Integrated Family Support Project Outcome Evaluation

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Acknowledgements

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DEFINITIONS

Family Support Sector – Government and non-government agencies which offer support to families.

Family Support Program – Those services funded by the Office for Children, Youth and Family Support (OCYFS) under the Family Support Program.

Early Intervention – Responses to the needs of families, children and young people 'who show the first indications of an identified problem and who are known to be at unusually high risk of succumbing to that problem' (Little, 1999). This may occur early in the life of a child or it may be early in the development of the problem in an older child.

Integrated Service – The services or agencies needed by an individual family to work together with the family in a planned and coordinated way to achieve the outcomes identified jointly by the family and the agencies involved.

GLOSSARY

CHYPS – Children and Young People's System. The information database of the Department of Disability, Housing and Community Services.

DHCS – The ACT Department of Disability, Housing and Community Services, within which the Office for Children, Youth and Family Support is an administrative unit.

FaHCSIA – Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs.

ICPS – Institute of Child Protection Studies at the Australian Catholic University.

IFSP – Integrated Family Support Project.

MC – Management Committee of IFSP.

PC - Project Coordinator of IFSP.

SAP – Selection and Advisory Panel of IFSP.

OCYFS – Office for Children, Youth and Family Support which provides care and protection services to children and young people in the ACT.

SP0 - Senior Project Officer of IFSP.

EXECUTIVE SUMMARY

BACKGROUND

The Integrated Family Support Project (IFSP) was established in late 2007 as a three year pilot project to develop a model for collaboration between government and non-government agencies and families in the Australian Capital Territory (ACT) who needed coordinated support. Framed by a strengths perspective, the program sought to work with families early in the life of the child and life of the problem, before the problems necessitated statutory child protection intervention, or in the early stages of statutory involvement. The IFSP was jointly funded for three years by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the ACT Department of Disability, Housing and Community Services (DHCS). It built upon a previous 12 month trial project, and ceased in November 2010 at the conclusion of funding.

DHCS commissioned the Institute of Child Protection Studies (ICPS) at the Australian Catholic University (ACU) to develop an evaluation framework for the IFSP, provide six-monthly progress reports after progress workshops, implement a medium-term process evaluation in 2009 and an outcome evaluation in 2010. This document reports the outcome evaluation.

POLICY CONTEXT

Commonwealth and ACT governments continue to strongly support and develop integrated and coordinated approaches to service delivery for families, children and young people. The *National Framework for Protecting Australia's Children 2009-2020* (Council of Australian Governments, 2009b), the Family Support Program (Department of Families Housing Community Services and Indigenous Affairs, 2009) and the National Early Childhood Development Strategy (Council of Australian Governments, 2009a) all recognise the need for more coordinated and flexible approaches to delivering support to families. The ACT Children's Plan 2010-2014 aspires to a 'whole of community framework' for children in the ACT and emphasises the importance of child-centred and family and community focused approaches, as well as the importance of collaborative and coordinated services to families (ACT Department of Disability Housing and Community Services & ACT Health, 2010). These

understandings have led to new programs in the ACT which are consistent with the assumptions and knowledge underpinning the IFSP including the new draft Service Delivery Framework: 2010-2013 for youth and family support services (ACT Department of Disability, Housing and Community Services, 2010). The IFSP, already a coordinating and collaborative model of service delivery, existed within a rapidly expanding context of policy and practice initiatives aimed at collaborative, responsive and integrated service delivery to families in the ACT.

KEY FEATURES OF THE IFSP

The key elements of the IFSP were that it:

- Was based on a partnership between government and non-government agencies in the ACT with an interagency governance structure – the IFSP Management Committee (MC);

- Provided early intervention and integrated service to selected families with emerging difficulties;

- Provided a centralised intake procedure which could take referrals from government and non-government organisations;

- Had an inter-agency Selection and Advisory Panel (SAP) which selected the families;

- Encouraged the family to choose their case coordinator who arranged a face-to-face family meeting, facilitated by a family group conferencing facilitator or a member of the project team, with all involved services. An outcome of this meeting was the development of a Family Action Plan;

- Supported the Case Coordinator to work with the families in a strengths-based, family focused, client-centred way on an ongoing basis for as long as the family chose (up to three years);

- Provided brokerage funding to assist families access services; and

- Provided training for case coordinators and agencies involved in the project.

The evaluation framework details the program logic of the IFSP and the intended outcomes and indicators of the achievements of the IFSP. The program logic is found on page 9 of the report. Outcomes were in two main areas: outcomes for children and families; and outcomes for the family support sector. The overall objective of the IFSP, which reflects the requirements of the funding agreement with FaHCSIA, was:

> *To improve outcomes for children at risk of harm or neglect by providing an alternative referral pathway to that of the statutory care and protection system and the development of a range of integrated services for different client groups, including Indigenous families, to achieve this.*

The process evaluation (Institute of Child Protection Studies, 2009) found that the IFSP had been implemented largely in the way it was intended: the main elements of the model (as outlined above) were implemented as intended, with the appropriate target group reached. Some judgments can therefore be made about its effectiveness.

In this outcome evaluation an emphasis has been placed on gaining the perspectives of key stakeholders, particularly families, on what has been achieved. The evaluation has relied on gathering multiple types and sources of evidence, both quantitative and qualitative. Limitations include that: the direct voices of the children are absent, although parents were asked about children's outcomes; and that, though the number of families for whom we have complete quantitative data (18) is a high proportion of the cohort of families (26)[1], analysis of the quantitative data is largely limited to descriptive statistics due to the overall numbers being small.

Overview

The IFSP was an attempt to build a more collaborative and coordinated approach to supporting families with younger children in the ACT who have complex and interacting issues. The families in this program live with a range of serious issues, often underpinned by poverty. Family support programs such as the IFSP, that use effective collaborative approaches that involve families with complex issues, aim to enhance children's safety and

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[1] Whilst 28 families were accepted to the project and in turn accepted the service offer, 2 families withdrew almost immediately and before the first family meeting. Little data were collected on these 2 families.

wellbeing by meeting children's and families' needs, and by strengthening family relationships.

The findings of this evaluation are multi-layered, both with respect to the outcomes for families and the outcomes for the family support sector. They reflect the complex (many types of intervention) and complicated (multiple agencies involved) nature of this program, meaning that the identification of causal strands between activities and outcomes is challenging (Rogers, 2008). This is accentuated by the small number of families overall, the smaller number for whom there are complete data and the small number for whom there had been some time-lapse since the conclusion of the IFSP, thus limiting the ability to gauge wellbeing when no longer supported by the IFSP.

Nonetheless, many of the families in the program were very positive about their experiences in the program and were able to identify significant progress towards meeting theirs and their children's needs.

Some features of the IFSP have emerged that provide important information for future developments of family support. Some of these relate to what Lightburn and Warren-Adamson (2006) call 'sensitive outcomes'. Sensitive outcomes are outcomes which are 'steps on the way' to achieving longer term outcomes and may be shorter term or proximal outcomes, or they may be mediating outcomes - outcomes which establish an environment which promotes change.

Outcomes For Families

Combining all the available data, there appears to be three groups of families: for one group, the gains for themselves and their children identified by them and their worker as a result of the IFSP, were large. This did not necessarily correspond with length of involvement. For a second group, the gains towards their goals were not perceived to be large, but they felt that they were being heard, respected and they considered the IFSP to be very welcome and helpful. Some of these families felt that if the IFSP could have continued they would have progressed further towards their goals. A very small third group were not happy - they did not get what they wanted from the IFSP and this seemed to relate

to a distrust of the case coordinator and/or not receiving brokerage funding they had requested.

Outcomes for the Family Support Sector

In terms of outcomes for the family support sector, there is a confluence of evidence that the level of collaboration between the community agencies funded to provide family support and between those agencies and the statutory Care and Protection Service is much greater since the IFSP commenced. At least some of this has been attributed by stakeholders to the working relationships established through the many dimensions of the IFSP.

Building Families' Confidence and Empowerment through Case Coordination

Most stakeholders saw the case coordination process as having great value in achieving outcomes for both families and the people working within the case coordination process. For many parents, whether or not they saw their goals fully or partially achieved, the processes used led to an increased sense of empowerment. The mechanisms seemed to be through the partnership approach embodied in the family meetings, the strengths-based support and encouragement provided either by the case coordinator, the Senior Project Officer or Project Coordinator. All of these elements are those identified as significant elements in effective family support.

Parents saw themselves as part of the team all working towards specified and achievable goals. Workers noted that empowerment manifested in a greater willingness in parents to ask for services, to expect services to do as they said they would, and sometimes a willingness to assert their views in contradiction to services.

In addition, case coordinators referred frequently to the help and support received from the Senior Project Officer and the Project Coordinator. Responsive relationships were built between the Project Coordinator, Senior Project Officer, the case coordinator and the family.

This indicates the achievement of a mediating outcome - the development of a culture of care in case coordination which enables the empowerment of parents. The development of

parental empowerment is another step on the way to having the capacity to access needed services and make community connections (Lightburn & Warren-Adamson, 2006, p.20).

Keeping Families Engaged – The Role of Choice, Flexibility and Continuity

One finding of the evaluation was the high level of retention of families and the continuity of case coordinators and other staff in the program. Research evidence in other associated fields point to the importance of continuity of worker for families to maximise their opportunities for change (McArthur, Thomson, Winkworth, & Butler, 2009; Moore, McArthur, & Noble-Carr, 2009).

In recognition of how important continuity is for service users, a key feature of the IFSP was giving families the choice of case coordinator. A further rationale for this was that by families choosing the case coordinator they retained or gained some power in relation to the services around them. There was also an intention to spread the integrated and coordinated way of working around the family support sector, both in government and non-government agencies. In the event it was largely non-government agencies who did the case coordination after the decision that it was inappropriate for Care and Protection workers to do so.

The process evaluation found that this element of the model may act as disincentive to referral and this theme continued through the outcome evaluation. Generally it was thought to be a good idea in theory, but in practice hard to implement, particularly for those workers in statutory practice.

The evaluation confirmed that families like continuity and do not like having to repeat their stories to a range of different workers or services. The IFSP provided considerable continuity, with few families having more than one case coordinator. The IFSP Project Coordinator remained with the project for the full 3 years and the Senior Project Officer, appointed to the new role in 2009, also remained until the conclusion of the IFSP. Families formed relationships with the project staff, even though the prime contact was intended to be the case coordinator. The data indicate that the continuity of the Project Coordinator and Senior Project Officer relationships with both workers and families were important in developing that culture of care in the case coordination dynamic.

The findings point to how important it is to maintain maximum continuity for families taking into account practical constraints. Where continuity cannot be maintained, active thoughtful strategies need to be implemented for seamless transitions to other workers when required.

Bridge Builders - The Essentialness of Program Staff to Support Effective Collaboration

The collaboration literature makes a strong case for an accelerated way into other systems (i.e. government to non-government and non-government to government) through dedicated staff who are able to transfer knowledge about and between systems and consistently nurture the collaboration by building capacity (Winkworth & White, 2010). To work with families in the IFSP with multiple and often complex issues, the capacity to work between the three levels of services, universal, targeted and treatment, was essential.

Family support workers who participated in case coordination sometimes found themselves organising meetings with professionals such as teachers, health workers, and Care and Protection workers in ways that they would not previously have felt they had the competence or confidence to do. Confidence and skill development was built partly through the training provided by the program but also due to the individualised modeling and coaching from the program staff, in turn contributing the culture of care discussed earlier. The element in the model of having staff dedicated to the collaborative processes is a powerful force in achieving more coordinated service delivery for families with more complex needs. In the next iteration of ACT family support the network coordinators will have an important and similar role to play in 'championing' and supporting the collaborative approach to family support in the ACT.

Brokerage Funding Can Contribute to Social Inclusion

One of the prime effects of the considerable brokerage funding available to families was that children in families could join activities which many families in affluent Canberra regard as normal. Children could be included in activities such as swimming lessons and other recreational endeavours. It enabled parents to purchase items to look after their houses in ways they would not otherwise be able to, for example, lawn mowers, vacuum cleaners and skips to remove rubbish. It provided connections to educational, health and counselling

resources that would not otherwise be possible. That these things were needed illustrates the struggle of many parents on income support to provide the basics for their children and themselves, and to engage in activities which connect them to the wider community.

There were some concerns raised about what would happen to the children's inclusion-promoting activities when the funding ran out. Workers worried that children would have a 'taste' and then not be able to continue, thus accentuating the experience of exclusion. This needs to be taken into account when making decisions about how to spend brokerage money. Key principles that assisted SAP decision-making included choosing activities that potentially led to sustainable change (e.g. education) or where the timely use of funding averts a crisis or leads to bigger problems. As much as possible, the SAP addressed the issue of sustainability in regard to children's activities and on a number of occasions, requested that the case coordinator looked for cheaper options in order to support sustainability beyond the project.

Tackling poverty and increasing social inclusion is a priority of both the ACT and Australian governments and entails a broad range of strategies. We note that the draft ACT Service Delivery Framework includes funding for brokerage for service users (ACT Department of Disability Housing and Community Services, 2010). At a program level, brokerage that supports families to access every-day, normal non-stigmatising activities and services is critical to fostering inclusion and an essential program feature.

It Can Take Time for Families to Make Changes in Their Lives

The families in the IFSP experienced disadvantage and complexity, such as domestic and family violence, mental health and substance abuse issues; as well as children's behavioural, health and emotional problems and financial disadvantage. These are families that require supportive, proactive, ongoing and coordinated service responses. People with interlinked problems benefit from dedicated coordinated assistance to help them broker services over a longer period of time.

In recognition of this, the IFSP was designed for families to stay as long as required up to 3 years, and families had an average length of stay of over one year. This was evidence of effective engagement with families, given that some family support programs have a

'treatment failure or premature drop out' rate of up to 50% (Ghate, 2010). Some families mentioned that family meetings were at closer intervals earlier in their involvement with the IFSP and then longer intervals as their issues were dealt with and the need for the family meetings diminished. Depending on the complexity of the situation, the number of differing services needed and the interacting factors involved, families needed assistance for differing lengths of time. Funding models which rigidly prescribe lengths of intervention are aimed at high numbers receiving service but not necessarily effectiveness. Families may well drift from one service to another under these circumstances.

There were a small number of families who had made gains at the conclusion of the IFSP, but then crises had occurred subsequently which were threatening those gains. This is a well-known situation in family support. It is unrealistic to expect that families, particularly those with multiple and complex needs, will be 'fixed'. The families interviewed in this situation knew who to call, although a couple of families were not impressed with the person they could call.

There is evidence available that even with highly intensive therapeutic services, 'boosters' may be needed - that is, families may need assistance again (Moran, Ghate, & van der Merwe, 2004). This is not necessarily a program failure. Funding models need to allow for higher intensity and lower intensity service without families having to disengage and reengage with different people. It is therefore important that models of family support not be too prescriptive as to the length of service provision and respond according to individual family need.

Ongoing Effort is Required To Build and Maintain Collaboration

There is little doubt that there has been increased collaboration between partner agencies in the family support sector in the ACT. In particular, there is a stronger understanding of roles and closer links between the non-government agencies that provided family support themselves and between those agencies and statutory Care and Protection. The model demonstrates that shared governance, planning mechanisms and accountability for common outcomes are all critical to the development of integrated approaches across the family support sector.

In research about collaborative or integrated working it is acknowledged that time and effort is required to ensure that the 'right' partners are working together. There are often significant challenges to developing collaborative interventions between agencies with diverse agendas. Therefore, it is not surprising that some workers and managers reported it was sometimes difficult to engage with some partners in case coordination situations. It was also noted that when these parties did 'come to the table' in case coordination meetings, the results were very useful. Particular partners mentioned were government agencies such as ACT Health, and the Department of Education and Training, and although these departments were represented at the MC and SAP, engaging individual workers remained patchy. This points to how even when there is a strong 'authorising' environment (Winkworth & White, 2010) reflected in a range of ACT policy documents (e.g. the ACT Children's Plan), unless there is a shared purpose recognised and authorised at all levels, engagement may not be seen as a priority.

Collaboration also requires a level of commitment to shared outcomes. The funded agencies of the IFSP cannot take whole responsibility for working collaboratively with other government and non-government agencies. As suggested by Winkworth and White (2010), it is important that there is shared planning about this at policy and planning levels, and it is also important that agencies are accountable for achieving some common outcomes. Family support agencies alone cannot achieve case coordination and seamless integrated service.

Building Capacity to Collaborate

The IFSP recognised that to work in a more collaborative way, attention to building capacity of services was important to ensure there was sufficient 'know how' and capability to make collaboration work across government departments and other services. IFSP stakeholders have attested to the value of relationships built across organisations, though the evidence is that shared training has challenges in achieving effectiveness (Charles & Horwath, 2009). The need for qualified staff to undertake the complex work with families with complex problems was emphasised by managers in the evaluation. Informants to this evaluation and the earlier process evaluation highlighted that a high level of knowledge, skill and time was required to utilise such common assessment tools as the Common Assessment Framework, and that this was challenging for some case coordinators in the IFSP. Recruiting and

retaining qualified skilled staff is costly, as evidenced in the contemporary wages case for people on the SACS award (the non-government sector)(ACOSS, 2010).

Family support programs need to be properly resourced to provide the level of skills and time to meet the varying levels of need required in family support, although not all families who require family support will need case coordination. The need for ongoing workforce planning and development is an issue facing all jurisdictions and parts of the broad human service workforce.

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BACKGROUND TO THE INTEGRATED FAMILY SUPPORT PROJECT

The Integrated Family Support Project (IFSP) was established in late 2007 as a three year pilot project to develop a model for collaboration between government and non-government agencies and families in the Australian Capital Territory (ACT) who needed coordinated support. It aimed to provide sustained, integrated services to families at risk. Framed by a strengths perspective, the program sought to work with families early in the life of the child and life of the problem, before the problems necessitated statutory child protection intervention, or in the early stages of statutory involvement. The IFSP was jointly funded for three years by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) under the *National Agenda for Early Childhood*, through the Stronger Families and Communities Strategy; and the ACT Department of Disability, Housing and Community Services (DHCS). It built upon a previous 12 month trial project, and ceased in November 2010 at the conclusion of funding.

The IFSP reflected the understanding held at both Commonwealth and ACT government levels that traditionally, service systems at different levels of government have worked in isolation from each other. In the past, in order to obtain help with parenting problems and other family issues, vulnerable families have needed to navigate different systems and multiple service networks. The IFSP responded to the recognition that people face complex challenges in their everyday lives and their needs for safety, health, clothing, food, shelter and emotional wellbeing form interacting systems of need, and as such, require coordinated and integrated service delivery (Horwath & Morrison, 2007; Morrison, 2000; Scott, 2005).

DHCS commissioned the Institute of Child Protection Studies (ICPS) at the Australian Catholic University (ACU) to develop an evaluation framework for the IFSP, provide six-monthly progress reports after progress workshops, implement a medium-term process evaluation in 2009 and an outcome evaluation in 2010. This document reports the outcome evaluation.

The report begins with the research and policy background to the IFSP and outlines the evaluation process so far, including the methodological approach. It then briefly describes the IFSP process with families and uses a case study to illustrate that process. The extent to

which outcomes for families and outcomes for the family support sector have been achieved comprises the next section. Finally the report discusses the main messages from the evaluation which can inform future family support initiatives.

WHY AN INTEGRATED FAMILY SUPPORT PROJECT?

RESEARCH CONTEXT

Research evidence continues to mount that where children and families experience multiple and interacting problems in their lives, children's wellbeing and safety can be compromised. Known risk factors for child abuse include, but are not limited to: domestic violence, parental drug and alcohol misuse, poverty and social isolation, children's disability, parental mental health problems and poor family relationships (National Child Protection Clearinghouse, 2008). Children and families exist in an ecology of relationships (Bronfenbrenner, 2005) and services have too often ignored those relationships and acted in isolated ways. Research from Chapin Hall confirms that a small proportion of families utilise multiple services and through that process, attract a high proportion of social and health resources, which may be overlapping, uncoordinated and therefore costly (Goerge, Smithgall, Seshadri, & Ballard, 2010). Planned collaborative approaches are needed to meet the needs of children and families and for efficiency in service delivery. This may involve universal, targeted and treatment (or tertiary) services working as an integrated service system (Centre for Community Child Health, 2006).

Early intervention is regarded as a key strategy for promoting the wellbeing of children, families and communities. Early intervention involves responses to the needs of communities, families, children and young people 'who show the first indications of an identified problem and who are known to be at unusually high risk of succumbing to that problem' (Little, 1999). This may occur early in the life of a child or early in the development of the problem. Effective early intervention, particularly with young children, which addresses risk factors and builds protective factors (such as community connections and healthy family relationships) leads to long term benefits for children, families and communities (Council of Australian Governments, 2009a; Sanson et al., 2002). Often these early interventions occur by means of targeted services. However, early interventions may

be accessed through universal services. Winkworth and McArthur (2007) argue that there needs to be an interface; a working across the differing levels of intervention - the 'grey zones' between universal, targeted and treatment services (p.49).

Family support programs are one way of providing early intervention and promoting early childhood development, although some family support programs have a treatment (tertiary, intensive) focus (Chaffin, Bonner, & Hill, 2001) and others are offered universally. Family support interventions seek to prevent the state needing to provide care to children outside their families (Katz & Pinkerton, 2003). The Australian Institute of Health and Welfare collects statistics on family support services and has adopted the following definition of family support services:

> *Services that seek to benefit families by improving their capacity to care for children and/or strengthening family relationships. ((Australian Institute of Health and Welfare, 2001, p.xi).*

This definition emphasises the strengths-based approach which has characterised the development of many family support services (Pecora, 2003). The definition also encompasses a variety of types of services, which is one of the limiting factors in describing 'what works' in family support. Whilst recognising that the state of knowledge is always emerging and evaluating family support is a complex business, following are some of the elements emerging as important in effective family support programs:

- Programs are underpinned by theory;

- Programs work in partnership with families: they meet the needs of families as families define them, recognising the expertise of families in their own lives;

- Programs take a child-centred, family focused approach;

- Programs offer the length of support required by the individual family and they offer support after the official end of intervention;

- Programs work in strengths-based ways to build resilience in children and families;

- Programs work collaboratively with other services, and proactively connect families with needed services including universal services;

- Programs have multiple avenues of intervention; and,

- Programs meet the practical needs of family, for example convenient times and locations for service delivery (Ghate, 2010; Moran, Ghate, & van der Merwe, 2004).

POLICY CONTEXT SINCE ESTABLISHMENT OF THE IFSP

Commonwealth and ACT governments continue to strongly support and develop integrated and coordinated approaches to service delivery for families, children and young people. This is reflected in the service models under development in the ACT.

COMMONWEALTH

Since the IFSP began, the Council of Australian Governments has released its *National Framework for Protecting Australia's Children 2009-2020.* The National Framework emphasises that the protection of children is not simply a matter for statutory child protection systems, but is the responsibility of all levels of government and the community. It aims to deliver a more integrated response which does not change the responsibilities of governments, but which focuses efforts on working together better in areas of shared responsibility (Council of Australian Governments, 2009c, p. 5). The Family Support Program (Department of Families Housing Community Services and Indigenous Affairs, 2009) plans to bring together key policy and service delivery approaches[2], and recognises the need for more coordinated and flexible approaches to delivering support to families.

The National Early Childhood Development Strategy emphasises the importance of early intervention in providing life chances for children and that 'it takes a village to raise a child'. The Strategy highlights the importance of services which are 'coordinated, comprehensive, interdisciplinary and flexible' (Council of Australian Governments, 2009a, pp 11-12).

AUSTRALIAN CAPITAL TERRITORY

The ACT Children's Plan 2010-2014 aspires to a 'whole of community framework' for children in the ACT. It emphasises the importance of child-centred and family and community focused approaches, as well as the importance of collaborative and coordinated

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[2] Family Relationship Services Program, Strengthening Family Program (under the National Illicit Drug Strategy, Communities for Children, Invest to Grow, Child Care links, Indigenous Children Program, Indigenous parenting support services, Playgroup Program and Responding Early Assisting Children Program.

services to families (ACT Department of Disability Housing and Community Services & ACT Health, 2010).

These understandings have led to new programs in the ACT which are consistent with the assumptions and knowledge underpinning the IFSP:

- The Integrated Multi-agencies for Parents and Children Together (IMPACT) Program, which commenced in 2008 and provides coordinated services for families, who are pregnant or have children under 2 years of age, who are clients of Mental Health ACT and who are receiving opioid replacement therapy;

- The Indigenous Integrated Service Delivery program within the Aboriginal and Torres Strait Islander Services (OCYFS), which is underpinned by similar assumptions and principles to those of the IFSP;

- Disability ACT funds A Family-centred Flexible Intensive Response Model (AFFIRM) which provides intensive coordinated family support to families who have children with a disability;

- In June 2009, a collaboration of eight ACT community organisations gained funding from FaHCSIA under the Protecting Australia's Children Funding, to develop a new approach to referrals from Care and Protection, with the project now known as 'Connecting Families'; and,

- The new draft Service Delivery Framework:2010-2013 (ACT Department of Disability, Housing and Community Services, 2010) contains principles which include 'collaboration, coordination and integration of quality services for children young people and their families'.

The IFSP preceded the above initiatves and programs (apart from AFFIRM which began at about the same time as the trial IFSP). Thus the IFSP, already a coordinating and collaborative model of service delivery, existed within a rapidly expanding context of policy and practice initiatives aimed at collaborative, responsive and integrated service delivery to families in the ACT.

This report will now provide a brief description of the key features of the IFSP, and a summary of the evaluation so far.

KEY FEATURES OF THE IFSP

As outlined in the Evaluation Framework (McArthur, Thomson, & Butler, 2008), the key elements of the IFSP were that it:

- Was based on a partnership between government and non-government agencies in the ACT with an interagency governance structure – the IFSP Management Committee (MC);

- Provided early intervention and integrated service to selected families with emerging difficulties;

- Provided a centralised intake procedure which could take referrals from government and non-government organisations;

- Had an inter-agency Selection and Advisory Panel (SAP) which selected the families;

- Encouraged the family to choose their case coordinator who arranged a face-to-face family meeting, facilitated by a family group conferencing facilitator or a member of the project team, with all involved services. An outcome of this meeting was the development of a Family Action Plan;

- Supported the Case Coordinator to work with the families in a strengths-based, family focused, client-centred way on an ongoing basis for as long as the family chose (up to three years);

- Provided brokerage funding to assist families access services; and,

- Provided training for case coordinators and agencies involved in the project.

The plan for this pilot was to work with 30 families.

THE EVALUATION SO FAR

This section outlines the evaluation story to date. It includes the development of the evaluation framework (McArthur et al., 2008) and a summary of the findings of the process evaluation (Thomson & McArthur, 2009).

EVALUATION FRAMEWORK

The evaluation framework details the program logic of the IFSP and the intended outcomes and indicators of the achievements of the IFSP. The report includes only a brief summary here, including the program logic in diagrammatic form on page 9. The theoretical underpinnings and practice principles outlined in the project logic diagram are in keeping with the theories and research overviewed earlier in this report.

OBJECTIVES AND OUTCOMES

The overall objective of the IFSP, which reflects the requirements of the funding agreement with FaHCSIA, is:

> *To improve outcomes for children at risk of harm or neglect by providing an alternative referral pathway to that of the statutory care and protection system and the development of a range of integrated services for different client groups, including Indigenous families, to achieve this.*

Program outcomes were identified in the FaHCSIA funding agreement and were based upon two main areas*:* outcomes for children and families; and outcomes for the family support sector:

For children and families:

> *An increase in intervention early in the life of a problem (compared to interventions prior to the commencement of this project).*

> *An increase in the proportion of families with multiple problems who feel they received targeted services and had their specific needs met and to what degree (compared to prior to the commencement of this project).*

> *A decrease in vulnerable families' social exclusion (compared to prior to the commencement of this project).*

A reduction in the risk to children's safety and wellbeing (compared to prior to the commencement of this project).

A reduction in adverse outcomes for family members in the longer term.

An increase in the coordination of appropriate service delivery (compared to prior to the commencement of this project).

For the family support sector:

An increase in the proportion of case workers in the family support sector who feel they have gained the required skills and confidence to work with families with multiple needs where risks to the safety and wellbeing of children are present (compared to prior to the commencement of this project).

An increase in the number of case workers who undertake the training program and then go on to implement effective and efficient collaborative practice and integrated service delivery and engaging with families.

An increase in collaboration and integration between partner agencies in the family support sector.

Increased knowledge about integrated service delivery in the family support sector in the ACT and elsewhere at the conclusion of the project.

Final evaluation and final report provide recommendations about an integrated service model for the ACT, guided by the National Agenda for Early Childhood.

Program Logic. Adapted from University of Wisconsin (2005)

Underpinning theories	Inputs	Outputs		Outcomes & Impacts		
		Activities	Participation	Short-term	Medium term	Long term

Underpinning theories

Family systems theory

Ecological theory

Developmental theory

Resilience theory (inc. Strengths based approach)

Assumptions

Better outcomes for vulnerable children and families in ACT will flow from improved integration of services, flexible responses to the particular situations of individual families and strengthened and streamlined collaboration between professionals and between agencies, supported by effective Governance

Principles:
Child centred practice
Family focused practice
Flexible individualised responsive,
• coordinated service, voluntary involvement

Inputs

What needs to be invested?

Staff from OCYFS and partner agencies

Time of OCYFS and partner agencies

Families

Evaluation framework

Research base

Brokerage funds

Outputs

Activities

What is done?

Central referral to select families

Family meetings to develop family action plans

Coordinate collaborative case work/case management

Integrated governance

Develop policies and procedures

Training for workers

Action research

Reporting

Participation

Program reach

No. appropriate referrals

No. families participating in program who meet selection criteria

Level of satisfaction of families with assessment, selection and action planning processes

No. practitioners trained

Outcomes & Impacts

Short-term

Retention rate of participating families

Increase in intervention early in life of problem

Increased capacity of families to access universal services

Increase in level of commitment to sustainable model of integrated family support

Increased no. practitioners applying knowledge, and skills to effectively support families

Medium term

Reduction in no. of families using crisis services

Increase in no. of families using sustainable family based support on transition from the project.

Increase in families' social connections

Increase in effective joint working arrangements between partner agencies

Sustainable training system

Long term

Reduction in risk to children's safety and well-being

Improved well being for children and families

Better life outcomes for children and families ??(out of scope)

Future policy, program planning and funding arrangements in ACT reflects learnings of project re integrated model of family support

Small number of families with children who have multiple needs and who are placing their children at risk of abuse and neglect. Increasing rate of notifications

External Factors: Funding agreement with FaHCSIA, population size, fragmented service system, family support program contracts.

WHAT THE PROCESS EVALUATION FOUND

The process evaluation (Institute of Child Protection Studies, 2009) found that the IFSP had been implemented largely in the way it was intended: the main elements of the model (as outlined above under 'key features of IFSP') were implemented as intended, with the appropriate target group reached. This means that in this outcome evaluation some judgments can be made about its effectiveness.

The process evaluation found that continuity in the IFSP staff, case coordinators and the Management Committee over the two year period of the project was a strength, enabling changes to be identified early, continuity for families in case coordination and continuity of development of policy and procedures.

One of the challenges identified in the process evaluation was the extra work and time experienced by non-government organisations that provided case coordination. It was noted that referral to the IFSP meant referral to a 'philosophy or a particular way of working', rather than to a service. It was thought that this sometimes acted as a disincentive to refer to the IFSP.

Preliminary indications of the process evaluation were that, whether due to the IFSP, external forces or both, changes were occurring in the family support sector, including a willingness among case coordinators to embrace the IFSP coordinated way of working. In terms of outcomes for families; case coordinators and parents reported some positive changes occurring in families and children involved in the IFSP.

The process evaluation identified the following issues:

- Need for more easily usable program data;

- The difficulties inherent in the model where the referring agency did not want to case coordinate;

- The need for supportive arrangements for families at the conclusion of the project; and,

- The importance of mutual recognition of the priorities of partners, of seeking opportunities to celebrate the achievements of the IFSP, of investigating how well shared information systems work, and of streamlining where possible duplication of assessment processes occur.

CHALLENGES IN EVALUATING FAMILY SUPPORT PROGRAMS

Evaluation of family support initiatives is fraught with difficulties, particularly around attributing change to the program under evaluation (Pecora, 2003). Many events and programs can impact upon the effect of a program. The IFSP involved many organisations, all with their own policies and procedures providing case coordination for families.

The coordinated intervention, whilst standardised by IFSP policies and procedures, provided services through different agencies, and coordinated services with different agencies and with workers from a variety of backgrounds. In addition, there may not have necessarily been a conflation of the interests of all family members and perceptions of outcomes may have varied for different family members (Tunstill, 2003).

METHODOLOGICAL APPROACH

In this evaluation an emphasis has been placed on gaining the perspectives of key stakeholders, particularly families, on what has been achieved. The evaluation has relied on gathering multiple types and sources of evidence, both quantitative and qualitative.

During the course of the development of the program logic, the MC and evaluators developed some proximal outcomes (short term and medium) relating to the outcomes agreed with FaHCSIA. These outcomes are 'steps on the way' to achieving longer-term outcomes.

ETHICS APPROVAL

The ICPS team sought and was given approval by ACU's Human Research Ethics Committee to conduct the evaluation research. The IFSP Project Coordinator sought and was given approval by the DHCS Ethics Research Committee for this research.

DATA SOURCES

The purpose of this section on data sources is to outline the sources of data used in this evaluation report. Both quantitative and qualitative data were collected.

QUANTITATIVE DATA

- **Program database -** Included demographic information, service history, baseline and transition family needs data (both before and after intervention), scores on the Family Support Scale (both before and after intervention), eligibility criteria and number and frequency of case coordinator contacts. 28 families were accepted into the IFSP. Two families accepted the service offer but withdrew their consent almost immediately and prior to the first family meeting, leaving data for 26 families. Both baseline and transition (collected at the conclusion of their involvement with the IFSP) family needs data are available for 19 families[3]. The data fields collected can be found at Appendix A.

- **Training data -** On attendance and satisfaction.

- **Partnership Assessment Tool -** Anonymous online surveys were administered in August 2008 (with 14 responses), September/October 2009 (with 19 responses) and August 2010 (with 23 responses) to identify changes in the partnership between the partner organisations (see Appendix B).

QUALITATIVE DATA SOURCES

- **Focus groups and interviews with key stakeholders -** The participation level for the outcome evaluation was low, with seven managers in government and non-government organisations, including managing staff of the IFSP from DHCS participating. These interviews were recorded and transcribed (see Appendix C).

- **Interviews with families -** 21 families gave consent for ICPS researchers to contact them and 17 families (parents) were interviewed. Reasons for non participation

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[3] Ratings on the Family Support Scale before and after intervention are available for 18 families.

included: one person was not contactable; one person declined; one person did not respond; and one person was sick and unable to reschedule in the time available. With the interviewed parents' permission, 15 of the 17 interviews were recorded and transcribed. Comprehensive notes were written for the other 2 interviews. These interviews were undertaken in the period of April to October 2010. Originally, the plan was that people would be interviewed 3 months following transition so that the sustainability of changes could be investigated. However, as transitions occurred in small numbers from the beginning of 2010, this would have resulted in a small number of interviews. So that the evaluation could benefit from the views of more families, it was decided that families that were still receiving services or who had been recently transitioned would also be interviewed. At the time of interviews, 4 families had been transitioned for at least three months, 5 had not been transitioned and the others had been transitioned less than 2 months before the interview. The interview schedule is included at Appendix D.

- **Meeting Notes -** The reports from the progress workshops held with the Management Committee and Selection and Advisory Panel in June 2008, November 2008, August 2009, February 2010 and August 2010 were utilised in the evaluation.

ANALYSIS

The quantitative data available on families were imported into SPSS (Statistical Package for the Social Sciences) for analysis, as were the results of the Partnership Analysis Tool survey. The qualitative data were analysed using NViVO, a qualitative data analysis program.

LIMITATIONS

In this evaluation the direct voices of children are absent - we did not include direct contact with children, although parents were asked about children's outcomes. Similarly, where a couple was involved, the interview undertaken was usually with only one member of the couple. Another member of the couple may have had a different viewpoint.

Data were collected on the 26 families who continued beyond the service offer. Complete quantitative data, including before and after ratings, are available for 18 families which is a

high proportion of the families participating in the IFSP. Interviews were completed with 17 families, also a high proportion of the total cohort of families serviced by the IFSP. Though these numbers represent a high proportion of the families, analysis of the quantitative data is largely limited to descriptive statistics due to the overall numbers being small. Similarly, the number of partnership assessment tool responses was too low for any sophisticated statistical analysis.

THE PROGRAM

WHO WERE THE FAMILIES?

This data is drawn from the CHYPS database. Of the 26 families who continued with IFSP beyond the initial service offer, there was a mix of family structures, with 15 sole parent families (one of which was headed by a male), and 11 couple parent families.

TABLE 1: CHILDREN IN IFSP

Family Characteristic		Count (%) N=26
Number of Children in the Family	1	4 (15%)
	2	9 (35%)
	3	6 (23%)
	4	5 (19%)
	5	1 (4%)
	6	1 (4%)
	Total	71
Age of Identified Child At Start of IFSP	Under 2 years	3 (12%)
	Over 2 years under 4	8 (30%)
	Over 4 years under 6	8 (30%)
	Over 6 years under 8	5 (19%)
	Over 8 years under 11	2 (8%)

One family had children in out-of-home care. Most of the identified children were male (19), with 7 female children. Three of the children identified as Aboriginal or Torres Strait Islander. Families lived throughout Canberra (except for Inner North), with 10 out of 26 living in Tuggeranong.

Centrelink payments were the primary income source for 75% of mothers; 18% had a combined income and one stated 'other'. The fathers' income sources were employment (17%), Centrelink (25%), combination (25%) and other (4%), with 7 missing data for this variable (14 families were headed by a mother).

All of the families were involved with multiple services at the time of referral. Eight families were involved with 3-5 services, 10 with 6-8 services, 7 families with 9-11 services and one family with 14 services.

All families had multiple interacting risk factors. The number of risk factors for the families assessed by workers ranged from 3 to 10 with an average of 6.5. The most common risk factors applied to half or more of the families and included: lack of family support (22 families), children under preschool age (17), parental age (teenage pregnancy) (17), multiple children under 8 years of age (15), number of notifications (15), lack of parenting skills (15), unemployment (13) and domestic violence (13). Two families had domestic violence issues, mental health issues and alcohol and other drug (AOD) issues. Four families had domestic violence and AOD issues but no mental health issues (see Appendix E for a more detailed breakdown).

Referring agencies were Care and Protection / OCYFS (7 families), Woden Community Services (5), Relationships Australia (3), Kippax Uniting Care (3), Tuggeranong Child and Family Centre (2), Belconnen Community Services (2), Schools as Communities (1), Marymead Child and Family Centre (1), ACT Health (1) and other (1).

Three families had experienced changes in their case coordinators, while the remainder of families had the same case coordinator throughout their involvement in the IFSP. Case coordinators were from Communities@Work, Woden Community Services, Care and Protection / OCYFS, Relationships Australia, Kippax Uniting Care, Tuggeranong Child and Family Centre, Gungahlin Child and Family Centre, Belconnen Community Services, Schools as Communities, Marymead Child and Family Centre, Barnardos Australia, and IFSP staff (2 families).

The pattern of entry to, and transition from the IFSP, can be seen in Graph 1 below. It shows few transitions until 2010 and a large entry of families in the first half of 2010.

GRAPH 1: PATTERN OF ENTRY TO AND TRANSITION FROM THE PROJECT
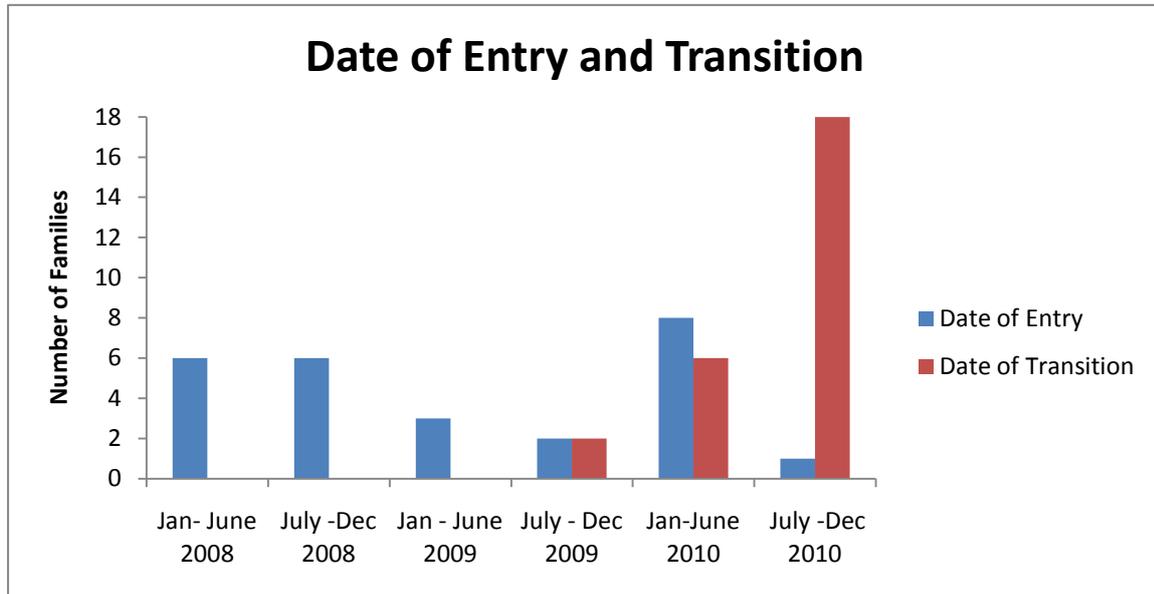
WHAT IFSP DID WITH FAMILIES

This section of the report briefly describes how the IFSP worked with families, and illustrates this using an IFSP story.[4]

REFERRAL AND ELIGIBILITY

The Project Coordinator acted as the central referral point for the IFSP. A worker (whether government or non-government) wishing to refer would discuss possible referral with the Project Coordinator. Eligibility is outlined in the box below.

The referral was discussed with the family by the worker who knew the family, and possibly the Project Coordinator. Other agencies involved were informed of the family's possible involvement in the IFSP. The referral was taken to the SAP, which determined whether or not an offer of service would be made to the family. If so, the referring worker and/or Project Coordinator met with and made the offer of service to the family. The family

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[4] Step by step accounts of the procedures and standardised forms are available in the IFSP Operations Manual. The process included collection of baseline and follow up data for the evaluation by the project coordinator.

nominated who they would like to be case coordinator out of the agencies they were involved with.

POPULATION GROUPS
The IFSP will work with families who may have had contact with or are at risk of having contact with the statutory child protection system. Selection for the IFSP will be from families with a child or children from one of the following groups:

a. Child reported to be at risk (through notifications) but not meeting criteria for statutory intervention;

b. Families with emerging difficulties, mental health, domestic violence or drug and alcohol

c. Young Parents under 30 years of age; and/or,

d. Families that are engaged or need to be engaged with a range of services from the government and non-government sectors.

ESSENTIAL CRITERIA
Families have at least one child under the age of 8 years who is at risk of abuse and/or neglect. Families are willing to work with the project team. Families agree to share private information with agencies participating in delivery of their care plan.
For families with children in population group (a) there will have been:

a. 3 or more notifications in the past 12-18 months;

b. 3 or more known risk factors within the family;

c. Engagement with a service or services other than Care and Protection; and,

d. For all children, there will be a risk of their present situation worsening without concentrated, sustained support such as this program can provide. (Integrated Family Support Project, 2009, pp.16, 80)

WORKING WITH THE FAMILY

The case coordinator organised a family meeting, which included family members, relevant government and non-government services. The first family meeting was usually facilitated by the OCYFS Family Engagement Unit to assist the case coordinator and the family with family meeting processes. After the first months of the IFSP, this role (demonstrating the running of family meetings) was undertaken by the Project Coordinator (PC) or Senior Project Officer (SPO) employed in 2009. Family Action Plans, which included goal setting and plans for reaching these goals, were developed through discussion between the case coordinator, family and involved agencies, with actions allocated. The plans were based on the needs assessment usually undertaken through completion of the Common Assessment Framework. Family meetings (with family and relevant agencies) were held as required (flexibly on a 4- 6 weekly basis) to update and revise the plans in locations convenient for the family. This was often in the family's home, but could be in a school or other community setting.

In between meetings, the model involved the case coordinator communicating regularly with the family, providing strengths-based, family focused, and child-centred support; and also communicating consistently with other relevant services. A financial plan was developed and if this involved brokerage ($1000 per year per child was available), the plan was submitted to the SAP for discussion, alteration and approval. When goals were sufficiently achieved, the family meeting developed a transition plan, which was also submitted to SAP, and the family was transitioned, with links to other services as required. Home visits were a key feature of the IFSP, during which case coordinators worked with the family to prepare for family meetings, transported families to appointments and offered emotional and practical support. In short, case coordinators provided considerable 'family support' in addition to their specific case coordination role.[5]

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[5] For numerical report of worker activities please see Appendix M.

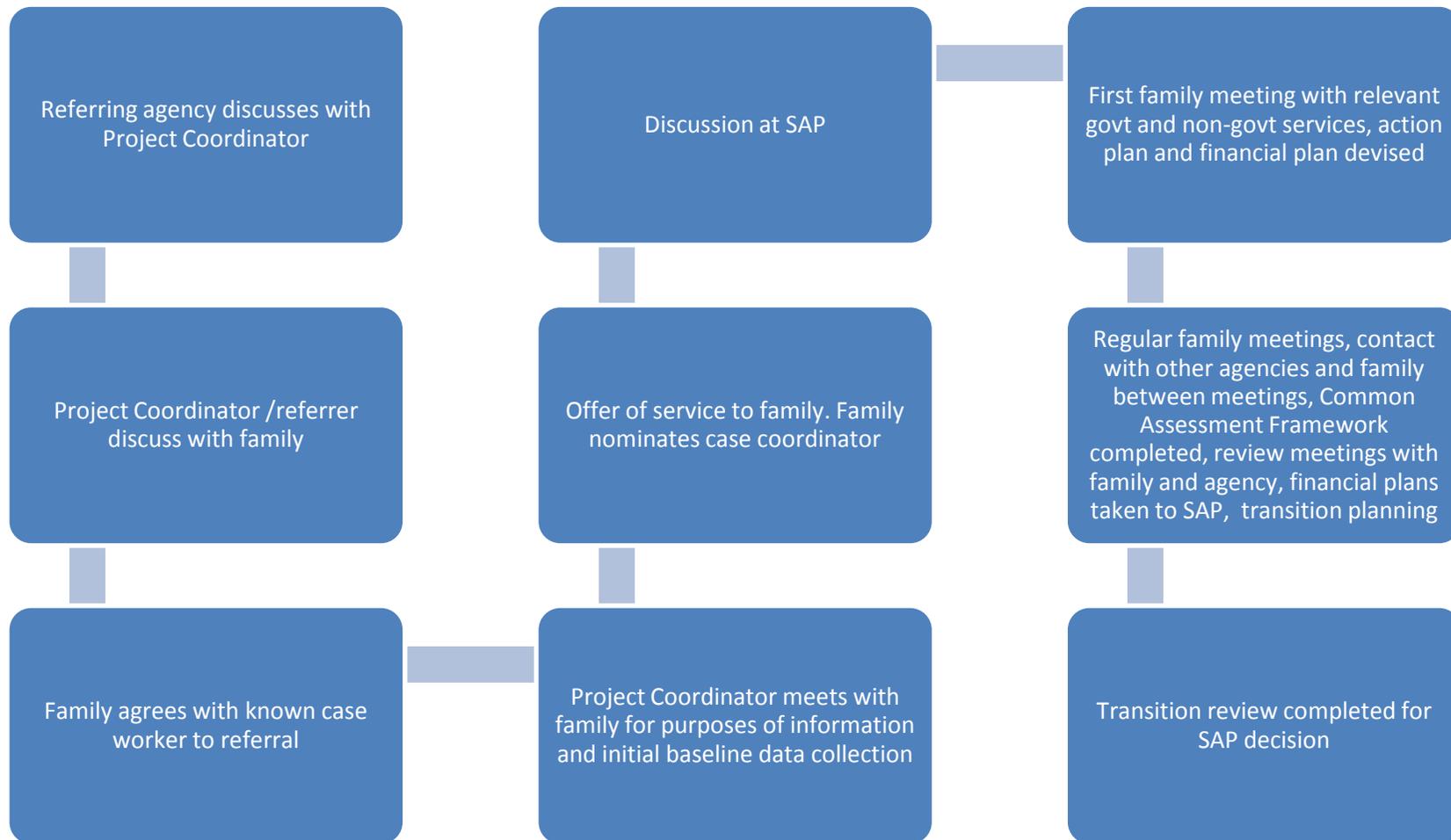|		
Referring agency discusses with Project Coordinator	Discussion at SAP	First family meeting with relevant govt and non-govt services, action plan and financial plan devised
Project Coordinator /referrer discuss with family	Offer of service to family. Family nominates case coordinator	Regular family meetings, contact with other agencies and family between meetings, Common Assessment Framework completed, review meetings with family and agency, financial plans taken to SAP, transition planning
Family agrees with known case worker to referral	Project Coordinator meets with family for purposes of information and initial baseline data collection	Transition review completed for SAP decision

FIGURE 1: SIMPLIFIED FLOW THROUGH THE PROGRAM

IFSP Story

The purpose of this story is to illustrate the IFSP process. This participant has given permission for her story to be told, but names have been changed. Natalie was interviewed for the evaluation, and this draws largely from that interview.

Natalie, Andrew, Tom and Kate

Natalie became involved in the IFSP after a series of events changed her life. She was a single mother with two children: Tom (6) and Kate (8). Both children have Asperger's Syndrome and she was experiencing difficulties managing this. Natalie was working full time, which was becoming increasingly hard because the school had reduced Tom's hours to such an extent that no sooner was she at work after taking him to school, she had to collect him again. She was made redundant at work. Her parents, who were her main supports, moved away from Canberra, Natalie was unable to afford her private rental property, and she began to have self harming thoughts.

She heard about the IFSP through a private psychiatrist whom Tom was seeing, but at the time they did not think the family would be eligible to access the IFSP.

Natalie approached Care and Protection Services (CPS) for voluntary placement of her children in temporary out-of-home care, in order to sort things out. Contrary to her expectations, the children were placed outside Canberra, which prevented the planned daily contact. She lost her house and was housed in a refuge. She and her children were distressed by the separation and she requested that they return to her care. This was not agreed by CPS until the refuge was able to find her temporary housing outside of the refuge.

During this time, a worker with a community organisation investigated the IFSP further, and after discussion with the IFSP coordinator thought the family would be eligible. This was early in the life of the IFSP and it took 'a few months' to find a community organisation willing to take on the case coordination role (her original worker was willing but the organisation was not). This delay was disappointing for Natalie who was in an already difficult situation.

Once a case coordinator was appointed, a family meeting was organised with most of the key services involved, including the school. At the time of crisis, Natalie estimates that she and her family were involved with about 30 agencies, but when she was re-housed in stable housing there were about 12-14 services. These included the school, a behaviour management consultant, paediatrician, Mental Health ACT, General Practitioner, Therapy ACT, several agencies offering respite and agencies offering family support.

Natalie herself had been trying to do the coordination but once the IFSP became actively involved and meetings were organised regularly, she said 'we saw results, like people becoming more accountable'. Initially, meetings were held every 4 weeks, then 6 weekly, then 8 weekly as the needs decreased. In between meetings, the case coordinator was

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involved in obtaining needed resources for the family (for example, more respite). The family also attended the annual IFSP Christmas Party which the children enjoyed.

The case coordinator and Natalie would talk once or twice a week, and sometimes email several times a day, depending on need. Natalie found the case coordinator a 'good sounding board' for when there were issues to be worked out.

A financial plan was developed and IFSP brokerage funding was accessed for: education about autism for Natalie and her new partner, Andrew; educational resources which could be used by both the school and the family; swimming lessons for the children; and other resources such as additional respite and exercise equipment.

After about 18 months Natalie and Andrew made the decision to move to a country area to run a family farm. The case coordinator assisted Natalie and Andrew to communicate the children's needs to the new school and arranged necessary referrals. Six months after the move, at the time of interview, the children were engaged successfully in school and in many sporting activities, and Natalie herself was a resource in the local community for families who had a child or children with autism.

Natalie found her involvement with the IFSP very beneficial for her family in many ways: the family meetings facilitated communication of needs with the school and other organisations; educational resources and other resources were provided; family relationships were strengthened, in particular her new partner was included in family meetings and he was given support as a parent in the family; Natalie found that her own underlying strengths, including organisational skills, were acknowledged by the case coordinator and the project coordinator; and her knowledge in the field of autism was utilised by other services. She said 'IFSP reminded me that I had a lot of the skills before the crisis'.

OUTCOMES OF IFSP

FOR THE FAMILIES

LONG TERM OUTCOMES FOR THE FAMILIES

The long term outcomes identified in the project logic are: reduction in risk to children's safety and wellbeing; improved well-being for children and families; and better life outcomes for children and families. We are not able to evaluate outcomes in the long term, including the outcome stated in the agreement with FaHCSIA, 'reduction of adverse outcomes in the long term', as most families have not been transitioned from the IFSP for more than a few months. The program logic indicates an understanding of building protective factors through connections to sustainable social supports, including universal services, which can lead to improved wellbeing and better life outcomes for children and families.

Shorter term and medium term outcomes were developed as proximal outcomes for these longer term outcomes. The longer term outcomes are interrelated, and the steps needed to achieve them are also interrelated.

PROPORTION OF FAMILIES WHO FELT THEY RECEIVED SERVICES WHICH TARGETED THEIR SPECIFIC NEEDS

In order for services to engage with families sufficiently to be able to work with them to make changes, families need to perceive that their definition of their needs is respected (Ghate, 2010).

Overall, most families were satisfied with the service received during their time with the IFSP. A number of families were very enthusiastic about the assistance received, as the following quote illustrates:

> *Honestly they have saved us. It has been the one agency that has helped us… In a way that it is humans that are dealing with humans; we don't get that with a lot of services. She [case coordinator] relates to us on a human level, like we are people, like we matter. (Interview 7)*

This quote is also illustrative of a very strong theme of the interviews: many parents felt that their strengths had been recognised and developed and that they were treated like human beings, or even friends by the workers involved in the IFSP.

> *I was happy for that, someone's input that is a professional made all the difference, you get to know them, they become like second family because they are there for you. You don't want to disappoint them.* (Interview 6)

There were, however, a small number of families who were not satisfied. One parent only said they felt worse off after their involvement with the IFSP:

> *IFSP made me worse actually, because there is nothing worse than sitting in a meeting getting your hopes up and thinking that people are actually going to do something, just to find out every month that it didn't work that way. (Interview 1)*

Results from the client satisfaction survey presented a strong picture of satisfaction with the service, with 1 or 2 respondents dissatisfied. The same 2 families were consistently negative or neutral across all the items of satisfaction and the same 12 families were consistently positive across all items of satisfaction. Seventeen out of 21 families (81%) rated the quality of service as 'Good' or 'Excellent' and indicated that they received the type of help they wanted from the program. Thirteen families said that most or almost all of their child's needs had been met, and 14 said that most or almost all of their own needs as parents had been met. The results relevant to this outcome are summarised in Table 2. For more detailed results see Appendix F.

There are baseline and transition data relevant to this outcome. Parents were to rate (on a scale of 1 to 5) the extent to which they, their children or their partners had needs in different domains (eg children's health, education, development, family relationships, financial matters, housing, mental health, drug and alcohol, employment) on entry to, and transition from, the IFSP. They were also asked whether they needed assistance in particular areas on entry and transition.

	Negative Count (%)	Neutral Count (%)	Positive Count (%)	Totals
How would you rate the quality of service you and your child received from participating in the IFSP	Poor / Barely Satisfactory	Satisfactory	Good / Excellent	
	2 (10%)	2 (10%)	17 (81%)	21
Did you receive the type of help you wanted from the program?	Definitely not / No, not really	To a limited extent	Yes, generally / definitely	
	1 (5%)	3 (14%)	17 (81%)	21
	No / Only a few needs have been met	About half	Most / Almost all needs have been met	
To what extent did the program meet your child's needs?	4 (19%)	4 (19%)	13 (62%)	21
To what extent did the program meet your needs?	4 (19%)	3 (14%)	14 (67%)	21
How satisfied were you with the amount of help you and your child received?	Quite dissatisfied / Dissatisfied	Neutral	Satisfied / Very satisfied	
	4 (19%)	2 (10%)	15 (71%)	21
How well did the main person you worked with understand your needs?	Not at all / Not completely	Not sure	Mostly / Completely	
	1 (5%)	2 (10%)	18 (86%)	21

TABLE 2: CLIENT SATISFACTION SURVEY SUMMARY

The responses to this scale present a mixed and inconclusive picture. Because of the small numbers involved (baseline and transition data for 19 out of a possible 26 families) it is not possible to undertake meaningful statistical analysis. Responses were aggregated and most changes between the responses at the start of the IFSP and after the IFSP involved 1, 2 or 3 families. For example, in the domain of children's health and development, at the start of the IFSP 16 people agreed or strongly agreed 'my children are healthy'. Afterwards, 17 agreed with the statement. Graph 2

Overall, most families were satisfied with the service received in their time with the IFSP.

presents the most prominent changes in ratings related to children's speech, getting along well in the household, having enough money and being employed for as many hours as desired. The full table can be found at Appendix G. The strongest finding was in the area of children's speech development. Before the IFSP, 10 families agreed or strongly agreed that 'my child's speech is developing well'. At transition collection point, 17 families strongly agreed with this statement. Fewer people agreed that they needed assistance with children's health.

GRAPH 2: PARENT'S PERCEPTIONS OF THEIR NEEDS BEFORE AND AFTER IFSP INVOLVEMENT
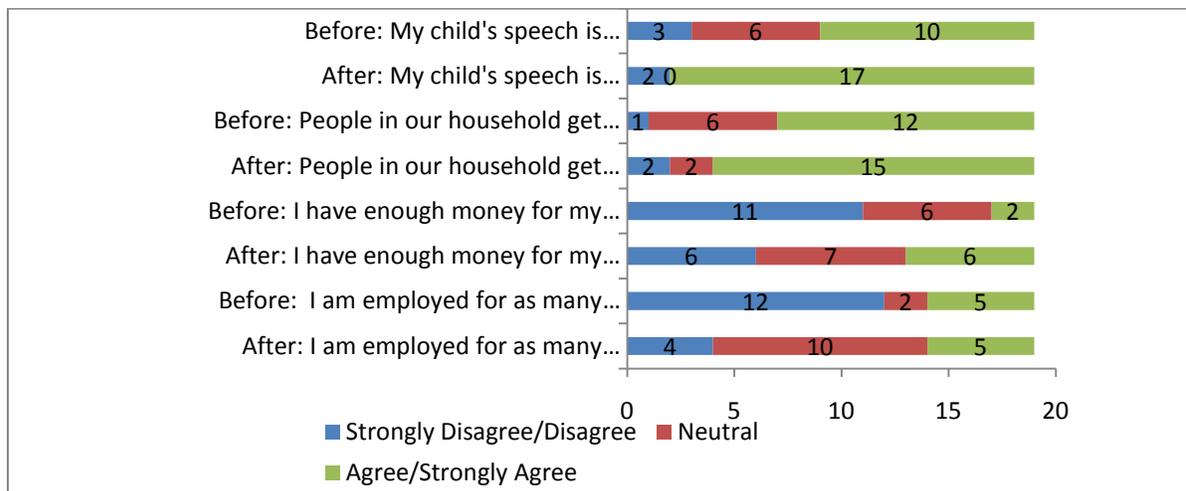
The Project Coordinator and IFSP Senior Project Officer separately assessed the proportion of outcomes identified in the family action plans that were achieved or each family and then compared ratings. They found no outcomes were achieved for 1 family, a small proportion for 1 family, some outcomes were achieved for 7 families and most outcomes were achieved for 17 families.

RETENTION RATE OF FAMILIES

Engagement with families, reflected in retention rates, is key to building protective factors in order to protect children. This can be challenging as even some successful programs have high drop-out rates (Ghate, 2010). Consistent with the outcome that most families felt their needs were met, the retention rate was high, based on the model's intention that families stay for a minimum of 6 months and up to 3 years. This

part of program design was based on the knowledge that families have individual needs requiring flexible service responses (Department of Families Housing Community Services and Indigenous Affairs, 2009). The period of time families were involved in the IFSP was calculated based on the date of entry (acceptance of the offer of service) and transition (date transition was approved at a SAP meeting). For the 26 families who continued beyond the service offer, IFSP involvement ranged from 91 days (3 months) to 846 days (2 years, 4 months). The average was 1 year and 2 months.

When the time of entry into the program was analysed by year, the picture was somewhat different. For 12 families who entered the program in 2008 the average time period involved was 1 year and 9.5 months; for 5 families who entered in 2009, it was 1 year and 1.5 months; and for the 9 families entering in 2010, 5.5 months (these families could only be in the program for this period as the IFSP ended in November 2010).

15 of the 17 families (88%) who entered the program before 2010 spent more than 12 months with the IFSP.

A Reduction In The Risk To Children's Safety And Wellbeing

Indicator: Reduction in Reports for families

There were no reports to Care and Protection Services recorded for the 8 families who had been transitioned from the IFSP for 3 months or more, in the 3 month period to 10 September 2010, when the report data was collected. This is a promising finding. All 8 families had reports prior to involvement in the IFSP; and 2 of the 8 families had no reports during the time of involvement in the IFSP. Of the 11 families who had been transitioned for less than 3 months on 10 September 2010, one family had 4 reports and the remainder none.

The total of reports for the 26 families for the 18 months prior to involvement with the IFSP was 81 reports. During their involvement, the total number was 89. Only one of the families had no reports prior to their involvement with the IFSP. However, 7 families had no reports during the time they were involved in the IFSP. This means that reports

increased after commencing with the IFSP for some families. The reason for this is not known, but one explanation is an increased awareness of safety issues on the part of their workers. For more detail on the number of reports see Appendix H.

Indicator: Family perception of safety and case coordinators' assessment

Families' reports of better relationships in the family (discussed under the early intervention outcome) are an indication of a perception of safety. One family noted that they were proud they were 'breaking the cycle' of violence and out-of-home care which had afflicted previous generations in their family, and talked about the alternative strategies which parenting programs had provided them with to deal with parenting problems.

The progress workshop for Management Committee and SAP held in August 2010 noted the observation of the participants that:

> *Children are living in a safer environment, as evidenced by the reduction in reports for families involved in IFSP.*

Indicator: Families with child in out-of-home care

During their IFSP involvement, 7 children from 4 families were placed in out-of-home care. In one of these families the children were restored. One family had care orders rescinded before the term of the orders had expired during the time of their involvement in the IFSP. Three families experienced a change in residency to another parent[7], with none of the interviewed parents pleased with that result. One mother whose children had been transferred to the care of a former partner was very concerned for the safety of the children:

> *My ex-husband hasn't seen the kids for 3 years, is an ex- junkie and ex-crim but they think that he is a better parent. (Interview 5)*

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[7] Not collected in CHYPS collection - information provided by project staff.

However, one manager pointed out that removal of children to another care situation may actually be an indication of an increase in safety for that child:

> We have had some children go into out-of-home care, so parents might say it is not positive for them, but it probably has been for children. But overall, families giving quite good feedback about their experience of this way of working. (Government Manager)

The findings against this outcome are promising, but not conclusive. The pattern is consistent with other outcomes: there are clear positive changes for some families, but not for all families.

The findings against the outcome of reduction in risk to children's safety are promising but not conclusive.

AN INCREASE IN INTERVENTION EARLY IN THE LIFE OF A PROBLEM

The IFSP was developed in an early intervention framework, aiming to intervene early in the life of the problem or the child. One criterion for acceptance into the IFSP was that there was a risk of the family's present situation worsening without sustained support. According to the CHYPS database, 25 out of the 26 families who proceeded beyond the acceptance of service interview met this criterion. Most of the identified children in this program were under 8 years old (see Table 1), so intervention was occurring early in the life of at least one child in the family.

It is unknown what early intervention services families received prior to entry to the IFSP, but we do know that families were involved with multiple services (ranging from 3 to 14) which were presumably attempting to intervene effectively as early as possible.

The level of complexity of family issues varied between families. As discussed above, all the families in the IFSP demonstrated multiple risk factors (with 15 families having 6-8 risk factors each). In 2008, at the beginning of the IFSP, the Management Committee decided to change their criteria (from the previous 2006-2007 twelve month trial project) to target families earlier before problems became entrenched. One of the intended target population groups was 'families with emerging difficulties, including

mental health concerns, domestic violence and drug and alcohol concerns' (Integrated Family Support Project, 2009, p. 80). This population group, to which some of the families belonged, is a group with complex needs.

The level to which the emerging issues had become entrenched was a subject of some discussion in the worker and manager discussions (interviews, focus groups, progress workshops).

> From the pilot [12 month trial] to project [IFSP] it needed to be pulled back to early intervention... It was arguable if it was always early intervention - the more info you get about a family the more complex it gets... The sooner families receive this way of working the earlier you are going to prevent. I still think we need to focus on the under 8s and get young families, first time parents or parents struggling to prevent kids progressing through to Care and Protection and Youth Justice. (government manager)

The families met the IFSP's early intervention eligibility criteria which included the identified child being under 8 years old and the likelihood of the situation deteriorating without assistance. Given the number and complexity of risk factors within some families who also met the eligibility criteria, the IFSP would inevitably require coordination across the continuum of universal, targeted and treatment services.

The families met the IFSP's early intervention eligibility criteria. Given the number and complexity of risk factors within some families, who also met the eligibility criteria, the IFSP would inevitably require coordination across the continuum of universal, targeted and treatment services.

INCREASE IN FAMILIES ENGAGED WITH SECONDARY AND UNIVERSAL SERVICES

Interviews indicated that as problems began to be resolved through the IFSP process, some services were not needed, so in actual fact families may have had contact with fewer services at the point of transition. At the time of interview all of them had a family support contact - 'they knew someone to call'. There were a

small number of families, who although linked with services, did not feel they were receiving needed help at the time of interview.

In terms of contact with universal services, several families and workers noted that the case coordinator had facilitated better relationships with the school, thus leading to better educational and social relationships for the children. Sometimes family meetings were held at the school. Younger children were also connected with child care and playgroups, thus also connecting the parents with these services.

IMPROVED FAMILY RELATIONSHIPS

Originally, in the program logic, 'improved family relationships' was an indicator for early intervention. If family relationships are strengthened, children are happier and there is a stronger base from which to manage future difficult events. Healthy family relationships are a known protective factor (Tomison & Wise, 1999). There is a confluence of evidence from the baseline and transition scale, the interviews, and the client satisfaction survey, that some families had noted an improvement in their family relationships.

> **There is a confluence of evidence that some families noted an improvement in their family relationships which they attributed to IFSP.**

The majority of families interviewed were pleased with the effect of the IFSP on their family life:

> *Having IFSP involved from the beginning of our relationship helped strengthen our commitment together to the kids and to give him the support that he needed. (Interview 3)*

> *I would have been financially down and stressing and I would be suffering mentally if IFSP not involved. They assisted greatly in terms of Internet, they paid for broadband and so I was able to do my university, and without them I don't think I would be able to complete uni and they were there when I needed them and the Internet I could study when my kids were asleep, so it gave me choices about going to uni and looking after the children and I really thank them for that. (Interview 4)*

The client satisfaction survey asked families 'how would you describe your feelings at this point about your family?' Of the 21 families who answered this question, 15 were satisfied or very satisfied. This, of course, does not give us a comparison with a baseline score. For full results of the client satisfaction survey see Appendix F.

More people agreed that 'people in our household get along well together' after the IFSP than at the start, and this was consistent with fewer families identifying that they required help in this area.

INCREASE IN SOCIAL INCLUSION

The related short term outcome identified in the logic model, and the related medium term outcome in the logic model were 'Increased capacity of families to access universal services' and 'increase in families' social connections' respectively. Social connectedness is a known protective factor for children and families (Tomison & Wise, 1999).This was discussed above.

Families and workers report increased capacity to access universal services

Coordinators and managers considered that many IFSP parents had developed skills and confidence in asking what they wanted of services.

> *Families have an increased confidence to advocate for themselves. (Progress Workshop participants July 2010)*

In interviews, several families spoke about their new connections with study or employment achieved through assistance from the IFSP:

> *I was studying last year, IFSP helped for 2 years, they made sure that I did the right things that suited me, I am stoked that in a year I will have a trade. (Interview 6)*

Where teachers had participated in family meetings, case coordinators felt that this made a big difference to the family's relationship with the school. For one family, the actions which flowed from the family meetings meant that a young boy was able to move into mainstream classes:

This boy has moved onto mainstream [classroom], due to diminished difficult behaviours - about everyone working together to make something happen - for children. (non-government organisation manager)

As mentioned above, families with younger children were connected to child care and playgroups.

Increase in families' social connections

Workers, managers and families indicated that brokerage funding was often used for activities which promoted connections with 'normalising' activities for parents and children; for example, extracurricular activities, driving lessons or educational support. The biggest category of brokerage funding was used for sport and recreation with 16 families accessing this support.

TABLE 3: BROKERAGE FUNDING

Area of funding	No. with Brokerage Funding	Average amount spent
Education	9	$672.30
Health (including AOD)	9	$845.22
Mental Health	1	$65
Counselling	4	$980.00
Recreation and Sport	16	$1059.13
Other (see below)	13#	$1028.23

'Other' money was spent on food vouchers (4 families), storage containers, timber for shelving, a mobile phone, educational toys, petrol vouchers, doors, chicken wire, a vacuum cleaner, a lawn mowers, child care, children's clothing, a high chair, driving lessons, a basketball hoop, autism specific resources and respite. Managers who were on SAP and participated in this evaluation remarked how carefully the SAP considered applications so that money was spent on items which would increase the wellbeing of children within their families and their community.

A total of $48, 355 was spent in brokerage funding. The brokerage spending ranged from $0 (five families used none) to $9186 (one family). The average amount spent by those families who used the brokerage funding was $2, 303.

The following family's story (identifying details changed), was cited by a case coordinator and illustrates how IFSP actions facilitated both an increased capacity to access universal services and to increased social connections:

> **The evidence suggests that most families received assistance which promoted the social inclusion of family members. Family meetings and brokerage funding played important role in this.**

> *The overall effectiveness [of IFSP] was that in the past services were experienced by the mother as very punitive, and we were doing everything to keep children in [family's] care. She was extremely nervous, for she had never been in the position where she was driving her future, and for her to ask for things and for her to contact people when she needed things, that was a huge step for her and now she is connected more to the community. The funding that is available enabled her to complete her driving licence, go back to study. I will become less involved and then the [community worker] in the [school] will be her point of contact because she has developed that relationship independently. Her empowering, her starting to feel that instead of agreeing to do what services told her to do, she could say this is what I need... The reports I get from school are positive - she is doing normal parenting. (Coordinator)*

The results of Family Support Scale (FSS) scores present a mixed picture in terms of increasing social connections. The FSS (Dunst, Trivette, & Hamby, 1994) provides information about how the family perceives its support, on a scale of 1 (not at all helpful) to 5 (extremely helpful). The scale divides support into kinship support, spouse support, other informal support (e.g. friends, neighbours, children and other parents), programs (social groups or clubs, coworkers, parent group members, schools or day care and organisations) and professional services.

The difference between the FSS scores following transition (time 2) and those at the time of Offer of Service (time 1) were calculated and were available for 18 families. Of these 18 families, 11 showed an increase in their FSS score, indicating increased

support. The remaining 7 families had overall reduced FSS scores following transition from the IFSP.

However, the picture was more nuanced when the mean scores for each kind of support were calculated, giving mean scores for kinship, partner, informal, program and professional support. On average, there was a small increase in informal, professional and program support. This represents an increase in rated informal support for 7 families, professional support for 11 families and significantly increased program support[8] for 11 families.

There was also a significant decrease in partner support in 10 families. Interviews with some participants indicated that some partner relationships which had involved domestic violence at entry into the IFSP, had ceased. Whether this significant reduction in partner support is explained by the ending of relationships is unclear. This may have reduced the overall scores for family support. However the increases in informal, program and professional support are welcome. A more detailed analysis can be found at Appendix I.

Families report increased sense of belonging

Interviews reflected the mixed picture found in the FSS: some people reported a dramatic increase in sense of belonging and connection with the community and others, less so. For example, one parent with young children whose partner was prone to illness, was connected with both formal and informal supports as a result of the IFSP.

> *I was in a dark place with his (illness) that was one of the best things, showing that there were other people for me… (Interview 16)*

Another parent who had transitioned about 3 months previously had been feeling well connected at transition. However, a new crisis occurred just before the time of the interview and she said:

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[8] See Appendix I for more detailed analysis

I have less support now than I did in the beginning. (Interview 2)

This parent did know who to call, as she had a transition plan which provided supportive connections. However, her comment was a reminder that families often need built-in 'after care' or booster sessions when official intervention with a project ceases (Ghate, 2010).

There is a mixed picture for family outcomes. For some families, dramatic positive changes occurred which the families attributed to the IFSP. For others there were fewer changes, but they were very happy with the service. Some of this group thought that they could have benefited from longer service, particularly those who entered in 2010. A very small group were not satisfied. Based on interview data, this appeared to be related to either dissatisfaction in the relationship with the case coordinator, or dissatisfaction with the allocation of brokerage funding. Particularly interesting findings relate to parents' experience of being helped to achieve their own goals and the sense of empowerment which flowed from that, the reported improvements in family relationships, the increased social connections facilitated by family meetings, and brokerage funding.

FOR THE FAMILY SUPPORT SECTOR
LONG TERM GOAL FOR THE FAMILY SUPPORT SECTOR

The long term goal for the family support sector, identified in the program logic was that:

> *Future policy program, planning and funding arrangements in ACT reflects learnings of the project regarding integrated models of family support.*

This reflected the agreement with FaHCSIA that 'there will be increased knowledge about integrated service delivery in the family support sector in ACT and elsewhere at the conclusion of the project'. This will be discussed in detail under the heading 'Key Messages from the Evaluation'.

Two strands of short term and medium term outcomes were developed: one related to the developing capacity of workers to work in an integrated way, and the development of training mechanisms for that purpose. The second related to the strength of joint working arrangements between partner agencies.

INCREASE IN WORKERS WHO APPLY KNOWLEDGE SKILLS TO WORK IN AN INTEGRATED WAY

Numbers who attended training

A comprehensive package of training was developed over the three year project period. This comprised 5 'Supporting Families, Strengthening Partnerships Forums', case coordinators' meetings and externally provided training on:

- Strengths-based work with families (four workshops including introduction and advanced);

- Family Partnership training;

- Dialogues with children and attachment training;

- Solution Focused Therapy (3 workshops, including introduction and advanced);

- Tree of Life; and,

- Narrative Therapy.

The sum of attendance at these workshops/ training events was 520, though this would not involve 520 different people. For the workshops only (not including the Forums and case coordinators' meetings), the average attendance was 22.2 people at each workshop.

The evaluations of all types of training relied on self-report. In summary, most externally provided training received high levels of satisfaction on quality, and was rated as having a moderate impact on understanding, future practice and organisation policy. Two exceptions were the Narrative Therapy training in 2009 and the Tree of Life training in 2010. The Narrative Therapy training, as noted in the process report, rated at lower

levels of satisfaction in relation to both process and impact - participants indicated that many did not have prerequisite understanding required. The Tree of Life training in 2010 was rated highly in terms of satisfaction with the process of training and highly in terms of increased understanding, but less highly in terms of impact on practice. A more detailed analysis is at Appendix J.

IFSP staff indicated that despite the high quality of the trainers for the specific topic workshops / training events, it was often difficult to fill the available spaces with non-government workers, and so in these situations the training was opened to the government sector. Reasons for the difficulty of filling these places from the non-government sector are unclear, but possible reasons include the part-time employment of many workers in community sector, who may be unable to allocate large amounts of work time for training. The process evaluation found that workers indicated there were time constraints as to how much of the training they could attend (Institute of Child Protection Studies, 2009, p. 26).

Effect of training on practice (relates to FAHCSIA outcome 'increase in workers who attend training and then practice collaboratively')

Whilst the level of satisfaction of those who attended the training (see description above and Appendix J), and their anticipation of change to practice is known, there is no way to gauge the extent to which participants used that training afterwards to change their practice. However, those case coordinators / managers who either attended training themselves or who supervised workers who attended the training were of the view that workers utilised the training provided:

...Asking the right questions, I go back to solution focused to see what is really needed, what the family really needs help in. They could present some random issues, but asking the right questions to get at the core issue... To what extent do you think it has affected my work outside IFSP families? Positive effects - case conferencing and being able to pose the right questions, being able to dig deeper and find out what the real issues are within decent time span. (non-government organisation case coordinators at focus group)

A key aspect of the capacity building was not only the formal training, but also the individual mentoring and coaching undertaken by first, the Project Coordinator (PC), and then after his employment for this purpose, the Senior Project Officer (SPO). This was widely regarded by both workers and managers / supervisors as very helpful in promoting coordinated strengths-based working:

> **A key aspect of the capacity building was not only the formal training, but also the individual mentoring and coaching undertaken by first, the Project Coordinator (PC), and then after his employment for this purpose, the Senior Project Officer (SPO).**

The trainings - the forums [enabled the skill and knowledge development], since [SPO] role has come on board, was an obvious, to support case coordinators, he has done really well with one of my workers; he has worked alongside her about how to run a meeting and how to take minutes. (non-government organisation manager/ supervisor).

I found SPO was amazing and very supportive and encouraging and understanding, very good. He had good ideas, new ideas that I hadn't thought of to help my client. I find that if I posed questions to either SPO and PC, I had a good answer and full answer if I needed more it was forthcoming and it was timely and there is nothing but praise, they ran the operation very professionally and they had a lot of experience to draw on and they were realistic about clients' expectations and things don't happen, probably from working in the field before. (non-government organisation case coordinator)

Proportion of workers in family support sector who have confidence and skills to work in integrated way

From the interviews with families and the interviews / focus groups with workers themselves, there were some observed developments in the skills and knowledge of some workers. This knowledge and skills were specifically in case coordination and the facilitation of family meetings. Some managers confirmed this:

> [What workers gained was] that whole sense of what case coordination looks like and a confidence about calling meetings and felling more empowered for holding people responsible for what they are doing in that meeting. (non-government organisation manager)

A number of families talked about their workers being mentored during the process of the IFSP - they were conscious that this was a skill development process for their workers:

> Our community service worker, I think she was new, and she knew she could help us but wasn't sure how. She came and told us about IFSP and it was good for her to know somewhere to go when she didn't know… she didn't know how to help she would bounce it off [Senior Project Officer] the coordinator and he would see what he or his people could do. (Interview 16)

> Things started to rock and roll and happen, because [the project coordinator] was coaching [the case coordinator]. (Interview 6)

Workers and supervisors repeatedly spoke of the increased skills of coordinating services through the running of family meetings. Several workers mentioned how the first family meetings were daunting but that over time their skill and confidence developed:

> Coordinating family meetings. I remember my first ones and I thought my heart was going to stop… This time round I had to organise, we can use that now for case management and make sure the workers work with the families more efficiently. In the past we did not instigate family meetings, we would go out of way to communicate individually with the people involved. (non-government organisation manager, also a case coordinator)

A couple of people indicated that it was easier to get the agencies together for a family meeting with IFSP backing - that they had tried previously prior to the IFSP, but that it was harder to get a response.

Because as NGO worker, you do not have the pull to get everyone together and if you are working with IFSP, it is much more respected out there by government and non-government, so beneficial for all families. (non-government organisation case coordinator)

Within the coordinators' focus group there was enthusiasm about the possibility of carrying on the learning and the new way of working in a coordinated way:

> **Within the coordinators' focus group there was enthusiasm about the possibility of carrying on the learning and the new way of working in a coordinated way.**

I think there is an expectation there that we will [influence other workers in the sector]. And you can understand that. I think for the main part, the new workers in the team, I talk with them about the way this came to be through IFSP and best practice for working with families and we have found it to be and hopefully foster that with families... It has been suggested that we might have an IFSP support group, because we can throw ideas around and revisit things that were positive things that came out of the training we were involved with. We can keep it alive and move ahead in that way. (coordinators' focus group)

An increase in the coordination of appropriate service delivery

Most families were positive about the coordination approach to their situation:

I thought it was really helpful [the family meetings]. They would figure out what was happening, work out what was going to happen next. It just worked out. We make a very good team. All our meetings were very productive. (Interview 14)

However, a small number of families did not think the coordination worked well in their case:

That was all over the place. I will say something to one person and it would get blown out and not get done and then we decided that if we get everyone together things would start to happen, but it didn't happen, everything was a jungle mess. No one knew what they were doing. (Interview15)

Similarly, workers and managers interviewed were enthusiastic about the usefulness of service coordination as an approach to working with families:

What I found most useful was the meetings which caused us for us to be able to do future planning, so people at meeting were all working towards the same goal, so we could make plans and go from there. (non-government organisation case coordinator)

Sustainable training system

One medium term outcome outlined in the logic model was a sustainable training system. Stakeholders interviewed considered that the cross-sectoral (government / non-government, inter-organisational) nature of the family partnership forums and the workshops contributed to the development of relationships and knowledge which support collaboration in the family support sector. The IFSP had specific funding attached to this comprehensive package of workshops, forums, meetings and individual one-on-one mentoring to develop capacity. Despite the difficulty the Project Coordinator experienced sometimes in filling the available spots with non-government practitioners, the training was appreciated by participants and was sustainable within the project period, although not beyond the project itself. One option suggested at progress workshops and not pursued was the articulation of training with university academic units, with a view to leading to the possible achievement of a recognised qualification.

There is enough evidence of the value attached to the training by participants to consider its importance when planning family support into the future. In particular, the key roles of the PC and the SPO in leading practice and providing resources for integrated working need to be considered for future planning.

> **The key roles of the Project Coordinator and the Senior Project Officer in leading practice and providing resources for integrated working in IFSP need to be considered in future planning.**

AN INCREASE IN COLLABORATION AND INTEGRATION BETWEEN PARTNER AGENCIES IN THE FAMILY SUPPORT SECTOR

Increase in level of commitment to sustainable model of integrated family support

Participation in IFSP

a) Governance

The following agencies are identified partners in the IFSP. This participation may take the form of case coordination (CC) and / or participation on the Management Committee (MC) or Selection and Advisory Panel (SAP).

TABLE 4: PARTNERS IN THE IFSP

Government	Role/s	Non-Government	Role/s
Office for Children, Youth & Family Support (part of the ACT Department of Disability, Housing & Community Services)	MC, SAP, CC (Care and Protection Service and Early Intervention and Prevention Services)	Barnardos Australia	CC, MC
ACT Department of Education and Training	MC	Northside Community Service	SAP
ACT Health	MC, SAP	Uniting Care Kippax	SAP, CC
Housing ACT	SAP	Communities@Work	SAP, CC
Schools as Communities	CC	Southside Community Services	SAP
Gungahlin Child and Family Centre	CC	Marymead Child and Family Centre	MC, SAP, CC
Tuggeranong Child and Family Centre	CC	Woden Community Service	MC, CC
		Relationships Australia	MC, CC

Institute of Child Protection Studies

		Parentline	MC
		Belconnen Community Service	MC, CC

No agencies left the governance structures (Management Committee and Selection and Advisory Panel) since the beginning of the IFSP and there was an expansion of membership in the three year period. To strengthen the relationship between the MC and SAP, 6 monthly joint-planning meetings were held after 2008.

Attendance at MC and SAP meetings was fairly consistent over the three years (for detailed attendance numbers for MC see Appendix K). Attendance at Progress Workshops facilitated twice per year by the ICPS was also consistent, and in 2009 and 2010 included members of both SAP and MC.

There were a number of reflections on how the Management Committee had grown in cohesion and partnership over the three years and how this had assisted the development of collaborative initiatives.

One manager who had been involved with the IFSP from the early trial project reflected:

> *When it [IFSP] started we were just coming out of competitive tender/ purchaser provider situation, where there was lip service to partnership, now it [partnership] is embedded... The idea of getting government and non-government together has become standard operating procedure... Overall the SAP and MC model has worked well - IFSP has held out the possibility of a different relationship. (non-government organisation manager)*

Some government and non-government managers suggested that in the second half of the three year project, there was less dynamic activity on the Management Committee of IFSP. Initially, a lot of work had been undertaken to review program documentation and this had involved many people on the Management Committee. However, once these processes had been clarified, stakeholders identified how the paid Project Coordinator and Senior Project Officer provided reports to the MC with less activity on the part of the committee itself:

Originally at governance level a lot of work was done in partnership between the groups, but in the last 12 months didn't see that... MC was more lively earlier on - later on it was receive reports and then go. (non-government organisation manager)

One major gap identified by participants was the involvement of health and education. Although there were representatives from ACT Health and the Department of Education and Training on the Management Committee and of ACT Health on SAP, a view was expressed that the participation of these government departments was limited. An assumption underpinning effective coordinated response is that there will be strong participation of government agencies that provide universal services such as health and education.

Indeed, managers and workers noted how these universal services had sometimes participated in family meetings during the life of the IFSP and how helpful that was for families and children. Workers on the ground were less likely to be in a position to collaborate without a strong authorising environment, which is not dependent on individual champions who may move on.

Effective coordinated response requires the strong participation of government agencies that provide universal services such as health and education.

Though we have had fantastic instances of all the services around the table that has not been consistent... What [another manager just] described is what case coordination is about and we have not always been able to get all the key players... Has to be at a higher level than within a small funded program like this. This program is coherent with ACT government policy - across Government; it still has not had the capacity to engage some of these key players at a higher level. (non-government manager)

An important development during the life of the IFSP was that Housing ACT joined the Selection Advisory Panel - recognition of the vital role that housing plays in the lives of families, and that housing can be an important 'first to know' agency when families have an emerging need for support.

b) Participation at case coordination level

In total, 29 case coordinators from the family support sector (government and non-government) worked with IFSP families. The vast majority of families had one case coordinator.

From February 2008 through to the end of September 2010, case coordinators were drawn from:

- Care and Protection Services;

- Belconnen Community Service;

- Woden Community Service;

- Communities@Work;

- Gungahlin Child and Family Centre;

- Tuggeranong Child and Family Centre;

- Marymead Child and Family Centre;

- Relationships Australia;

- Barnardos Australia;

- Schools as Communities;

- Kippax Uniting Care; and

- IFSP staff (Project Coordinator).

Some agencies undertook case coordination with more than one family and some coordinators took on case coordination with more than one family. The highest number for an individual case coordinator was 3 families.

The process evaluation identified that agencies' willingness or reluctance to take on case coordination was an issue (Institute of Child Protection Studies, 2009). The main concern was the perception of the additional time required to work in this role, particularly around documentation. This was repeated by one worker during the 2010 outcome evaluation.

> *[IFSP] Added to the time. Has meant has had to keep extra paper work. Two files very thick files... Didn't help get the job done in any way. (coordinator, government service)*

One parent who had more than one case coordinator noted that her first worker had found the paper work too much and did not want to do it anymore.

In contrast, other workers found that there were efficiencies of time, due to the development of action plans. The family meeting, as a participatory decision-making strategy, meant that services did not have to negotiate individually with families regarding the action plan.

In recognition of time issues, in 2009 the IFSP provided targeted funding to the community agencies which provided coordination, through Service Funding Agreements.

Participants in the workers' interviews / focus groups were enthusiastic about IFSP case coordination:

> *Before, you would call other agencies in and hope that the others will do their bit, now you see clients and see the signs and you know yep let's bring them together, see that you need to have a family meeting so that you don't have services overlapping, not two family services doing the same thing, just the one that can coordinate. Just normal practice now, we have the confidence. IFSP family meeting and services come, it makes the workers of other services to other workers, it makes them take the whole situation more seriously, when it is said in a roomful of people and it's written down, it is more likely that it is going to happen. Developing that action plan. The follow through. (non-government case coordinators' focus group).*

Some case coordinators talked about the difference it made, and how useful it was when teachers attended meetings. One manager supervisor related the following:

> *The other thing was that this was a good factor, because the actual classroom teachers came to the meeting and that was an impost on the school. They started being able to communicate with mum in a better way because they knew the background, they also felt comfortable ringing the worker to come to the parent child interviews [to support the mother]. (non-government manager/ supervisor)*

c) Supervisor level

In the second progress workshop held in December 2008, concern was expressed that the IFSP was not engaging with supervisors sufficiently, as they were seen as vitally important to making the collaborative efforts work on the ground - they were important to achieving referrals and to promoting coordinated working to the workers they supervised. Several strategies were tried by the MC and IFSP staff, but they did not feel they were successful. This concern continued up to the last progress workshop in August 2010. The importance attached to the supervisor role was illustrated by the following quote from the progress workshop held March 2010:

> *An example was given of a one worker family support program taking on multiple IFSP families, indicating that it is possible for even small family support agencies to do this. It was noted that this occurred in the context of a positive authorising environment (that is, support from management/ supervisor).*

However, an alternative view was expressed in the evaluation interviews / focus groups:

> *Rather than making sweeping statements about supervisors... It's not that we haven't got supervisors; it is just that we have missed whole organisations. (non-government manager/supervisor)*

Results of the partnership survey

Overall, the results of the partnership survey conducted in 2008 as a baseline, September 2009 and August 2010; indicated that partnerships had been established and participants recognised the need for partnerships. However, survey participants were ambivalent about how well it was working in some aspects.

The number of respondents to the partnership survey increased each year with 14 respondents in 2008, 19 in 2009 and 23 in 2010. The positions of the sample changed slightly with increasing numbers of Chief Executive Officers and Senior Managers. There was a roughly even split between government and non-government participants for 2008 and 2009. In 2010, 65% of the sample was non-government and 35% government.

Seven respondents completed the survey each year, and 8 completed it in 2009 and 2010, but not 2008.

The overall score on the partnership survey gives an indication of the overall strength of partnership (VicHealth, 2004)[9]. Table 5 shows the percentage of those in each score category for each year. 75% of respondents in 2008 answered the survey questions in a way which indicated that they thought that a partnership based on genuine collaboration had been established. This proportion had dropped to 50% in 2010. It is worth noting that no respondents, in any year, answered the questions in a way which indicated that 'the whole idea of a partnership should be rigorously questioned'. Clearly there has been support for the partnership.

A closer inspection of individual items indicates that there is no doubt that across all the three years respondents strongly agreed that there was a need for the partnership. The lower scores were in 'making sure the partnership works' and in 'implementation'. Overall, the support for making the partnership work was high; however, there was consistently low endorsement over all three years of the item 'the roles, responsibilities and expectations of partners are clearly defined and understood by all other partners'. In terms of implementation there was recognition that shared processes (referral forms, family action plans, etc) were being used and this recognition increased over the 3 years. There was extremely low agreement that there were shared information systems (IT is not cross-organisational); and a continuing low rating of celebration of individual and collective achievements.

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[9] As the partnership survey used for this study was modified from the VicHealth partnership analysis checklist the analysis of the aggregate scores also had to be modified. Detail of this is found in Appendix L

TABLE 5: GROSS SCORES FOR PARTNERSHIP SURVEY (DETAILED BREAKDOWN IN APPENDIX L)

	2008	2009	2010
The whole idea of a partnership should be rigorously questioned (Score<35)	0%	0%	0%
The partnership is moving in the right direction but it will need more attention if it is going to be really successful (Score 36-65)	25%	40%	50%
A partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success (Score >65)	75%	60%	50%

As the report has discussed, other data indicate that the partnership around the IFSP was relying more on the paid IFSP workers in 2010, than in 2008, when there was a high level of activity around revised documentation. Both this and the fact that managers and workers completing the survey would have been well aware that the IFSP was not planned to continue beyond 2010 may have affected responses.

There is little doubt that there has been increased collaboration between partner agencies in the family support sector in ACT, however whether or not this is the result of the IFSP cannot be stated definitively. Nonetheless, there was a shared view held by interviewed stakeholders in 2010 - that the family support sector was working more collaboratively than at the beginning of the IFSP. In particular, the workers and managers considered that the links between the non-government agencies which provided family support themselves and between those agencies and statutory Care and Protection Services had been strengthened. The results of the partnership survey indicated that the partnership work needed ongoing attention, as is usual with partnerships. Particular areas for attention included

> **Interviewed stakeholders in 2010 held a shared view- that that the family support sector was working more collaboratively than at the beginning of the IFSP.**

mutual understanding of the roles and responsibilities of all partners, building collaborative skills and celebrating achievements.

INCREASED KNOWLEDGE ABOUT INTEGRATED SERVICE DELIVERY IN THE FAMILY SUPPORT SECTOR IN THE ACT AND ELSEWHERE

One aim of the evaluation is to contribute to the knowledge about integrated service delivery in the family support sector. This final section uses the findings to identify the implications and key messages for policy makers and practitioners which reflect the influence the IFSP has had on the sector.

> **There is little doubt that the IFSP has contributed to knowledge about family support in the ACT.**

There is little doubt that the IFSP has contributed to knowledge about family support in the ACT and probably elsewhere. Indicators of this are: the widespread dissemination of knowledge about the project by the IFSP coordinator, and the ways in which the knowledge and processes developed by the IFSP during its 3 years of operation has influenced other programs and the development of family support in the ACT.

Dissemination of knowledge

In addition to the overall package of training for the family support sector already outlined and discussed above, the Project Coordinator and community partners have presented papers at several conferences:

- Strength in Unity Social Work Conference – Sydney, November 2008;
- Practice Talking Conference – ACT, October 2007 & 2008; and,
- Protective Behaviours Conference – September 2009.

The project team also presented the work of the IFSP to community and government agencies during the 3 year project period and participated in the facilitation of post-

graduate social work classes in the ACT on collaborative and integrated practices as they are used within the IFSP.

Influence of IFSP

Knowledge gained though the IFSP (for example, documentation and processes) has been used to inform the development of the broader family support sector, both government and non-government. The Integrated Indigenous Service Delivery Program (IISD), part of OCYFS, modelled their practice manual on the IFSP Operations Manual**.** At least one community agency has used the IFSP Operations Manual to guide the policies and procedures of their family support program.

'Connecting Families', which originally began as the Protecting Australia's Children (PAC) Panel and was discussed earlier, utilises IFSP documents, including its Code of Practice and the Operations Manual.

Gail Winkworth and Kate Butler, in reporting on a progress workshop on the development of the PAC Panel wrote:

> *Workshop participants gave credit to the IFSP for 'tough work' undertaken which laid the 'platform to develop things beyond it'. The formal processes developed over time in the IFSP, formed the basis for some of the elements of the PAC Practice Framework such as the Code of Practice, Standards to Support Agencies Manage Waiting Lists, a Common Referral Form and a Common Assessment Framework. This enabled the PAC group to use 'action research' to develop a workable model. (Winkworth & Butler, 2010, p. 5)*

The IFSP's most recent report to FaHCSIA provides further indication of the influence of the IFSP on the sector:

> *The IFSP has also influenced financial contracts between the Office for Children, Youth and Family Support and community family support agencies. A recent change to reporting for the family support sector has seen the requirement of agencies to report on the amount of family meetings (case conferences) that they have initiated for families on a three monthly and six monthly basis'. (Department of Disability Housing and Community Services, 2010)*

The OCYFS is currently building a new framework for family support and youth support in the ACT (ACT Department of Disability Housing and Community Services, 2010) and has access to IFSP documents in order to assist with this. Its principles are consistent with the principles of the IFSP, contemporary family support knowledge and the National Framework for Protecting Australia's Children (Council of Australian Governments, 2009b): early intervention; proactive support using strengths-based interventions; working in partnerships with families; child and young person-centred with family focused practice; collaboration, coordination and integration of services across agency and organisational boundaries; and polices and services which are evidence-based and responsive to needs (ACT Department of Disability, 2003, p. 9).

MESSAGES FROM THE EVALUATION OF IFSP

OVERVIEW

The IFSP was an attempt to build a more collaborative and coordinated approach to supporting families with younger children in the ACT who have complex and interacting issues. The families in this program live with a range of serious issues, often underpinned by poverty. Family support programs such as the IFSP, that use effective collaborative approaches that involve families with complex issues, aim to enhance children's safety and wellbeing by meeting children's and families' needs, and by strengthening family relationships.

The findings of this evaluation are multi-layered, both with respect to the outcomes for families and the outcomes for the family support sector. They reflect the complex (many types of intervention) and complicated (multiple agencies involved) nature of this program, meaning that the identification of causal strands between activities and outcomes is challenging (Rogers, 2008). This is accentuated by the small number of families overall, the smaller number for whom there are complete data and the small number for whom there had been some time-lapse since the conclusion of the IFSP, thus limiting the ability to gauge wellbeing when no longer supported by the IFSP.

Nonetheless, many of the families in the program were very positive about their experiences in the program and were able to identify significant progress towards meeting theirs and their children's needs.

Some features of the IFSP have emerged that provide important information for future developments of family support. Some of these relate to what Lightburn and Warren-Adamson (2006) call 'sensitive outcomes'. Sensitive outcomes are outcomes which are 'steps on the way' to achieving longer term outcomes and may be shorter term or proximal outcomes, or they may be mediating outcomes - outcomes which establish an environment which promotes change. These ideas are borrowed from Lightburn and Warren-Adamson's (2006) theorising on the 'complex synergy of integrated family

centre practice' (p.21) to provide some additional ways of thinking about the complex synergy of the IFSP.

OUTCOMES FOR FAMILIES

Combining all the available data, there appears to be three groups of families: for one group, the gains for themselves and their children identified by them and their worker as a result of the IFSP, were large. This did not necessarily correspond with length of involvement. For the second group, whilst the gains towards their goals were not perceived to be large, they felt that they were being heard, respected and considered the IFSP to be very welcome and helpful. Some of these families felt that if the IFSP could have continued they would have progressed further towards their goals. A very small third group were not happy - they did not get what they wanted from the IFSP and this seemed to relate to a distrust of the case coordinator and/or not receiving brokerage funding they had requested.

OUTCOMES FOR THE SECTOR

In terms of outcomes for the family support sector, there is a confluence of evidence that the level of collaboration between the community agencies funded to provide family support and between those agencies and the statutory Care and Protection Service is much greater since the IFSP commenced. At least some of this has been attributed to the working relationships established through the many dimensions of the IFSP.

BUILDING FAMILIES' CONFIDENCE AND EMPOWERMENT THROUGH CASE COORDINATION

Most stakeholders saw the case coordination process as having great value in achieving outcomes for both families and the people working within the case coordination process. For many parents, whether or not they saw their goals fully or partially achieved, the processes used led to an increased sense of empowerment. The mechanisms seemed to be through the partnership approach embodied in the family meetings, the strengths-based support and encouragement provided either by the case

coordinator, the Senior Project Officer or Project Coordinator. All of these elements are those identified as significant elements in effective family support.

Parents saw themselves as part of the team all working towards specified and achievable goals. Workers noted that empowerment manifested in a greater willingness in parents to ask for services, to expect services to do as they said they would, and sometimes a willingness to assert their views in contradiction to services.

In addition, case coordinators referred frequently to the help and support received from the Senior Project Officer and the Project Coordinator. Responsive relationships were built between the Project Coordinator, Senior Project Officer, the case coordinator and the family.

This indicates the achievement of a mediating outcome - the development of a culture of care in case coordination which enables the empowerment of parents. The development of parental empowerment is another step on the way to having the capacity to access needed services and make community connections (Lightburn & Warren-Adamson, 2006, p.20).

KEEPING FAMILIES ENGAGED – THE ROLE OF CHOICE, FLEXIBILITY AND CONTINUITY

One finding of the evaluation was the high level of retention of families and the continuity of case coordinators and other staff in the program. Research evidence in other associated fields point to the importance of continuity of worker for families to maximise their opportunities for change (McArthur, Thomson, Winkworth, & Butler, 2009; Moore, McArthur, & Noble-Carr, 2009).

In recognition of how important continuity is for service users, a key feature of the IFSP was giving families the choice of case coordinator. A further rationale for this was that by families choosing the case coordinator they retained or gained some power in relation to the services around them. There was also an intention to spread the integrated and coordinated way of working around the family support sector, both in government and non-government agencies. In the event it was largely non-government

agencies who did the case coordination after the decision that it was inappropriate for Care and Protection workers to do so.

The process evaluation found that this element of the model may act as disincentive to referral and this theme continued through the outcome evaluation. Generally it was thought to be a good idea in theory, but in practice hard to implement, particularly for those workers in statutory practice.

The evaluation confirmed that families like continuity and do not like having to repeat their stories to a range of different workers or services. The IFSP provided considerable continuity, with few families having more than one case coordinator. The IFSP Project Coordinator remained with the project for the full 3 years and the Senior Project Officer, appointed to the new role in 2009, also remained until the conclusion of the IFSP. Families formed relationships with the project staff, even though the prime contact was intended to be the case coordinator. From previous sections it can be seen that the continuity of the PC and SPO relationships with both workers and families were important in developing that culture of care in the case coordination dynamic.

The findings point to how important it is to maintain maximum continuity for families taking into account practical constraints. Where continuity cannot be maintained, active thoughtful strategies need to be implemented for seamless transitions to other workers when required.

BRIDGE BUILDERS - THE ESSENTIALNESS OF PROGRAM STAFF TO SUPPORT EFFECTIVE COLLABORATION

The collaboration literature makes a strong case for an accelerated way into other systems (i.e. government to non-government and non-government to government) through dedicated staff who are able to transfer knowledge about and between systems and consistently nurture the collaboration by building capacity (Winkworth & White, 2010). To work with families in the IFSP with multiple and often complex issues, the capacity to work between the three levels of services, universal, targeted and treatment, was essential.

Family support workers who participated in case coordination sometimes found themselves organising meetings with professionals such as teachers, health workers, and Care and Protection workers in ways that they would not previously have felt they had the competence or confidence to do. Confidence and skill development was built partly through the training provided by the program but also due to the individualised modeling and coaching from the program staff, in turn contributing the culture of care discussed earlier. The element in the model of having staff dedicated to the collaborative processes is a powerful force in achieving more coordinated service delivery for families with more complex needs. In the next iteration of ACT family support the network coordinators will have an important and similar role to play in 'championing' and supporting the collaborative approach to family support in the ACT.

BROKERAGE FUNDING CAN CONTRIBUTE TO SOCIAL INCLUSION

One of the prime effects of the considerable brokerage funding available to families was that children in families could join activities which many families in affluent Canberra regard as normal. Children could be included in activities such as swimming lessons and other recreational endeavours. It enabled parents to purchase items to look after their houses in ways they would not otherwise be able to, for example, lawn mowers, vacuum cleaners and skips to remove rubbish. It provided connections to educational, health and counselling resources that would not otherwise be possible. That these things were needed illustrates the struggle of many parents on income support to provide the basics for their children and themselves, and to engage in activities which connect them to the wider community.

There were some concerns raised about what would happen to the children's inclusion-promoting activities when the funding ran out. Workers worried that children would have a 'taste' and then not be able to continue, thus accentuating the experience of exclusion. This needs to be taken into account when making decisions about how to spend brokerage money. Key principles that assisted SAP decision-making included choosing activities that were sustainable and potentially led to change (e.g. education),

timely use of funding to avert a crisis or bigger problems; and the efficient use of money.

Tackling poverty and increasing social inclusion is a priority of both the ACT and Australian governments and entails a broad range of strategies. We note that the draft ACT Service Delivery Framework includes funding for brokerage for service users (ACT Department of Disability Housing and Community Services, 2010). At a program level, brokerage that supports families to access every-day, normal non-stigmatising activities and services is critical to fostering inclusion and an essential program feature.

It Can Take Time For Families To Make Changes In Their Lives

The families in the IFSP experienced disadvantage and complexity, such as domestic and family violence, mental health and substance abuse issues; as well as children's behavioural, health and emotional problems and financial disadvantage. These are families that require supportive, proactive, ongoing and coordinated service responses. People with interlinked problems benefit from dedicated coordinated assistance to help them broker services over a longer period of time.

In recognition of this, the IFSP was designed for families to stay as long as required up to 3 years, and families had an average length of stay of over one year. This was evidence of effective engagement with families, given that some family support programs have a 'treatment failure or premature drop out' rate of up to 50% (Ghate, 2010). Some families mentioned that family meetings were at closer intervals earlier in their involvement with the IFSP and then longer intervals as their issues were dealt with and the need for the family meetings diminished. Depending on the complexity of the situation, the number of differing services needed and the interacting factors involved, families needed assistance for differing lengths of time. Funding models which rigidly prescribe lengths of intervention are aimed at high numbers receiving service but not necessarily effectiveness. Families may well drift from one service to another under these circumstances.

There were a small number of families who had made gains at the conclusion of the IFSP, but then crises had occurred subsequently which were threatening those gains. This is a well-known situation in family support. It is unrealistic to expect that families, particularly those with multiple and complex needs, will be 'fixed'. The families interviewed in this situation knew who to call, although a couple of families were not impressed with the person they could call.

There is evidence available that even with highly intensive therapeutic services, 'boosters' may be needed - that is, families may need assistance again (Moran et al., 2004). This is not necessarily a program failure. Funding models need to allow for higher intensity and lower intensity service without families having to disengage and reengage with different people. It is therefore important that models of family support not be too prescriptive as to the length of service provision and respond according to individual family need.

ONGOING EFFORT IS REQUIRED TO BUILD AND MAINTAIN COLLABORATION

There is little doubt that there has been increased collaboration between partner agencies in the family support sector in the ACT. In particular, there is a stronger understanding of roles and closer links between the non-government agencies that provided family support themselves and between those agencies and statutory Care and Protection. The model demonstrates that shared governance, planning mechanisms and accountability for common outcomes are all critical to the development of integrated approaches across the family support sector.

In research about collaborative or integrated working it is acknowledged that time and effort is required to ensure that the 'right' partners are working together. There are often significant challenges to developing collaborative interventions between agencies with diverse agendas. Therefore, it is not surprising that some workers and managers reported it was sometimes difficult to engage with some partners in case coordination situations. It was also noted that when these parties did 'come to the table' in case coordination meetings, the results were very useful. Particular partners mentioned were

government agencies such as ACT Health, and the Department of Education and Training, and although these departments were represented at the MC and SAP, engaging individual workers remained patchy. This points to how even when there is a strong 'authorising' environment (Winkworth & White, 2010) reflected in a range of ACT policy documents (e.g. the ACT Children's Plan), unless there is a shared purpose recognised and authorised at all levels, engagement may not be seen as a priority.

Collaboration also requires a level of commitment to shared outcomes. The funded agencies of the IFSP cannot take whole responsibility for working collaboratively with other government and non-government agencies. As suggested by Winkworth and White (2010), it is important that there is shared planning about this at policy and planning levels, and it is also important that agencies are accountable for achieving some common outcomes. Family support agencies alone cannot achieve case coordination and seamless integrated service.

BUILDING CAPACITY TO COLLABORATE

The IFSP recognised that to work in a more collaborative way, attention to building capacity of services was important to ensure there was sufficient 'know how' and capability to make collaboration work across government departments and other services. IFSP stakeholders have attested to the value of relationships built across organisations, though the evidence is that shared training has challenges in achieving effectiveness (Charles & Horwath, 2009). The need for qualified staff to undertake the complex work with families with complex problems was emphasised by managers in the evaluation. Informants to this evaluation and the earlier process evaluation highlighted that a high level of knowledge, skill and time was required to utilise such common assessment tools as the Common Assessment Framework, and that this was challenging for some case coordinators in the IFSP. Recruiting and retaining qualified skilled staff is costly, as evidenced in the contemporary wages case for people on the SACS award (the non-government sector) (ACOSS, 2010).

Family support programs need to be properly resourced to provide the level of skills and time to meet the varying levels of need required in family support, although not all families who require family support will need case coordination. The need for ongoing workforce planning and development is an issue facing all jurisdictions and parts of the broad human service workforce.

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