might be at risk of changing with workers, so I think we'll find that when workers move on, they will hold ... It'll be about personalities again.*

It was noted that often workers do not represent their whole organisation, but rather just themselves. So establishing relationships with a worker in a service may not entail partnerships between services, but between individuals:

> *…something that I've noticed is also that relationships are very individualised, and I don't mean Family Foundations, I mean when you go out there and you talk to people they are very individualised, it's like you're talking to each person.*

This interview participant noted that FFP workers now affiliate themselves and identify themselves as part of a program, not just disparate workers. This attitude is summarised in the example below, pertaining her attitude to developing relationships with other services:

> *I don't care if you remember my name, remember Family Foundations. I would like them to know Family Foundations email, not my name and my email. And I've noticed that here it's more about personal connections, it's not about the programme that you're working it's how you are, and what you do. But you work within a team, I find that that's something that has been a bit hard for me to understand.*

It is worth noting that the FFP team are aware of the limits of the current approach and varying success of establishing partnerships and strategic relationships. This was clearly communicated in the interviews as staff noted the possible ways to strengthen their approach, identifying the services that need more attention and methods of improving these relationships. They also displayed an ongoing commitment to this part of their work. The quote below was a positive affirmation of the importance of ongoing work to develop and maintain relationships with key services and organisations:

> *There is not end to maintaining relationships. It is never finished.*

8.4. Do stakeholders and community know and understand the purpose of Family Foundations?

There is limited data that can be used to answer this question with any authority. However, the appropriateness of referrals, noted in the high acceptance rate into the program, suggest that the services that are referring are aware of the purpose of FFP. However, the stakeholder interview findings highlight that there is limited knowledge of the purpose and intention of the FFP. Some external stakeholders were unsure of what the FFP does and who to refer to them. While there are other possible reasons for the low numbers of self-referrals they are be a poor indicator for community knowledge. Similarly, the low number of referrals from

OneLink may suggest that this key information and referral source is unaware of the broad spectrum of families that could benefit from FFP.

8.5. What support and professional development (training) activities do FF conduct?

FFP conducts a range of community-based supports for services. Some of these activities have been reduced during the time of the evaluation, such as visiting early childhood centres to conduct observations of children in these settings. These visits were "re-conceptualised' to an approach that was more systematic "providing more support to the sector in that sort of context." Most workers welcomed this change in approach to providing education and professional development to community and services. However, this evaluation did not focus on the provision of professional development and training activities conducted by FFP. While this is a valued activity of the Program it was not identified as an area of concern in any of the interviews, nor do we have any other data to adequately answer this question.

9. To what extent are families supported to transition out of the program?

Exit planning and transitioning clients out of the FFP are not adequately outlined in the Program Guidelines and procedures. What constitutes a 'successful transition out of the program' remains unclear. The available data suggests the all clients that enter program 'complete' the program. Questions do remain about the prolonged period of time some families are engaged in the program, indicating that there may be variability regarding the criteria for exiting the program.

Recommendation: The FFP need to consider developing clear expectations and aims regarding clients exiting the Program, criteria for commencing exit planning and processes for exiting.

9.1. To what extent does the program assist families to transition out of the program? What are the challenges for families transitioning out of the program successfully?

There is very little discussion about exit planning in the Program Guidelines and procedures. The Timeline of service provision (pg. 17 of Program Guidelines and procedures) identifies the sessions in which plans for exit should/could be considered. However, what constitutes a 'successful transition out of the program' is unclear. The available data suggests that the overwhelming majority clients who are accepted into the program remain until completion, not exiting before they are ready. However, questions do remain about the duration families remain in the Program, which can be linked to the efficacy of exit planning and transitioning families out of the program (see 3.2). There are different views on the timing and when families are to be considered ready to transition out of the program. Despite the variation in length of time families are involved in the FFP it remains unclear from a Program perspective as to what constitutes successful exit.

Most parents interviewed were still involved in the Program, however those that had finished generally spoke positively about the process. Clients felt that if they needed to remain in the program they could and recognised that finishing the program was not necessarily a closed door – they could still seek support in future if required. Of the few clients who discussed exiting they generally felt involved in the process and happy with the outcome:

> *I felt that we naturally came to sort of like a conclusion, to the end, we reached our goals. Yeah, so no, I felt quite good*

One client also was quite anxious about being exited from the program. She had been in for over 2 years and was, in her own words, quite "dependent" on the worker. Her child was now over 5, so not eligible for a service.

> *[B]ecause they're the only agency that has been super supportive and advocated for [my child] to a high degree, I feel very dependent on them. And we've had quite a long relationship. So, I'm feeling quite desperate again. Those same feelings are coming back, because I'm feeling like that's just been pulled out from under me… I'm not looking forward to how I am going to then emotionally deal with feeling so alone again*

This quote highlights the need to develop clear processes for exiting clients and expectations for clients. However, it is essential that we acknowledge that for the client quoted above their worker played an indispensable role in their lives as they had no other meaningful supports. Nonetheless, this only accentuates the need to be clear about exiting processes.

9.2. To what extent are families being linked to community-based support services (where required)?

We have insufficient data to adequately respond to this question.

10. Were there any other positive, negative or unintended consequences for participating children and their families, program partner agencies and the community?

No unintended consequences for participants were identified during the evaluation.

10.1 Has involvement in Family Foundations changed more than expected according to the views of clients, workers and stakeholders?

No available data identified any unintended changes for clients, stakeholders or workers.

10.2 What has led to the unintended negative or positive outcome?

No unintended consequences for participants were identified during the evaluation.

Appendix 1: Evaluation Framework

Below is the Evaluation Framework structured by the evaluation question, the specific sub-questions, indicator of answers and the data sources.

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
	PROCESS EVALUATION		
1. Is Family Foundations working with the intended target population?	What are characteristics of the children and families using Family Foundations? Are they the intended target group? What is the profile of families that are referred to the program, accepted to the program, and which target population groups are not being referred or accepted? What are the main barriers for referring and/or engaging appropriate families in the program? How responsive were the services to clients from a range of diverse backgrounds? What is the rate of participation and completion for the program? What factors influence whether children and families participate in and complete specific program activities?	Profile of service participants, referred families & families not accepted into the program Extent to which workers, stakeholders and clients report that the program is engaging and retaining the intended target population Stakeholders and workers identify the barriers and enablers to providing services to the intended population groups and if there are any cohorts that miss out, e.g. eligibility and assessment criteria are appropriate, accessibility to program and appropriate referrals Number of children and families participating in the program Characteristics of families participating in different program activities (incl. the age and gender, Indigenous/CaLD status, number and age of siblings in the home) Dropout and non-completion rates Average number of hours allocated by workers to different program activities	Analysis of administrative data collected by Family Foundations • Client demographics • Referral and intake statistics • Program participation Program guidelines & procedures Eligibility and assessment criteria and processes Worker focus groups Stakeholder interviews Client interviews
2. How well has Family Foundations been operating an accessible and responsive intake, assessment and managed demand by prioritising high needs families?	What are the range of responses to referrals implemented by FF? How many families were referred to the program over the evaluation period and what is the proportion of families referred that enter the program and Active Holding? What are the main barriers for referring and/or engaging families into the program? How responsive were the services to clients from a range of diverse backgrounds? How effectively is supply for services meeting demand for services? How responsive is FF to referrals? To what extent does FF adequately manage demand for their services? To what extent are high needs families being prioritised? How accessible is FF for families?	# referrals made to the program and proportion (%) turned away # and % of referrals accepted into program & Active Holding Proportion of referrals (%) received from different referral sources/agencies Proportion of referrals that are eligible for Family Foundations, % of referred clients that fit the eligibility criteria but are not accepted into the program & proportion of referrals that are not suitable Quantity, quality and relevance of information provided in referrals Profile of referred families and accepted families Extent to which stakeholders and workers report being satisfied with the eligibility criteria, intake and assessment and that it is line with the purpose and intention of the program The length of time between first contact and acceptance into the program or response & length of time on Active Holding Extent to which clients report satisfaction with service access?	Analysis of administrative data collected by Family Foundations • Referral data • Intake data • Sociodemographic data Client satisfaction surveys collected by Family Foundations Worker focus groups Client interviews Stakeholder interviews Program guidelines & procedures Eligibility and assessment process & criteria

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
3. To what extent is the program implemented as outlined in the program logic, policy and Program guidelines?	• What activities and processes are delivered as part of the program? • To what extent have the service components been implemented as intended? What are the barriers to implementing the program as intended? What changes have been made? • To what extent do Family Foundations activities reflect the underpinning theories? • What was the rate of participation and completion for individual components of the program? • How successful has Family Foundations been in delivering reflective and best practice service delivery principles? • Is the program managed effectively? • What improvements could be made to design and implementation of the program?	• Service components outlined in program logic, theory manual and operational/procedures manual • Extent to which staff and stakeholders report various activities and processes being conducted as intended, reflecting on the model and actual practices • Participation and completion rates in program • Length of time in program • Extent to which clients, staff and stakeholders report being satisfied with the activities and processes associated with the program and that they are appropriate for their families • Extent to which stakeholders and staff report being happy with overall management of the program • Extent to which families report positive working relationships with workers and program	• Analysis of administrative data collected by Family Foundations • Program guidelines & procedures • Worker focus groups • Client interviews • Client satisfaction surveys collected by Family Foundations
4. What is the capacity of Family Foundations to provide quality support?	• Has Family Foundations been able to attract and retain qualified and appropriate staff? Is there an adequate induction into the program for new workers? • What is their experience of working with the program? • How successful has Family Foundations been in delivering reflective and quality support for practice? (e.g. what supervision processes are in place? What debriefing opportunities are in place? Are there opportunities to 'learn on the job'?) • To what extent are staff have the opportunity to participate in appropriate professional development and training? How are training needs identified? • How and to what extent is professional learning (training and development) translated into practice? • How well does the program provide continuity of service? • To what extent are clients satisfied with the quality of service?	• Retention rates, qualifications of staff members & position descriptions reflect team member roles and responsibilities • Workers report satisfaction working in the service • Training and professional development opportunities (e.g. % workers attending training, workers report satisfaction with training) • Extent to which clients experience continuity & report worker engagement with children and family members • % service participants satisfied or very satisfied with service received • Numbers and types of supervision activities and supports, staff report satisfaction of debriefing opportunities • Preliminary outcome data indicates quality service provision (improved outcomes) • Extent to which process have been developed and implemented to translate and sustainably embed professional learning into practice	• Analysis of administrative data collected by Family Foundations • Preliminary aggregated and individualised changes in outcome measures • Records of attendance to training • Client interviews • Worker focus groups • Documentation of staff participation in supervision activities • Team member retention and attrition

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
	• What is the capacity of the workforce to actively engage children and family members? • Is Family Foundations adequately resourced?		
5. What are the early indications that families are being assisted? (early signs of positive outcomes)	• What changes have occurred in the lives of Family Foundations participants due to their participation on the program? • How satisfied are families with service they receive and the results of the service? • Is there an increase in parenting capacity, community connectedness, emotional regulation and behaviour since participating in the program?	• The extent to which clients report changes in the families due to involvement in Family Foundations • Extent to which families report satisfaction with services and supports received by FF • The extent to which service providers and clients report positive outcomes • The extent to which preliminary outcome data indicates families are being assisted as intended	• Analysis of administrative data collected by Family Foundations • Client satisfaction surveys collected by Family Foundations • Client interviews • Worker focus groups
6. How successful has the Family Foundations implemented the delivery of an evidence based program?	• To what extent is the Family Foundations consistent with international best practice? • Is Family Foundations being implemented as intended?	• Program guidelines and practices informed by evidence compared to available evidence based/informed practice	• Program guidelines & procedures • Process evaluation findings • Existing reviews of evidence based/informed practice
7. To what extent have families been supported and linked to supports and services?	• How effective are Family Foundations workers in supporting and linking families to services and informal supports? • To what extent does FF work collaboratively and in partnership with other services/agencies to support families?	• The profile, number and proportion of successful referrals and unsuccessful referrals. • The extent to which staff, stakeholders and clients report satisfaction with the referrals and supports provided through FF • The extent to which referrals out meet the identified need of clients • Improved access to support and services as a result of FF involvement • Stakeholders, clients and staff identify barriers and enablers to clients accessing needed supports	• Analysis of administrative data collected by Family Foundations • Client interviews • Worker focus groups • Stakeholder interviews
8. To what extent is Family Foundations able to engage in coordinated or collaborative service delivery with other service sectors, government and non-government, tertiary and universal?	• How well has the Family Foundations developed and maintained partnerships and collaboration? • Who are the key internal and external partnerships that have been developed through Family Foundations? • What have been the benefits and challenges associated with establishing multiple partnerships and strategic relationships with internal and external stakeholders involved in the program? • Do stakeholders and community know and understand the purpose of Family Foundations?	• The extent to which staff & stakeholders report internal & external partnership have been developed &maintained & identify any barriers to developing partnerships • MOUs and formal relations with service, • Referral profile (referrals in and out) and the extent to which referrals into FF suggest agencies and services understand the role and purpose of the program • The nature, amount and outcome of support and professional development conducted and the findings from evaluations for these activities • The extent to which evaluation forms from training provided by FF indicate they have increased awareness or capacity of participants	• Records of MOUs and agreements with services/agencies • Referral and intake data • Worker focus groups • Stakeholder interviews • Client interviews • Hours of support and professional development conducted and analysis of evaluation forms

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
	• What support and professional development (training) activities do FF conduct?		
9. To what extent are families supported to transition out of the program (including links to other services)	• To what extent does the program assist families to transition out of the program? What are the challenges for families transitioning out of the program successfully? • To what extent are families being linked to community-based support services (where required)?	• Extent to which key stakeholders & families report that they were provided with adequate levels of support to transition out of the program • Extent to which key stakeholder identified barriers for families transitioning successfully out of the program	• Stakeholder interviews • Client interviews – follow-up interviews • Worker focus groups
10. Were there any other positive, negative or unintended consequences for participating children and their families, program partner agencies and the community?	• Has involvement in Family Foundations changed more than expected according to the views of clients, workers and stakeholders? • What has led to the unintended negative or positive outcome?	• The perceptions and experiences of clients, workers and stakeholders regarding any unintended consequences of FF involvement • Clients, workers and stakeholders identify the perceived causes of unintended positive or negative outcomes. • Reported adverse outcomes or incidents	• Client interviews • Worker focus groups • Stakeholder interviews • Incident reports

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
OUTCOME EVALUATION			
To what extent have parents and carers increased their parenting capacity (short-term outcome) – upon completion of the program	• To what extent have parents/carers improved help seeking behaviours? • To what extent have parents/carers increased parenting knowledge? • To what extent have parents/carers increased confidence in role as parent/carer? • To what extent have parents/carers improved emotional regulation? • To what extent have parents/carers community connectedness?	• Aggregated and individual changes in the number and proportion of parents/carers • Aggregated and individual changes in Parenting Efficacy and Empowerment Measure (PEEM) scores (completed by parents/carers, at a minimum, upon entry and completion of the program). Comparisons will be made to changes in total empowerment score for overall parenting efficacy and subscales • Aggregated and individual changes in Parenting Questionnaire dimensions derived from 'Growing Up in Australia: The Longitudinal Study of Australian Children' (LSAC) (completed by parents/carers, at a minimum, upon entry and completion of the program). The measures examine: Parenting self-efficacy; Parenting warmth; Parenting Consistency, and; Parenting irritability • Aggregated and individual changes in Support Checklist (completed by parents/carers, at a minimum, upon entry and completion of the program). • The extent to which involvement in Family Foundations has increased appropriate supports in the community based on reports from families, workers and stakeholders • The extent to which parents/carers report that participation in the program increased their knowledge of appropriate supports and services • The extent to which parents/carers, workers and stakeholders report that participation in the program led to improvement in; help seeking behaviours, parenting knowledge, increased confidence, emotional regulation and community connectedness (including appropriate supported referrals)	• Analysis of administrative data collected by Family Foundations • PEEM • Parenting Questionnaire • Support Checklist • Referrals out (successful) • Worker focus groups • Client interviews • Stakeholder interviews
To what extent has participation in Family Foundations improved outcomes for children (short term outcome) – upon completion of the program	• To what extent has children's safety improved? • To what extent have help-seeking behaviours improved for children? • To what extent have children improved trust in parents and others? • To what extent has emotional regulation improved for children? • To what extent have behavioural outcomes improved for children?	• Aggregated and individual changes in Strengths and Difficulties Questionnaire (SDQ) scores (completed by parents/carers, at a minimum, upon entry and completion of the program). Comparison will be made to changes in total scores and subscales which include: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationships problems, and; prosocial behaviour • Extent to which families, workers and stakeholders report improvements in; safety, help-seeking behaviours, trust (in parents and others), emotional regulation, and behavioural outcomes as a result of involvement in the program.	• Analysis of administrative data collected by Family Foundations • SDQ • Worker focus groups • Client interviews • Stakeholder interviews

EVALUATION QUESTIONS	SUB EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION
Were there any other positive, negative or unintended consequences for participating children and their families, program partner agencies and the community?	• Has involvement in Family Foundations changed more than expected according to the views of clients, workers and stakeholders? • What has led to the unintended negative or positive outcome?	• The perceptions and experiences of clients, workers and stakeholders regarding any unintended consequences of FF involvement • Clients, workers and stakeholders identify the perceived causes of unintended positive or negative outcomes. • Reported adverse outcomes or incidents	• Client interviews • Worker focus groups • Stakeholder interviews • Incident reports

Appendix 2: Figures

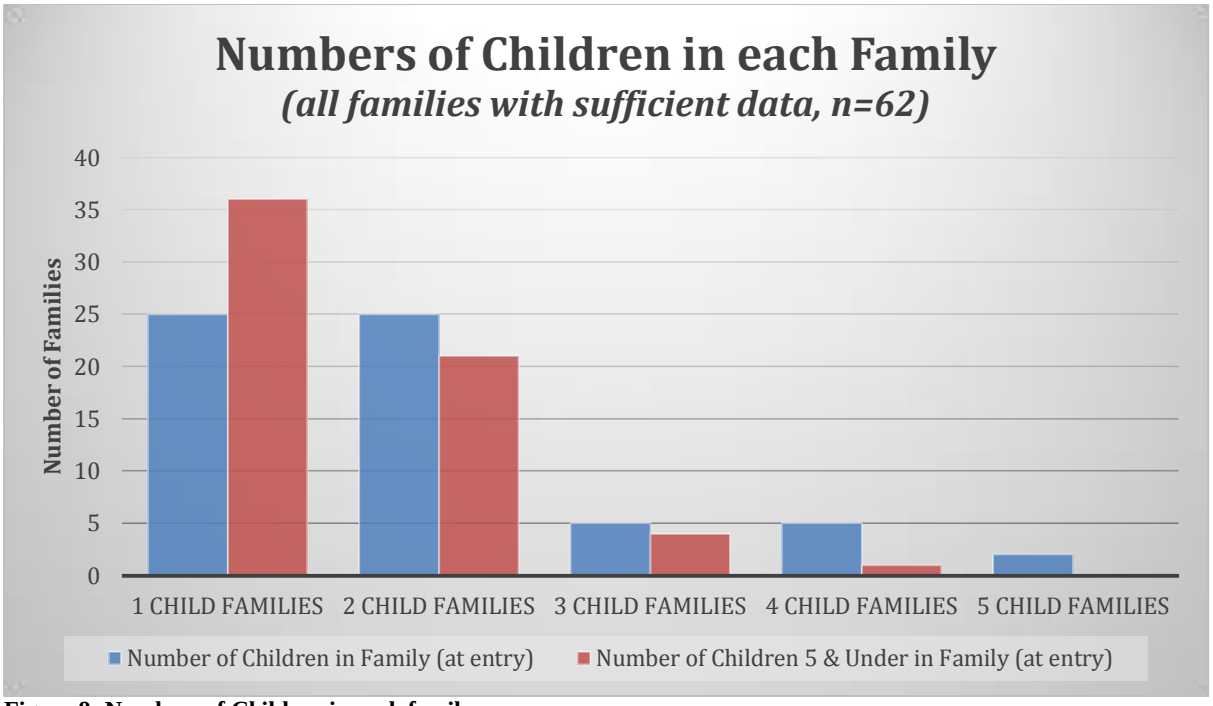

Figure 8: Numbers of Children in each family

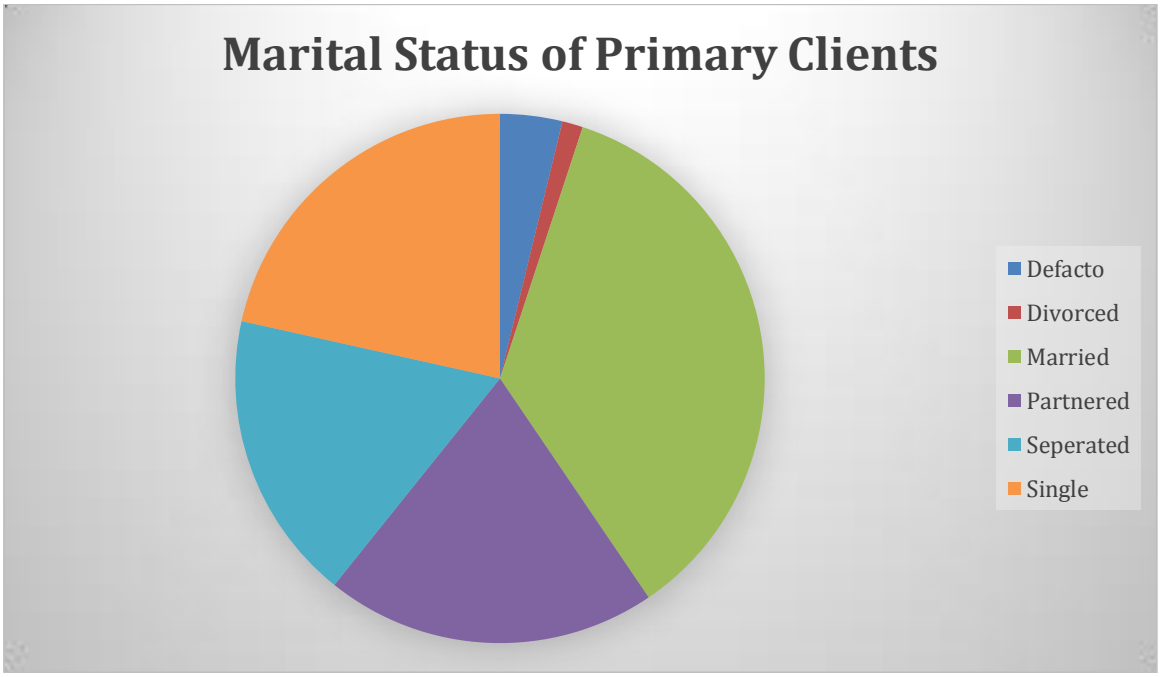

Figure 9: Marital status of primary clients

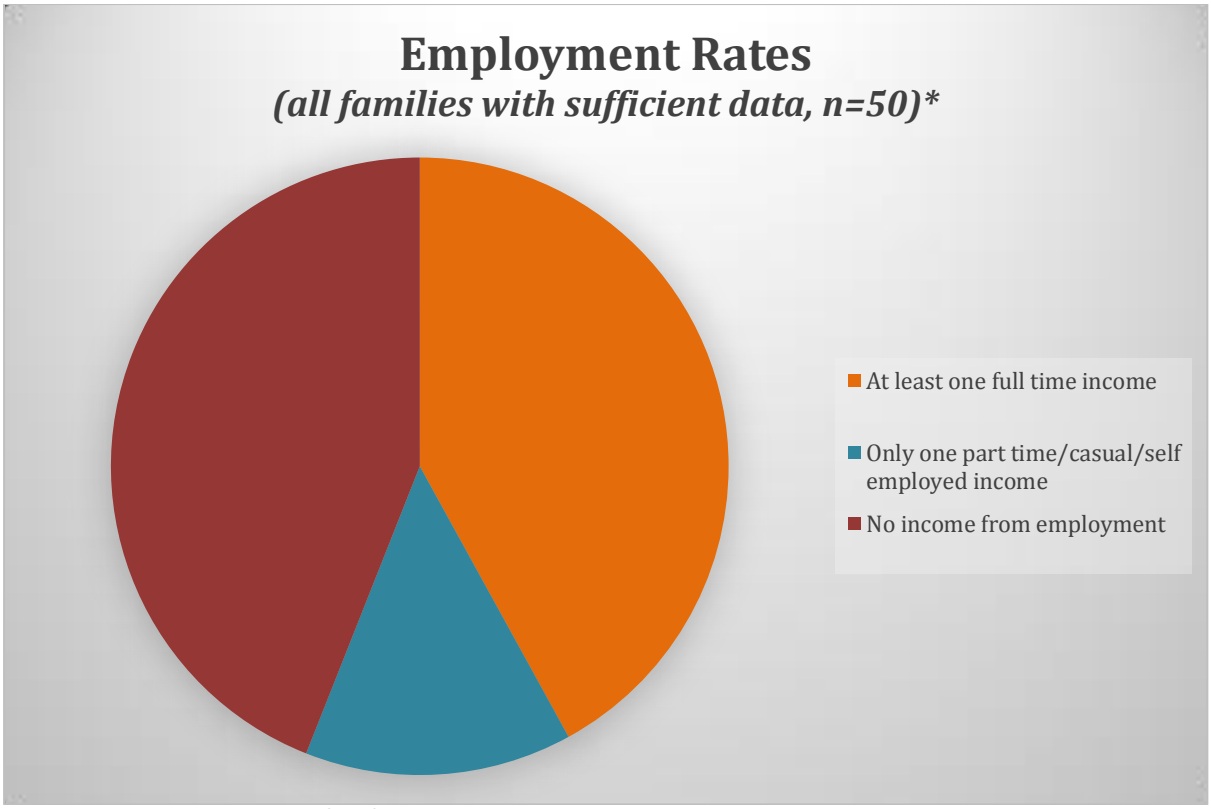

Figure 10: Employment rates of all families

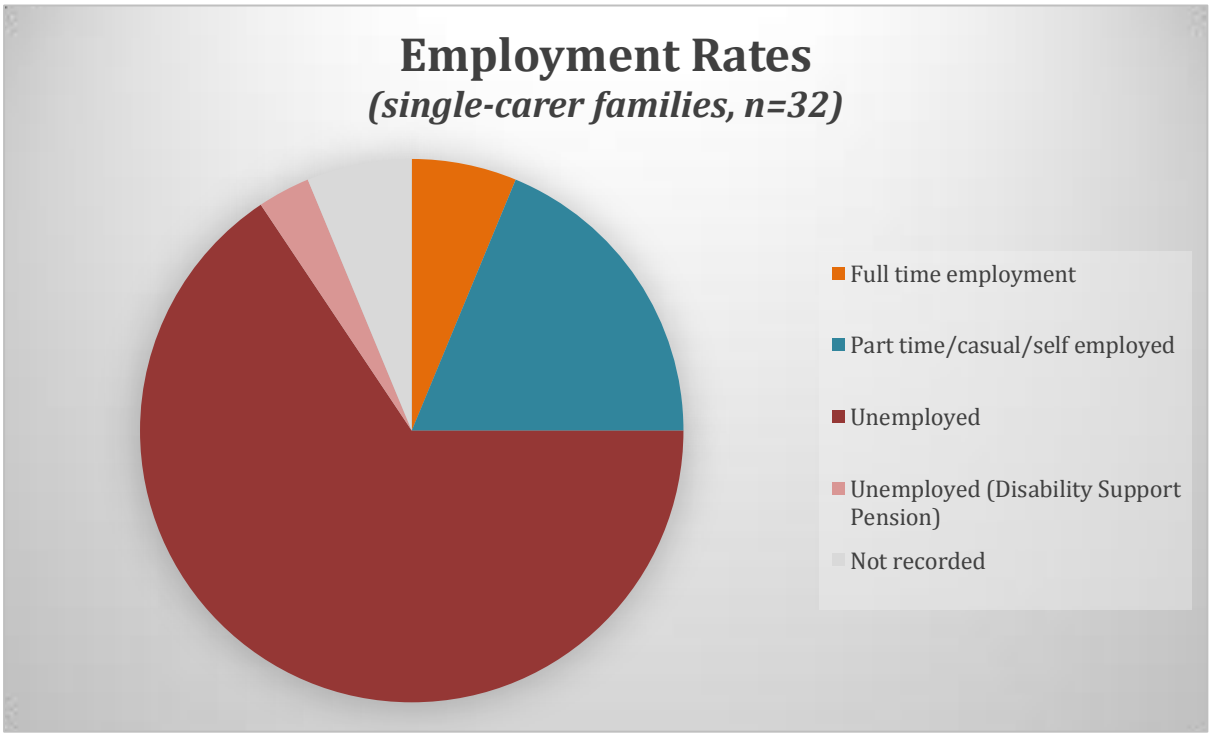

Figure 11: Employment rates of single carer families

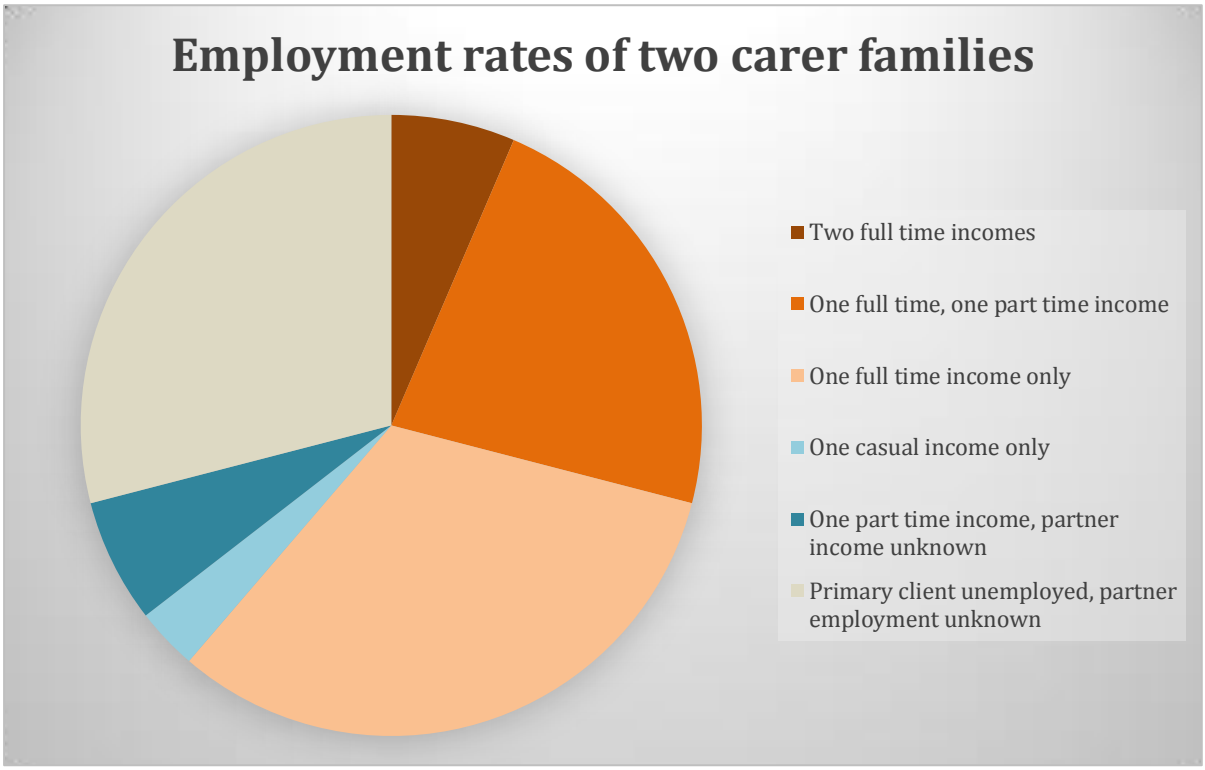

Figure 12: Employment rates of two carer families

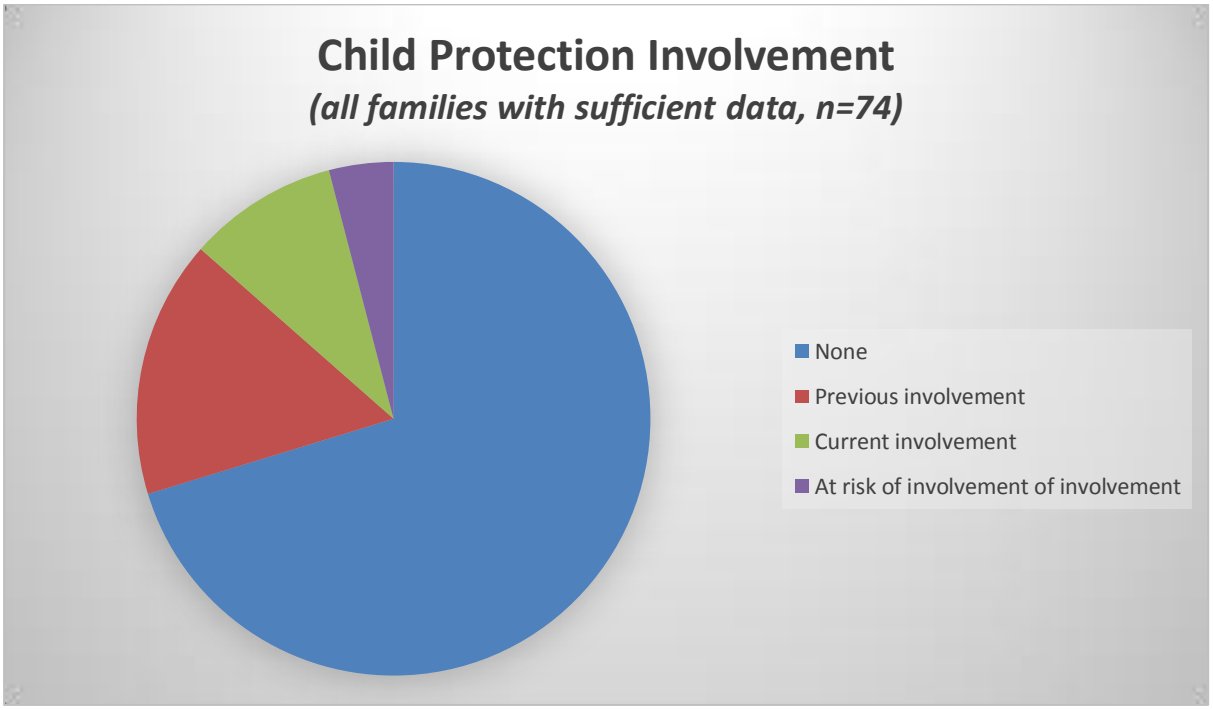

Figure 13; Child protection involvement

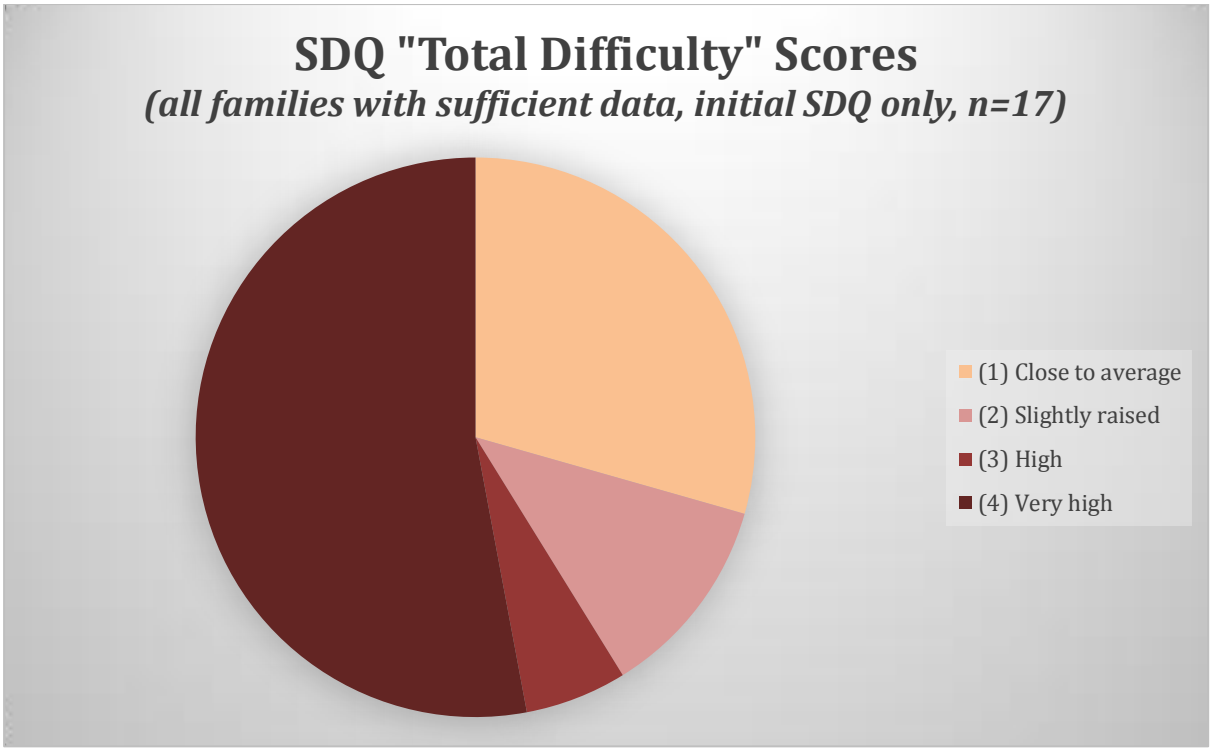

Figure 14: SDQ 'Total Difficulties' Scores

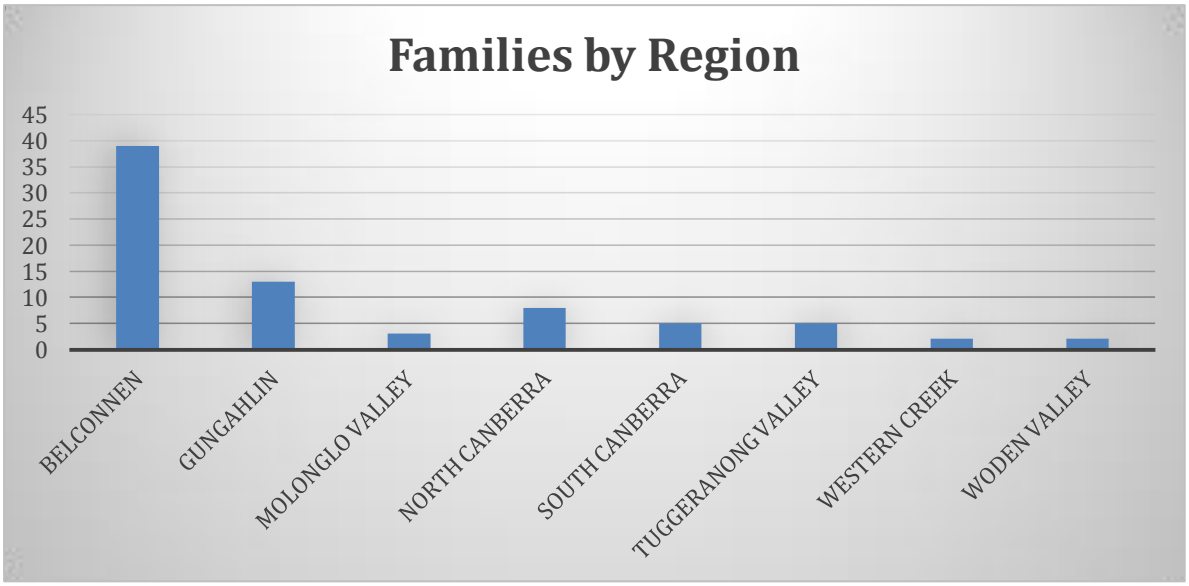

Figure 15: Families by region

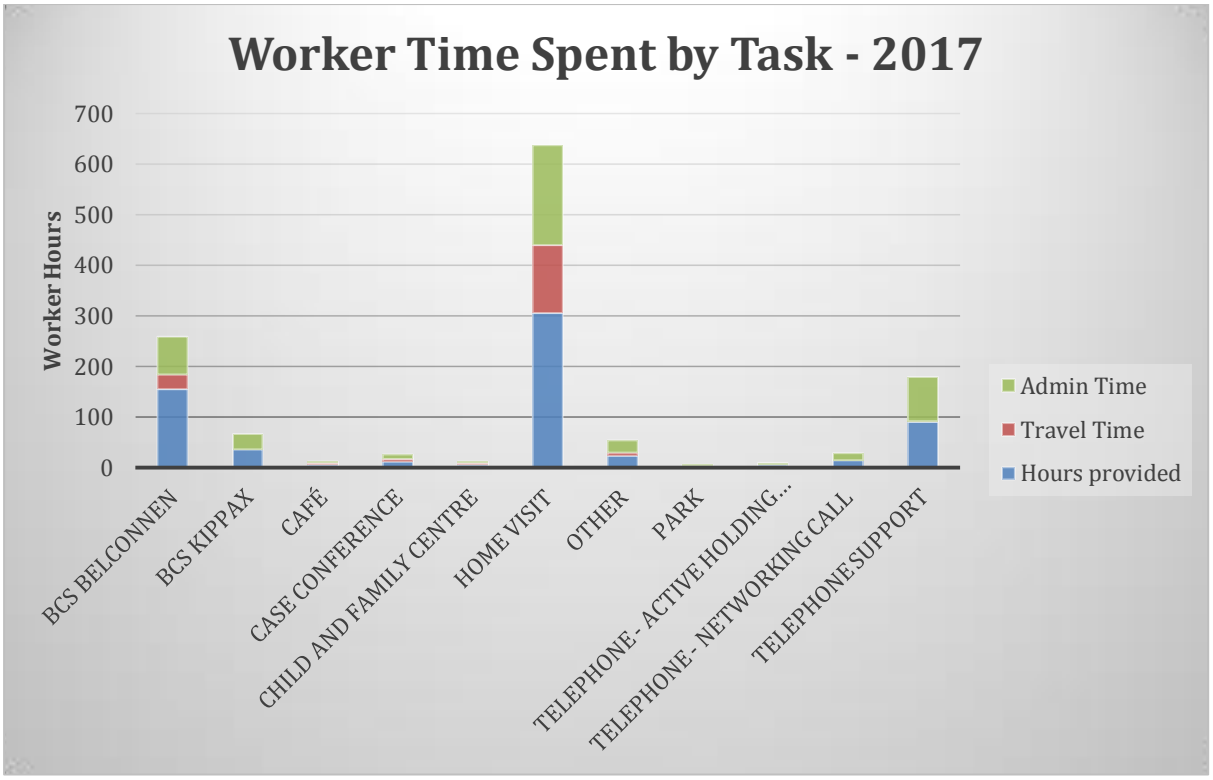

Figure 16: Worker time spent by tasks