Evaluation of the Intensive Family Support Service

FOR THE DEPARTMENT OF SOCIAL SERVICES

March 2020

Acknowledgements

Disclaimer

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Acronyms and Abbreviations

ABS	Australian Bureau of Statistics
AbSec	Aboriginal Child, Family and Community Care State Secretariat
ACCO	Aboriginal Community-Controlled Organisation
ACCP	Australian Centre for Child Protection
ACF	Australian Childhood Foundation
AIHW	Australian Institute of Health and Welfare
AMSANT	Aboriginal Medical Services Alliance NT
Anyinginyi	Anyinginyi Health Aboriginal Corporation
APY	Anangu Pitjantjatjara Yankunytjatjara
CIT	Central Implementation Team
CNI	Child Neglect Index
COAG	Council of Australian Governments
Congress	Central Australian Aboriginal Congress Aboriginal Corporation
CPIM	Child Protection Income Management
DEX	Data Exchange
DSS	Department of Social Services
FaC	Families and Children
FAHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs (now the Department of Social Services)
FAM	Funding Agreement Manager
FIG	Family Information Gathering
ICSS	Implementation Capacity Support Services
IFSS	Intensive Family Support Service
NGO	non-government organisation
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NPY Women's Council	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation
NSW	New South Wales
NT	Northern Territory
OOHC	out-of-home care
PRC	Parenting Research Centre
PuP	Parenting under Pressure
RoGS	Report on Government Services
SA	South Australia

Save the Children	Save the Children as Trustee for Save the Children Australia Trust
Sunrise	Sunrise Health Service Aboriginal Corporation
TF	Territory Families
The Department	Department of Social Services
WYDAC	Warlpiri Youth Development Aboriginal Corporation

Executive Summary

Background

The Intensive Family Support Service (IFSS) was introduced in 2010 by the Department of Families, Housing, Community Services and Indigenous Affairs (now the Department of Social Services). IFSS was developed as part of a commitment by the Australian Government to protect children from neglect and abuse in the Northern Territory (NT). This commitment was a response to *Growing them Strong, Together*, the report of the Board of Inquiry into the Child Protection System in the NT.

IFSS is funded by the Department of Social Services (the Department). After a multi-staged roll out, IFSS is currently delivered by eight providers across 26 locations in the NT and the Aṉangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia.

IFSS is an evidence-informed program that aims to support families to make positive and sustained life changes to improve the health, safety and wellbeing of their children. It provides practical parenting education and support for families where a child has been identified as experiencing neglect or is at high risk of neglect. Participation in the program is voluntary. Although IFSS is not an Indigenous-specific program, many families referred to the service are Indigenous.

This evaluation assesses the appropriateness and efficiency of IFSS and its effectiveness in terms of achieving positive outcomes for children and families.

The evaluation employed a mixed-methods approach. Data sources included:

- interviews with IFSS staff, families and other stakeholders conducted during site visits
- online surveys of IFSS staff and staff from other organisations
- activity data and other program data reported to the Department and to the Parenting Research Centre (PRC).

A key limitation of the findings is a lack of program outcomes data. The expert opinions of IFSS staff, staff from other stakeholder organisations, and families participating in the program, supported by relevant literature, are the principal sources for most of the key findings.

Key Findings

The evaluation has made 17 key findings – four for appropriateness, six each for efficiency and effectiveness, and one overarching key finding.

Appropriateness

Aboriginal communities where IFSS services are located were not engaged in the initial design of the IFSS practice model. The original model therefore needed significant modifications in order to meet the needs of local communities.

> **Key Finding 1:** Strong cultural governance in IFSS sites and program flexibility have enabled IFSS providers to adapt the original IFSS practice model to include culturally appropriate, trauma-informed services. Adaptions of the model to suit community needs have resulted in a diversity of service models across IFSS sites.

Key Finding 2: Some elements of the original IFSS practice model continue to have a negative impact on program functioning. These elements include:

- a neglect-focused outcomes measurement tool which does not align with the strengths-based approach of the program and only been used to a limited extent
- geographical limitations of service delivery
- lack of clarity about the eligibility criteria for IFSS children and families.

While some of the tools and materials used by IFSS providers were not designed for an Aboriginal context, there is scope in the IFSS delivery model to develop and incorporate locally designed content to use with families.

Key Finding 3: IFSS providers have achieved greater cultural appropriateness and enhanced family engagement through the development of locally designed tools and resources by Aboriginal people, including visual material and resources in local language.

Aboriginal workers are essential to the appropriate delivery of IFSS, as they contribute valuable cultural and community knowledge and often more readily gain the trust of families than non-Indigenous workers. There are instances, however, where it is culturally inappropriate for an Aboriginal worker to engage with certain families.

Key Finding 4: Most sites visited for the evaluation have bi-cultural teams of Indigenous and non-Indigenous staff. IFSS staff and other stakeholders identified this bi-cultural model as essential to providing an appropriate service.

Efficiency

The current reporting requirements for service providers to the Department's Data Exchange (DEX) do not provide a detailed understanding of program outcomes as the activity categories are too broad. Although financial data is available for the program, it is not comparable to financial data on IFSS programs funded by the Northern Territory or other state governments.

Key Finding 5: Current DEX data reporting and financial data for similar programs are currently inadequate in their design to provide insights into the efficiency of the IFSS program.

Stakeholders have pointed to a key element of the IFSS program which led to inefficiencies in its delivery. Initially, some restrictions on and lack of clarity about certain referral pathways resulted in a lack of referrals to service providers. Subsequent modifications and clarification of referral pathways have remedied this issue.

Key Finding 6: Increased flexibility and clarity of the referral pathways into IFSS has allowed service providers to more efficiently and effectively support vulnerable families in their local community.

The efficiency of IFSS has also been compromised by the lack of understanding of the specific needs and context of each of the communities selected as IFSS sites.

Key Finding 7: A needs analysis to understand the needs and drivers of neglect in each community did not occur prior to the implementation of IFSS. This lack of needs analysis had a negative impact on service providers' ability to plan, design and implement effective services.

Challenges associated with staff recruitment and retention have also limited the efficiency of IFSS.

> **Key Finding 8**: High staff turnover and vacancies limit the efficiency of IFSS, particularly in the more remote communities. Reduction of staff turnover rates has occurred where:
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> - services employ appropriately skilled, local Aboriginal staff
> - team leadership is well established and facilitates the provision of a range of structural supports to staff, including reflective practice, regular debriefing/team meetings, cultural supervision, and supervision with their managers.

Implementation Capacity Support Services (ICSS) provide implementation support and workforce development and education to IFSS providers. Initially the Department contracted one ICSS provider for the whole IFSS program. In some cases, disagreement between the IFSS and ICSS providers resulted in unproductive relationships which negatively affected the efficiency of the program.

> **Key Finding 9:** The ability for service providers to choose their own Implementation Capacity Support Service (ICSS) provider increases the likelihood of a productive partnership that will contribute to appropriate adaptation of the IFSS model and increased IFSS workforce capacity.

IFSS providers are also required to work closely with local child protection authorities. A range of factors, however, often inhibits efficient collaboration. These factors include a historical reluctance for Aboriginal families to engage with child protection, and an absence of clear guidelines to facilitate the relationship between IFSS providers and statutory agencies. Lack of collaboration and information sharing with other agencies and IFSS providers also limits opportunities to improve efficiency in supporting vulnerable families.

> **Key Finding 10:** For a majority of IFSS providers, critical working relationships with other agencies are not functioning as effectively as possible. Current stakeholder and IFSS providers indicate that:
>
> - there is a lack of clarity regarding the respective roles and responsibilities of IFSS providers and child protection agencies
> - closer collaboration with agencies responsible for housing and education is likely to improve outcomes for families
> - IFSS providers are operating largely in isolation without formal mechanisms to facilitate direct communication with the Department's National Office, sharing of information and learning since the Central Implementation Team ended in 2016. While the community of practice meetings are valued, service providers would like a regular, high level sharing and decision-making forum.

Effectiveness

The first step for families who seek to build parenting capacity is to successfully engage with a support service. Families have to overcome multiple barriers in order to engage with IFSS. Providers have established strategies to engage families and gain their trust.

> **Key Finding 11:** IFSS services require flexible engagement strategies and sufficient time, often up to 12 months, to build relationships of trust which underlie effective work with families.

The extent to which IFSS providers are engaging in community engagement and development activities varies across the sites. Involving the whole community has the potential to reduce stigma for individual families engaged with the program and allows for stronger connection with local leaders.

> **Key Finding 12**: Some service providers have identified the benefits of broader community engagement, rather than focusing solely on individual families, as a strategy to build the capacity and wellbeing of the community as a whole.

IFSS families face a range of daily challenges, including housing and food insecurity, that fall outside of the scope of the program. These challenges affect the ability of families to effectively engage with the program and make progress towards their goals.

> **Key Finding 13:** Achieving outcomes for families through the IFSS program is challenging/will be limited while broader issues, beyond the scope of IFSS, such as lack of other support services, overcrowded housing, and food security are not addressed.

The Child Neglect Index was intended to be the outcomes reporting tool for the program. Many providers consider this tool to be inappropriate for use with Aboriginal families and have not used it to report outcomes. In the absence of data sharing with other agencies such as schools, health clinics and child protection agencies, there is a current lack of outcomes data for IFSS.

> **Key Finding 14:** From the commencement of the program there have been significant, ongoing challenges to data collection, resulting in a lack of outcomes data for IFSS.

IFSS staff, families and other stakeholders, however, indicate that families are achieving positive outcomes through their involvement with the program. Outcomes include improved child safety and wellbeing, increased parenting skills and confidence and reduced daily stress for families.

> **Key Finding 15:** Despite the absence of reliable outcomes data, there is a strong stakeholder perception that IFSS is achieving positive incremental outcomes for children, parents and carers, and families. These incremental outcomes are crucial to the achievement of longer-term outcomes which take significant time to achieve.

In the absence of an appropriate outcomes measurement tool, some service providers are trialling methods of measuring changes, including using locally adapted goal attainment scales with IFSS families, which align with the strengths-based approach of the program.

> **Key Finding 16:** Some IFSS providers are developing and trialling their own outcomes measurement tools in the form of goal attainment scales. These tools aim to collect outcomes data which is better aligned to the needs and goals of IFSS families.

Overarching key finding

Notwithstanding the lack of outcomes data, IFSS staff, stakeholders and families have provided evidence, consistent with the literature, as to what a 'good' IFSS program looks like. This has enabled the current program logic model to be updated and to be complemented by a family-focused 'Story of Change'. Based on this information, the evaluation has developed a set of evaluative criteria for the program.

Key Finding 17: Throughout this evaluation, IFSS providers, as key stakeholders in the program, have contributed to the development of common criteria which can inform the ongoing implementation and measurement of the IFSS program.

1   Introduction

1.1   About the Intensive Family Support Service

The Intensive Family Support Service (IFSS) was introduced by the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) (now the Department of Social Services) in 2010 as part of a commitment by the Australian Government to protect children from neglect and abuse in the Northern Territory (NT). This commitment was a response to *Growing them Strong, Together*, the report of the Board of Inquiry into the Child Protection System in the Northern Territory (Bamblett et al. 2010). IFSS is an evidence-informed program that aims to support families to make positive and sustained life changes to improve the health, safety and wellbeing of their children.

IFSS is funded by the Department of Social Services (the Department). After a multi-staged roll out, it is currently delivered by eight providers, in partnership with state and territory child protection authorities, across 26 locations in the NT and the Aṉangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia (SA).[1] Table 1 outlines the current providers and sites of IFSS delivery.

Table 1: Current IFSS providers, locations, and IFSS commencement dates

IFSS Provider	Location/Sites	Year IFSS commenced
Save the Children as Trustee for Save the Children Australia Trust (Save the Children)	1. Wadeye 2. Darwin 3. Gurdorrka 4. Katherine 5. Mataranka 6. Beswick 7. Barunga 8. Palmerston	2010-11
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPY Women's Council)	Northern Territory 1. Imanpa 2. Mutitjulu 3. Apatula (Finke) 4. Kaltukatjara (Docker River) South Australia (APY Lands) 1. Amata 2. Pukatja (Ernabella) 3. Indulkana 4. Mimili	2011-12
Central Australian Aboriginal Congress Aboriginal Corporation (Congress)	1. Alice Springs	2011-12
Anyinginyi Health Aboriginal Corporation (Anyinginyi)	1. Tennant Creek 2. Ali Curung 3. Wutunugurra 4. Elliott	2011-12
CatholicCare NT	1. Santa Teresa	2015-16
Lutheran Community Care	1. Ntaria	2015-16
Sunrise Health Service Aboriginal Corporation (Sunrise)	1. Ngukurr	2015-16

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[1] This partnership does not refer to any legal relationship and, as described in this report, partnerships between IFSS providers and child protection authorities vary significantly from strong relationships to very limited relationships.

IFSS Provider	Location/Sites	Year IFSS commenced
Warlpiri Youth Development Aboriginal Corporation (WYDAC)[2]	1. Yuendumu 2. Lajamanu	2016-17

Design and scope

The IFSS practice model was co-designed in 2010 by the Parenting Research Centre (PRC), Save the Children Australia, Good Beginnings Australia, Menzies School of Health Research, FAHCSIA, (now the Department of Social Services) and the Northern Territory Child Protection Authority.

IFSS is not an Indigenous-specific program. It acknowledges, however, that because it is delivered in communities with high Aboriginal populations, and because of high rates of Indigenous involvement in the Australian child protection system and the ongoing disadvantage experienced by many Indigenous families, many families referred to IFSS will be Indigenous (PRC 2013).

IFSS provides practical parenting education and support for families where a child has been identified as experiencing neglect or is at high risk of neglect. Participation in the program is voluntary. The key outcome of IFSS is to reduce child neglect and improve child wellbeing. To reach this outcome, IFSS works to:

- increase the capacity of parents and carers to provide their children with better care, safety and nurturing
- support the development and implementation of evidence-informed and outcomes focused family support services
- strengthen the capability of local organisations and the IFSS workforce to deliver IFSS.

The IFSS Operational Guidelines prescribe specific referral pathways and eligibility criteria for families. Children should be aged between 0-12[3] and families must be located within funded geographical areas.

There are three referral pathways into the IFSS program:

- **Tier 1:** Families are referred by the child protection authority to Child Protection Income Management (CPIM) and IFSS due to child neglect concerns.

- **Tier 2:** Families on any measure of income management are referred by the child protection authority to IFSS due to child neglect concerns, where service vacancies exist.

- **Tier 3:** Community-referred families are accepted into IFSS where there are child neglect concerns and where service vacancies exist.

Priority access is given to families involved with state/territory government child protection services and on CPIM. CPIM directs 70 per cent of an individual's income support and family assistance payments towards food, housing, clothing, utilities and other essential items. Income-managed funds cannot be spent on alcohol, tobacco, pornography or gambling (DSS 2016). The Department originally introduced IFSS to provide complementary family support to families on CPIM and to support its increased use by the Northern Territory Government.

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[2] Abbreviated names of IFSS providers, presented in brackets in this table, have been used throughout the report for ease of reading.

[3] However, the Families and Communities Program (under which IFSS is funded) state that 'Services have a primary focus on children aged 0-12 years, but may include children up to age 18 years' (DSS 2017, p.14).

Partnership with Implementation Capacity Support Services

The Department funds Implementation Capacity Support Services (ICSS) providers to deliver implementation support and workforce development and education to IFSS providers.[4] ICSS providers are intended to be the central support for IFSS providers and should assist them to 'build on their strengths and local expertise and to support the effective delivery of IFSS' (DSS 2016, p.9).

The Department initially contracted and directly funded PRC to provide ICSS to all IFSS providers; this contract has now ceased. Funding arrangements have since changed and IFSS providers are now funded to directly engage an approved ICSS provider themselves. Two ICSS providers are currently contracted: Australian Childhood Foundation (a foundation which provides therapeutic services for children, education and support for parents and advocacy) and the Australian Centre for Child Protection (a research centre based at the University of South Australia which provides research, policy advice, professional education and advocacy).

Partnership with child protection authorities

The IFSS Operational Guidelines state that IFSS providers should 'develop and maintain strong productive working relationships with the local child protection authority office/s under an agreed guiding document and referral protocol. The child protection authority retains statutory responsibility for the ongoing case management, risk assessment and risk management of the child (or children). The IFSS provider is required to participate in regular joint case management meetings for their family clients' (DSS 2016, p.17).[5]

Governance structures

The governance arrangement across the program originally included a Central Implementation Team (CIT) made up of representatives from each IFSS provider, the NT Department of Territory Families, NT and Commonwealth DSS Offices, and an ICSS.[6] The ICSS also facilitated a Local Implementation Team at each site which included the IFSS team leader and management from the IFSS provider (DSS 2016).

The IFSS practice model

The IFSS practice model has five stages:

- Stage 1: Engage the family
- Stage 2: Undertake an assessment
- Stage 3: Select priority areas to work on
- Stage 4: Develop and Implement Family Support Plan
- Stage 5: Exit and case closure (PRC 2013).

The IFSS practice model includes practical in-home and in-community support, including:

- intake / assessment (initial engagement and family planning)
- information / advice / referral (referral to other services, service planning and case work)
- education and skills training (such as parenting and life skills training and education

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[4] IFSS providers funded in the in the early 2014-2016 rounds also received ICSS support for *Organisational Capacity Strengthening*

[5] The previous Operational Guidelines (DSS 2015, p.12) referred to an agreed 'Terms of Reference', which has been revised to a 'guiding document'.

[6] CIT meetings were discontinued with the last one held in October 2016.

- advocacy / support
- community capacity building (provision of information or education sessions, interagency service meetings, supporting community awareness, understanding and ownership)
- outreach (home and community visits)
- family capacity building (activities that promote strong family interactions and community relationships, group workshops/activities) (DSS 2016).

Tools included in the IFSS practice model

- The Family Information Gathering Tool: for collecting information about the family in order to make an 'effective assessment' (PRC 2013, p.30).
- Genograms and ecomaps: for mapping out families' social connections.
- The Child Neglect Index (CNI) tool: the main outcome measurement tool for the program and designed to identify 'specific types and severity of childhood neglect' (PRC 2013, p.33). The CNI is to be completed by IFSS staff for each family, every three months.[7]
- The Yarning Mat: a culturally strong tool for engaging with families and mapping out their strengths and worries.

IFSS practice model service delivery parameters

The IFSS practice model has service delivery parameters in particular areas, including the following:

- Staff should consist of a combination of professional and para-professional, including local Aboriginal staff.
- Team Leaders should be tertiary qualified, have no case load and be responsible for oversight, staff supervision and stakeholder engagement.
- The caseload should be five to eight families.
- Intensity of service delivery should start at 20 hours per week and be scaled down over a period of up to 12 months.
- IFSS should not work in reunification or with families whose children are in out-of-home care (with exceptions, including when an active reunification plan is in place (DSS 2016)).
- Staff should develop exit plans for families (in collaboration with child protection for open cases).
- IFSS services should not work with families outside of their geographical service delivery areas without approval from the Department.
- Services should develop close working relationships with child protection authorities.
- Services should engage with local community and service providers.
- Services should report outcomes data and workforce development data to the Department.

IFSS program logic

It was intended that the initial practice model be adapted to each local context. Service providers were to work with the ICSS to develop and document their own practice model (DSS 2016). As IFSS sits within the Families and Children (FaC) activity in the Department, providers were to align their practice models with the FaC program logic (Figure 1). PRC also developed a specific program logic (Figure 2) for IFSS, which was included in the PRC IFSS Program Guide for workers (PRC 2013). It is worth noting that the distal outcomes in the program logic focus on outcomes for children only and are much narrower than those expressed in the broader FaC program logic.

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[7] Issues with using the CNI in the IFSS program will be explored in section 3.1.2.

Figure 1: FaC program logic

Service activities	Inputs	Outputs	Service quality outcomes	Outcomes for individuals, families and communities		
				Immediate	Intermediate	Long term
Intake / Assessment Information / Advice Education and skills Child-focused groups Counselling Dispute resolution Supervised changeover / contact Support / Advocacy Outreach Records search Community capacity building	**Department:** Funding Policy Grant administration Performance measurement **Service providers:** To be identified at the service level.	Provide data in accordance with DSS Data Exchange protocols.	Increased use of evidence-based practice. Increased use of early intervention and prevention approaches. Increased service integration and collaboration. Improved access for vulnerable or disadvantaged individuals and families.	Increased personal agency Stronger family relationships Increased parental capacity More cooperative post-separation arrangements Increased positive community connectedness	Improved individual functioning Improved family functioning Improved child wellbeing Improved community functioning	Improved individual and family wellbeing Increased economic engagement More cohesive communities

Program components	Targets	Proximal outcomes	Distal outcomes
Family Safety Planning	Parental responsiveness	Improved child health and hygiene	Child's basic needs are met
Parenting skills training	Basic parenting skills	Improved home environment	Child's health needs are met
Stress management training	Home management skills	Increased positive parent-child interactions	Child is adequately supervised
	'Provocative' child behaviour	Reduced daily stress	Child's emotional and development needs are met
	Daily hassles	Increased parental personal agency	Child's educational needs are met
	Parental wellbeing and support	Increased parental wellbeing	
		Improved child health and hygiene	

1.2 The IFSS context: community strengths and challenges

IFSS is currently delivered in 26 diverse communities from Darwin down to the APY Lands in South Australia. Communities vary in size, from a city the size of Darwin, to larger towns like Alice Springs with a population of 25,000, to extremely remote APY communities like Mimili with a population of 300. There are more than ten different language groups across these communities and people often speak English as a third or fourth language.

Culture remains strong in these communities. Families in these communities support each other in diverse ways, sharing food, power cards and the care of children. Older siblings look after younger siblings.

> *Family support is strong here— families looking after each other, moving to another house when things are bad.*
>
> IFSS staff

There is a strong football league across many of these communities and communities host sports weekends once a year where people come from 20 communities or more to play basketball, softball and Australian rules football.

Figure 3 shows the community strengths identified by IFSS staff and other stakeholders[8] in evaluation surveys.

Figure 3: Strengths in IFSS communities according to IFSS staff and staff of other organisations
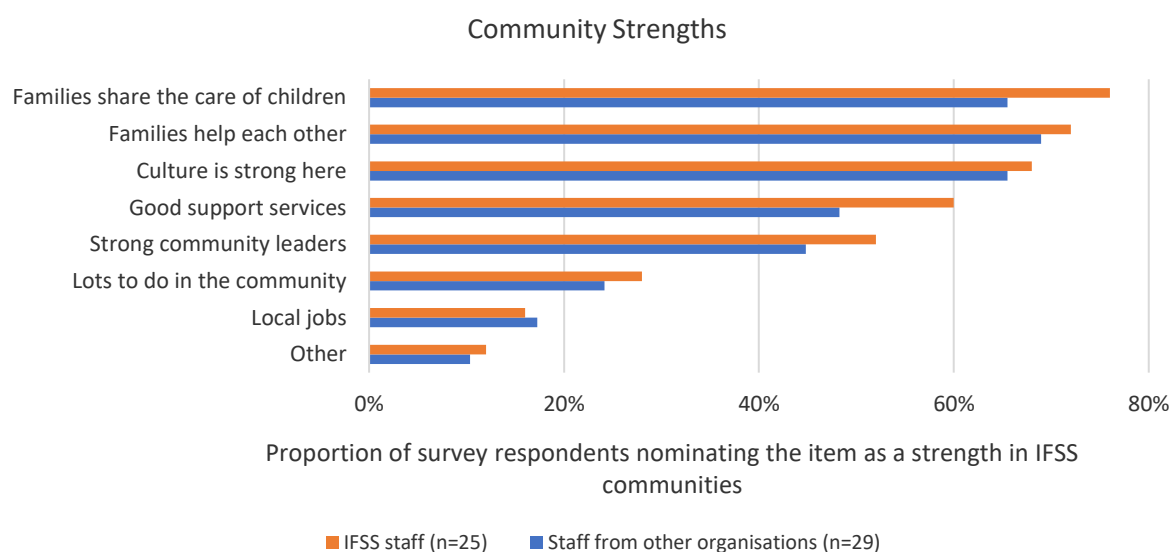
Source: IFSS staff and stakeholder surveys

Families living in the NT and APY Lands where IFSS is delivered face a range of challenges on a daily basis. These challenges must be explicitly taken into account when measuring the effectiveness and efficiency of a program like IFSS.

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[8] Other organisations include family support services, early childhood services, youth services, child protection agencies, ICSS providers, schools, police, mental health, legal and financial counselling services.

Due to a severe lack of housing in communities, families are living in overcrowded and unstable homes (ABS 2009; Purdie et al 2010; Cripps & Habibis 2019)— often more than 20 family members in one house. They regularly do not have enough money to buy food or pay for electricity and other basic needs like clothing and blankets. Many of these communities are in remote or very remote areas with few other support services available. The impact of colonisation and the history of systemic dispossession and removal have resulted in intergenerational trauma and profound disadvantage alongside issues such as substance abuse and patterns of community and domestic violence (Purdie et al 2010).

Figure 4 shows the challenges that IFSS families face, according to online survey responses from IFSS staff and other organisations. We asked survey respondents to list the top five challenges facing families in IFSS communities. The figure demonstrates that both IFSS staff and staff of other organisations rate overcrowded housing, trauma and domestic violence as the biggest worries or challenges.

Figure 4: Challenges in IFSS communities according to IFSS staff and staff of other organisations.

Perceived challenges for communities
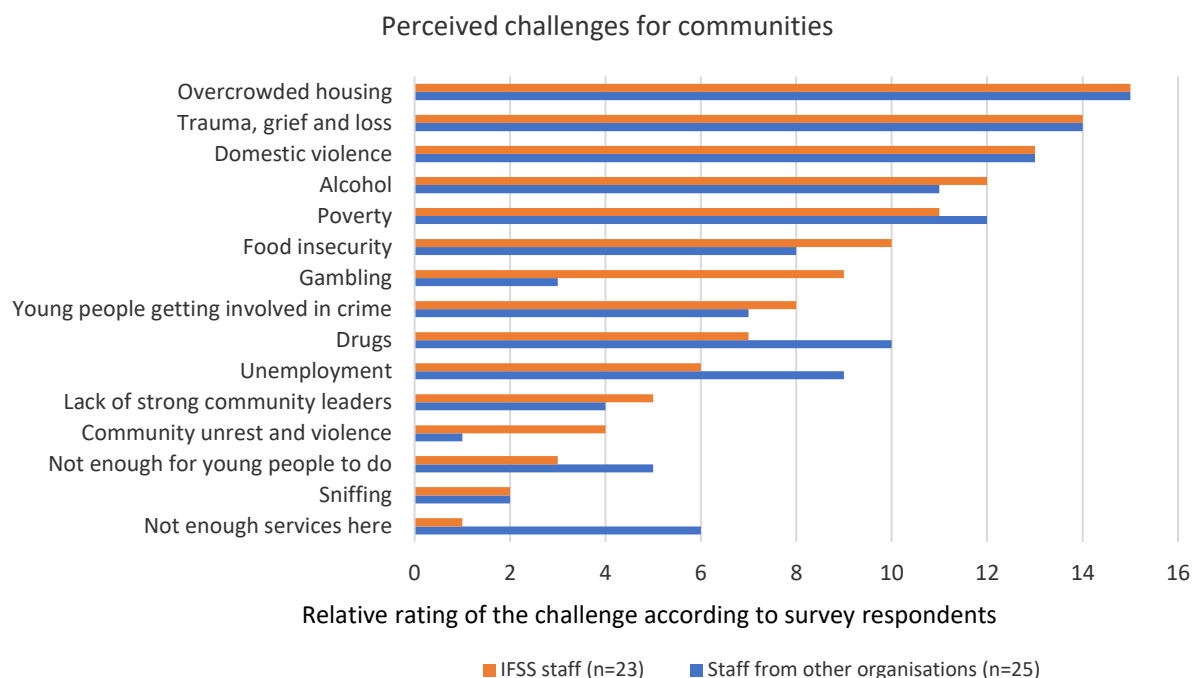
Source: IFSS staff and stakeholder surveys

Many of these complex and chronic issues in communities present barriers to the ability and willingness of families to engage with services like IFSS, and therefore make achieving outcomes difficult.

> *What can families achieve when they are living in houses like those in these communities? Overcrowding remains the biggest issue. That issue needs to be addressed for real change to be seen in these communities.*
>
> IFSS staff

IFSS staff and other stakeholders told us there are limits to what one program on its own can do, in the absence of system level changes to address ongoing issues like housing and food insecurity.

1.3 Rates of neglect for Indigenous children in the Northern Territory

According to the Australian Institute of Health and Welfare (AIHW), in cases of concern about abuse and neglect or broader family issues, community members, professionals, family members and children themselves can make a report to child protection authorities. Reports are screened and, if further action is required, are classified as a 'child protection notification' (AIHW 2019, p.1). Child protection services assess notifications to determine whether to proceed to an investigation, refer the family to support services, or take no further protective action.

If an investigation finds sufficient reason 'to believe the child has been, is being, or is likely to be, abused, neglected, or otherwise harmed', the notification is deemed 'substantiated'. Upon substantiation, the relevant department undertakes 'continued involvement' to 'attempt to ensure the safety of the child or children' (AIHW 2019, p.3).

In the NT, the number of individual children involved in investigations[9] has increased from 5239 in 2014-15 to 6740 in 2017-18. In the same period, substantiations as a percentage of finalised investigations declined, and were at a lower rate than other states, indicating that fewer investigations were resulting in substantiations (AIHW 2019).

However, in the NT, the overall rate of Indigenous children who were the subject of substantiations was 56.2 per 1000 children in 2017-18, higher than the national rate of 42.0 per 1000 Indigenous children.

Types of neglect or abuse

Data from the AIHW shows that, of substantiated cases in the NT, neglect is the most common substantiation. Almost half (49.3 per cent) of substantiations involving Indigenous children were identified as neglect, followed by emotional (34.8 per cent), physical (14.4 per cent) and sexual (1.4 per cent) abuse. As shown in Figure 5, in substantiations involving Indigenous children in the NT, neglect has risen slightly since 2014-15. Rates of neglect are considerably lower for substantiations involving non-Indigenous children.

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[9] Full definitions of phrases used in this sub-section including 'notifications', 'investigations' and 'substantiations' can be found in Appendix A.
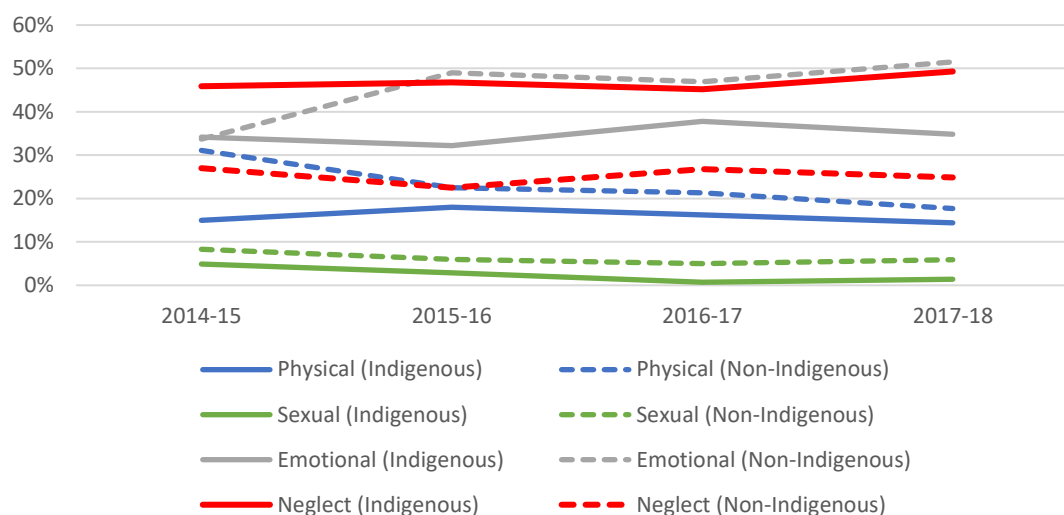
Source: AIHW 2019

Rates of out-of-home care

Out-of-home care (OOHC) is the care of children aged 0–17 years who are unable to live with their primary caregivers. It involves the placement of a child with alternate caregivers on a short- or long-term basis (Department of Human Services, 2007).

Data from the last four years shows a decline in the number of children admitted to OOHC in the NT. The rate of admission of Indigenous children to OOHC in the NT in 2017-18 was 8.9 per 1000 children, lower than all the other states and territories except New South Wales (NSW) (8.7 per 1000 children) and lower than the national rate of 12.8.

OOHC can be arranged either informally or formally. Informal care refers to arrangements made without intervention by statutory authorities or courts. Formal care follows a child protection intervention (either by voluntary agreement or a care and protection court order), most commonly due to cases of abuse, neglect or family violence (Campo & Commerford 2016).

In the NT, there were 1067 children in OOHC as of 30 June 2018, a rate of 17.0 per 1000 children, higher than any other state or territory and more than twice the national rate of 8.2 per 1000 children (AIHW 2019, p.49). The rate for *Indigenous* children in the NT, however, was 35.6 per 1000 children, lower than Indigenous rates in any other state/territory. The lower rate of OOHC for Indigenous children in the NT emphasises the need for intensive support services to families, as more children with substantiated neglect remain in the care of their families (Segal & Nguyen 2014).

National Response to Child Neglect

Endorsed by the Council of Australian Governments (COAG) on 30 April 2009, the *National Framework for Protecting Australia's Children 2009–2020* (National Framework) is a commitment between the Commonwealth, state and territory governments, the non-government sector and researchers to ensure the safety and wellbeing of Australia's children. The National Framework recognises that all governments must strengthen prevention and early intervention service systems, better address the drivers of abuse and neglect, and improve responses for children who are in contact with child protection systems, ensuring, safe, stable and timely care.

The National Framework sets out six supporting outcomes:

1. Children live in safe and supportive families and communities.
2. Children and families access adequate support to promote safety and intervene early.
3. Risk factors for child abuse and neglect are addressed.
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.
5. Aboriginal and Torres Strait Islander children are supported and safe in their families and communities.
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

IFSS fits within this framework by providing supports to promote the safety of children in Aboriginal communities and, in some cases, to intervene early where risk has been identified but families are not yet engaged in the child protection system. Unlike other family support programs currently delivered in the NT, IFSS is Commonwealth funded.

1.4   Previous evaluations of IFSS

In 2014, the IFSS program was the subject of four separate evaluations, each focusing on a different aspect of the IFSS program:

- The Health Economics & Social Policy Group at the University of South Australia evaluated the program as implemented by the Central Australian Aboriginal Congress Aboriginal Corporation.
- Consultant Samantha Togni evaluated the Walytjapiti Program, implemented by Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council.
- PRC evaluated the validity of the IFSS practice model, the fidelity of its implementation, supporting strategies and barriers to implementation and whether or not the model reduced child neglect.
- Colmar Brunton assessed the effectiveness of the partnership model, the impact of stakeholder interactions, the contribution of IFSS to developing the Indigenous family support workforce, the extent of Indigenous participation in program implementation, and wider community impact.

In 2017, the Australian Centre for Child Protection released two reports relating to IFSS. The first report explored the benefits of incorporating family decision making in the IFSS model. The second report was a review of IFSS referral pathways and integration with other services.

In 2016, PRC developed an Implementation Outcomes Evaluation Framework to be used over the 2016-20 period of IFSS service delivery. The evaluation framework developed by PRC has since been discontinued.

Findings of these previous evaluations and reports informed this evaluation by providing detail about the history of the design and implementation of the IFSS program, identifying strengths and barriers to the program, and providing early indications about outcomes.

2   Evaluation Methodology

2.1   Aim of the evaluation

The purpose of the evaluation is to obtain an independent, evidence-based assessment of what is working well in IFSS, and how the program could be improved in the future. The evaluation assesses the appropriateness and efficiency of IFSS and its effectiveness in terms of achieving positive outcomes for children and families. The following evaluation questions informed the methodology:

Appropriateness:
- To what extent are IFSS services consistent with and responsive to recipients' needs, the Department's principles and partner organisations' priorities?

Efficiency:
- What resources have been invested and activities conducted to improve family outcomes, including parenting capability to keep children safe, at home with their families, in their communities and out of the child protection system?

Effectiveness:
- To what extent has IFSS been effective in achieving its stated outcomes and objectives (including building parents' capacity to improve the health, safety and wellbeing of their children)?
- What is/is not working well and how can learnings inform future delivery of IFSS including program funding?

2.2   Evaluation approach

The evaluation employed a mixed-methods approach. Researchers collected and analysed a mix of quantitative and qualitative data. A mixed methods approach can strengthen an evaluation by balancing limitations of each type of data with the strengths of another. The process of triangulation allows data from one source to clarify and confirm data from another source. In addition, data from one collection method—such as interviews— can inform the development of other data collection tools—such as surveys.

Triangulation is best achieved when a diverse range of information sources, types and collection methods is available. Ideally, information types should involve both qualitative and quantitative data, and information sources should include a broad range of stakeholders (including participants, providers and other services and community members). Types of information and stakeholders consulted in this evaluation were not as varied as we would have liked, and opportunities for triangulation were therefore limited (see section 2.5.1).

The evaluation revealed a lack of quantitative data to support findings from the qualitative data sources. The lack of quantitative outcomes data means that we have relied heavily on interviews with a broad range of expert stakeholders to gather evidence about the effectiveness, appropriateness and efficiency of the IFSS program. We have attributed significant value to the professional opinions of these expert stakeholders.

We conducted site visits to nine IFSS sites, at least one for each of the eight IFSS providers, and completed 102 stakeholder interviews. Using a 'narrative' approach, we actively sought the

perspectives of IFSS families and captured a range of intended and unintended outcomes resulting from the program.

We used surveys to capture perspectives from a broader range of IFSS sites than the ones we visited. One survey of IFSS staff captured the views of workers across all the IFSS sites, and another survey collected the perspectives of staff from other organisations involved with IFSS.

Our mixed-methods approach also included analysis of existing IFSS providers' activity data to give details in the report of client numbers and demographics, referrals and services delivered. A literature review, including previous evaluations of IFSS, helped us understand what is already known about implementation and outcomes of similar programs.

Given the consistently high proportion of Indigenous families participating in IFSS, we sought to assess the cultural appropriateness of the IFSS service in terms of implementation and outcomes. We also sought to include as many Aboriginal voices as possible. Overall, 45 per cent of interviewees were Aboriginal, 35 per cent of IFSS staff survey respondents were Aboriginal and 20 per cent of respondents from other organisations were Aboriginal. All families interviewed for the evaluation were Aboriginal.

Social Compass values participatory methods to inform evaluations (Willis 2007). IFSS providers engaged in the design of the overall methodology, in particular regarding the design of the data collection tools. IFSS providers, the Department and child protection agencies also participated in a workshop of the evaluation findings. The purpose of this workshop was to validate the findings and to provide an opportunity for IFSS providers to ask questions, identify gaps and give other feedback to inform the final evaluation report.

We also used participatory methods to identify a range of evaluative criteria for IFSS. Evaluative criteria form the basis of evaluative thinking and reasoning. They describe the principles, attributes, processes and outcomes which are held to be good, needed, important and of general worth for a program (Davidson 2014). Beyond measuring goals or ascertaining if objectives have been met, evaluative criteria can be used to judge the performance and merit of a program (Davidson 2005).

Based on all data collected throughout the evaluation, including the literature review, we drafted a list of evaluative criteria. IFSS providers were given an opportunity to discuss and contribute to the evaluative criteria at the IFSS forum. Based on their feedback, changes were made to the criteria. The criteria have guided the presentation of key findings in the report. An evaluative rubric developed by Social Compass is included in the conclusion of the report and summarises the performance of the IFSS program against each of the criteria.

The voices of IFSS families were central to our evaluation. Narrative methodology empowers participants to define and represent places and relationships that are important to them and ensures the meaningful inclusion of their voices and stories of change. Participant stories are especially important sources of information in 'programs engaged in healing, transformation, and prevention' (Patton 2015, p.179).

We also applied elements of the 'Most Significant Change' approach (Davies & Dart 2005). Stakeholders were asked:

1. What is the most significant change you have seen for participants and their communities/yourself and their/your family because of participation in IFSS?

2. Why is this change significant?

The first question captures a broad range of intended and unintended outcomes. The second question reveals the different values that different stakeholders hold. We have integrated responses to these questions into the findings presented in this report to illustrate the broad range of outcomes that stakeholders consider to be important, and the values attached to them.

2.3   Ethics

Due to the sensitive nature of the IFSS program and the potential vulnerability of participants, ethics approval was obtained from three Human Research Ethics Committees to cover the three geographical regions included in the evaluation: Human Research Ethics Committee of the Northern Territory Department of Health (# 2019-3297), The Central Australian Human Research Ethics Committee (#CA-19-3309), and the Aboriginal Health Research Ethics Committee (SA) (04-19-808). Ethics approval was also obtained from the Congress Board Research Sub-Committee.

2.4   Data Collection

2.4.1   Qualititative data

Qualitative data collection focused on two-day site visits to nine IFSS communities in the NT and APY Lands:

Table 2: IFSS service providers and communities included in site visits

Community	IFSS Service Provider
Santa Teresa	CatholicCare NT
Pukatja and Aputula	NPY Women's Council
Ngukurr	Sunrise
Katherine	Save the Children
Ntaria	Lutheran Community Care
Tennant Creek	Anyinginyi
Yuendumu	WYDAC
Alice Springs	Congress

Stakeholder interviews

During site visits, a total of 102 semi-structured interviews were completed with the following stakeholders (a small number of these were conducted over the phone but the rest were face-to-face):

- IFSS Staff: 36
- IFSS Families: 17
- Other stakeholders: 49, including staff from the following agencies/organisations: schools, health clinics, family support services, early childhood services, youth services, child protection agencies, ICSS providers, police, and mental health/counselling services.

All IFSS staff at each of the nine sites were invited to participate in an interview. IFSS staff identified families who were best-placed to participate in an interview with Social Compass researchers. With the help of a participant information sheet prepared by Social Compass, IFSS staff explained the purpose of the evaluation to families, their potential role in it, and the consent process required.

IFSS staff and managers were asked to provide a list of community stakeholders with whom they engage. Social Compass researchers invited those stakeholders, and others they identified, via email and phone, to participate in a face-to-face or phone interview. Semi-structured interview guides are at Appendix D.

Given the small size of many of the IFSS communities, there is a risk that interview participants will be identifiable. As part of our ethical commitment to protect the anonymity of individual interview participants, interviewees are not named by community or type of service provider. This anonymity increased the likelihood that the participant could speak openly and honestly.

Surveys

Two online surveys were distributed to IFSS staff and staff of other organisations engaged with IFSS across all 26 IFSS sites through the Australian Consortium for Social and Political Research CANVASS platform. Forty-two IFSS staff (77 per cent response rate) and 47 staff of other organisations (45 per cent response rate) participated in the survey. In order to respect the sensitive nature of the IFSS program and the wellbeing of survey participants, it was not mandatory to provide an answer to each survey question. Therefore, response numbers for individual questions vary.

All IFSS staff across all 26 sites were invited to participate in the survey. Staff from all organisations, or stakeholders on the list which had been compiled throughout the nine site visits, were invited to participate in the survey.

The survey questions can be found in Appendix D. Fifty-five per cent of IFSS staff survey respondents and 56 per cent of staff of other organisations respondents, also participated in an interview for the evaluation.

Of the IFSS staff who responded to the survey, 18 identified themselves as family support workers, seven were IFSS team leaders, seven were case managers, six were case workers, two were IFSS managers, and two identified as 'other'. Of staff from other organisations, 21 were from a government agency or department, 16 were from Aboriginal Community-Controlled Organisations (ACCOs) and 10 were from other non-government organisations including family support services, early childhood services, youth services, child protection agencies, ICSS providers, schools, police, mental health, legal and financial counselling services.

2.4.2   Quantatative data

Quantitative data collection included the following:

- Activity and other program data reported by IFSS providers to the Department Data Exchange (DEX). This data included client numbers and demographics; referral numbers into IFSS; referral sources and reasons; numbers and types of sessions delivered by providers.
- Activity and other program data reported by IFSS providers to their Department Funding Agreement Managers (FAMs); data about staff vacancies, referrals and exit data
- Outcomes and other program data reported to PRC as part of the previous evaluation of IFSS including referral data and CNI data.

2.4.3   Literature Review

We performed a literature review of academic and grey literature, including previous evaluations of IFSS and other intensive support and parenting programs designed for Indigenous contexts including:

- the Brighter Futures Program in NSW
- the Triple P program
- a home visiting program in SA
- family support/intervention services in NSW, Queensland, Victoria and NT.

Searches were conducted in a range of databases using keywords as well as searching bibliographies of key documents. Parameters for the review included:

- types of models that services are based on
- partnerships between service providers and child protection agencies
- development of the local Aboriginal workforce
- relevant training that has been developed for/by Aboriginal workers
- parenting programs which have been developed for/by Aboriginal people
- tools that services are using with families to measure change/outcomes from their participating in the program
- examples of good data sharing between service providers and child protection agencies
- evidence of best practice and outcomes from evaluations and studies of related programs in Australia and overseas.

The Department's IFSS program documents, such as the Operational Guidelines, as well as program resources such as the Program Guide developed by PRC, were also included in data collection.

2.5   Data analysis

QSR NVivo, a qualitative and mixed-methods software application, was used to organise and conduct a thematic analysis of qualitative data from interviews and surveys.

We began with the list of outcomes and processes outlined by the Department in the IFSS Operational Guidelines and in our evaluation framework and coded interview data into those themes grouped under the evaluation criteria of appropriateness, effectiveness and efficiency. We also identified unintended outcomes of the program and emerging themes in the data which were relevant to the evaluation questions. As a result, we can report not only on the outcomes and processes prioritised by the program funders and designers, but also those of the people delivering the program, other organisations working in these communities and, most importantly, the families who are recipients of the program.

We used a variety of approaches to analyse each source of quantitative data. Most quantitative data was summarised by combining annual data into summary graphs for the three year time period. In some instances, the data was broken down to give more detail such as changes over time periods. For more detail see Appendix E.

2.5.1 Data Limitations

Stakeholder interviews

Asking IFSS staff to provide perspectives on IFSS carries a risk of positive bias. However, as individuals responsible for delivering the service on the ground, and with experience working closely with IFSS families and communities, staff can be trusted as experts on a program (Robertson & Wagner 2012). In evaluation, incorporation of staff and other key stakeholder views on a program can increase the validity and credibility of the findings (King et al. 2013; Wehipeihana et al. 2018). However, the lack of supportive quantitative data from other sources, such as school and health clinic attendance, limits opportunities for triangulation of data and therefore the strength of the outcomes findings of this evaluation.

We were unable to speak to families who have disengaged from the program, or chose not to engage, and so did not hear their views about the program. Due to the sensitive nature of the program and the vulnerability of families, we relied on IFSS staff to choose families they felt were best placed to participate in an interview with Social Compass researchers. IFSS staff chose families who were not currently in crisis and who were more comfortable speaking to strangers. These families generally had good relationships with the staff and were positive about the program. The process for selecting families for interviews inevitably leads to a risk of positive bias in the data collected by this method.

In order to manage the risk of bias from both IFSS staff and selected IFSS families, we also sought the views of a range of stakeholders in each community—primarily staff of organisations engaged with IFSS, who had independent views about the program. Interviewing stakeholders provided an opportunity to test the accuracy of IFSS staff perspectives. In interviews, the two stakeholder groups broadly agreed about the outcomes resulting from IFSS. In the surveys, however, IFSS staff were generally more likely than staff from other organisations to identify any given outcome or service delivered. While this disparity could be caused by IFSS staff over-estimating their impact, it could also be a reflection that partner organisations have fewer opportunities to see the results of the work that IFSS staff do. One would therefore expect slightly lower appraisals overall from this stakeholder group.

Many IFSS staff had been in their roles less than 12 months and could only comment on the program over that period.

One community in the APY Lands of SA was included in this evaluation, however the data collected is not sufficient to provide detailed comment on the particular issues affecting the delivery of IFSS in the four cross-border communities. In general, the focus of this report is on IFSS delivery in communities in the NT.

Interviews were mostly in English with some translation from IFSS staff and family members.

Surveys

Surveys were in English and administered online and were therefore not accessible to all staff.

A limitation to triangulation of the qualitative data is that many of the survey respondents were also interview participants (approximately half).

Program activity data

Activity data uploaded onto DEX provides an approximate figure only and does not provide sufficient detail about the types of activities delivered by IFSS providers. The definition of 'clients' and 'cases'

for DEX reporting purposes seems to be inconsistent across IFSS providers and therefore the overall numbers should be read as an estimation.

Other program data reported to FAMs and PRC was not reported consistently by all IFSS providers across all time periods.

Other limitations:

An independent needs analysis of each community was not conducted or documented before IFSS sites and service providers were selected. A thorough needs analysis enables an evaluation to assess the extent to which not just program objectives, but also needs of participants, have been met (Davidson 2005). Because of this lack of baseline data, there are limitations to the extent to which this evaluation can comment on the ability of the program to meet local community and family needs. Needs, as understood by this evaluation, include those identified in IFSS by participants in the evaluation including IFSS families, IFSS staff and other community stakeholders, as well as those identified in the literature and the high rate of neglect identified in the Bath Report that led to the introduction of IFSS.

Causality

Evaluation literature identifies a range of strategies for inferring causality in the absence of a randomised control trial (Davidson 2005; Funnell & Rogers 2011; Weiss 1995). We have used the following strategies in this evaluation.

Ask observers: Evaluators specifically asked a range of stakeholders what outcomes for families could be attributed to IFSS.

Logical timing of outcomes and matching content to outcomes: Where outcomes experienced by families map closely with the types of supports delivered by IFSS providers, both in content and timing, it is reasonable to attribute the changes to the IFSS program.

Program Logic: Social Compass developed a program logic based on program documents and logic models developed by IFSS providers. This model was used to help understand how the program is intended to work and to test if it achieved outcomes in the way it intended and if short term outcomes led to longer term outcomes.

Counterfactual: What would happen if families had not engaged in IFSS? Although we did not compare IFSS communities with others where IFSS is not delivered, a previous evaluation of this IFSS program claimed that, due to the complexity of issues facing Aboriginal families and the range of factors beyond their control, families were unlikely to experience improvements in family functioning without an effective support intervention (Segal & Nguyen 2014).

3   Findings

Structure of the findings

We have structured the findings around the key evaluation criteria and questions and have ordered them in the following way:

- Section 3.1: Appropriateness
  To what extent are IFSS services consistent with and responsive to recipients' needs, the Department's principles and partner organisations' priorities?

- Section 3.2: Efficiency
  What resources have been invested and activities conducted to improve family outcomes, including parenting capability to keep children safe, at home with their families, in their communities and out of the child protection system?

- Section 3.3: Effectiveness
  To what extent has IFSS been effective in achieving its stated outcomes and objectives (including building parents' capacity to improve the health, safety and wellbeing of their children)?

  What is/is not working well and how can learnings inform future delivery of IFSS including program funding?

Throughout this report, we have used term 'families' in place of 'clients' as the IFSS program works with whole families including parents, children, grandparents, and other family members and carers. Aboriginal families may have different structures in different locations and children may have a range of 'mothers' and carers who are responsible for them (Warrki Jarrinjaku ACRS 2002). The terms 'parents and carers' are used when referring more specifically to issues and outcomes experienced by them.

3.1   Appropriateness

This evaluation makes four key findings in relation to the appropriateness of the program. They relate to:

- adaptations IFSS providers have made to the original practice model, in particular incorporating strong cultural governance
- elements of the original IFSS model that continue to have a negative impact on program functioning
- the development of culturally appropriate tools and resources
- the importance of bi-cultural teams.

3.1.1   IFSS providers have significantly adapted the original IFSS practice model

The IFSS practice model was co-designed in 2010 by the Parenting Research Centre (PRC), Save the Children Australia, Good Beginnings Australia, Menzies School of Health Research, the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, (now the Department of Social Services) and the Northern Territory Child Protection Authority. According to PRC documents and Department accounts, they consulted service providers, families and communities to some extent, however Social Compass does not have details of this process.

The following documents outlined the original IFSS practice model:

- IFSS Operational Guidelines
- IFSS program logic
- Three IFSS Workers Resources booklets:
    1. Service Guide: information about the set-up of the service, IFSS guidelines, policies and procedures.
    2. Program Guide: outlines the values and principles that underlie the IFSS program and description of how to work with families to support them to achieve program outcomes.
    3. Content: resources to support the teaching and delivery stage of the program.

Aboriginal communities were not sufficiently engaged in the design of the IFSS model

A principal shortcoming of the original IFSS practice model—according to staff and a range of stakeholders, particularly Implementation Capacity Support Service (ICSS) providers—is that it was not designed locally and therefore did not have sufficient 'buy in' from local people and organisations.

IFSS is delivered in Aboriginal communities, principally for Aboriginal families. However, according to the IFSS Operational Guidelines (DSS 2016) IFSS is not an Aboriginal-specific program. Given the high percentage of participating Indigenous families, IFSS staff and stakeholders told us that it needs a high degree of input and drive from local Indigenous people who know the realities and needs of their communities.

> *[The model] needs to be developed and advised by Aboriginal people. It needs to be driven by local people. [We need] positive parenting programs that are designed for remote communities.*
>
> IFSS stakeholder

Although Aboriginal people were engaged in the initial design process to some extent, these consultations, as well as the initial rollout, largely took place in the Katherine and Darwin areas, with two large non-Aboriginal, non-government organisations (NGOs). IFSS service providers are working in communities across the Northern Territory and most of these providers feel that neither they nor their communities had any input into the design process.[10]

> *IFSS was developed in the Top End and there was a feeling at the [IFSS] service that this was designed in Darwin to be put into [this community]*.
>
> IFSS stakeholder

A range of stakeholders told us that, in both invisible and obvious ways, the original IFSS program design privileges Western ideas and perspectives over Aboriginal perspectives. Two examples are the exclusive use of English throughout the model and its resources, and the use of assessment and outcomes tools which were not designed for or by Aboriginal people.

Cultural governance and program flexibility have resulted in adaptation of the original practice model

Despite the apparent prescriptiveness of some of these documents, the Operational Guidelines allow IFSS providers to 'develop, document and implement an IFSS practice model that is locally relevant and considers workforce capabilities that build over time' (DSS 2016, p.8).

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[10] Social Compass has seen no documentation of this process and is unable to comment in detail on the co-design or consultation process.

IFSS provider Save the Children—which was involved in the co-design of the IFSS practice model, and which merged with Good Beginnings—is delivering IFSS based on the original model without significant modifications to its theory or framework. Other IFSS service providers have adapted aspects of the original IFSS model to better fit their communities.

The extent to which these adaptations have been formalised and documented as a new IFSS model varies significantly between providers. Four IFSS service providers have redesigned or are in the process of redesigning and documenting a new IFSS model in order to reflect the way they are working appropriately in communities. This design and documentation process has been different for each of the four providers and has taken place at different stages of the program and their funding.

In the second stage of the IFSS rollout in 2011-12, the Department funded Congress and NPY Women's Council to deliver IFSS in Alice Springs and the APY Lands respectively. Both ACCOs service providers articulated their concerns that the IFSS practice model was inappropriate for their communities. They argued that there was no proof that the social learning and social ecological theories underpinning the model would be effective for families with a history of domestic violence and substance abuse (Segal & Nguyen 2014).

Because the two service providers disagreed with PRC about what should be included in the model, they did not proceed with ICSS support from PRC. Congress and NPY Women's Council went on to design and document their own IFSS practice models. Senior Anangu women led the development of the NPY Women's Council's model, known as Walytjapiti.

Congress and NPY Women's Council based their models on Aboriginal cultural perspectives and drew on their extensive experience in designing and delivering programs for Aboriginal communities and families. NPY Women's Council has developed a range of culturally specific resources for staff and families. WYDAC, who is the most recently funded IFSS service provider, and CatholicCare NT who has been delivering IFSS since 2015, have also recently been developing their own IFSS model and theory with ICSS support.

Each of these four service providers has developed their own program logics and/or theories of change that articulate their IFSS practice model and guide the delivery of the program in their communities. Each program logic includes the main IFSS long-term outcomes of improved safety and reduced neglect of children, improved child and parent wellbeing and improved capacity of parents and carers. They differ from the original IFSS model in a range of ways:

- All four services based their models on a trauma-informed framework.
- All four models include a wide range (from 14 to more than 20) of short and mid-term objectives. In comparison, the original IFSS program logic has only seven 'proximal' outcomes.
- All of the four redesigned program logics include a focus on community engagement and development approaches, working to build community capacity to address family issues in a collaborative way.
- All four models emphasise a bi-cultural (Indigenous and non-Indigenous) team that combines both cultural and case management skills and a two-way learning approach to how IFSS staff work together and with families.
- NPY's theory of change focuses on building family resilience to deal with the stressors affecting their lives. The program logic includes a focus on the cultural governance of the program, developing APY families' autonomy and reducing their contact with the child

protection system, and developing and leading innovative workforce models for Aṉangu staff. NPY staff told us that critical whiteness theory informs the NPY model, making explicit the 'white' lens underpinning modern systems and how it reproduces racial oppression (Owen 2007).

- Congress based their model on their long-running Targeted Family Support Services program which targets similar families.[11] It articulates the need for families to access trauma therapeutic services. Unlike the other redesigned models, but like the original IFSS practice model, Congress emphasises joint case-management with child protection agencies.
- The WYDAC program logic emphasises the inclusion of local cultural knowledge in the design and delivery of the program and building families' connections with community and culture.
- The CatholicCare NT program logic includes a focus on building strategic, collaborative partnerships with other services and social capital in communities.

Two IFSS providers, Congress and Sunrise Health Service Aboriginal Corporation (Sunrise), chose to incorporate an alternative parenting program, Parents under Pressure (PuP) into their IFSS practice model. PuP trainers delivered training to IFSS staff who have become, or are working towards becoming, accredited PuP therapists.[12]

Anyinginyi Health Aboriginal Corporation, Sunrise and Lutheran Community Care are now also commencing discussions about designing and articulating their own models.

It is well established that strong cultural governance is crucial for effective services for Aboriginal people (AIHW 2013; Walker & Shepherd 2008; Purdie et al 2010). While encouraging community engagement, the original IFSS practice model does not prescribe cultural governance in the delivery of IFSS. Nevertheless, in each community involved in the evaluation, IFSS providers have developed cultural governance processes to inform their delivery of the program.

Across the evaluation sites, common features of cultural governance included Aboriginal boards, cultural frameworks and protocols, and provision of cultural training for staff. Although not all IFSS providers are governed by Aboriginal boards, IFSS services in all evaluation sites are informed and guided by the views of local Aboriginal staff. They are aware of and responding to the range of complex issues and stressors that families experience, such as the effects of intergenerational trauma and impacts of a history of systemic dispossession including extreme disadvantage, poverty and unstable housing.

IFSS providers who are ACCOs have cultural governance built into their organisational structure and have higher numbers of Aboriginal employees than other NGOs. An Aboriginal board informs decisions made about programs, including IFSS. Strong cultural governance led the design and documentation of new IFSS models for some IFSS providers.

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[11] The Congress Targeted Family Support Service is funded by the National Indigenous Australians Agency (previously the Department of Prime Minister and Cabinet) and provides support services for vulnerable Indigenous children (0-18 years) and their families who are:
- Likely to experience greater challenges as the child/ren's development has been affected by risk factors and /or cumulative harm; and/or
- At risk of becoming involved with the child protection or the justice system if issues are not addressed.

[12] For more information on PuP visit http://www.pupprogram.net.au/program-overview.aspx

IFSS Aboriginal workers within non-Aboriginal NGOs carry a large responsibility in the cultural governance of IFSS and there is the risk that if they leave their roles, the governance will be lost. As well as relying on cultural guidance from their staff, some IFSS providers are also seeking cultural governance from local Aboriginal leaders and Aboriginal organisations in the community.

IFSS providers have adopted a trauma-informed approach

It is well established that government and non-government services for Aboriginal children and families should be based on a trauma-informed framework (Atkinson 2013), and should take into account not just cultural differences but the fact that historical and contemporary oppression and racism have caused Aboriginal people to be uneasy about accessing mainstream services (Munro 2012). Research shows that there is a particular need for trauma-informed approaches for services for Aboriginal children and families engaged with child protection because of the direct and intergenerational trauma they experience.

> *Aboriginal and Torres Strait Islander children and young people in the child protection system may have experienced trauma directly, through abuse, neglect or exposure to violence, and/or may experience trauma through secondary exposure. Secondary exposure occurs when a child witnesses the effects of historical and ongoing dispossession, racism and marginalisation experienced by Aboriginal and Torres Strait Islander peoples, such as psychological distress experienced by parents or grandparents. This trauma and intergenerational trauma may affect a child's capacity to participate, as the child might feel unable to express her or his feelings, or might not know how to manage their emotions.*

(SNAICC 2019, p.62)

Although the original IFSS model was not developed according to a trauma-informed framework, all IFSS providers are delivering trauma-informed services.[13] This approach is evident in training attended by staff, the language and approach used by staff and, for some IFSS providers, made explicit in their redesigned IFSS practice models. Even IFSS providers without clearly defined practice models are delivering IFSS services in line with the principles of trauma-informed care as articulated in the literature (Atkinson 2013).[14] IFSS providers demonstrate a focus on strong cultural competence, training in trauma to understand its impacts, building trust with families, promotion of the physical and cultural safety of IFSS families, a family-led approach, linking families with other services where ever possible, and building the capacity of families to heal and recover.

The importance of providing trauma-informed services is widely acknowledged by IFSS staff and other stakeholders.

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[13] There were no current clients at one site where the team leader and manager roles have been vacant for more than 6 months. Stakeholder interviews clearly demonstrated the trauma-informed approach of the services while it was previously operating.
[14] See Appendix B for a full explanation of trauma informed principles.

> *There has been a historical narrative about Aboriginal women in Australia that they are incapable of caring for their children, this has created years of shame, widespread self-doubt and distrust in non-Indigenous systems. The mothers and grandmothers that we are working with need opportunities to reengage with the strength that comes with being an Aboriginal woman, not the negative narrative they have heard for so many years. This is why working from strengths based, trauma informed framework is imperative and why using a tool such as the "Child Neglect Index" can be so damaging.*

<div align="right">IFSS staff</div>

In surveys and interviews, IFSS staff and other stakeholders commonly referred to the trauma-informed approach as a key strength of the service. When asked to what extent the IFSS service in their community was trauma informed, 89 per cent of IFSS staff and 72 per cent of staff from other organisations agreed or strongly agreed that it was.

One element of a trauma-informed framework is a strengths-based approach. Many of the tools and approaches used by IFSS staff, including the Yarning Mat, are designed to identify family's strengths, and to avoid blaming or shaming them in any way. Literature regarding support services and programs for Aboriginal parents, recognises the effectiveness of a strength-based approach, and argues that parents' and carers' motivation and ability to engage with a service and to achieve change in their lives are increased when their strengths are acknowledged and supported (Stirling et al 2012; Tilbury & SNAICC 2015; AbSec 2018). Using this approach, IFSS staff help families to recognise what they are doing well, as well as identify other family and community members who have a positive role or can provide support. Many IFSS staff and other stakeholders describe this approach as essential for working effectively with families.

> *We've stayed true to the strengths-based approach, it's at the core of what we do.*

<div align="right">IFSS staff</div>

> *We do things like sit down and talk with the parent about their strengths, it might take a few sessions, people can find it really hard to find their strengths and say what they do well. Rather than coming in and just judging, focus on the strengths to start with, without this relationship they are not going to listen to anything we say.*

<div align="right">IFSS staff</div>

Another key aspect of all IFSS services, and the most commonly identified strength of IFSS in stakeholder interviews, is its family-led approach. This approach means that families identify their own goals and work with IFSS staff to map those goals. IFSS staff then tailor the case management accordingly. The family-led approach is central to IFSS at all sites included in fieldwork for this evaluation.[15] IFSS staff contrast this approach with those used by other agencies (in particular child protection authorities) who place a list of demands on families.

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[15] At one site, where the Team Leader and Manager roles have been vacant for more than 6 months, there were no current clients. However, local Aboriginal Support Workers are still in their roles and interviews with them and other stakeholders, (including with past IFSS families), indicated that a family led approach is central to IFSS delivery in that site.

We will listen to Territory Families concerns, the risks, we then spend time with the family translating those concerns so that the family understands what they need to do in order the get TF off their back, we then support them to decide what they want to work on and how to do it. We ask them, what are your hopes?

<div align="right">IFSS staff</div>

This process of 'translating' the objectives of child protection authorities is an important part of the work done by IFSS providers, as those goals are often too complex, demanding, or vague and not easy for families to understand.

Because Territory Families has done an assessment, [of the family] they have a whole list of expectations and things the families have to do— they are unrealistic goals and quite demanding of families. They are expected to comply with things when there are no facilities for them to do so.

<div align="right">IFSS staff</div>

Workers in another evaluation of other Intensive Family Support Services delivered in four Australian states and territories described this process as an opportunity to get child protection workers to see the families' issues in a different way (Tilbury & SNAICC 2015). IFSS staff in this evaluation, also indicated that using a family-led approach reduces some of the risk of non-Aboriginal workers imposing their own expectations or views on the family. IFSS families also supported the effectiveness of family led goal mapping.

I took some time to trust [the IFSS worker], but I knew when I saw him that he wanted good things for me, he show me how to map out my goals, I could see how I was moving, and changing.

<div align="right">IFSS family</div>

In a trauma-informed, strengths-based and family-led case management approach, the service is 'walking alongside' families, providing them ongoing encouragement and support to reach the goals they have identified.

IFSS providers have modified the 'intensive' approach to working with families

IFSS staff reported that, for a range of reasons, working intensively with families in their homes for three or four visits and up to 20 hours a week, as outlined in the IFSS practice model, is not practical for families. Often staff are not invited into families' homes at all, or perhaps only after six to 12 months of engagement. Staff also describe the chaotic nature of some families' lives, due to a large and complex range of issues. In this context, families' situations and priorities can change at any time, interrupting their engagement and commitment to IFSS.

The development of the plan, sometimes it works but we need broader activities to achieve rather than focus on daily routine which is not realistic for families. We need to look at simple steps.

<div align="right">IFSS staff</div>

Getting families to build capacity—so often you end up having to intervene because what should happen doesn't happen. Situation-wise so much can go wrong. You can sit down and set goals which are good for one week or one day but there are these constant factors undermining and destabilising families.

<div align="right">IFSS staff</div>

Staff also describe how an 'intensive' service is not what families want and that a more casual and slower approach is appropriate.

It's difficult- following the model, the home visits don't work here, you don't want to be hassling people three times a week.

IFSS staff

Intensive is not the way it works in [this community]—more relaxed, more casual engagement, getting to the level where [families] do it themselves, you want to be able to guide them—the Department expects it to be more intensive.

IFSS staff

In summary, the lack of opportunity for Aboriginal communities to contribute to the design of the IFSS practice model, coupled with the importance of cultural governance, trauma-informed care, and families' preferences for less intensive intervention, results in the following key finding.

> **Key finding 1:** Strong cultural governance in IFSS sites and program flexibility have enabled IFSS providers to adapt the original IFSS practice model to include culturally appropriate, trauma-informed services. Adaptions of the model to suit community needs have resulted in a diversity of service models across IFSS sites.

3.1.2 Inappropriate elements of the original IFSS model continue to negatively impact the program

Although IFSS providers have adapted many aspects of the original IFSS model to suit their local context, the extent to which various elements of the program can be adapted is not clear to IFSS providers. Where service providers have not yet documented a new practice model, high staff turnover can lead to a return to the original practice model and resources which are not necessarily appropriate to the local community.

The inappropriateness of the CNI has left IFSS without an outcomes measurement tool

One of the three main objectives of IFSS is to reduce child neglect. The Operational Guidelines indicate that the Child Neglect Index (CNI) is to be used to measure neglect in IFSS families. The CNI was designed in Canada to provide a validated, reliable and easy-to-use tool to measure types and severity of neglect for use by child welfare practitioners. The CNI is a single-page tool with which practitioners assess a child across the following areas of neglect:

- supervision
- nutrition
- clothing and hygiene
- physical health care
- mental health care
- developmental/educational health care
- warm and responsive parenting (Trocme 1996).

A large majority of IFSS staff view the CNI as ineffective and culturally inappropriate as it was not designed by and for Aboriginal people and is imposing an external, Western judgement on families. Other experts describe how adapting Western tools for an Aboriginal context, means that inherent biases within the tool remain (Westerman 2019). Some IFSS sites have refused to use the CNI and others have used it in order to comply with the Department's requirements, stating that the data it collects has no value to them.

Many IFSS staff are opposed to using the CNI because it is deficit focused, measuring deficiencies of families rather than reflecting achievements they have made. Staff also describe how it does not measure or take into account important issues impacting families like grief and intergenerational trauma. In this way, the CNI is not aligned with the strengths-based, trauma-informed and family-led approach of IFSS providers.

> *Why are we measuring deficiencies? We want to be able to address the mitigating factors—and the CNI doesn't help us identify those—it's a headspace of deficiency. The scores indicate a great level of awfulness, rather than reporting what is actually happening.*
>
> IFSS staff

> *It is not culturally appropriate, it is deficit focused and there are no opportunities for families to engage with the tool or set their own outcomes.*
>
> IFSS staff

> *If we are constantly looking at what's going badly we aren't going to get anywhere.*
>
> IFSS staff

IFSS staff explain that the CNI is an inappropriate and ineffective tool for measuring change because many of the factors affecting the CNI scores are outside the family's control, (and the remit of the IFSS program), like poverty, overcrowded housing and food insecurity.

> *Many of the indicators won't change like access to food and nutrition. We won't use it.*
>
> IFSS staff

Staff also describe the CNI as impractical to implement, as staff are rarely in families' homes and therefore unable to assess a child within that environment.[16] It is also inappropriate for the IFSS family context as it focuses on individual children and does not take into account the impact that siblings, including teenagers, have on younger children.

Additionally, lack of training in the use of the CNI may also have impacted on its low implementation. Only 32 per cent of IFSS staff who responded to the evaluation survey had been trained in how to use it.

As a result of widespread dissatisfaction with and low use of the CNI, consistent CNI data has not been collected and the program has consequently been left without an outcomes measurement tool.

Geographical limitations impede the provision of support to some families
The IFSS Operational Guidelines state that 'families must live in the funded IFSS delivery areas to be eligible to receive the service' (DSS 2016, p.7).

IFSS staff and stakeholders commonly identified the geographical limits of service delivery as a barrier. They describe a community context in which families can be very transient and spend extended periods of time in other communities for family and cultural reasons. Exit data reported in the effectiveness section of this report shows that many families are exited from IFSS for these reasons. When families leave the community, the IFSS provider can no longer, under current limits, continue to support that family. IFSS providers suggested additional funding be provided to allow staff

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[16] Home visits often do not involve going inside the home, but rather talking with family members in the yard, in front of the house, over the fence or at the car.

to maintain contact with families, enabling staff to visit them in other communities and collaborate with other services in those communities

> *[IFSS] could be more flexible to allow movement around neighbouring communities and some funding available to support providers to do so.*
>
> <div align="right">IFSS stakeholder</div>

Although there is a process for IFSS providers to seek approval from the Department to provide services in additional communities outside their current funding agreement, IFSS providers have identified the need to be able to respond faster, and more flexibly, to requests for services from these communities and from child protection agencies.

> *We need to be more flexible with our work and be more responsive to the need like getting referrals from communities we are not funded to service. There might be none coming from one community and a whole bunch of [child protection] reports in another one.*
>
> <div align="right">IFSS staff</div>

Eligibility criteria impede the provision of support to some families

The IFSS Operational Guidelines state that 'IFSS is available to families with children aged 0-12 years where child neglect concerns are present' (DSS 2016, p.7). Throughout our evaluation, IFSS providers told us about the limitations this criterion imposes on providing support to a range of families in communities. Some families in communities have teenagers, and in sites with no youth services, there are no options for support for these families.

Although flexibility exists within programs like IFSS, which are funded under the Department's Families and Children Program, to include children up to 18, IFSS providers are not aware of this flexibility which is not reflected in the IFSS Operational Guidelines. This lack of awareness indicates that not all providers understand with or comply with the requirement that they be familiar with a range of program documents including the Families and Children Guidelines Overview which states that IFSS 'may include children up to age 18' (DSS 2017, p.14).[17] The IFSS Operational Guidelines require providers to exit families when a child goes into OOHC. Although IFSS providers and staff tell us that removal rates of children engaged in IFSS are generally very low, staff explain that OOHC can last for short periods of time and child protection authorities may return children to families within three to six months. IFSS staff told us that closing a case may be premature in these situations. Staff in the previous evaluation of IFSS delivered by Congress, also expressed concerns about the disruption to the relationship and support at a time when families needed it most (Segal & Nguyen 2014).

In summary, the inappropriateness of elements of the original practice model such as the CNI outcomes measurement tool, geographic limitations on service provision, and restrictive eligibility criteria support the following key finding.

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[17] The Families and Children Guidelines Overview (DSS 2017) (available online and given to providers when grant agreements are executed), outlines service compliance requirements for a range of programs, including IFSS. This document states that the focus for these services is on children aged 0-12, 'but may include children up to 18' (p.14). However, two paragraphs later, referring specifically to IFSS, it states, that IFSS is for families 'with children aged 0-12' (p.14).

> **Key Finding 2:** Some elements of the original IFSS practice model continue to have a negative impact on program functioning. These elements include:
>
> - a neglect-focused outcomes measurement tool which does not align with the strengths-based approach of the program and only been used to a limited extent
> - geographical limitations of service delivery
> - lack of clarity about the eligibility criteria for IFSS children and families.

3.1.3 Locally designed tools and resources can enhance cultural appropriateness and engagement of families

Interviews with all stakeholders for this evaluation, including families, strongly affirmed that IFSS providers are delivering culturally strong services. From 102 interviews, there were no responses which criticised the cultural safety and appropriateness of IFSS staff or the services they deliver in communities. In fact, stakeholders often identified cultural strength as the main success factor in engaging with families.

> *Having the IFSS program being culturally appropriate and respectful towards the Aboriginal families they work with is also a highlight for the ability to engage well with the families.*
>
> IFSS stakeholder

Interviews and surveys provided information about what makes IFSS services 'culturally strong'. Characteristics of a culturally strong service include:

- local Aboriginal staff and/or a 'bicultural workforce'
- service delivery by a local ACCO
- input and/or oversight from Indigenous Elders and community
- culturally appropriate supports, activities (e.g. bush trips) and tools (e.g. Yarning Mat)
- understanding and awareness of the cultural context
- family-led, strengths-based practice
- staff capacity to speak in Aboriginal language/s
- Aboriginal mentors and cultural advisors
- whole-family approach.

In order to make the IFSS program more culturally strong, IFSS staff in a range of sites described the need for IFSS tools and resources that are more visual and in Language or Kriol,[18] to help them explain to families what IFSS does, and to enable staff to work more effectively with families.

> *We need posters and resources developed in Kriol, it's hard for us to explain everything to families in a way they understand. A DVD could be good — things for families to see and understand.*
>
> IFSS staff

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[18] Kriol is a language spoken by Indigenous people in northern Australia. It is not a traditional Indigenous language but a creole language developed from contact between English and Australian Indigenous langages. It is widely spoken as a first language for Indigenous people from the Kimberley to the Katherine region. See Australian Bureau of Statistics, 'Languages of Aboriginal and Torres Strait Islander Peoples- a uniquely Australian heritage', https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/1301.0Feature%20Article42009%E2%80%9310

One example of a successful tool is the 'Yarning Mat', designed by Yamatji woman Faye Parriman as part of the original IFSS practice model. It is being used by Aboriginal and non-Aboriginal staff at four of the nine sites we visited.

The Yarning Mat, shown in Figure 6, is a tool for engaging families in the process of identifying their strengths, needs, worries and goals. It is a visual and tactile tool, which means that families do not need to talk much, but can demonstrate by pointing and placing items on the Mat.

Figure 6: Faye Parriman's Yarning Mat at an IFSS site[19]

This is the yarning mat. And inside, these are lights in the child. This is the desert, and this is the salt water. And from here, this is the family, round here, and this next one is the community helping each other. This one is the spirit circle. It's working with child, the community, it's the family that's helping the child, within the child. This yellow one here is the trouble circle, breaking in, trouble. If the family's not there. And the red circle is the big one, if the police are coming in and the welfare mob are coming in.

IFSS staff

Parriman explains that written resources are not always the most appropriate for Aboriginal families and that the Yarning Mat is a way to communicate with the target audience without the need for writing.

The Yarning Mat can get a lot of information from people- you need to build trust and confidentiality to be able to do that. You can't just walk in, you sit down and yarn with families about their strengths, worries and troubles in a safe, respectful way. Workers developed trust to have those conversations.

Faye Parriman

IFSS staff survey data (Figure 7) shows that the Family Information Gathering (FIG) tool is not seen to be as useful as the Yarning Mat for engaging with families. This tool was not designed for or by

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[19] Image used with the permission of Faye Parriman.

Aboriginal people. However, it is important to note that some non-Aboriginal designed tools are seen as valuable, such as genograms or ecomaps (for mapping out families' social connections).

Figure 7: IFSS staff assessment—most useful tools for engaging families

Usefulness of tools for engaging families according to IFSS staff
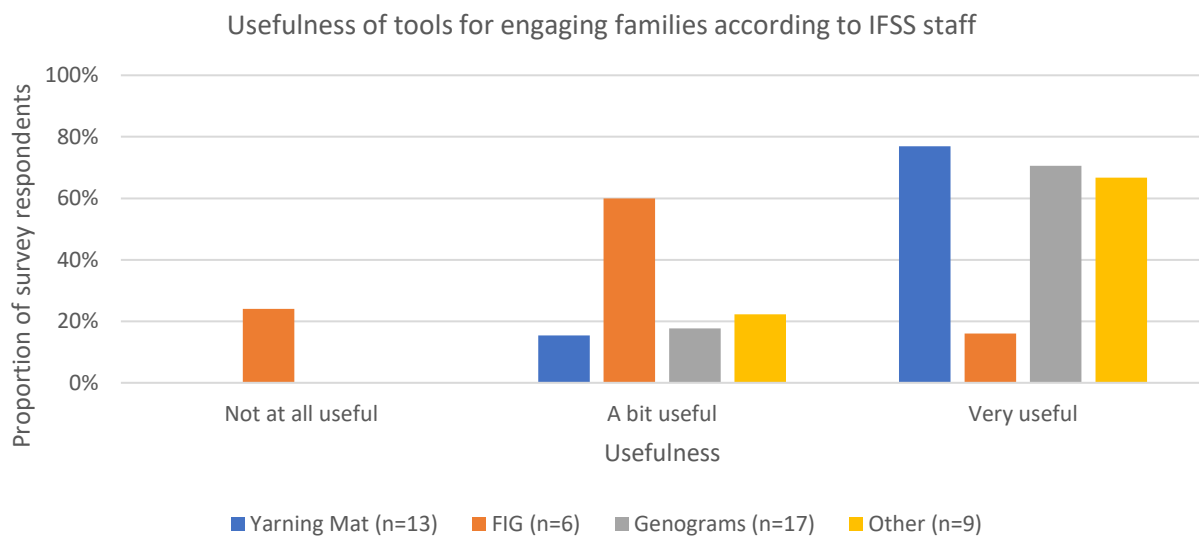
Source: IFSS staff survey

Despite the general popularity of the Yarning Mat, a few IFSS staff members felt that it was not quite right for their communities, in part because the term 'yarning' was not used locally. These staff suggested that in future, a local tool should be designed and used in its place.

In summary, the importance service providers place on improving the cultural appropriateness of their service provision has led to the following key finding.

> **Key Finding 3:** IFSS providers have achieved greater cultural appropriateness and enhanced family engagement through the development of locally designed tools and resources by Aboriginal people, including visual material and resources in local language.

3.1.4 Bicultural teams are central to the delivery model of nearly all IFSS services

Local Aboriginal staff are crucial to the success of IFSS. They ensure that IFSS engages effectively with families and that all staff deliver the program in a culturally strong way (AbSec 2018; Tilbury & SNAICC 2015). When we asked IFSS staff and other stakeholder survey respondents what made IFSS culturally strong in their community, they told us that having Aboriginal workers in the IFSS team was the most important factor.

IFSS relies on local workers that know the culture and don't offend or impose themselves. They know what is going around, they know the languages—I have to be told but these guys, they know. They understand where these people are coming from and they have been there themselves. They are related to these people and they are walking in their shoes and not judging them because they don't have a house. They are trusted—you know that the clients are being treated equally […] Language is also an important culture. There is collective 'ownership' of the issues—these are 'our' kids, it is a collective society and they see it as 'our' child'. It is very powerful, having local people working with local people.'

IFSS stakeholder

According to interviews and surveys, Aboriginal workers are valuable to IFSS because they speak Aboriginal languages and understand Culture. They are also local role models, know families in the community and can relate to the experiences of Aboriginal people. They bring understanding of the past trauma experienced by Aboriginal people and demonstrate how to work in a culturally strong way.

> *Our team leader is a well-respected local Aboriginal woman who brings the safety and understanding and non-judgement with her. It's key to our success in this space.*
>
> IFSS staff

We observed families who attended interviews speaking Language with local IFSS staff and some families told us how well-known local staff are in the community.

> *I can trust them, they been working with my cousin, they are mob like us, working a lot in this community.*
>
> IFSS family

> *My main role is to bring the cultural and local knowledge. I speak most languages around here. Trained heaps of social workers over the years. On culture, and tools that work. A lot of the people coming into these jobs are from other areas, so I need to teach them.*

Bi-cultural teams allow two-way learning and a range of skills and supports to be combined

Eight of the nine sites visited for the evaluation have bi-cultural teams. In surveys, 89 per cent of IFSS staff and 79 per cent of other stakeholders agreed that a bi-cultural team delivers IFSS in their community. IFSS staff and other stakeholders in interviews and surveys identified this bi-cultural model as a key strength of the IFSS workforce.

By bringing cultural knowledge and knowledge of the mainstream world together, the IFSS program supports families to 'walk in both worlds'.

> *The benefit of the bi-cultural model, is we can help with the informal, like traditional knowledge and culture. Us as Aboriginal support workers, our brain goes to that straight away, Whereas the mainstream ones can sometimes go straight to the mainstream priorities, like Centrelink and mental health. That's why it works. Because you're complementing those two knowledges. Bringing them together for the best outcomes for the clients.*
>
> IFSS staff

Aboriginal staff working within their own community may not be able to engage with all families, due to kinship connections and other cultural matters. Having a bi-cultural team means that there are a range of staff members available to engage with a bigger range of families within the community.

Bi-cultural teams allow for two-way learning in which staff exchange and enhance each other's skills. Staff then become more confident working with IFSS families in a range of areas.

One IFSS provider is delivering both IFSS and the similar Targeted Family Support Services and has combined the teams to co-deliver both programs. In this site, the team consists of four Aboriginal and four non-Aboriginal staff who work together in bi-cultural pairs with each family. A staff member described the benefits of this model.

> *The bi-cultural pairs are an incredible strength for me as a non-Indigenous worker. It makes me feel safe doing the work I do, trust the work I'm doing, helps me to feel like we are not causing any more harm to the people we are working with, can't imagine not working in a bi-cultural model, bringing formal and informal worlds together— other organisations do it tokenistically but we are really walking it and leaning on each other, I perceive it is a strength for our clients too. They may feel more comfortable with one of us for different reasons and sometimes they may not want to talk to community members.*

<div align="right">IFSS staff</div>

A previous evaluation of IFSS as delivered by Congress noted that creating and maintaining a bi-cultural pairs model is challenging when you have a small team and staff absences (Segal & Nguyen 2014). One advantage of co-delivering IFSS with another similar program is that it allows for that larger team.

The centrality of Aboriginal staff to successful service delivery, working with non-Indigenous staff in a bi-cultural model, supports the following key finding.

> **Key Finding 4:** Most sites visited for the evaluation have bi-cultural teams of Indigenous and non-Indigenous staff. IFSS staff and other stakeholders identified this bi-cultural model as essential to providing an appropriate service.

3.2 Efficiency

This evaluation makes six key findings in relation to the efficiency of the program. They relate to:

- limitations on available financial and program data
- the benefits of increased flexibility in referral pathways
- the lack of needs analyses in the communities where IFSS is provided
- the negative impact of high staff turnover
- the importance of service provider choice in their ICSS provider
- the importance of strategic relationships.

3.2.1 Financial data and DEX data provide limited insights into program efficiency

According to data reported by IFSS providers to the Department's Data Exchange (DEX), in the period from July 2016 to June 2019 the number of IFSS individual clients across all service providers was 1742, with 77 support persons accompanying them. The largest group of clients were children zero to nine years, followed by 20 to 40 years (probably their parents). About 60 per cent have been female. Approximately 85 per cent have been Aboriginal people, and four per cent have had disabilities.[20] The majority of clients speak an Australian Aboriginal language (about 1000 individuals). The main language group is English (about 600), then Aboriginal English, so described, then Murrinh Patha Kriol and Pitjantjatjara (about 150 to 200 in each group). The total number of cases (a family is a 'case' and may include several family members) was 1314.

The annual Report on Government Services (RoGS) provides information on the equity, effectiveness and efficiency of government services in Australia. The 2019 RoGS Part F includes a chapter on Child Protection Services delivered by State and Territory Governments. It reports that nationally in 2017-2018, the cost per child (0-17) receiving intensive family support services was $9137 (Productivity Commission 2019, Part F). The RoGs data are not comparable across jurisdictions but are comparable (subject to caveats) within jurisdictions over time (Productivity Commission 2019, Part F).

Table 3 presents the overall annual funding amounts of the Commonwealth funded IFSS program and provides average costs per client (including children, parents and carers) and per child (aged zero to 19). Annual RoGS data showing annual cost per child is also included for NT Intensive Family Preservation Services. However, these two data sets are not directly comparable due to the different age brackets and classifications of what IFSS services include between the Commonwealth and State and Territory funded IFSS.[21] There could also be cost differentials because the NT funded Intensive Family Preservation Service is delivered in regional centres only, compared to the Commonwealth funded IFSS that includes remote communities.

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[20] The literature identifies a range of reasons that disability is under reported in Indigenous communities (Gilroy et al 2016).

[21] DEX data reports age in predefined categories 0-4, 5-9, 10-14, 15-19 so it is not possible to identify total children aged 0-17 to compare directly with the RoGS data. IFSS Operational Guidelines state that services can be provided to families with children 0-12 but the Family and Children Guidelines allow for services to families with children 0-18. Further, there will be a number of older children who are parents. The definition of IFSS in the RoGS report varies from IFSS Operational Guidelines in a range of ways: includes reunification support; includes family and drug and alcohol counselling; includes domestic violence support; includes respite and emergency care; delivered over a six month period (see chapter 16, p.35).

Table 3: Cost per client per child of DSS funded IFSS and NT funded Intensive Family Preservation Service (IFPS)

Financial year	DSS IFSS Funding*	No. of individual clients**	Cost per client	No, of children 0-19** [22]	IFSS cost per child 0-19	Cost per child (0-17) for NT funded IFPS***
2018-2019	$8,398,179	833	$10,081	434	$19,306	n/a
2017-2018	$8,637,095	737	$11,719	442	$19,541	$8340
2016-2017	$7,766,461	840	$9,246	499	$15,533	$11,786

*Sources: *Department Funding data, **DEX ***RoGS 2019 (Productivity Commission 2019)*
Note: for reasons outlined these two programs are not comparable

The IFSS financial data on cost per client is inconclusive in regards to efficiency as there have not been significant changes within the program and it is not possible to directly compare the costs per client with either the NT Intensive Family Preservation Service or with IFSS programs in other states and territories. There may also be some issues with the accuracy of client numbers as outlined below.

Activity data reporting can be cumbersome and inefficient

Issues with DEX client data were identified by two IFSS service providers who described their uncertainty about reporting data under the 'client', 'group client' and 'case' classifications.[23]

According to the DEX data, the number of cases per year has doubled from 2016 (410 cases) to 2018 (821 cases).[24] However, given that the number of clients per year has not significantly increased over the period, it would seem that this figure reflects that 'cases' are being interpreted and reported inconsistently by IFSS providers.

Table 4: Number of IFSS clients, cases and clients per case 2016-2019

Financial year	No. of IFSS clients	No of IFSS cases
2018-2019	833	821
2017-2018	737	439
2016-2017	840	410

Source: DEX data extracted on 7/01/2020

IFSS providers also described some issues with the activity data they report through DEX. The activity categories are broad and IFSS staff have told us that they do not reflect the work they do on the ground. For example, given that most of IFSS work is not done in the office, 'outreach' could be selected for almost everything.[25] 'Capacity building' is also too broad to identify specific activities like

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[22] See preceding footnote

[23] According to the DSS Data Exchange Protocols, a client is 'an individual who receives a service as part of a funded activity that is expected to lead to a measureable outcome' (p.7); a group client is recorded when 'only an aggregate attendance figure is recorded' at a group session (p.9); and a case 'captures one or more instances of service (known as sessions) received by a client or group of clients that is expected to lead to a distinct outcome' (DSS 2018, pp.7-10).

[24] As clients and cases overlap time periods the total number across the three years is not the sum of each individual year.

[25] The Department has determined that in recognition of the lack of clarity of 'Outreach' as an activity category it will be removed from the list of possible activity types from 1 July 2020.

cooking or helping someone get their driver's licence. There is no category to capture informal engagement activities which are a focus of the IFSS work, nor meetings or collaboration with other services.

Providers had also been reporting additional activity, referral and workforce data to their FAMs on a monthly basis. Providers told us this process is time consuming and does not provide them with useful data by which to measure their program. This monthly reporting requirement was ceased in November 2018.

DEX data shows high rates of sessions and attendance

Analysis of DEX activity data from July 2016 to June 2019 shows that providers are reporting most activity under 'family capacity building' and 'advocacy and support' (see Figure 8). The total attendance in the last three years has been about 52,000 people attending 20,500 sessions, with about 25 sessions per client across the time period.[26]

Figure 8: DEX activity data July 2016 to June 2019

Type and number of sessions delivered by IFSS providers
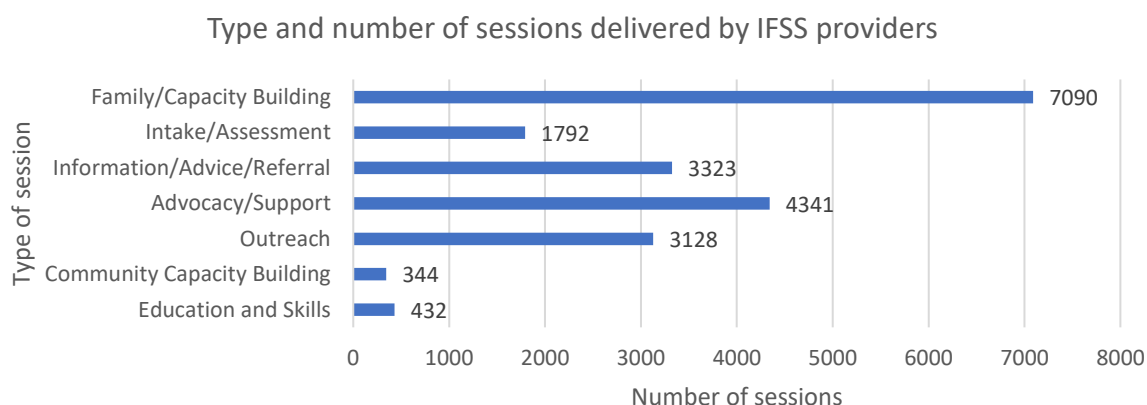
Source: DEX activity data

Due to the lack of specificity of activities in the DEX data, in surveys we asked IFSS staff and staff of other organisations to describe the regularity of supports delivered by IFSS in their community. Figure 9 shows that key stakeholders broadly agree regarding the extent of key supports provided by IFSS staff. Stakeholders are typically 10 to 20 per cent less likely than service providers to indicate that a particular service is provided. It is not clear whether this is a reflection of 'provider bias'—service providers intentionally or unintentionally overstating their figures—or the fact that stakeholders are a step removed from the service provision and therefore unaware of the full extent of service provider activity. There are some exceptions to this pattern. For example, 'transport' is identified by a higher percentage of staff from other organisations. This reflects perspectives, included in the effectiveness section of this report, that IFSS staff spend a lot of time 'driving families around'.

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[26] According to the Data Exchange Protocols, a session 'is an individual instance or episode of service, stored within a case and which can be 'related' to other sessions (when / if they occur) by its inclusion in the same case' (DSS 2018, p.11).

Figure 9: Supports and activities delivered by IFSS

Stakeholder perceptions of the extent of supports and activities delivered by IFSS

■ IFSS staff (n=40)   ■ Staff from other organisations (n=38)
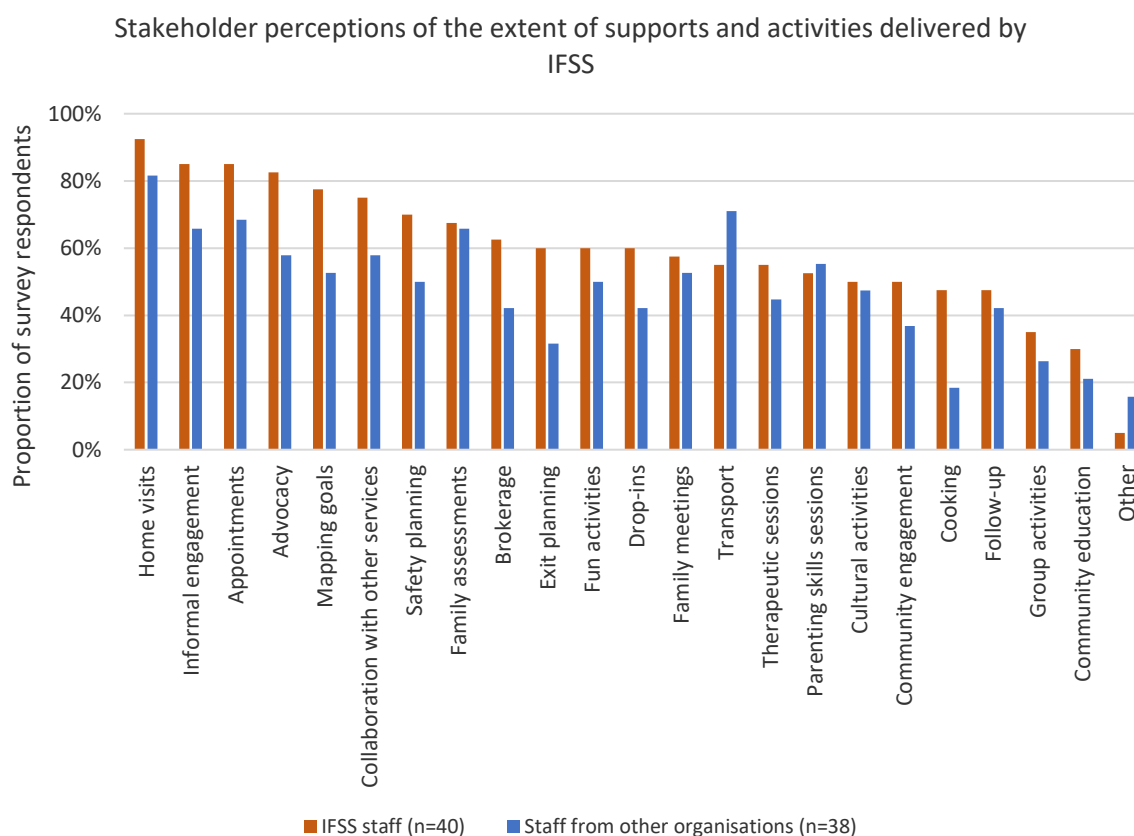
Source: IFSS staff survey and survey for staff of other organisations

Overall, the graph supports interview data for this evaluation, and demonstrates that the largest part and time involved with IFSS work is in building engagement with families.[27] It also corroborates interview data which identifies that support such as 'attending appointments' and 'advocacy support' is delivered much more frequently than education sessions with parents and carers. The DEX data correlates with the survey data and demonstrates that community capacity building and education sessions are lowest across the providers.

Despite the IFSS Operational Guidelines stating that 'IFSS providers and their employees are not responsible for the delivery of specialist clinical or therapeutic interventions', the graph shows that IFSS staff and other organisations perceive that aspects of their work involve 'therapeutic' work with families. Interviews with IFSS staff described how although they are not employed as clinical therapists, some of their work involves counselling of families and supporting their healing.

In summary, the lack of comparable financial data with similar IFSS programs in the NT and other jurisdictions, and the inability of the broad categories within the DEX data to correctly describe the supports provided by the IFSS program support the following key finding:

> **Key Finding 5:** Current DEX data reporting and financial data for similar programs are currently inadequate in their design to provide insights into the efficiency of the IFSS program.

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[27] Home visits often do not involve going inside the home, but rather talking with family members in the yard, in front of the house, over the fence or at the car.

3.2.2 Increased flexibility and clarity of referral pathways has improved program efficiency

IFSS was funded as part of the Commonwealth Government's response to the findings of the 2010 Board of Inquiry into the Child Protection System *Growing them strong, together* report (Bamblett et al.) and was introduced alongside the NT Government's introduction use of Child Protection Income Management (CPIM). The purpose of the IFSS program was 'to ensure that families on CPIM were able to access complementary family support' (Mildon et al 2013, p.9).

The original IFSS Operational Guidelines state that,

> *The referral pathway to IFSS is through the State or Territory child protection agency. In the Northern Territory,* **families must be referred to Child Protection Income Management (CPIM) to be eligible for the service'** (DSS 2015, p.6).

The document then states that,

> *In selected remote service areas, Priority of Access will apply in service areas where there is a limited child protection footprint and CPIM referral activity. This will ensure that families on CPIM continue to have priority access to the service, but also allow for other families in the community who may not be on CPIM or engaged with child protection authorities to access the programme while there are vacancies* (DSS 2015, p.6).

This Priority of Access was to be based on the following tier system with three access points into the IFSS program:

- **Tier 1:** Families are referred by the child protection authority to Child Protection Income Management and IFSS due to child neglect concerns.

- **Tier 2:** Families on any measure of income management are referred by the child protection authority to IFSS due to child neglect concerns, where service vacancies exist.

- **Tier 3:** Community-referred families are accepted into IFSS where there are child neglect concerns and where service vacancies exist.

The use of this three-tiered Priority of Access eligibility was to be 'negotiated with, and approved by, the Department' (DSS 2015, p.6).

Where the tiered system was not in use, the prioritisation of families on CPIM meant that the number of IFSS families who could access the service was dependent on the capacity of child protection staff and processes. IFSS staff and other stakeholders observed that capacity issues within child protection caused 'blockages' in the referrals to IFSS. One service provider recieved no referrals from child protection for eight months and another for 12 months. According to child protection staff, small numbers of notifications for neglect in some sites was another factor contributing to low referral rates.

> *We struggled to get referrals from child protection—they perceived that [this community] wasn't an issue and were surprised that IFSS got funding here—we've had to raise awareness of who we are and be seen as a pathway*
>
> IFSS staff

Delays in child protection referrals at the commencement of the program spurred NPY Women's Council to successfully negotiate the inclusion of community referrals in their NT communities. However, there was lack of clarity about whether this was a temporary or permanent change and there was confusion about ongoing acceptable referral pathways (Togni 2014).

Other IFSS service providers, however, were unaware that they could negotiate changes to the referral tiers and continued to experience long periods of time with very few referrals. Stakeholders expressed the view that the referral system was rigid and inappropriate.

> *Some IFSS services are [child protection] only referrals, or only recently taking community referrals. More early intervention at the early days is needed.*
>
> IFSS stakeholder

Findings from early evaluations of IFSS and feedback from services and ICSS providers through the Central Implementation Team, led the Department to allow all service providers access to all three referral tiers. The Department states that information regarding the changes was communicated to all IFSS providers who were provided with updated versions of the IFSS Operational Guidelines in 2016.

Despite a grant agreement obligation for IFSS providers to be familiar with the Guidelines and other program documents, the evaluation has found that not all providers understood the changes. Turnover of staff and management within IFSS providers may have contributed to the lack of knowledge and understanding. One IFSS provider only became aware that they could take community referrals in late 2018.

Noting the importance of the Operational Guidelines in articulating service provider responsibilities under their grant agreements, targeted communication strategies may be needed in the future to ensure IFSS providers have a full and effective understanding of their content.

Introduction of Tier 3 referrals has increased referral numbers to IFSS

Figure 10 shows that from July 2016 to June 2018, child protection agencies were the main source of referrals to IFSS.[28] This correlates with DEX data from July 2016 to June 2019 which shows that the majority of referrals during that period came from child protection agencies.

Figure 10: Sources of referral to IFSS, July 2016 to June 2018
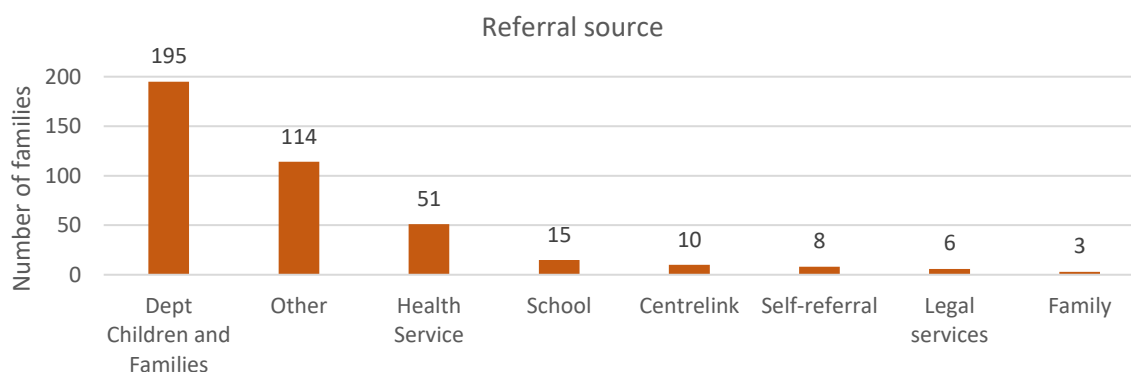
Source: PRC data

The opening of referral pathways to include all three tiers for all service providers has had positive results for all sites included in the evaluation. Stakeholders in the community, such as schools and health clinics, can now refer families into IFSS, resulting in increased referral numbers and increased

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[28] The high number of referrals in the 'other' category was due to a high number of Tier 3 referrals between July and September 2016. Further inspection of the monthly data revealed that these had all been reported at one site under 'education needs not met'. This large group of referrals may have been the case of a school reporting many students in bulk when they engaged with IFSS in that site.

engagement. IFSS staff see community referral pathways as effective because they enable faster engagement and earlier intervention with families.

> *Allowing Tier 3 referrals is so good, before we saw families in the community but we couldn't help them until they on the books at Territory Families.*
>
> <div align="right">IFSS staff</div>

> *So much better now that they can do community referrals, not just Territory Families, when they were the only place for referrals, families waited so long to be serviced.*
>
> <div align="right">IFSS stakeholder</div>

Figure 11 shows that, in the period from August 2017 to November 2018, the highest number of referrals were in Tier 3.

Figure 11: Referrals by tier, August 2017 to November 2018
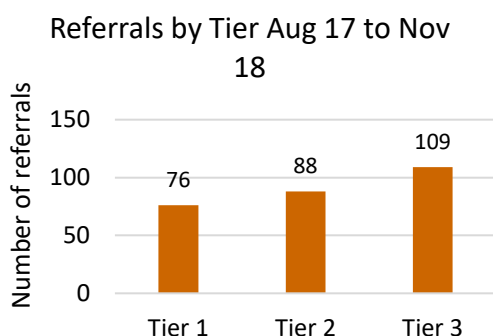
Source: Monthly data reported by IFSS providers to their FAM[29]

Figure 12 shows that, in the same period, the number of new referrals to IFSS grew.

Figure 12: Growth in new IFSS referrals, August 2017 to November 2018
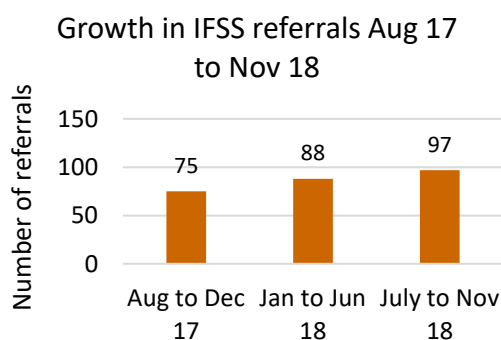
Source: Monthly data reported by IFSS providers to their FAM[30]

All providers have supported the changes to the initially restricted referral pathways, leading to the following key finding.

> **Key Finding 6**: Increased flexibility and clarity of the referral pathways into IFSS has allowed service providers to more efficiently and effectively support vulnerable families in their local community.

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[29] Some of the data entries were not complete, so in some cases estimates for tiers needed to be made. For example, if there were six referrals with tiers not specified but just listed as '1,2,3' then each tier was allocated a score of two referrals.

[30] See preceding footnote.

3.2.3 The lack of a needs analysis resulted in missed opportunities to identify the needs and priorities of communities

The Department reports that they selected IFSS sites based on an analysis of data from the NT Department of Families and Children's Services (now Territory Families) and involved consultation with a range of community members and service providers.[31] However, some stakeholders have described how the lack of a more comprehensive and documented needs analysis for each community contributed to problems with the initial referral pathways, and resulted in communities with low notification rates experiencing long delays in receiving referrals.

Stakeholders suggest that a needs analysis for each community would have identified early in the program which referral tiers were most appropriate for that community. For example, in Alice Springs, higher child protection notification rates mean that there are sufficient Tier 1 and 2 referrals to keep the IFSS provider's case load full. In other more remote and smaller communities, there are very low notification rates resulting in underutilisation of the program. Earlier identification of need in each location could have resulted in greater efficacy of the program, either through identification of alternate locations or introduction of more flexible referral pathways prior to the roll out of the program.

Social Compass has seen no documentation outlining the process that informed the selection of IFSS sites, or who the Department consulted in the process. There are no current Department staff who were involved at that stage of the program. Some stakeholders expressed frustration about the lack of input they were able to provide into the selection process and the lack of a clear rationale from the Department for the selected sites.

IFSS stakeholders and previous research (ACCP 2017) have identified that a thorough needs analysis would also help identify the drivers of neglect in each community, capacity of service providers and local service gaps. This would help IFSS providers design appropriate services to target priority areas of need. For example, an early intervention approach may be more appropriate for communities where families have less involvement with child protection, and a more 'intensive' and targeted approach more appropriate in communities with more families with children at risk of removal.

> **Key Finding 7:** A needs analysis to understand the needs and drivers of neglect in each community did not occur prior to the implementation of IFSS. This lack of needs analysis had a negative impact on service providers' ability to plan, design and implement effective services.

3.2.4 High staff turnover and vacancies limit the efficiency of IFSS

The IFSS Operational Guidelines state that 'successful implementation of IFSS is reliant on a skilled and capable family support workforce' (DSS 2016, p.7). The Guidelines also explain that IFSS has a strong focus on developing the workforce due to challenges across the sector in the NT and APY

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[31] The Department reports that attendance at these consultation meetings included a range of agencies, community leaders with cultural authority, community organisations and the child protection agency to gain acceptance of IFSS and identify suitable organisations that could apply to deliver IFSS services.

Lands. These challenges include a lack of suitable local workers, skills shortages, low training levels and lack of other staff supports.

The IFSS Operational Guidelines require that IFSS teams consist of a combination of Aboriginal and non-Aboriginal, male and female, professional and para-professional support workers. The IFSS team leader needs a relevant tertiary qualification. The team leader does not carry a case load, but provides supervision to other workers and guides and oversees all aspects of their work. The team members are family/cultural support workers or cultural support officers[32] who have strong cultural knowledge and connections to community, and caseworkers/managers with skills and experience in case management of clients.

The nine IFSS sites visited for the evaluation vary in many respects, including the structure and strength of their IFSS team. This variation is largely determined by remoteness, and by the contexts of the multiple locations across which some providers are delivering IFSS. One service provider is currently delivering IFSS in eight very remote locations and has only one staff member in most of those sites. Other providers are delivering IFSS in one location only, and have four staff in their teams.

Consistency of staff in IFSS teams is critical to effective engagement with families but recruitment and retention is a challenge, particularly in remote sites. At seven of the IFSS sites visited, IFSS providers told us that high staff turnover, not just within the IFSS team, but also management positions within the organisation, has impacted on organisational capacity, the strength of the IFSS workforce, and the efficiency of IFSS service delivery.

One of the sites we visited had been without a manager or team leader for more than six months and had not been able to take on or see clients at all during that time. Seven sites, while still engaging effectively with families, had both vacancies and staff or team leaders who were new to their roles and who were still orienting themselves in the community and the program. Two sites did not have a team leader at the time of the site visit.

In some sites visited for the evaluation, it seemed as if the IFSS program was still in its initial phase, even though it had been funded for more than two or three years. Some staff in these sites were unclear about their roles and about the guidelines and practice model for the program. Difficulty recruiting to roles and subsequent vacancies has contributed to a lack of effective handover and/or knowledge transfer evident in these sites. In some sites, other community stakeholders described a lack of consistency and reliability of the IFSS service due to staff turnover and staff vacancies.

Interviews with a range of stakeholders for this evaluation, as well as survey responses identified the following contributing factors to recruitment difficulties and high staff turnover.

Remoteness: More remote sites have had higher staff turnover than those in regional centres. Living in remote communities can be hard and IFSS providers reported a small number of applicants for roles. Staff in these sites often have to travel long distances, there are limited services available and not all IFSS providers can pay staff a remote allowance. From remote communities, it is hard for staff to find time to travel home and visit family.

Partnership with child protection agencies: Particularly in small, remote communities, IFSS providers find that recruiting local Aboriginal staff is difficult because local people do not want to work in a

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[32] Survey results indicate this term is no longer used as no respondents selected this option as their position title.

program which is closely aligned with child protection. Local Aboriginal staff can also find it challenging to work with sensitive issues like child removal and may not be in a cultural position to be able to advise other families.

> *Local staff can't do the hard conversations with families—it's not their role and there might be consequences for them in the community.*
>
> <div align="right">IFSS staff</div>

Housing: Lack of housing for staff in remote communities is one of the main barriers to recruiting staff. At one site, the IFSS service provider had found a suitable candidate for the team leader role, but was unable to find housing for her and her young family. In another site, the accommodation for the IFSS case manager is a caravan.

Uncompetitive salaries: Some IFSS providers feel they cannot compete with government salaries and are therefore unable to attract a larger range of applicants for positions.

Requisite qualifications: The requirement for team leaders to have a tertiary qualification in social work (or a similar field) also makes recruitment difficult and means that services cannot recruit other long term and otherwise suitable staff for the role.

Demands of community life: One challenge identified by staff was the relentless demands of living and working in the community where they never really feel off-duty. This is particularly the case for Aboriginal workers. There are extra challenges placed on local workers as they have additional responsibilities, cultural commitments and obligations in communities. Non-Aboriginal staff from other locations have to adapt to the pace of program delivery in communities and sometimes experience culture shock and isolation.

Staff burnout: IFSS staff describe experiencing stress, feeling overworked and reaching burnout as a result of the ongoing, complex nature of the IFSS work in which outcomes are slow to manifest.

> *Sometimes it wears me down working with these families, it makes me sad. I have some cigarettes. I turn off my work phone – sometimes clients call me at 10 or 11 o'clock at night. It's not that they want to call but I am their last option.*
>
> <div align="right">IFSS staff</div>

IFSS providers told us this range of factors has caused regular vacancies, some lasting longer than six months, across the IFSS workforce. Vacancies have interrupted IFSS service delivery for periods of time in some sites. IFSS providers do not report staffing data through DEX so we cannot show staffing levels across the three-year scope of this evaluation. However, Figure 13 and Figure 14, based on monthly reporting of staffing data to FAMs, demonstrate that there were at least one or two team leader positions vacant and from one to nine other staff vacancies across the IFSS providers from August 2017 to November 2018.

Figure 13: IFSS staff vacancies

IFSS staff vacancies
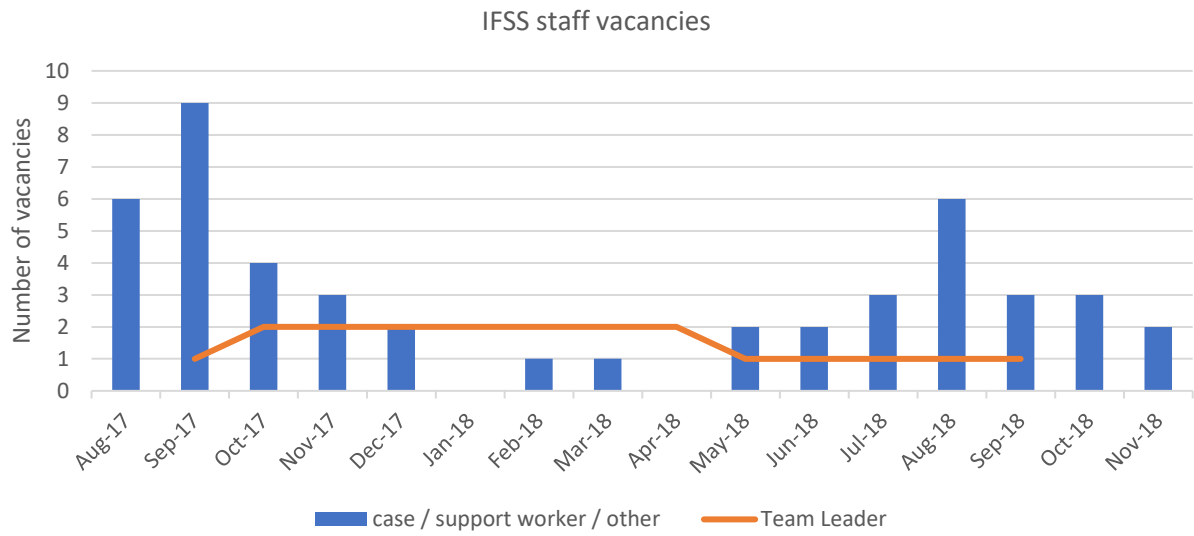
Source: Data reported monthly by all eight IFSS providers to their Funding Agreement Manager (FAM).[33]

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[33] Note that this data is theoretically provided by services on a monthly basis but was not in fact completed by each provider for each month. It is possible that a vacancy may have only been reported in one month even though the position remained vacant longer. It is therefore likely that there is significant underreporting of vacancies.

IFSS staff turnover August 17- November 18

SP1: TL vacant.
SP2: 2 CMs are working 20 hrs p/w, 1 CM working 15 hrs p/w.
SP7: Difficulties setting up a .5 or 1 FTE at one site.

SP1: TL vacant.
SP4: 1 CW is 0.5 FTE & other is 1.0. SWs are .3 and .5 FTE. 1 SW vacant.
SP8: Site 1: CM recruiting, waiting for accommodation, Site 2: recruiting CM.

SP1: TL vacant.
SP2: Recruitment process continues for TL.

SP1: TL vacant
SP2: Exploring training opportunities for local staff (Certificate II in Community Services).

SP1: 2 staff members on leave. Declining referrals.

SP1: TL vacant.
SP2: TL on leave.
SP6: At capacity and recruiting in order to meet demand.

SP2: TL on leave.

Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18

SP2: CM resigned.
SP4: CW is 0.6 FTE.
SP5: Four sites

SP1: TL vacant.
SP2: TL on leave.
SP3: CMs vacant.
SP5: 3 sites need CMs, full case load.
SP6: TL annual leave leads to delay in case load allocation.
SP7: 2 sites are understaffed. Off-site staff travel in once per

SP1: TL vacant.
SP3: waitlist of 13 families dropped
SP5: 2 sites need CMs.

SP1: TL vacant.
SP2: TL vacant, 2 CMs working 20hrs p/w, 1 CM working 15hrs p/w.
SP4: 1 SW vacant.

SP1: TL vacant.
SP2: TL vacant.

SP1: TL vacant.
SP5: 1 CM vacant. SW from another site supporting families during recruitment for new CM.

SP1: TL vacant.
SP2: SW has left. Recruitment to commence.
SP5: 1 CM vacant Looking at alternative strategies to extend reach of advertisng.
SP6: 1 full-time SW position remains

SP5: 3 CM vacancies.
SP6: 2 SW vacancies.
SP7: 3 vacancies: PM, TL, senior SW.

SP= service provider   TL= team leader   CM= case manager   SW = support worker   PM = program manager

Source: Monthly data reported by all IFSS providers to their FAM

Aboriginal staff are staying in their roles longer

Self-reported data from the survey of IFSS staff across all site shows that, when compared with other IFSS positions, a much larger number of family support workers have been in their roles for more than two years. The same data source shows that, across all roles, Aboriginal staff have been in their roles longer than non-Aboriginal staff. On average 40 per cent of non-Aboriginal staff have been in their roles more than two years and 40 per cent for less than 12 months. However, for Aboriginal staff, 60 per cent have been in their roles more than two years and only 20 per cent for less than a year. This can be seen in Figure 15 which shows that 12 family support workers, who are all Aboriginal, report having been in their roles for two years or more.

Figure 15: Length of time IFSS staff have been in their roles
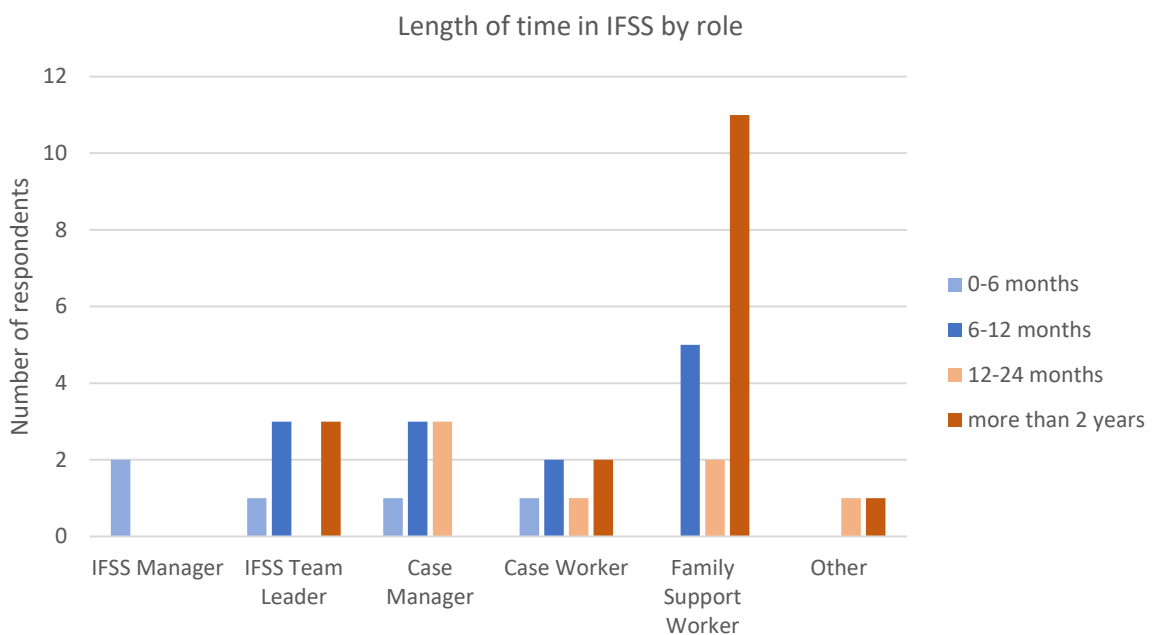
Source: IFSS staff survey (n=42)

Alongside interview data from IFSS staff and stakeholders, this data suggests that investing further in local Aboriginal staff would increase workforce strength and stability. Apart from the other strengths they bring to the program, they are more likely to remain in their roles.

Some sites have achieved strong, stable IFSS teams

Two of the nine sites included in the evaluation have achieved strong, stable IFSS teams. At these sites, more than half the staff, including team leaders, have been with the program for more than five years. Both these sites are in regional centres. Both these sites also deliver either the Targeted Family Support Services or Intensive Family Preservation Service programs and have formed combined teams with up to eight staff members under one team leader.

In both interviews and the survey, IFSS staff described a range of other supports that helped them stay in their roles. They identified reflective practice, regular debriefing/team meetings, cultural supervision and supervision with their managers as the most helpful supports. A range of IFSS staff, in particular team leaders, also indicated that they would like external supervision in their roles and are not yet receiving it. Survey respondents (mainly team leaders) who are receiving external supervision described the benefits of having the perspectives and support of someone outside the organisation to help them focus on and clarify their work, its challenges and how they are managing it.

Staff identified reflective practice as a key support in their roles. It takes place either one on one with a co-worker, manager, or with an external ICSS supervisor, or can also take place within team meetings or group case reviews. Staff value reflective practice because it creates space to do the following:

- seek external views about their work
- recognise personal strengths and areas they need to improve or change
- identify supports or skills they need
- make sense of difficult incidents
- learn from peers
- feel less isolated.

Those staff who have a supportive and consistent team leader describe their supervision and support as one of the main reasons they stay in their jobs.

> *I highly value my supervision with my team leader. This is a time to reflect on my cases and my practice. It enables me to refocus my approach and discuss any issues I am having. This is also a great time to discuss how my work/life balance is and how heavy my workload is.*
>
> IFSS staff

IFSS staff also described peer support as a key support factor. They described the importance of a positive team environment, strong relationships and trust with colleagues and, in some cases, genuine friendships that have developed within the team.

> *We support each other and share when we are struggling. We talk about vicarious trauma and are open about the things impacting on us. This team is an amazing team.*
>
> IFSS staff

In the online survey, more than 60 per cent of IFSS staff said they feel supported by their team regularly or all the time, and just under 60 per cent said they feel supported by their organisation regularly or all the time.

Staff value training opportunities and reported that they have been able to upskill and update their practice, and have also increased their capacity around issues like mental health, trauma and domestic violence. Staff also describe how training helps them feel more confident in their work and to include techniques like mindfulness in their approach to working with families.

The importance of self-care and time to recuperate

A recent study described the importance of self-care for the child protection sector and reported that staff are only making time for it at moderate levels (Miller at al 2018). In the online survey, more than 60 per cent of IFSS staff said they have time for self-care, rest and recuperation at least regularly.

Some IFSS workers lack skills and confidence to support families

As this section demonstrates, the IFSS team requires a broad range of skills, from cultural knowledge and the ability to engage effectively with Aboriginal families, to taking case notes, using engagement and assessment tools and reporting data to the Department. In interviews and surveys, some stakeholders, including IFSS staff themselves, have indicated that IFSS teams in different sites, and individual IFSS workers, may not have all the skills or confidence required to do all aspects of the work.

The confidence to work with families around change isn't there – 100 percent lack of training is the problem for them. There are also lots of changes and staff turnover

<div align="right">IFSS staff</div>

Staff don't have the skills to deal with the range of issues that families have like AOD [alcohol and other drugs], mental health.

<div align="right">IFSS stakeholder</div>

Some workers haven't been able to move from the relationship building into the actual work, so they just don't, having a break out bush is great, but there is hard therapeutic work and getting them to engage in the work is hard, hard to move from, the engagement is so you can do the work, the harder conversations, for some workers.

<div align="right">IFSS stakeholder</div>

IFSS providers in three sites identified that the IFSS staffing model is not realistic and not matched to the capacity of local support workers. Local support workers may have low literacy and numeracy and low levels of confidence working with families and other community stakeholders. It is not possible or reasonable to expect these workers to take on a case load without significant training and it is not always possible for the team leader or other case workers to adequately support local staff. IFSS providers and other stakeholders suggested that IFSS providers need more time to develop the local workforce and individual worker's skills, before workers have the appropriate skills to work directly with families and take on a case load.

Workforce development—build potential workforce available in community, rather than build it as you go, building capacity takes a long time, families are already engaged in child protection so getting inexperienced people to do complex work is not good for anyone.

<div align="right">IFSS stakeholder</div>

IFSS staff and other stakeholders commonly cited further investment in developing the skills, particularly of the local Aboriginal IFSS workforce as a strategy for improving the IFSS program.

We should in particular provide support for family support workers—it's a good opportunity to develop into social workers and counsellors—but you are starting at low literacy and numeracy, and there is a lot of work to do. It would be ideal to have local people delivering the program at all levels—some providers have people who are really keen to do it, and it needs to be a longer term pathway. Particularly in the remote areas, it's hard to access training opportunities.

<div align="right">IFSS stakeholder</div>

In summary, this evaluation reaffirms the Department's guidelines identification of the importance of a skilled and capable workforce and supports the following key finding:

> **Key Finding 8**: High staff turnover and vacancies limit the efficiency of IFSS, particularly in the more remote communities. Reduction of staff turnover rates has occurred where:
>
> - services employ appropriately skilled, local Aboriginal staff
> - team leadership is well established and facilitates the provision of a range of structural supports to staff including; reflective practice, regular debriefing/team meetings, cultural supervision, and supervision with their managers.

3.2.5 Service provider choice in their Implementation Capacity Support Service partnership is important

In recognition of the workforce issues, including chronic skills shortages across the NT and APY lands, the Department identified that an Implementation Capacity Support Service (ICSS) is needed to provide support for service providers in programs such as IFSS. The IFSS Operational Guidelines state that, 'IFSS providers will work with the ICSS to develop, document and implement an IFSS practice model that is locally relevant and considers workforce capabilities that build over time' (DSS 2016, p.8).

IFSS providers engage with the ICSS provider for the length of their initial funding contract at the end of which each IFSS service provider should have embedded 'best practice' within their service (DSS 2016). ICSS and IFSS providers are required to develop a Support Plan and Workforce Development Strategy. Both partners are accountable for progress against these plans.

The Department has approved three organisations to provide ICSS services within the IFSS program. Parenting Research Centre (PRC), the Australian Childhood Foundation, and the Australian Centre for Child Protection.[34]

The Department contracted PRC as the sole ICSS provider in 2011 and PRC was the initial ICSS provider for all IFSS providers except WYDAC, which became an IFSS provider in the final round in 2016-2017. The relationship between PRC and IFSS service providers was not always successful or productive and PRC is no longer an ICSS provider.

Save the Children and Good Beginnings both reported a strong relationship with and support from PRC. PRC's ICSS support included training for staff in the IFSS model, and how to use the CNI tool. Faye Parriman delivered training for staff in how to use the Yarning Mat tool with families. PRC also provided monthly supervision and quarterly practice coaching for IFSS staff. Some IFSS staff reported good relationships with PRC Implementation Specialists and the benefits of this support.

NPY Women's Council and Congress both discontinued their partnership with PRC in the early stages of their IFSS contracts, due to differences in views around the IFSS model and what it should incorporate. Both NPY and Congress chose alternative ICSS providers more aligned with the IFSS approach their organisations wanted to pursue.

Respondents from other service providers, who also felt a lack of alignment and unproductive relationship with PRC, were not aware that they were able to choose an alternative ICSS.[35] This meant that although some IFSS providers were not satisfied that their ICSS support was appropriate or effective, they persisted with PRC, believing that is was a condition of their funding agreement.

Interviews with IFSS staff and ICSS staff revealed several factors which contributed to the difficulties in the relationship between PRC and IFSS providers. IFSS providers felt that:

- PRC support was being imposed on them by the Department and that PRC was coming in from outside to tell them what to do in their communities

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[34] For a full list of the timeline of the partnerships between IFSS and ICSS providers, see Appendix C.
[35] Although this choice is not clear in the 2015 IFSS Operational Guidelines, the updated version clearly states that IFSS providers can work with the existing ICSS or 'other providers approved by the Department' (DSS 2016, p.9).

- PRC was not local and did not sufficiently understand their communities
- PRC staff were (largely) not Aboriginal
- PRC was wedded to its own IFSS model and tools and not open enough to adapting the model for implementation in communities.

[There are] some good people with PRC, but [they are] so focused on their model, and wanting us to go in and work with people in their homes etc which is not gonna happen here. Their idea of family support plans was not easy to adapt, overall a lack of use of their tools, lack of relevance of tools.

IFSS staff

PRC and IFSS staff describe how some of PRC's workforce support methods—including 'field observation', where a PRC Implementation Specialist would observe IFSS staff working with families—were not always well received by staff. Save the Children and Good Beginnings staff were an exception, due to the proactive support from IFSS provider management. With these providers, PRC observed increased staff skills and confidence.

ICSS and IFSS staff also indicated that PRC's role in reporting to the Department regarding IFSS provider workforce development and outcomes data (DSS 2016) inhibited trust and effective partnership with IFSS providers. Having both a support role and a reporting role was a source of conflict. The sense that PRC was measuring the performance of the IFSS provider led to a disinclination in some cases to include PRC in operational issues, to be open to their support and to share information, particularly in relation to challenges with the program.

The Department contracted PRC to provide ICSS support after the program rollout had already begun and IFSS providers had been selected. PRC therefore had limited time to prepare for the role and also limited opportunities to engage and build rapport with IFSS providers (Colmar Brunton 2014). In addition, PRC is Melbourne based, with some staff in Darwin at the time. The logistics of providing on-the-ground support for IFSS providers across a range of communities proved challenging.

An appropriate ICSS is key to a productive partnership

We have found that a key factor for ongoing productive partnerships is the ability for IFSS providers to choose an ICSS and supports that are appropriate to their context. Those IFSS providers who have chosen either Australian Centre for Child Protection or Australian Childhood Foundation as their ICSS report strong partnerships and a range of positive outcomes including the following:

- IFSS providers have been able to redesign and articulate their own IFSS practice models.
- IFSS staff receive appropriate and consistent training and supervision.
- IFSS providers have received support in the design of resources for the program.
- ICSS has helped build relationships with other service providers in the community and educate them around the IFSS practice model and its trauma-informed framework.

It should be noted that, although Save the Children and Good Beginnings did not select PRC as their ICSS, they had all worked together on the co-design of the IFSS practice model, had established strong relationships, and had productive partnerships throughout PRC's ICSS contract. These cases indicate that time devoted to building rapport and establishing alignment of values is also key to productive partnerships with an ICSS.

There is a need for ongoing ICSS support to strengthen the IFSS workforce

A range of ongoing challenges hinder the implementation of IFSS and the building of a strong IFSS workforce. These challenges include high staff turnover within IFSS and other stakeholders, and the burden of living and working in community. Therefore, IFSS providers need appropriate ICSS support on an ongoing basis. Even when IFSS providers have designed their own IFSS practice model and have strong cultural governance in place, the program continues to develop and workforce support needs are ongoing.

Those IFSS providers who either had a productive ICSS partnership with PRC, or who chose their own ICSS, have valued the support ICSS has provided to the IFSS workforce. PRC provided practice coaching over the phone to staff and visited in person every three months. Some service providers welcomed these supports. Other ICSS have supported IFSS staff by providing supervision and reflective practice. IFSS staff give largely positive reports about this practice. ICSS providers have also supported some IFSS teams with design and implementation of practice frameworks and models, and training for staff.

> *There is additional support for the team when we need it, the [ICSS] support is really valuable. We have regular workshops around trauma, ethics, boundaries and [ICSS] support me with these.*
>
> IFSS staff

One IFSS service provider has continued to contract their ICSS provider after departmental funding for the service ceased. The relationship and ongoing support from the ICSS provider are strong, and includes regular training workshops for staff and informs the development of resources.

The fact that ICSS has been highly beneficial for some service providers and a missed opportunity for others, leads to the following key finding:

> **Key Finding 9:** The ability for service providers to choose their own Implementation Capacity Support Service (ICSS) provider increases the likelihood of a productive partnership that will contribute to appropriate adaptation of the IFSS model and increased IFSS workforce capacity.

3.2.6   Quality strategic relationships are critical for program efficiency

Strategic relationships with child protection, other service delivery agencies, and the Department, are critical for efficient program delivery.

Partnership with child protection

The partnership with child protection authorities is a key element of the IFSS program. Within this partnership, IFSS providers are expected to develop clear Terms of Reference or a guiding document[36] and a specific referral protocol. With open child protection cases, IFSS providers are also to work with child protection case workers to develop an exit plan for the family (DSS 2016). The IFSS Operational Guidelines state that these documents will support 'positive relationships', 'effective referral pathways' and 'joined up service planning' and decision making during the delivery of IFSS (DSS 2016, p.17). IFSS providers are required to participate in joint case management meetings, but the child

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[36] The 2015 IFSS Operational Guidelines (DSS 2015) require clear Terms of Reference for the relationship, but the revised 2016 Operational Guidelines require only a 'guiding document'.

protection authority has statutory responsibility for the ongoing case management and risk assessment for the child.

Recent research on programs across Australia, has acknowledged the importance of information sharing and effective partnerships between IFSS services and child protection (Segal & Nguyen 2014; Tilbury & SNAICC 2015). In a review of IFSS programs Australia wide, Tilbury and SNAICC argue, for example, that 'an overarching objective […] should be for the statutory agency and the service to be "on the same page"' (2015, p.12).

However, the relationship between Aboriginal communities and 'welfare' or child protection authorities has historically been characterised by discrimination, trauma, grief and loss for Aboriginal families (SNAICC 2019; Davis 2019). This trauma is ongoing. Families and other stakeholders told us that there is ongoing fear and stigma associated with child protection agencies. Megan Davis' recent review into Aboriginal OOHC care in NSW (Davis 2019, p.xvi) contextualises this mistrust:

> *We know the child protection system today has resonance with historical practices because Aboriginal people have said so and we must not only listen but hear what they are saying. Their view is supported by research, cited in this report, and voluminous Commonwealth, state and territory commissions of inquiries, parliamentary inquiries and reviews. Often contemporary casework practice reinforces the memory of the authoritarian state that dominated and subjugated Aboriginal lives during the protection era. It animates real fear.*

Given this context, working relationships between IFSS providers and child protection can be difficult and uncomfortable for some IFSS providers.

> *We were wary of being involved in IFSS at the beginning because of the history of welfare here.*
>
> IFSS service provider

Problems building/maintaining partnerships

In addition to the traumatic history between Aboriginal communities and child protection authorities, IFSS staff and other stakeholders describe a range of other factors which impact on the partnerships within the IFSS program:

- High staff turnover within both IFSS and child protection agencies interrupts relationship and trust building and limits staff knowledge of referral pathways to IFSS (ACCP 2017).
- High caseloads for child protection workers limit their capacity to work alongside IFSS (ACCP 2017).
- Some IFSS staff perceive that child protection workers do not always behave in a culturally respectful way and do not seem to have enough education or experience working in Aboriginal communities.[37]
- Some child protection staff perceive that IFSS workers are not comfortable, or do not have the skills to have the 'difficult conversations' with families.
- When families do not consent for their information to be shared with child protection opportunities for data sharing between IFSS and child protection are limited.

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[37] These perceptions are reflected in Megan Davis' recent review of Aboriginal OOHC in NSW which described racist behaviour among child protection workers and recommended increased training in cultural competency and the effects of intergenerational trauma.

- Communication between IFSS provider and child protection agency regarding both family casework and changes to programs and policies is inconsistent.
- There is a lack of child protection workers living in communities.

Child protection and IFSS providers have different statutory regulations and regulatory requirements, expectations of the relationship and obligations to community. Both parties do not always mutually understand these different roles, responsibilities and expectations.

Key success factors for the partnership

This evaluation has identified the following factors which have contributed to more effective partnerships between IFSS providers and child protection authorities:

- IFSS team leaders and other staff have experience working in child protection and understand the system and processes.
- Child protection staff at management level meet regularly with the IFSS team leader.
- IFSS staff and child protection staff attend training together.
- IFSS teams meet regularly with child protection staff to explain referral pathways and to build rapport and understanding of each other's work. This is essential due to high staff turnover.
- Partners develop trust to talk about difficult issues and be open about mistakes (see also Tilbury & SNAICC 2015).
- The child protection office is located nearby and staff are permanently in the community.

One IFSS provider originally had a senior Community-Based Child Protection Worker co-located at the IFSS provider. All stakeholders saw this as benefiting the partnership. When the position was downgraded to a case worker position and not filled on an ongoing basis the collaboration declined as a result (Segal & Nguyen 2014).

Lack of support and direction from the Department has impacted on the partnership

IFSS providers in this and previous evaluations have described a lack of support and direction from the Department in terms of the development and maintenance of partnerships with child protection authorities (Togni 2014; Segal & Nguyen 2014). There are only two short paragraphs outlining the relationship in the IFSS Operational Guidelines. Some stakeholders have indicated that discontinuation of the CIT meetings have had negative impacts for the partnership. (See sub-section below on the partnerships for a fuller discussion of the CIT.)

Given the complexity and range of barriers to establishing and maintaining partnerships between IFSS providers and child protection authorities, service providers identified that they would welcome greater support in negotiating and maintaining clear and reliable relationships with child protection authorities.

Collaboration with other services

Collaboration with other services—such as those responsible for housing and education—is an important part of an effective IFSS program. The extent to which IFSS service providers are building relationships with other services, and the effectiveness of these partnerships, varies significantly across the IFSS sites.

All IFSS services are collaborating effectively to some extent, but numerous obstacles remain. In some sites, communication with other organisations is regular, responsibilities are clear, and collaborative approaches are actioned. In each site included in the evaluation, IFSS providers have effective

collaboration with at least one other service in the community, such as another family support service, school, Families as First Teachers program, health clinic, early childhood centre, youth service, the police, and in some cases, child protection authorities.

For example, in one site, IFSS staff meet fortnightly with school staff, to discuss children of concern and how to support them and their families.

> *IFSS has been a huge support to the school, through the meetings the school has asked for help with different kids/youths and families. I have seen IFSS respond and give help to the children and their family.*
>
> IFSS stakeholder

In other sites IFSS staff communicate regularly with the health clinic and attend appointments with IFSS families. Pregnant mothers occasionally even ask staff to attend ultrasound screenings.

In the site which had no active clients when we visited (due to the lack of a team leader and manager), the two local IFSS staff were still participating in meetings and discussions with other stakeholders and service providers in the community.

With departmental guidelines now including community referrals, strong collaboration often leads to increased referrals from that service. In some sites, collaboration also includes participating in joint activities with IFSS families, like bush picnics, family outings and celebrations.

> *It's good collaboration—two way. A number of times they refer to us, we sit down with clients and with my case managers and work through things slowly and culturally safe for the family and respectful of the values, using the Yarning Mat has been fantastic and including my workers to help participate. Celebrating wins they are really good at. For one client of theirs, we are also working with the teenage son and they are working with the mum, the family got a new house and they had a picnic and all the staff were invited to the picnic for the family to celebrate their win. Families feel like someone cares and values them.*
>
> IFSS stakeholder

A range of factors contribute to the variability in collaboration across IFSS sites including the following.

Remoteness of sites and lack of other services: In more remote sites, there is a lack of services with which to collaborate, limiting the ability of IFSS to work on a community approach and to facilitate access for IFSS families to the support that they need. Some sites do not even have a permanent police presence and there is a widespread lack of specialist mental health, drug and alcohol and other services.

Capacity of other services: Stakeholders from organisations who engage with IFSS told us that often they are not specifically funded to collaborate with other services or attend network or community meetings. These service providers have different priorities and obligations and, in conjunction with staff vacancies, this means that they do not necessarily have the capacity to provide consistent input to collaborative initiatives. Staff can also be overworked and stressed and not able to contribute positively to collaboration.

Staff turnover within IFSS and other services: IFSS staff and other stakeholders identified high staff turnover as the main barrier to collaboration with other services. In some sites, staff in key stakeholders like the school and police, had changed almost every 12 months, meaning that relationships and plans have to be re-established before real collaborative action can be taken. Collaboration is also limited where IFSS and other staff are only in the community part-time.

Staff personalities, organisational conflict and diverging approaches: Staff turnover means that new people come into roles and may have very different approaches and beliefs about how they want to work in the community. Some services work from a more punitive or judgemental framework that does not align with the IFSS approach. In addition, personality differences can make collaboration difficult. IFSS staff described how these challenges hinder agreement on priorities and delivery of consistent, collaborative work. In some communities there is a history of conflict or tension between IFSS service providers and other stakeholders which hampers effective collaboration. In some cases, strong and charismatic people in a leadership position can effectively bring services together.

Lack of clarity about roles and responsibilities: IFSS staff and other stakeholders described difficulties in determining roles and responsibilities in joint case management work across services. At times no one takes the lead, and at others both parties seem to be competing for the main role with the family.

Consent to share IFSS families' information: IFSS families need to provide consent to IFSS staff before they are able to share information with other services. This arrangement protects families, but also hinders collaborative efforts by IFSS staff if families are unwilling to share information with other service providers in the community.

IFSS participation in local networks and community meetings
At all sites, IFSS team leaders (where the position is filled) participate in regular community meetings or networks such as family or community safety meetings, Stronger Communities, and Communities for Children networks.

The effectiveness of the collaboration within these networks and meetings varies. Due to high staff turnover, in some sites IFSS staff and other stakeholders complained that meetings are more of a 'meet and greet' for the constantly changing staff of local organisations, and result in very few actions.

The strength of these networks and the ability to work collaboratively are more evident in sites where there are more services available, where there are strong organisations or individuals who are leading the collaboration and, at times, where there has been a critical incident which has alerted the community to the need for a more collaborative approach.

When asked about collaboration in the survey, 80 per cent of IFSS staff respondents (n=32) and 64 per cent of respondents from other organisations (n=36) answered that the IFSS service in their community has been 'very' or 'extremely' effective in building relationships and trust with other organisations.

> *I feel the stakeholder relationship is working well at the moment. Communication is clear on topics that are appropriate and action plans are being made and implemented.*

> IFSS stakeholder

Figure 16 demonstrates the types of services provided by survey respondents from other organisations and the length of time they have been collaborating with IFSS. Although not all organisations collaborating with IFSS participated in the survey, this data indicates that there is significantly more collaboration taking place between IFSS providers and other family, youth, early childhood and health services, than there is with schools and the police. The figure shows that more than 60 per cent of services have been engaged with IFSS for more than two years and close to 25 per cent for less than 12 months.

Figure 16: Length of collaboration with IFSS according to surveyed staff from other organisations

Length of collaboration with IFSS by staff in other organisations
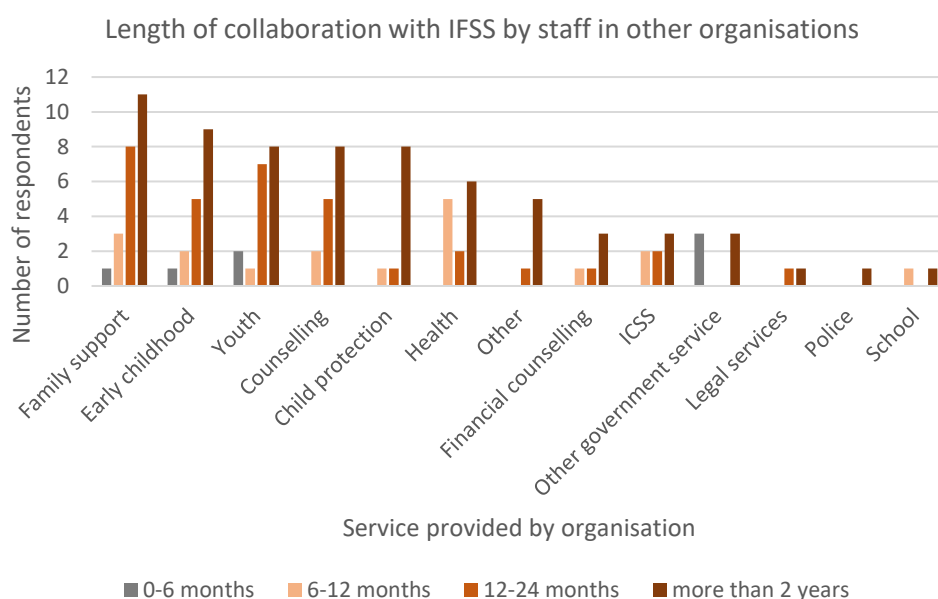
Source: Survey of staff of other organisations (n=48)

Table 5 shows that more intensive collaboration and case work is taking place with family support services and youth services than with child protection. This data reflects interview data which describes a range of barriers to collaboration between IFSS staff and child protection workers. Section 3.2.6 explores these issues further.

Table 5: Type of collaboration by type of service collaborating with IFSS (top six)

Type of collaboration	Type of service collaborating with IFSS (top six)					
	Family Support	Early Childhood	Youth	Counselling	Child Protection	Health
Our organisation refers families to IFSS	14	10	10	7	9	8
IFSS refers families to our organisation	13	11	11	8	6	6
Joint case work	15	11	12	10	8	8
Attendance at local interagency meetings	7	6	7	4	6	3
Informal information sharing	9	9	9	7	7	6
ICSS work	2	2	1	1	2	1
Other collaboration	3	3	3	1		1

Source: Survey of staff of other organisations (n=44)

When asked if this collaboration benefits IFSS families, 95 per cent of respondents (n=44) reported that it does. Interviews and survey respondents most commonly describe the benefits of this collaboration in the following themes:

- access to more supports for families
- consistent support and messaging to families
- better and shared understanding of families' needs
- less duplication of services
- families not being visited by lots of different services in the same day/week.

> *Some families are so heavily 'serviced' and so many people knocking on their door [...]*
> *We coordinate with other services. The first thing we work out who is involved with the*
> *family, meet with the service providers, work out who is doing what.*
>
> IFSS staff

Strong collaboration between IFSS and other services also means that there is increased cultural-knowledge sharing between services and better understanding of cultural issues impacting on families. For example, after Ceremony for men and women, 'poison' relationships may come into play where a male and female cousin can no longer be in the same room together. In one case, IFSS Family Support Workers were able to explain this to other mainstream services like schools, who had made their own incorrect assumptions about the reason for the change in relationship.

How can IFSS and other services improve their collaboration?

IFSS stakeholders told us they would like to see more of the following to support their collaboration with IFSS:

- regular and consistent meetings
- clear referral processes
- clear information sharing arrangements between services
- a hub for services in the community
- sharing resources (space, transport)
- joint activities like camping, bush picnics, cooking, youth activities.

IFSS team leaders are currently responsible for building relationships and collaborating with other stakeholders (DSS 2016). Team leader vacancies have resulted in interrupted relationships between services as case workers and family support workers have not had the authority to attend meetings. More flexibility in IFSS role descriptions and responsibilities, for example including stakeholder engagement in the case worker role, may help maintain collaborative relationships over time.

Two schools who we visited suggested that co-location of IFSS in schools would enable close collaboration and support for families, with an increased focus on the needs of the children.

> *[the male IFSS worker] could come into the school, to do some work with the Dads and*
> *kids... We have talked about IFSS being located in a school—would help to build*
> *relationships with families and kids. We like that idea—some of that is happening in*
> *early childhood, but we need to see more in the primary space. [The IFSS worker] could*
> *have an office space and have a presence out here. We would like to have someone*
> *here from IFSS 1 to2 days a week. IFSS could be involved with and working with us and*
> *parents.*
>
> IFSS stakeholder

At the recent IFSS community of practice meeting in Alice Springs, IFSS providers discussed the need for IFSS to have greater engagement with other State and Territory departments including Housing and Education. Given the range of complex issues impacting on IFSS families, providers explained that increased collaboration with these departments would lead to increased ability to support and achieve outcomes for clients as well as better information and data sharing opportunities.

Communication with the Department could be improved

The Department funded PRC to establish a Central Implementation Team (CIT) early in the IFSS program to serve as 'a focused accountable structure for assessing the Territory-wide implementation of IFSS and making recommendations that will increase the likelihood of consistent, high-fidelity implementation of the intervention in every site' (DSS 2016, p.19).

CIT meetings were held quarterly, were facilitated by the PRC as the ICSS, and were attended by representation from:

- IFSS providers
- the NT Government Department of Territory Families
- Department Territory and National Offices.

According to stakeholder interviews, only key decision makers from each organisation/stakeholder attended so the CIT could enable timely implementation of ideas and solutions and avoid red tape. Interviewees for this evaluation who had attended the meetings described how the CIT would approach problems like the restricted referral pathways, put them to the Department and achieve change.

Interviewees described the value of these meetings in both sharing information and challenges with other IFSS providers, as well as the opportunity to discuss and address issues directly with their key partner, Territory Families and the program funder.

The Department held the last CIT meeting in October 2016 and it is not clear to stakeholders why the meetings stopped. Interviewees described some changing dynamics and souring of relationships between some stakeholders. Some interviewees lamented the end of the meetings, as they lost a central communication point with all key stakeholders in the program.

The Department established a 'community of practice' with the intention of bringing a broader range of IFSS staff and stakeholders together to discuss strategic issues face to face. However, only three community of practice meetings have been held, one each in 2016, 2018 and 2019.

Many IFSS and Territory Families staff described the value of the 2018 community of practice meeting where all service providers came together for a full-day forum in Alice Springs. Territory Families and ICSS staff also attended and a range of presentations and discussions included the CNI tool, trauma informed frameworks, Territory Families new 'Signs of Safety' model, and the Parents Under Pressure program.

Across all sites, IFSS staff described their desire to communicate and learn more from other IFSS providers. In sites where team leader and management roles have been vacant for a long period, new staff coming on board have very little or no guidance about the program. This is particularly the case for IFSS providers without a clearly defined practice model. In the absence of local knowledge of the program within the IFSS provider, a central communication point would enable new team leaders and managers to link in with well-established IFSS teams and benefit from their experience and support.

We have observed that such information sharing is taking place informally in some sites. IFSS team leaders in the Alice Springs region have arranged informal meetings to discuss challenges, share information and provide support to each other.

A lack of a central and regular communication point with the Department's National Office may also have contributed to IFSS providers' lack of awareness of significant changes within the program, such as the ability to negotiate opening of the referral pathways, and the option to choose an alternative ICSS to PRC. Although the updated IFSS Operational Guidelines (DSS 2016) document these changes, and despite IFSS providers' contractual obligations to comply with the guidelines, IFSS providers did not clearly understand them, and this impacted on the effectiveness and efficiency of the program in some sites.

Many IFSS staff told us they would also like the opportunity to have direct contact with the Department's National Office, as this is where major decision-making takes place that affects their service provision. IFSS providers generally do not see monthly meetings with NT Department staff as beneficial, and three IFSS providers describe long delays in responses on important issues from the National Office.

In summary, working collaboratively with other stakeholders is essential for program efficiency. Collaboration with other services varies across IFSS sites and is affected by remoteness, staff turnover, availability and capacity of other services, and limits on information sharing. While many partnerships are working well, the evaluation has identified critical partnerships where improvement may significantly benefit IFSS service provision as outlined in the following key finding.

Key Finding 10: For a majority of IFSS providers, critical working relationships with other agencies are not functioning as effectively as possible. Current stakeholder and IFSS providers indicate that:

- there is a lack of clarity regarding the respective roles and responsibilities of IFSS providers and child protection agencies
- closer collaboration with agencies responsible for housing and education is likely to improve outcomes for families
- IFSS providers are operating largely in isolation without formal mechanisms to facilitate direct communication with the Department's National Office, sharing of information and learning since the Central Implementation Team ended in 2016. While the community of practice meetings are valued, service providers would like a regular, high level sharing and decision-making forum.

3.3 Effectiveness

This evaluation makes six key findings in relation to the effectiveness of the program. They relate to:

- the importance of building trust
- the benefits of broader community engagement
- the extent of unmet need
- the lack of outcomes data
- the achievement of positive outcomes
- the development of outcomes tools.

3.3.1 Building trust takes time

Effective engagement with families is a key outcome for IFSS. Voluntary engagement with the service has been described in another evaluation of IFSS services across Australia as evidence of a family's acknowledgment of its problems and its intention to address them, which leads to greater likelihood of achieving change (Tilbury & SNAICC 2015).

Multiple barriers impede family engagement with IFSS including its association with child protection agencies. A history of child-removal policies that discriminated against Aboriginal families has led to entrenched mistrust of authorities among Aboriginal people (Matthews & Burton 2013; AbSec 2017). Aboriginal people are often reluctant to engage with mainstream services and are fearful of engaging with child protection authorities in particular (Munro 2012; Stirling et al 2012, p.5; Tilbury & SNAICC 2015). Programs comparable to IFSS have observed reluctance by some parents to accept support due to fear of child removal (Robinson, Mares & Arney 2017, p.119).

Evidence from these studies is supported by interview and survey data from this evaluation. Figure 17 shows the main barriers to engagement with families, as identified in survey responses from IFSS staff and staff of other organisations. Shame and fear of child protection were seen as the two largest barriers by both groups of survey respondents. Lack of clarity about the IFSS program, including the perception that it is a government service, were also key barriers identified in surveys.

Reasons families do not engage with IFSS

Proportion of survey respondents who identified this reason
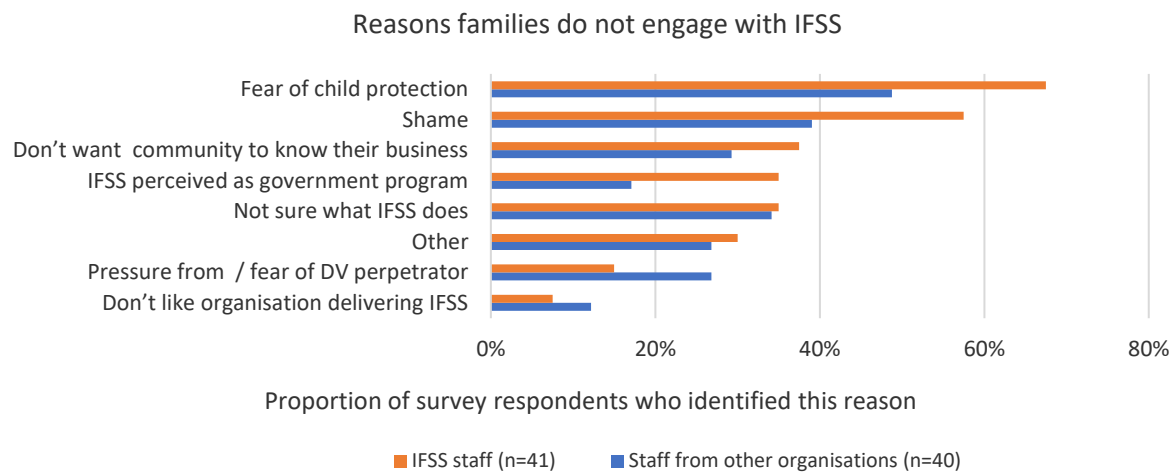
■ IFSS staff (n=41) ■ Staff from other organisations (n=40)

This data is consistent with interviews with IFSS staff and other stakeholders where fear and shame were also the most commonly identified barriers for families engaging with IFSS.

> *There is stigma and fear around being involved with [child protection] and government still has a bad name. I get the impression that [families] don't know the role of IFSS versus Territory Families- because IFSS is linked with [child protection] those fears are real.*
>
> IFSS stakeholder

IFSS staff, other stakeholders and prior research (Mathews & Burton 2013) all agree that engagement and building trust takes time when working with families. Stakeholders told us that it that may take up to 12 months to build effective relationships with families.

> *Fear of families getting their kids taken away is a real barrier to engagement – and building rapport takes time and is key to that trust.*
>
> IFSS staff

> *Families have to feel safe, it takes longer than 12 months. How long does it take for the trust? The first 18 months you are going to feel pretty useless*
>
> IFSS stakeholder

Families themselves describe their fear of child protection.

> *Talking to [child protection] is scary and hard. We always think they're going to try to take our kids away from us.*
>
> IFSS family

> *I used to feel like they was gonna take my kids away, you know? If anything happened I wouldn't talk to them, I used to just go way out bush, and I used to be just like, don't know what to do.*
>
> IFSS family

They also describe the process of developing trust with IFSS staff.

> *I was a bit shy, you know, and quiet and didn't like talking much. Then, some visits later, I got used to them, like I can say to them anything, you know, tell them story what's happening and all that, yeah but now it's—I can ask them for help when I need them.*
>
> IFSS family

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Stakeholders in this evaluation, and the literature on other IFSS programs Australia wide, describe how Aboriginal families involved with child protection are often experiencing a range of complex issues including trauma, grief and loss, domestic and family violence, substance abuse, and incarceration (Segal & Nguyen 2014; Atkinson 2013; Tilbury & SNAICC 2015; Matthews & Burton 2013). These issues can be a barrier to ongoing engagement with IFSS, as families struggle to focus on one issue or goal when there is so much going on in their lives, and in the lives of their extended family and community members. IFSS staff and other stakeholders reported that many families are not ready to address issues or make changes in their lives.

All service providers consider the 12-month limit for family engagement in the program to be too short. Service providers need more time for effective relationship building and for families to make longer term change. Most service providers do not 'exit' open cases after the 12-month period, but rather when their goals have been met or engagement has ceased for other reasons. Several stakeholders and previous evaluations have recommended an extended time limit—Segal and Nguyen suggest that 'two years would not be unreasonable' (2015, p.50)—or that it be removed entirely.

Monthly data reported by IFSS providers to FAMs suggests that the average length of stay of families with IFSS varied from three months to 14 months. Data reported to PRC for the previous evaluation of IFSS gives the range of length of stay as one month to 36 months. The FAMs data report 111 families exiting in the time period August 2017 to November 2018 (about eight per month), which is consistent with the PRC reporting for 105 family exits from July 17 to June 18 (about nine per month). The main reasons for exiting are shown in Figure 18. Many families achieved their goals, but many also moved away from the area, declined or left or were unable to be located. There were many exits that were rated as 'other'. The main reason under this category was families leaving community for Sorry or other cultural business.

Figure 18: Reported reasons for families exiting the program from August 2017 to November 2018

Exit reasons
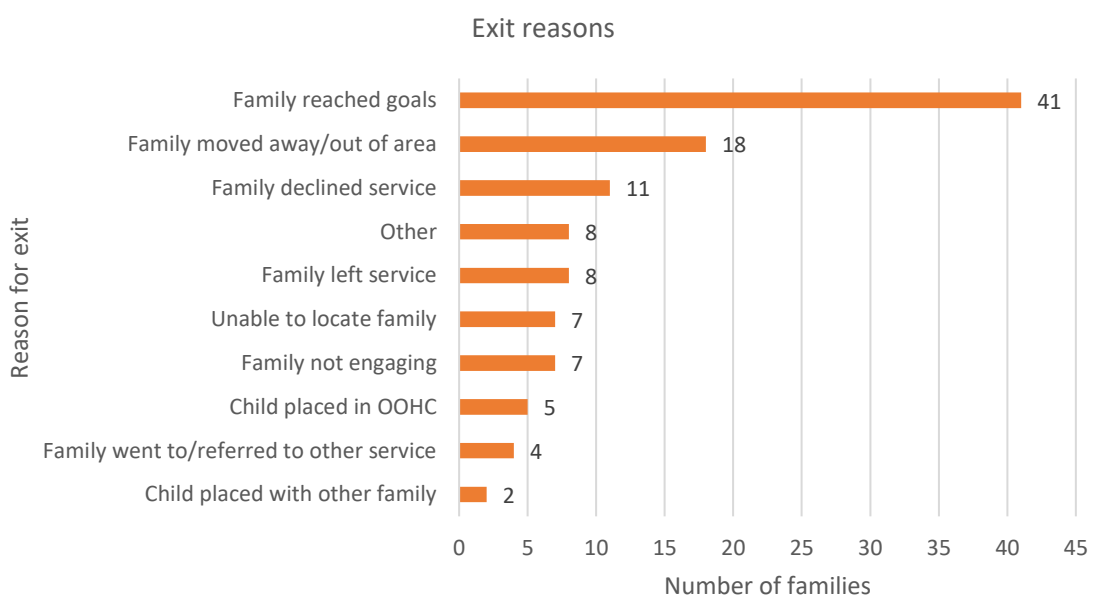
Source: Monthly FAMs data

Staff and other stakeholders explain that families need more time to reach goals because of the range of complex issues that they are dealing with and because of interruptions to their lives caused by many unpredictable factors like a death in the family and unstable housing. Staff describe working with families in stages, dealing with issues one at a time. They also report that a large number of families are referred back into the program.

> *Even if we exit clients, they will come back, there will be the same families being referred.*
>
> <div align="right">IFSS staff</div>

Most service providers find a way of keeping families in the program if there is an ongoing need.

> *We push back against the 12-month time frames—not realistic for families to exit after 12 months*
>
> <div align="right">IFSS staff</div>

> *We haven't exited anyone since I started—we keep the cases open. The support needs are ongoing and may crop up at any time.*
>
> <div align="right">IFSS staff</div>

In some sites, IFSS staff and other stakeholders identified the lack of IFSS presence in the community as a barrier to effective engagement with communities. Staff sometimes live in the community part-time, have extended periods of leave, or work on a daily drive-in drive-out basis. As such, there are fewer opportunities to build rapport and relationships leading to a perception that IFSS staff are not 'part of the community'.

IFSS providers have developed strategies for overcoming barriers to engagement

Across all sites where IFSS teams are operational,[38] strong and flexible engagement is resulting in relationships and trust between IFSS teams and families. Given the barriers to engagement, the fact that families are engaging with the IFSS program in all sites[39] is a significant achievement.

Across all sites where IFSS teams are operational,[40] IFSS families described how they are actively engaging with IFSS in the following ways:

- talking to IFSS staff in the community
- calling IFSS staff when they need advice or practical supports
- asking for help with transport to get to and from appointments
- asking IFSS staff to attend appointments with them at the school, with child protection, health clinic and other services
- adults, children and youth dropping in at the office for a chat and a cup of tea or some food
- participating in activities (often with their children) with IFSS staff such as bush picnics cooking, painting and craft.

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[38] There were no current clients at one site where the team leader and manager roles have been vacant for more than 6 months. Stakeholder interviews clearly demonstrated outcomes for past clients.
[39] See preceding footnote. .
[40] There were no current clients at one site where the Team Leader and Manager roles have been vacant for more than 6 months. However, local Aboriginal Support Workers are still in their roles and stakeholder interviews (including with past IFSS families) described outcomes for past clients.

So good things that are like coming in the morning, having spending time with [the IFSS worker], have a cup of tea, like quiet, and they welcome me and sometimes I get up and make my own cup of tea

<div align="right">IFSS family</div>

Some IFSS staff and stakeholders describe families' engagement with and trust in the IFSS staff, as the most significant change from the program.

The IFSS program has built consistency and relationships in the community, without the trust families won't talk to you, families and women know they can go there when they need support. [This change is] significant because without the trust and rapport, no one will engage.

<div align="right">IFSS stakeholder</div>

All services have a flexible engagement approach, with a focus on building relationships and trust over time. Nearly 90 per cent of IFSS staff and nearly 80 per cent of other stakeholders agreed or strongly agreed in the survey that IFSS provides flexible service delivery in their community. Staff use the following opportunities to engage in ways that fit around the lives of families:

- spending time being in the community talking to people, at the store, the youth centre etc
- participating in cultural events
- driving around the community to chat with people and give them rides if they need them
- picking up children and driving them to school
- driving families to appointments, or into town to do shopping
- driving families out of town onto Country, providing food for bush picnics and spending the afternoon sitting around the fire talking
- providing brokerage for families to buy food and other essential items.

IFSS staff report that this strategy of flexible engagement provides opportunities to build trust. They explained, for example, that car rides produce a naturalistic environment where conversations flow more easily than they do in a formal office space. Staff reported that engagement and trust can deepen during car conversations and, in some cases, learning and reflection can also take place.

We are given time to establish the relationship and there is an open door policy, not three strikes and you're out. It means we can get a foot hold with a family, we don't have any strict criteria, we can take them shopping, we can take any opportunity- lots of stuff happens in the car with families.

<div align="right">IFSS staff</div>

The significant role of car trips in social work is an established phenomenon. One study of engagement between social workers and vulnerable clients, including children, found that 'the car is not simply a means through which to cover distances and reach quickly those who need a service, not simply a mobile office, but also an important place where actual work with those service users goes on' (Ferguson 2009, p.276).

Other related studies describe the importance of persistence of staff when working with Aboriginal families engaged with child protection (SNAICC 2019). IFSS staff, families and stakeholders also recognise that IFSS staff are persistent with their engagement with families. They make a lot of effort to stay in contact with families, visit them at home, find them in the community, and are there for the long haul.

All service providers recognise and prioritise engagement processes as a precursor to effective service delivery, which is reflected in the following key finding.

> **Key Finding 11:** IFSS services require flexible engagement strategies and sufficient time, often up to 12 months, to build relationships of trust which underlie effective work with families.

3.3.2 IFSS benefits the broader community

IFSS staff and other stakeholders have observed that the IFSS program is having benefits for the broader community in terms of increased knowledge and skills. The extent to which IFSS providers are engaging in community engagement and development activities varies across the sites. In some locations, IFSS staff are organising group activities and investing in and supporting community events like sports weekends and camps. In some sites, IFSS staff also report a strong connection with local Elders, leaders and people of influence in the community.

Many IFSS staff and other stakeholders told us that IFSS needs to increase its focus on engaging with and developing the knowledge, capacity and wellbeing of the community as whole, rather than just focusing on a few families. Many stakeholders see this approach as a way of improving both engagement with and outcomes from the program as it reduces the stigma for individual families, and allows a range of community members to benefit from and have 'buy in' to the program.

One IFSS provider has sought and received approval from the Department to employ an IFSS project officer to conduct broader community development work, including workshops and education sessions. The provider sees that working with the broader community will bring greater change than working with a small number of families.

> *We need a community level approach—families live next door to each other—and working with five families is not going to shift the structural issues in these communities.*
>
> IFSS provider

The strength of service provider and stakeholder feedback on this issue leads to the following key finding.

> **Key Finding 12**: Some service providers have identified the benefits of broader community engagement, rather than focusing solely on individual families, as a strategy to build the capacity and wellbeing of the community as a whole.

3.3.3 IFSS families have unmet needs that impact on the effectiveness of the program

Due to a severe lack of housing in remote Aboriginal communities, families are often living in unstable and overcrowded homes (ABS 2009; Purdie et al 2010; Cripps & Habibis 2019). According to stakeholders in this evaluation, in the case of IFSS families, often more than 15-20 family members can be living in one house. Families regularly do not have enough money to buy food or pay for electricity and other basic needs like clothing and blankets.

Relevant literature describes how the practice of providing material and practical assistance to families demonstrates that the service is informed by an understanding of the impact of a history of dispossession and discrimination, including how poverty and disadvantage effect families on a daily

basis (Tilbury & SNAICC 2015). A recent SNAICC resource states that providing financial support to families is an important aspect of helping them address child protection concerns (SNAICC 2019).

IFSS has limited ability to address basic family needs

The IFSS Operational Guidelines state that 'brokerage is not an element of IFSS so funding cannot be used towards the purchase of goods and services for families, except in exceptional circumstances' (DSS 2016, p.9). IFSS providers are only supposed to spend up to five per cent of their grant funding on brokerage, and keep extensive documentation, including demonstrating how other avenues of support, such as emergency relief funds, were exhausted first.

IFSS staff and other stakeholders indicate that the strict processes around brokerage are misaligned with the needs of families, and with the current demand on most IFSS providers to provide practical and material supports.

Families describe the value of the material and practical supports they receive from IFSS staff.

> *They help me with the things I need, they help me with clothes for my kids. When I have run out of food, they can do purchase orders for me at the shop. And we do cook ups, we are cooking here together, we cook healthy food and I can take it home for the kids.*
>
> IFSS family

Stakeholders differ in their views about providing these material and practical supports. Some feel that it creates dependency in families, whereas others state that without support to meet their basic needs, families are unable to address other issues in their lives.

> *As an IFSS worker we are not going to be able to do anything therapeutic if they don't have food in their bellies. Hopefully we can help them negotiate better payments, negotiate with Centrelink. Some people aren't getting payments because they don't have the right ID.*
>
> IFSS staff

However, some IFSS staff describe difficulties in managing the requests they receive for purchase orders. Stakeholders suggested that further discussion about the unmet needs of families and the role of brokerage within the IFSS program would help providers address the issue and develop strategies for staff to manage processes consistently.

The *National Framework for Protecting Australia's Children 2009-2020* states that 'Key to preventing child abuse and neglect is addressing the known risk factors,' (COAG 2009, p.21) and lists some of these factors including:

- poverty, unstable housing, young people disconnected from families, schools and communities, experiences of past trauma
- domestic violence, parental drug and alcohol abuse, parental mental health problems.

The *National Framework* also states that, 'efforts to build and strengthen communities and address economic and social disadvantage are important elements in an overall approach to ensuring children's safety and wellbeing' (COAG 2009, p.21).

Given that all of the risk factors identified above are common in IFSS families and communities, there are other initiatives and services which are needed in order to address those issues and support families to make long-term change.

Lack of appropriate services in communities impacts on outcomes for IFSS families

The IFSS Operational Guidelines clearly state that IFSS teams are not to deliver specialist clinical or therapeutic services, but rather to refer families to other specialist services.

Communities commonly lack social and emotional wellbeing, mental health and drug and alcohol services (AMSANT 2016) and this evaluation found that specialist youth mental health services are particularly rare. This means that IFSS staff are often carrying the load of complex family issues on their own, without other specialist services on board with the particular skills to address them.

A previous evaluation of IFSS identified the lack of specialist therapeutic services as a key barrier to the effectiveness of the program (Segal & Nguyen 2014). Where these services do exist, staff turnover often results in a lack of continuous service delivery and the families may not feel these services are accessible or appropriate to Aboriginal people.

> *There was a mental health service in the government building here, but often not staffed. There was a white professional man doing the counselling, but for an Aboriginal woman to talk to that man—just wouldn't happen most of the time.*
>
> IFSS staff

> *Counselling is needed in these communities, we need healing services for adults. [Counsellors] need to have Language and they need to be supported to do the work.*
>
> IFSS stakeholder

Stakeholders in remote sites indicated that many communities do not have domestic violence services available. Remote Aboriginal communities often lack safe houses and women's refuges (Cripps & Habibis 2019). Amongst the sites we visited, only three had a functioning safe house and one had no permanent police presence.

The lack of appropriate services to meet the basic needs of IFSS families leads to the following key finding:

> **Key Finding 13:** Achieving outcomes for families through the IFSS program is challenging/will be limited while broader issues, beyond the scope of IFSS, such as lack of other support services, overcrowded housing, and food security are not addressed.

3.3.4   There is a current lack of outcomes data

The Child Neglect Index was the intended tool for outcomes reporting. It has not been widely used by IFSS providers as it was seen as inappropriate and ineffective (see sections 3.1.2 and 3.3.6 for more detail). This has resulted in a lack of outcomes data across the IFSS program.

In addition, there is currently no data about IFSS families being shared between stakeholders like schools, health clinics and child protection agencies. Additionally, IFSS providers describe a lack of clarity about what data about families they are able to obtain from other NT Government Departments.

IFSS providers and other stakeholders including Territory Families, recognise the need for greater data sharing arrangements in order to demonstrate a range of outcomes like school and health clinic attendance, to provide robust quantitative data about outcomes for IFSS families.

> **Key Finding 14**: From the commencement of the program there have been significant, ongoing challenges to data collection resulting in a lack of outcomes data for IFSS.

3.3.5 Positive outcomes are being reported by a range of stakeholders

Due to the lack of quantitative data to report measurable outcomes for IFSS families, we sought the perspectives of IFSS families, IFSS staff, and staff of other organisations engaged with IFSS. This section draws on the qualitative data from interviews, and qualitative and quantitative data from surveys, to identify the range of outcomes and the extent to which participants judge the program to have achieved these outcomes.

Interviews with IFSS families used a narrative approach, allowing families to tell the story of their engagement with the IFSS program and to identify any outcomes they had experienced. Interviews with IFSS staff and staff of other organisations were semi-structured. Open-ended questions allowed the evaluation to capture a range of short to long-term and intended and unintended outcomes. This section presents the perspectives of all three stakeholder groups with direct quotes from interviews to demonstrate how they perceive the outcomes.

The IFSS staff survey asked respondents about the extent to which families had experienced the range of outcomes (identified through interviews) as a result of the program. In the absence of quantitative program data, IFSS staff have provided their expert assessment on what proportion of families (none, a few, one quarter, a half, three quarters, or all) has experienced each outcome.

In the survey for staff of other organisations engaged with IFSS, we asked a similar set of questions. However, as these staff are outside observers and therefore less able to estimate numbers, they rated how strongly they disagreed or agreed that each outcome had occurred for families as a result of their involvement with IFSS.

We have categorised the outcomes into three groups (acknowledging that there is some overlap):

- outcomes for families (as a whole)
- outcomes for parents and carers
- outcomes for children.

Outcomes for families
According to IFSS staff who participated in the evaluation, IFSS is supporting families to achieve a range of short-term outcomes. Figure 19 illustrates that a high proportion of surveyed IFSS staff believe that at least half of IFSS families have experienced:

- reduced stress
- increased engagement with other services
- better outcomes with other services
- a place to go for help
- support to meet basic needs.

Half or more IFSS families have experienced...
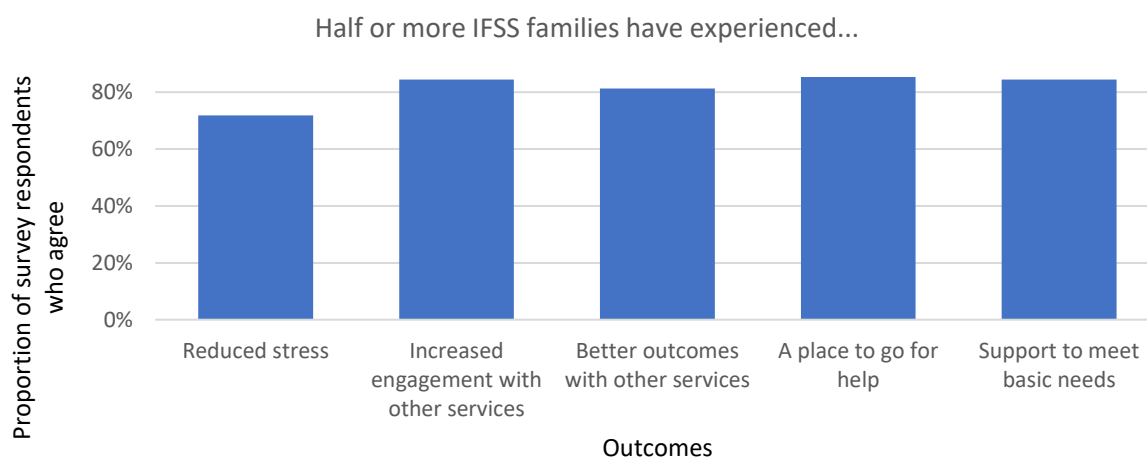
The survey for staff from other organisations did not ask respondents to estimate what proportion of families had experienced these outcomes. Instead, they indicated to what extent they agreed that the outcome had occurred for families more generally. Figure 20 shows that a majority of these respondents either agreed or strongly agreed that each outcome had occurred for families.

IFSS families have experienced...
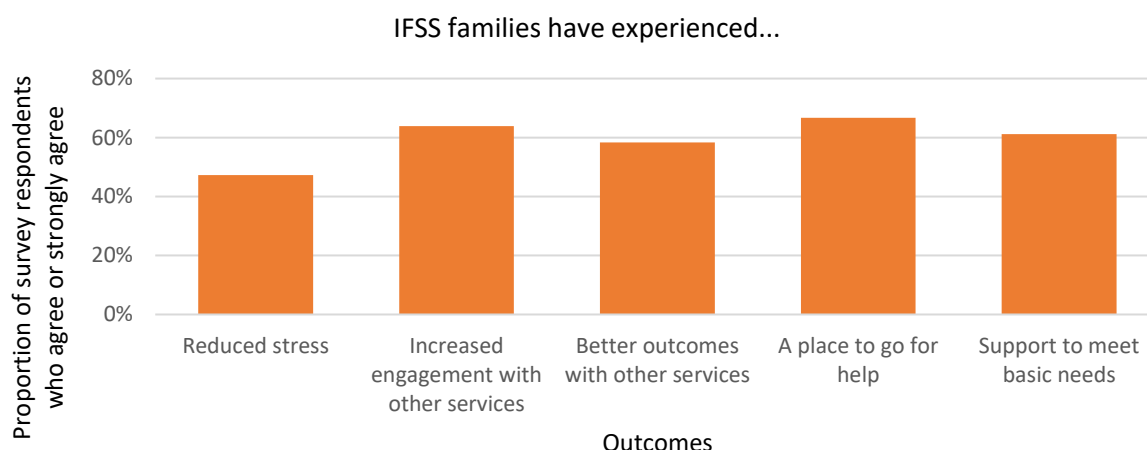
The survey data from both stakeholder groups shows that they both judge 'increased engagement with other services', 'a place to go for help' and 'support to meet basic needs' to be the most common outcomes experienced by families.

Families have somewhere to go for help and are supported to meet their basic needs

IFSS staff and a range of other stakeholders across all sites describe widespread food insecurity and poverty in their communities. They emphasised the importance of supporting families to meet their basic needs before starting to address other issues in their lives. Meeting basic needs was the most commonly cited short-term outcome for families as identified by IFSS staff.

Families describe the positive effects of being supported to buy food and other items such as clothes for their children and blankets during winter.

Someone is here supporting me with my kids. Someone is always checking in how I'm going. Some little support, some clothes, some food, this makes it easier for me, I can feed my kids, I can get my son to school. I am really happy now, I am happy with this support, I don't need anything else.

<div align="right">IFSS family</div>

Families engaged with IFSS have somewhere to go for help to address other immediate and ongoing worries such as the need for transport, and support to meet other basic needs. Children, parents and carers are accessing IFSS services, calling staff and dropping in at the service when they need help with a particular issue, or when there is a crisis taking place.

Many families had no other services to whom they felt they could go for this kind of support and say that IFSS provides a reliable, consistent and safe place they can go whenever they need help.

I'm really happy and really grateful that I've got them. I wouldn't know what to do if I didn't have [the IFSS team] last year because I didn't have no support, no network, I didn't have no family to support me, but I had [the IFSS team] to support me and my kids.

<div align="right">IFSS family</div>

Family stress is reduced

Studies have found that parental stress may be associated with risk factors such as housing insecurity and the wellbeing of children (Warren & Font 2015, p.31). Pei et al. (2019, p.1107) note that parental stress has also been linked to 'children's externalizing problems including aggression, disruption, and rule-breaking behaviours.' They describe how external factors can lead to maltreatment of children and, subsequently, children's misbehaviour. As such, reductions in stress may play an important role in improving parent-child relationships by reducing dysfunctional parenting and the misbehaviour of children.

Survey data shows that a majority of IFSS staff consider that their service is reducing stress for more than half of IFSS families. Interviews with IFSS staff and other stakeholders described how having some of their basic needs met reduces daily stress for families who are often struggling to buy food and other essential items, and pay for electricity in their homes. Some families described how talking to IFSS staff about their worries reduces their stress.

I come to the office, I sit down with her, and just let all my hard, stressed feelings out with [the IFSS worker]. Because I can't be talking hard with my family, because my family doesn't know how to understand what stress is […] I need space, but when I feel depressed I call [the IFSS worker] and discuss it. Come down, have a little cry. My daughter do that too. We do that together because we talk to each other. When we are depressed, make sure that we let ourself know. You angry, makes always problem with my kids by talking, you know. But me it's settled down because I always – when I've got a family problem I call [the IFSS worker] and I'll come, we always talk it out. And that's really good, the way I see it.

<div align="right">IFSS family</div>

IFSS families told us that their stress is reduced because IFSS staff accompany them to meetings with child protection, or help them to talk to child protection staff.

> *Working with [child protection] there is too much pressure from them, too many phone calls and saying they are coming over to see me, the IFSS staff, I give them a call and the staff here can come to the meeting with me. That makes me feel that there are other people there with me, I can feel like the only person but when someone is there with me, I don't feel like the only person.*
>
> <div align="right">IFSS family</div>

Parents and carers have increased engagement with a range of services and are having positive outcomes with those services.

Although the evaluation did not have access to specific referral data, survey data and interviews with IFSS staff, families and other stakeholders indicates that families engaged in IFSS have increased access to and engagement with other local services such as schools, health clinics, early learning centres, Centrelink and child protection.

Some school principals observed that parents are engaging more with the school, through meetings and informal 'drop ins'. Interviews with IFSS families supported this observation.

> *[…] like we have these teachers, they're bit of a friend of our children, they're friend of ours, through our kids we made friends with the teachers.*
>
> <div align="right">IFSS family</div>

Positive outcomes result from this engagement. For example, parents and the school have identified and understood children's learning needs earlier. In some cases, extra supports have been put in place.

> *When [my son] first started school they made a meeting with the principal and other teachers at the school say that he needs more help and now he has like extra teacher to teach him with work and stuff. Special help.*
>
> <div align="right">IFSS family</div>

As discussed in section 3.3.3, many of the IFSS communities lack other support services. Where these services do exist, however, stakeholders indicated that some families are increasingly engaging with drug and alcohol programs, counselling, financial counselling, legal services and accommodation services such as hostels and the Department of Housing.

This engagement with other services means that both children and their carers have more supports available to them and can address a range of issues impacting on their lives.

> *The [IFSS pregnant mothers] are attending appointments, talking about problems, sorting through Centrelink issues, relieving daily pressure, sorting out accommodation for when they have to go to Alice for sit down[41] around their birth*
>
> <div align="right">IFSS staff</div>

IFSS staff, families and other stakeholders described how advocacy by IFSS workers is leading to a range of positive outcomes with these services including better relationships and outcomes with child protection, securing safe housing, completing rehabilitation programs, obtaining birth certificates and other documentation, having Centrelink payments adjusted, and winning a legal battle to fight a financial scam.

---

[41] 'Sit down' refers to preparation for giving birth.

Through ongoing support from IFSS staff, and through increased engagement with services described above, IFSS families are increasing their capacity to navigate the formal world of mainstream services and systems. Such changes indicate that IFSS families have increased ability to 'walk in both worlds', a term used by some IFSS staff to describe the way Aboriginal families engage with both their cultural and community systems, as well as the formal world of mainstream services and institutions.

> *I've had parents say that they have a bit more confidence in how to be a parent – how to look after themselves and their children, set boundaries, and work with all the services – school, clinic, etc.*
>
> IFSS staff

Increased ability to walk in both worlds means that parents and carers are empowered to navigate other services in order to address and make decisions about their own and their children's needs.

In the longer term, IFSS staff and families explain that some families are having positive outcomes and less contact with child protection because concerns around neglect have been addressed.

Outcomes for parents and carers

According to IFSS staff who participated in the evaluation, IFSS is supporting parents and carers to make a range of changes to their parenting practices. Figure 21 illustrates that a high proportion of surveyed IFSS staff believe that at least half of IFSS families have experienced:

- positive changes to parenting practices
- increased engagement in cultural parenting practices
- increased confidence in parenting practices
- increased capacity to make decisions about their child's needs
- increased parenting skills and knowledge
- increased confidence to engage with other services
- improved health and wellbeing

Half or more of IFSS carers have experienced...
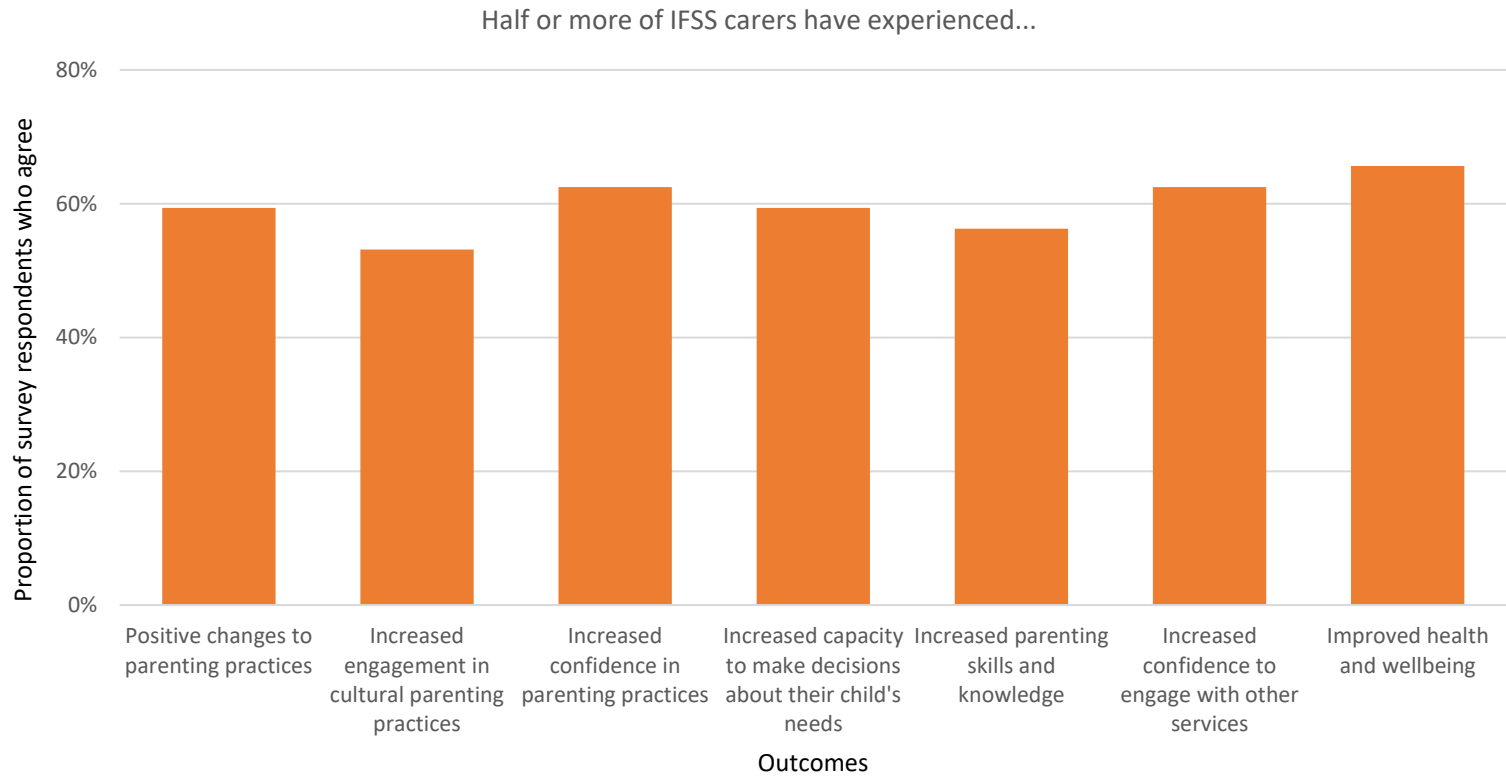
The survey for staff from other organisations did not ask respondents to estimate what proportion of parents/carers had experienced these outcomes. Instead, they indicated to what extent they agreed that the outcome had occurred more generally.

Figure 22 shows that around 40 per cent of staff of other organisations agree that each outcome was experienced by IFSS parents and carers.

Figure 22: Perspectives of staff of other organisations—outcomes experienced by parents and carers

IFSS parents and carers have experienced...
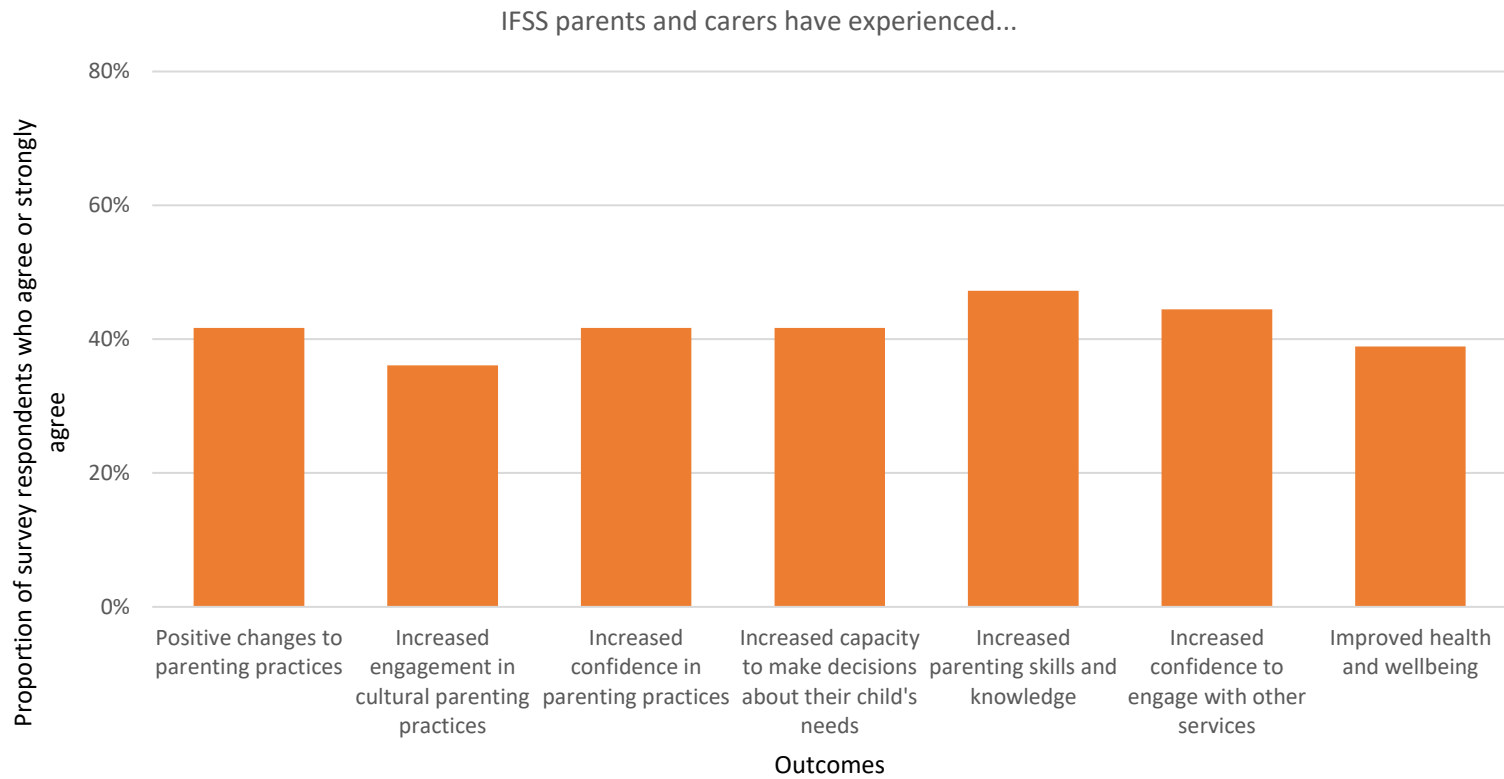
Source: IFSS stakeholder survey (n=36)

Increased confidence and positive outlook

The survey data from both stakeholder groups shows that they consider increased confidence (both in parenting practices and to access other services) to be one of the outcomes more likely to be experienced by parents and carers. (Increased confidence to access services has been discussed in the previous section.)

In fact, some IFSS staff reported that, in their opinion, the most significant change resulting from the program was emotional or psychological. Access to support, fulfilling of basic needs, reduced stress, engagement with cultural practices and increased parenting skills result, in many cases, in increased self-empowerment, self-belief, and a more positive view of themselves and their children.

> *When I first brought [IFSS client] into town she was terrified, and now she comes and she loves it. [She has] self-care, self-esteem confidence, to stand up and make calls to services and go and see services and speak for herself when before it was too daunting and terrifying. Her circumstances still aren't great [but] her resilience has grown so much; as things come up she will deal with them.*
>
> IFSS staff

IFSS families describe and demonstrate increased confidence in a range of ways including asking for help, how they talk about their parenting, their ability to engage with and talk to other services and dealing with child protection.

> *I'm doing really good with my things, to get my things to be a better mother for the kids and yeah. You know it's really great things to do first time to do things by myself, looking for shelter and home for the kids.*
>
> IFSS family

Most families who participated in interviews claimed to feel more positive and hopeful about their lives and their future as a result of their engagement with IFSS. Some also expressed pride in their achievements and those of their children.

Stories from stakeholders and current and past families at each of the nine IFSS locations (including the one which was not operational due to lack of a team leader and manager) described new directions and successes achieved by families. Examples included quitting smoking alcohol or other drugs, having children returned to their care, finding stable employment or housing and experiencing improved wellbeing through connection to family and culture. Three family case studies are included in Appendix F which better illustrate and provide details of families' journey of change through their time in the IFSS program.

[The IFSS worker] helped me get the birth certificate, and I did the white card here, and I got some work, and then I loved going to work and wanted to go to work every day. I am understanding more things now, and I want a really good job, I want to work in sport and rec[reation], I work at the pool 12 to 6 and then at the rec[reation] centre from 6 to 9, teach the kids sport and take the kids out fishing and I'm starting to work with the Elders, making boomerangs and canoes, helping them build their canoes out there by the river. When I see other families now I can go and encourage them, I know I can do it and they can do it too, not just sitting down, with their heads down.

Increased engagement in cultural parenting practices

It has been well established that the disconnection of Aboriginal people from their traditional cultural practices and knowledge, caused by colonisation, has had a devastating and ongoing impact on the health and wellbeing of Aboriginal people (AIHW 2013; Purdie et al 2010). Research shows that reconnecting with culture has positive wellbeing outcomes for Aboriginal people (Purdie et al 2010) and that spending time on Country allows sharing of cultural knowledge and promotes healing, a strengthened sense of identity and confidence (Aboriginal and Torres Strait Islander Healing Foundation 2012).

Cultural parenting practices in the context of this evaluation, refer to practices that enhance parenting through connecting with cultural practices and knowledge. Survey data showed that 54 per cent of IFSS staff believe that the program is increasing engagement in cultural parenting practices for half or more of IFSS families. However, more than 20 per cent of staff said that they 'don't know' if the program is achieving this outcome for families. This response reflects the fact that some IFSS providers are still developing this aspect of their program and are working to find ways to engage with local Elders and cultural leaders.

Through bush picnics and spending time on Country, parents and carers in some IFSS sites have increased opportunities to connect with cultural parenting practices and to have positive connections with their children through cultural activities like digging for witchetty grub, fishing, and cooking kangaroo tail. Getting away from the house and the community is also relaxing for everyone.

> *So it's really good, lots of fun. We get more lots of fun coming on the way. Taking the kids out on country, showing everyone culture.*
>
> IFSS family

> *When we have problem with the kids, like if we go out with the family trip, you know. Sometimes they take us out with kangaroo tails, and vegetables, and we cook and just sit around. And the kids play and they just do their kids thing. Sometimes they learn from us and we learn from them.*
>
> IFSS family

Some IFSS staff saw facilitating connections with culture and 'seeing its impact on people, spiritually and socially', as the most significant change for families.

> *An adult who has been having a tough time, on the bush picnic they interacted with everyone else after a while and then they were singing songs and teaching them to the kids. [This person] has been struggling to connect positively with people and then has the opportunity to connect with this young child—seems small but we don't know what the impact of these things are.*
>
> IFSS staff

IFSS stakeholders also describe how connecting with cultural practices enables families to identify their strengths and reminds them of their positive parenting practices.

> *Practising culture and the parent's memories about connecting with family when they were young, [mean that] there are good spaces there for them and they can step into a positive parenting role in that space.*
>
> IFSS stakeholder

Outcomes for children

According to IFSS staff who participated in the evaluation, IFSS is resulting in positive outcomes for children in IFSS families. Figure 23 illustrates that a high proportion of surveyed IFSS staff believe that at least half of IFSS children have experienced:

- improved home environments
- improved school attendance
- more positive interactions with carers
- reduced cases of neglect
- improved safety
- improved health and wellbeing.

Figure 23: Perspectives of IFSS staff—outcomes experienced by IFSS children
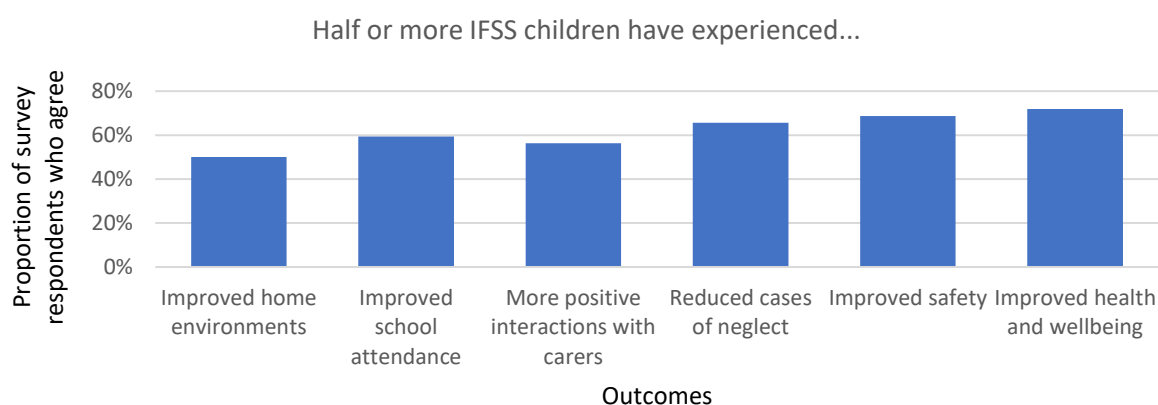
Source: IFSS staff survey (n=32)

The survey for staff from other organisations did not ask respondents to estimate what proportion of children had experienced these outcomes. Instead, they indicated to what extent they agreed that the outcome had occurred for IFSS children more generally.

Figure 24 shows that almost 60 per cent of respondents believed that IFSS children had experienced improved safety, health and wellbeing. Only around 40 per cent agreed that the other outcomes were being achieved. For some outcomes, up to 30 per cent of respondents were undecided and up to 8 per cent of respondents disagreed.

IFSS children have experienced...

The IFSS program aims to decrease child neglect by supporting families to address the following areas of child care and development:

- safety and supervision of children
- physical and health needs
- emotional and developmental needs
- educational requirements.

Although the remit of the program is to reduce child neglect, we found that IFSS staff and other stakeholders used language that emphasised improving child safety, health and wellbeing. In fact, the term 'neglect' was only mentioned in 12 of the 102 interviews completed for the evaluation.

> *Child neglect needs to be seen as more than just parenting—there is so much that impacts on them. Living in poverty puts people under stress, living in crowded housing.*
>
> IFSS stakeholder

Increased skills and knowledge and positive changes to parenting practice

Many stakeholders, including families themselves, describe a range of skills and knowledge they have learned and applied through IFSS. This knowledge can be categorised as practical skills, parenting skills and personal awareness. Practical skills include knowing how to stick to a routine to help get their child to school, looking after their home and cooking skills. Through access to financial counselling, IFSS staff observe that some parents have also increased their budgeting skills and understanding of their finances.

> *If I wasn't getting any support from these guys (IFSS), I wouldn't be where I am today- I wouldn't know what I know now about being there as a carer, I don't have kids of my own, I am a kinship carer. I learned about being more prepared, more organised, all of that. I know what to do and what the kids need more now.*
>
> IFSS family

More specific parenting skills include understanding their children's health needs and how to manage their behaviour. Research in non-Indigenous contexts has shown 'that parenting programs that increase parents' confidence and skills, and reduce coercive and inconsistent parenting practices, can improve children's adjustment and reduce problem child behaviour' (Turner et al. 2007, p.40). In their

own randomised control trial of an adapted version of the Triple P parenting program[42] for an Indigenous context, Turner et al. found that, 'parents receiving the intervention also reported significantly lower reliance on dysfunctional parenting practices, particularly, use of long reprimands and talking rather than taking action, and lax or permissive discipline' (2007, p.40). IFSS staff and families participating in this evaluation echo this finding.

> *Parents appear to have a fuller understanding of developmental needs of the children and appear to be more aware of the need for boundaries and how to set them.*
>
> IFSS staff

> *When [my daughter] gets [angry] like that I tell her 'you go outside, out the back and play or go and listen to music' coz that calms her down, really calms her down so she does. And she listens, now.*
>
> IFSS family

Improved health and wellbeing of children

In the survey of IFSS staff, 70 per cent of respondents described improved health and wellbeing as an outcome for half or more of children engaged with IFSS. Interviews with IFSS staff and other stakeholders explained that increased attendance at health clinics was a key indicator of this outcome.

Many barriers like past experiences of discrimination, language barriers and poor communication by health professionals hinder Aboriginal people's access to medical services and therefore a range of medical issues often go untreated in Aboriginal communities (Davy et al 2016; NSW Ministry of Health 2011). Stakeholders in the evaluation described these barriers in their communities. However, IFSS staff and many other stakeholders indicated that families engaged with IFSS are taking their children to health clinics more regularly than when they were first referred into the program, and are attending follow up appointments. IFSS staff provide transport where possible, making it logistically possible and less disruptive for families who may live a distance from the clinic. Health clinic staff describe an increase in attendance at appointments by IFSS families.

> *I've seen [...] parents going from routinely missing medical appointments that have a serious impact on their child's health to feeling confident to make an appointment, understanding treatment options and attending follow up appointments.*
>
> IFSS stakeholder

Many stakeholders, including parents themselves, also described parents' improved understanding of their children's dietary and health needs, as well as mental health conditions and associated medications.

> *The [IFSS worker] was make sure to me and get the right food and I was really happy that [my daughter] put on a little bit more weight because every time she had a little trouble with her iron and won't be eating well. But when [the IFSS worker] come and the children and they starting to eat a little. Now [my son and daughter] doing really good with their iron and eating.*
>
> IFSS family

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[42] The Positive Parenting Program is an evidence based program providing tools and strategies for parents. See https://www.triplep-parenting.net.au/au-uken/about-triple-p/positive-parenting-program/

Improved safety of children

The safety of children is closely related to the issue of how they are supervised. Aboriginal cultures often understand and practice 'supervision' of children in ways that differ from mainstream Western practices of child care (SNAICC 2019). In Aboriginal communities, a range of people beyond a child's biological parents may have responsibility for a child (Warrki Jarrinjaku ACRS Project Team 2002; SNAICC 2011; 2019). All stakeholders in this evaluation identified shared responsibility for the care of children as a key strength in IFSS communities. Nevertheless, the original IFSS practice model has not articulated Aboriginal definitions of safety and supervision.

IFSS staff work with each family to create a safety plan for their children, building on the strengths of shared care. This plan includes identifying and planning safe options for a child when parents/carers are out of the community or there is violence in the house. The extent to which these plans are used by families is, however, hard for staff to measure. The views presented here are based on general observations of the behaviour and decisions made by children and families.

In interviews, IFSS staff described decisions made by parents, such as organising for children to go to another family member's house if they were going into town or out drinking, as evidence of improved safety of children. They also described how the IFSS office is a place that women and children may come to be safe. For children in particular, IFSS staff are a safe adult with whom they can talk. IFSS staff also describe taking women and children to 'safe house' facilities when their homes are unsafe.

Other stakeholders describe some cases of improvement in children's safety, including where violence within households had reduced or was being managed better.

> *I have seen that children were being monitored and that there was somewhere for families to go when things got bad.*
>
> IFSS stakeholder

> *With [the IFSS worker] there was a family she was working with and a lot of violence in the family, I was living near it and I saw it decrease during the time they were working with the family.*
>
> IFSS stakeholder

Reduced neglect

The National Framework for Protecting Australia's Children acknowledges that measuring reduction in neglect is difficult and that there is currently little robust data to support it (COAG 2009). The Child Neglect Index tool (CNI) was intended to measure changes in neglect for children engaged with IFSS. Some service providers have not accepted the tool so there is a resulting lack of consistent data measuring neglect for IFSS families.

PRC collected data from those services using the CNI throughout 2016-2018 and found that 30 per cent of families exited IFSS with acceptable neglect scores or with their goals met, indicating that families had addressed the neglect concerns. Services also report child protection notifications, substantiations and child removals in individual case notes but these were not collected for this evaluation. However, when asked about the most significant change brought about by the IFSS program, some IFSS staff and other stakeholders cited reduction in child removals and reduction of families' involvement with child protection authorities. This reduced involvement could indicate a reduction in child neglect.

When asked specifically in the survey about neglect, 64 per cent of IFSS staff respondents indicated that at least half of children engaged with IFSS had experienced a reduction in neglect.

Improved home environment

Overcrowding and insecure housing are major problems in remote Aboriginal communities (ABS 2009; Purdie et al 2010) and two of the main barriers to addressing families' needs in Aboriginal communities (Matthews & Burton 2013). Unstable housing is a key risk factor for child neglect and abuse (COAG 2009).

This evaluation identified overcrowded housing as the main barrier to achieving outcomes with IFSS families. Chronic housing shortages are a common characteristic across all sites included in the evaluation. Some locations cited waiting times of up to nine or ten years for public housing.

Despite these barriers, positive outcomes in terms of housing and home environment have occurred for some families in most IFSS sites. IFSS staff and other stakeholders described cases where IFSS staff have provided strong advocacy for IFSS families, resulting in families moving into more stable and safe accommodation. This may be a temporary shelter, hostel accommodation or longer-term public housing tenancy. Some staff and other stakeholders saw having safe and secure housing as the most significant change for families.

> *IFSS has worked really hard with housing services in community and to support families to have supported housing and/or stable housing which has been a really hard space to work in. The co-ordination they have achieved with the housing services and government department has been significant and often this change for families is the boost they need to then work on and address the other areas of need in their lives.*
>
> IFSS stakeholder

IFSS families and other stakeholders also relate how families' living conditions have improved since they have been with the IFSS program. For example, families describe IFSS support to clean their homes, get furniture and other household items, remove hard rubbish from their yards, organise to get a washing machine fixed and sew curtains.

More positive interactions with carers

IFSS families describe how cultural activities and other fun family activities like going bowling, swimming and to the cinema, supported by IFSS have given them opportunities to have relaxed and positive experiences with their children.

> *School holidays we do programs – [the IFSS workers] take us to the school. They have this little place. And then they'll buy pizza bases and stuff and we'll sit down and eat here. And the girls love that.*
>
> IFSS family

Sometimes these experiences happen in the IFSS office which in all sites we visited is set up to make families and children feel welcome with comfy chairs, books and toys.

> *I don't know how to read but my little girl loves books […] and it makes really nice for me to spend time at [the IFSS office] with them and they ask me to read a book but we come and [the IFSS worker] let us to sit down and whenever page come up, [my daughter] start to ask me 'can you make story out of it?'*
>
> IFSS family

Some IFSS staff and other stakeholders describe positive interactions and attitudes they have observed between parents/carers and children.

Building relationships within the family and seeing those improvements [has been an outcome] e.g. between mother and daughter. A mother was referred in and wanted to connect with her daughter, and their relationship has really improved. I've seen things like when we are driving around they will joke around together and have fun where as in the past they were really aggressive with each other.

<div align="right">IFSS staff</div>

In a few cases, IFSS staff and other stakeholders identified improved relationships among the broader family.

I have seen glimpses of better communication within family systems —reducing conflict; alleviated because there is someone external to talk to and that there are opportunities to talk and vent before it reaches a head.

<div align="right">IFSS staff</div>

Improved school attendance and experience of school

Although there is currently no attendance data collected from schools for IFSS families, some IFSS staff and other stakeholders have observed that school attendance is increasing for IFSS children. Supports provided to parents in this area include providing transport for kids to get to school, providing breakfast for children and then taking them to school, better communication between the family and the school, and rewards systems for the children based on attendance. Parents and carers also describe how they and their children are better prepared for school and more willing to attend.

[IFSS] are really helping, like help us and our kids. Coz they haven't been breaking in or skipping school.

<div align="right">IFSS family</div>

IFSS staff and families have also described how they are having more positive experiences at school, which naturally leads to improved attendance. In some cases, as a result of IFSS staff working closely with school staff, there are changes in the way schools treat IFSS children.

[School] staff are developing more compassion and taking a softer approach with families and being more creative about engagement and having rewards for school attendance. I'm hearing from schools and families that attendance has picked up and parents are getting better at getting their kids to school.

<div align="right">IFSS staff</div>

While some schools who are strongly collaborating with IFSS staff had observed an improvement in school attendance and general engagement for IFSS children, other schools, had seen no improvement in attendance rates. In general, these schools were collaborating less with the IFSS team.

Outcomes being achieved are incremental

Increasing family capacity is a multi-staged and slow process. Many of the changes described in the previous section represent short to mid-term outcomes which are crucial to the longer-term goal of building parent and carer capacity to support their own and their children's wellbeing and to reduce child neglect. This progress may not be linear, and many of the outcomes here are interrelated. Changes, such as a parent's increased self-belief and positive outlook are not currently being measured but are observable by staff who know the families well.

Measuring outcomes in a complex environment like IFSS is challenging. IFSS staff and other stakeholders explained that a focus on measuring long-term outcomes causes important short to mid-term outcomes like engagement, and building trust with families, to be overlooked.

As service providers have redesigned their programs, they have developed program logics that reflect the importance of these incremental outcomes.

The expert opinion of IFSS staff, key stakeholders working with IFSS providers, and the families in receipt of services, have formed a strong consensus on the outcomes being achieved by the IFSS program. This consensus supports the following key finding:

> **Key Finding 15:** Despite the absence of reliable outcomes data, there is a strong stakeholder perception that IFSS is achieving positive incremental outcomes for children, parents and carers, and families. These incremental outcomes are crucial to the achievement of longer-term outcomes which take significant time to achieve.

3.3.6 Development of outcomes measurement tools

One of the three main objectives of IFSS is to reduce child neglect. The CNI was the intended outcomes measurement tool for the program and was not accepted or used by many IFSS providers. Throughout this evaluation, we have found that the program's focus on neglect is inappropriate for the strengths-based approach to the service delivery on the ground.

> *If we are constantly looking at what's going badly we aren't going to get anywhere.*
>
> IFSS staff

We found that the term 'neglect' is not commonly used among IFSS staff or other stakeholders. Only 12 of all 102 stakeholder interviews discussed neglect. Instead, interviewees talked about improved safety and wellbeing and increased capacity of families.

I believe the definition of outcomes needs to be refined. Outcomes need to represent the wishes and hopes for the family itself and not what Western society believes to be a functional family or goals e.g. increase school attendance. In my experience, it is unrealistic to expect children to attend school every day when often communities aren't offering education above primary school. Secondly, the barriers to school attendance reach systemic and structural disadvantage. Within our program we see outcomes every day, we see little acts of resistance against a perpetrating partner, we see many attempts from parents to ensure their children's needs are met which is not an easy accomplishment in an under-resourced community, we see parents engaging positively with their children, teaching them their culture, their language, their history and stories about their dreaming. We see parents share their knowledge and skills with their children and case workers, providing opportunities for them to feel strong within their identity and feel like they have something to offer their children.

IFSS staff

The survey asked IFSS staff and stakeholders to nominate the three most important outcomes from the IFSS program, including targeted program outcomes and other outcomes which emerged from stakeholder interviews. 40 respondents provided a response (22 IFSS staff and 18 stakeholders).

Respondents selected 'improved the health and wellbeing of children' (15 occurrences), 'improved the safety of children' (12) and 'helped parents, grandparents and carers feel more confident about their parenting practices' (9) as the most important outcomes. Only four respondents chose 'reduced child neglect'.

Despite the broad range of stakeholders involved in IFSS, including ACCOs, child protection agencies, schools and police, and the range of rules and requirements governing their engagement with families, all stakeholders view child safety and wellbeing as the most important outcome of IFSS.

The CNI is not seen as an appropriate or practical outcomes measurement tool by most IFSS staff and, as a result, some IFSS providers are trialling other tools, in particular goal attainment scales, as a better way of measuring change for IFSS families.

The IFSS staff survey asked staff the usefulness of tools they are currently using to measure change for families. The survey showed that the CNI is seen as less useful than other tools, such as the Family Strengths and Needs Assessment, case plans, and goal attainment scales.

IFSS providers are discussing the use of a goal attainment scale with families. Some IFSS providers have suggested that a universal goal attainment scale be used by all providers. Others feel that each provider should be able to develop or adapt a goal attainment tool for their communities.

IFSS providers told us that they want to be able to measure and demonstrate the outcomes of their program for a range of reasons. They want families themselves to be able to see what they have achieved, they want staff to be reminded of the value of their work and where improvement may need to be made, they want to be able to report meaningful outcomes to the funder, and they want to contribute to a broader evidence base about intensive family support services.

The importance of measuring outcomes of IFSS, in the context of the inappropriateness of existing tools and limitations to existing program data, supports the following key finding.

> **Key Finding 16:** Some IFSS providers are developing and trialling their own outcomes measurement tools in the form of goal attainment scales. These tools aim to collect outcomes data which is better aligned to the needs and goals of IFSS families.

3.3.7 Summary of enablers and barriers to IFSS

The rich qualitative data collected for this evaluation is reinforced by the existing literature, including program documentation. This has enabled us to summarise the barriers and enablers to IFSS in Figure 25 and

Figure 26.

Figure 25: Summary of system, program and community level enabler to IFSS

System level enablers

- National responses to issues impacting on families and investment in programs like IFSS

Program level enablers

- Strong cultural governance
- Flexibility in how funding is spent
- Positive, proactive relationship with ICSS who provides relevant and regular training and supervision to IFSS staff
- Re-design/articulation of the IFSS model led by Aboriginal people
- A family led, strengths based and trauma informed approach to services

Community and family level enablers

- IFSS staff are spending time on engagement and building relationships and trust with families in all sites
- Local staff and their cultural knowledge and understanding of local context
- Bi-cultural teams
- Staff with knowledge of/experience working in the child protection system
- Appropriate gender mix of staff
- Collaboration with other services is taking place in all sites including child protection in some sites

Figure 26: Summary of system, program and community level barriers to IFSS

System level barriers

- The legacy of colonisation and previous government policies, resulting in dispossession, disadvantage and inter-generational trauma for Aboriginal communities
- Lack of housing, employment and access to other services

Program level barriers

- The IFSS model: not designed by Aboriginal people for Aboriginal people, aspects not fit for NT Aboriginal communities including assessment and outcomes tools
- Partnership with child protection is difficult for some service providers
- Lack of cultural competency of some child protection staff
- Difficulty recruiting, training and retaining IFSS staff
- High staff turnover in other organisations including child protection agencies
- Staff are perceived by some stakeholders to lack the skills and confidence to deal with high risk families
- ICSS provider relationships with some IFSS service providers were unproductive
- Monthly data collection is not useful (and has been discontinued)
- Lack of communication between Commonwealth and State/Territory Departments
- Lack of centralised communication between funder and service providers
- Discontinuation of the CIT and lack of collaboration between IFSS providers
- When CP closes a case, families no longer feel there is a need/motivation to address issues- voluntary nature of program

Community and family level barriers

- Overcrowded housing, unemployment, the high cost of food and poverty means that families are often struggling to meet their basic needs
- Intergenerational trauma, grief and loss causing multiple complex issues that families are dealing with
- Families may not be ready or have the capacity to change or address these issues
- Fear of child protection and lack of understanding about what IFSS is and does
- Lack of other services in communities
- Transience of families
- Drive in drive out IFSS staff

4 Discussion and Conclusion

The previous section identified findings for each of the three key evaluation criteria. This discussion and concluding section builds on that analysis and further reflects on the operation of the IFSS program. This section provides four key outputs from the evaluation:

- a community-focused 'story of change'
- an updated program logic
- the development of evaluative criteria to support services, stakeholders and the Department in their understanding and assessment of what constitutes a good IFSS program
- an additional key finding relating to the development of the evaluative criteria.

4.1 Over time, IFSS families are achieving change

There was no theory of change that guided the IFSS program. According to IFSS providers and Department staff, the original program logic does not accurately reflect the program.[43] Based on our analysis of the findings from the evaluation, we have developed both a theory of change and logic model to explain the IFSS program.

A theory of change explains how and why a particular initiative works (Weiss 1995). It is a simplified diagram which summaries 'parallel and intersecting causal pathways' in a succinct way (Davies 2018, p.2). Rather than using the term 'theory of change', we choose to use the term 'story of change' and aim to capture the experience of families engaged in the IFSS program from their perspective. Social Compass Aboriginal researcher Nathan Leitch designed this diagram (Figure 27), with the intention that IFSS staff use it to explain to families what their experience of the IFSS program might look like and how it might help them achieve change in their lives.

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[43] See section 1.1 for the orginal program logic.

Figure 27: Story of Change for IFSS families

The other purpose of a theory of change is to guide the delivery of a program and support an evaluation of whether or not the program has achieved what it intended, in the manner it intended (Davies 2018). Our evaluation finds that IFSS providers are achieving change for families as their adapted versions of the IFSS model intend. This change takes place over time and needs to be measured over years rather than months, with the IFSS team working alongside families to address their needs and goals.

4.2   IFSS evaluation program logic

A program logic depicts program components and is a diagrammatic representation of how inputs and activities lead to outcomes (Davidson 2005). A program logic provides a more detailed demonstration of how the broader theory of change is achieved and helps identify components of the program which can be measured (Funnell & Rogers 2011).

Throughout this evaluation, we have sought the views of a range of stakeholder groups engaged in IFSS. Open-ended questions about outcomes, barriers and enablers and most significant change, enabled a broad range of perspectives to be included. At the beginning of the evaluation we designed a logic model based on our understanding of the program from program documents. This helped us draft data collection tools for the evaluation. Throughout the evaluation we have added to and adapted the model based on our field work and on the range of program logics designed by IFSS providers. The model presented in Figure 28 includes the key inputs, processes and outcomes essential to a good IFSS program.

Figure 28: IFSS Program Logic

IFSS Pathway of Change

Context: Aboriginal families and communities are experiencing a range of complex issues and disadvantage, affecting their capacity to care for their children. Ongoing impacts of colonisation, including dispossession, racism and intergenerational trauma, are widespread in these communities. Many families lack basic necessities such as food and clothing, and are living in overcrowded and unstable housing. Domestic violence, substance abuse and mental health issues are common. Some communities are very remote with little access to services.
Culture and Language are strong in some communities and families support each other, often sharing the care of children.
Healing and support are needed to address these complex issues and improve the capacity and wellbeing of parents, carers, children and the broader community.

Inputs	Activities	Outputs	Short to mid-term outcomes	Longer-term outcomes
DSS funding	Recruitment and training of bi-cultural teams	Aboriginal and non-Aboriginal staff FTE	Retention of staff	Increased child safety and wellbeing of family
Community knowledge	Team meetings, group case reviews and supervision (including external supervision)	No. of case reviews	IFSS providers build relationships and trust with IFSS families	Increased parental/carer capacity and empowerment to walk in both worlds
Aboriginal-led IFSS practice model and resources	ICSS provides training and supervision and other supports	No. of training, supervision and other supports	IFSS families are supported to meet basic needs	Reduced contact with child protection
Cultural Governance	Engagement activities with families and in the community		IFSS families have:	Increased connections with Culture and Community
IFSS providers' reputation in community	Establishment of referral pathways and protocols and receive referrals from CP and community	Referral protocols developed	• increased access to a range of supports	Families' goals are met
ICSS Services	Assessment	No. of referrals into IFSS	• reduced stress and stressors	Increased community capacity
Child protection (CP) agencies	Flexible, trauma-informed, strengths-based and family-led case management to families for as long as they need. Parenting program provided opportunistically throughout.	No. of clients, assessments, sessions, case plans, case conferences, safety plans, links to other supports, advocacy, cultural activities, education sessions	• increased parenting skills • increased engagement in cultural parenting practices • increased attachment between parents and caregivers	A strong, local workforce
Other local, State/ Territory National agencies	Communication and collaboration with CP	No. of meetings/case management	• increased engagement with a range of services and better outcomes with those services • improved school attendance	Increased evidence base about IFSS
	Collaboration with local services and community stakeholders including Elders/cultural leaders	Attendance at interagency meetings/committees	IFSS providers have strong partnerships with other services	
	Data collection and reporting and action research to develop outcomes data	Data reports	Increased involvement of the community in the IFSS	
			Increased collaboration between local service providers to support families	

Assumptions underpinning the project

That families and communities will want to and have the capacity to engage with IFSS providers. That a bi-cultural workforce can be maintained. That there are other support services and relevant agencies in communities to partner and collaborate with IFSS service providers. That IFSS service providers are able to develop and maintain effective partnerships with child protection authorities. That there are adequate services available to support families when they exit the program. That there is a national commitment to supporting initiatives that address the known risk factors to child neglect.

4.3 What does a good IFSS program look like?

Building on the development of the story of change, program logic and the key findings that informed them, we have developed a simple model of what a good IFSS program looks like (Figure 29). The model defines quality and values within the IFSS program, according to a range of IFSS stakeholders. In many cases, as demonstrated throughout the report, these values are also identified in supporting literature.

In the model, the side rectangles contain the main outcomes that IFSS should achieve. The circles contain the processes and principles at the core of the program. These outcomes, processes and principles constitute the criteria for a good IFSS program.

Figure 29: Model of a good IFSS program according to IFSS stakeholders engaged in the evaluation

What does a good IFSS program look like?
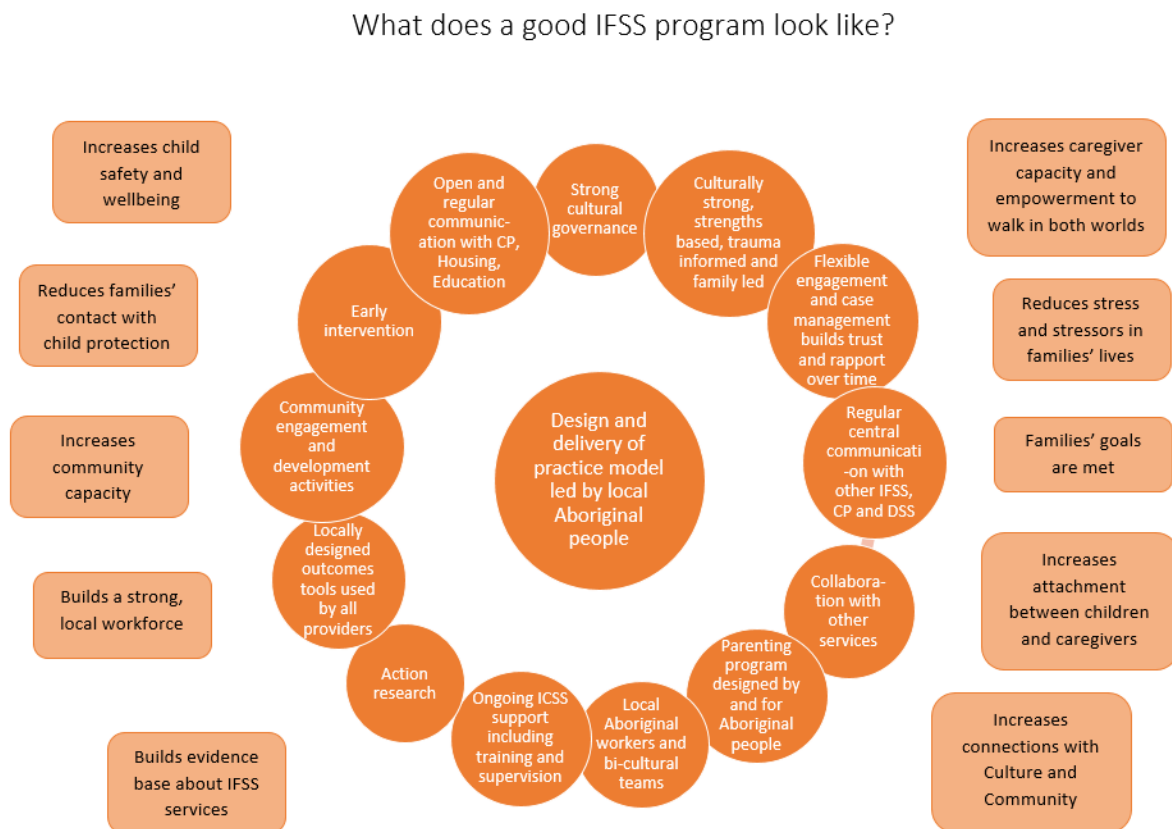
We presented a draft of this model to a broad range of stakeholders, including IFSS providers, child protection and DSS staff at the IFSS Community of Practice forum in November 2019. Forum participants discussed and contributed to the evaluative criteria and, based on their feedback, we changed and refined existing criteria. Two criteria were added. However, for the most part the final criteria remained those that were key themes identified through the analysis of the qualitative data from surveys and stakeholder interviews.

We chose to present the model in this simplified way, rather than asking stakeholders to review a whole program logic model. All the elements have been included in the program logic.

In identifying what is important about a program, these elements become evaluative criteria by which to measure the program (Davidson 2005). We have used the model to synthesise the evaluation findings and make an overall judgement about IFSS as it is currently delivered, using an evaluation

rubric. In this way, the program has been judged not only by evaluators, but also by those people engaged with and benefiting from the program. Engaging stakeholders in this process can thereby enhance the validity, credibility, understanding and ownership of the evaluation findings (King et al. 2013; Wehipeihana et al. 2018). Many of the criteria are broad, allowing for the diversity which exists across the IFSS sites.

For the future evaluation of IFSS, additional criteria reflecting performance measures from the Department's perspective could be included, and program stakeholders could develop and agree on specific standards for measuring each individual criterion. Development of standards could include the design of outcomes tools, such as goal attainment scales, that quantify the benefits of IFSS.

For the purpose of this evaluation, we have applied the same generic standards of 'beginning', 'developing' and 'accomplished' across all the criteria. These standards were developed and applied by the Social Compass team and have not been workshopped with other stakeholders.

The following evaluation rubric rates the current IFSS program across the range of criteria identified in the model above. Where there are different ratings for different sites or providers, two or more ratings are included. A single rating indicates that all sites and providers have the same rating.

The rubric demonstrates that IFSS providers are established and performing well in many of the outcomes criteria. They also rate highly in terms of key processes like cultural appropriateness, cultural governance, and building trust and rapport with families. There are however, several areas where the IFSS program needs to be developed. These areas include the establishment of Aboriginal-led practice models, improvement of outcomes tools and data collection and consistency of ICSS workforce supports. Regular, centralised communication between providers, child protection agencies and the Department is not yet fully in place, nor are mechanisms for facilitating better collaboration with agencies responsible for housing and education.

Table 6: Evaluative Rubric for IFSS- appropriateness

Evaluative criteria	Stage of development			Data source
Appropriateness	Beginning	Developing	Accomplished	
Design and delivery of practice model led by local Aboriginal people	The original IFSS model was not led by Aboriginal people and IFSS providers have adapted it	Some IFSS providers are working with local staff and community to develop a model	Three ACCO providers have designed and implemented Aboriginal led models	IFSS providers' program documents Stakeholder interviews Surveys
Strong Cultural Governance		Cultural governance in non-Aboriginal IFSS providers relies heavily on local Aboriginal IFSS staff	All sites* have strong cultural governance at the service level. ACCHOs also have it at the organisation, Board and Community level	Stakeholder interviews Surveys Aboriginal staff at time of site visit
Parenting program designed by and for Aboriginal people	No locally designed parenting programs are in place but some are informed by local Elders			Not available
Local Aboriginal workers and bi-cultural teams		One site did not have non-Aboriginal workers at the time of the site visit. Recruitment was underway.	Most sites are well established in this criterion.	Workforce at time of site visit
Culturally strong, strengths based, trauma informed and family led		One site is currently re-developing its team and model but interviews with staff and other stakeholders indicated this criterion guided previous delivery of IFSS	Most sites are well established in this criterion	Stakeholder interviews & Surveys Training delivered Practice model and tools used

* The term 'sites' refers to the nine sites included in fieldwork for this evaluation

Table 7: Evaluative Rubric for IFSS- efficiency

Efficiency	Beginning	Developing	Accomplished	Data source
Builds a strong, local workforce	Some sites are just starting to build their teams. High turnover has impeded strength of the workforce	Some sites are still developing their teams	Two sites have established strong, consistent teams	Stakeholder interviews Workforce data from FAMs Workforce at time of site visit Survey data
Ongoing ICSS support including training and supervision	Some providers have had inappropriate and unproductive ICSS support. Some sites are currently receiving no ICSS support		Some providers have effective, ongoing ICSS support	Stakeholder interviews Surveys DSS program data
Regular central communication with other IFSS, CP and DSS	Annual Community of Practice is in place. More regular, supported communication is needed			Stakeholder interviews Surveys DSS program data
Collaboration with other local services		Remote sites experience increased barriers to collaboration due to lack of services and staff turnover	All sites have effective collaboration with at least one other local service and participate in local networks	Stakeholder interviews Surveys
Open and regular communication with CP/Housing/Education	Regular communication is not in place with Housing or Education yet but providers are talking about the need for it	Most sites are experiencing barriers and interruptions to open and regular communication with CP	One site has open and regular communication with child protection	Stakeholder interviews Surveys

Table 8: Evaluative Rubric for IFSS- effectiveness

Effectiveness	Beginning	Developing	Accomplished	Data source
Flexible engagement and case management builds trust and rapport over time		One site has no current clients but interview data shows this for past clients	Most sites are accomplished in this criterion	Stakeholder interviews DEX data Surveys
Increases child safety and wellbeing Reduces families' contact with child protection Increases caregiver capacity and empowerment to walk in both worlds Reduces stress and stressors in families' lives Increases attachment between children and caregivers		One site has no current clients but interview data shows this for past clients	Most sites are achieving this for some families, however better outcomes measures are required before success can be clearly demonstrated	Stakeholder interviews Survey data
Families' goals are met		One site has no current clients but interview data shows this for past clients	Most sites are achieving this for some families however better outcomes measures are required before success can be clearly demonstrated	Stakeholder interviews Monthly FAM & PRC exit data
Increases connections with Culture and Community		Some sites are developing ways to achieve this outcome	Some sites are achieving this for some families however better outcomes measures are required	Stakeholder interviews Survey data Activity data in future

			before success can be clearly demonstrated	
Community engagement and development activities		Most providers are delivering these activities and some would like to increase their focus in this area		Stakeholder interviews Survey DEX data
Increases community capacity		Some providers are working towards this criterion		Stakeholder interviews
Locally designed outcomes tools used by all providers	CNI was not locally designed and not used or accepted by all providers	Some providers are trialling locally designed tools- goal attainment scales in particular		Not available
Builds evidence base about IFSS services	All sites are exploring better ways to collect and report data. Outcomes data from schools, health clinics is being discussed			Not available
Early intervention approach		All providers are working in the early intervention space to some extent. Some would like to focus more on this area		Stakeholder interviews Surveys
Action research	In discussion			Not available

Notwithstanding the lack of quantitative outcomes data, IFSS staff, stakeholders and families have provided evidence, consistent with the literature, as to what a 'good' IFSS program looks like. This evaluation has developed and documented evaluative criteria which provide a robust base to support the next stage of the IFSS program development.

> **Key Finding 17**: Throughout this evaluation, IFSS providers, as key stakeholders in the program, have contributed to the development of common criteria which can inform the ongoing implementation and measurement of the IFSS program.

References

Aboriginal and Torres Strait Islander Healing Foundation 2012, *Our healing, our solutions: Volume 3, January to June 2012*, Canberra.

Aboriginal Child, Family and Community Care State Secretariat 2017, *Our families, our way: Strengthening Aboriginal families so their children can thrive,* AbSec, Marrickville.

Aboriginal Child, Family and Community Care State Secretariat 2018, *Aboriginal Parenting Programs: review of case studies*, AbSec, Marrickville.

Aboriginal Medical Services Alliance NT 2016, *Priorities for Aboriginal Primary Health Care in the Northern Territory*.

Atkinson, J 2013, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, Resource sheet no.21, prepared for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare, Canberra & Australian Institute of Family Studies, Melbourne.

Australian Bureau of Statistics 2009, *National Aboriginal and Torres Strait Islander social survey 2008: Key findings,* ABS Cat no. 4714.0, Canberra.

Australian Centre for Child Protection 2017, *Intensive Family Support Services (IFSS) Service Improvement Project: Strengthening the IFSS Referral Pathways and Service Integration report*.

Australian Institute of Health and Welfare 2013, *Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people*, Resource sheet no. 19, produced for the Closing the Gap Clearinghouse, Canberra.

Australian Institute of Health and Welfare 2019, *Child Protection Australia: 2017-18,* Child welfare series no. 70., Cat. No. CWS 65, AIHW, Canberra.

Bamblett, M, Bath, H & Rosely, R 2010, *Growing them strong, together: Promoting the safety and well-being of the Northern Territory's children. Summary Report of the Board of Inquiry into the child protection system in the NT*, report to Government of the Northern Territory, Darwin.

Campo, M & Commerford, J 2016, *Supporting young people leaving out-of-home care*, CFCA Paper No. 41, report for Australian Institute of Family Studies, Melbourne. Retrieved from https://aifs.gov.au/cfca/publications/supporting-young-people-leaving-out-home-care/outcomes-young-people-leaving-care

COAG – see Council of Australian Governments

Colmar Brunton 2014, *Process Evaluation of the Intensive Family Support Service Programme*.

Council of Australian Governments 2009, *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*, Canberra.

Cripps, K & Habibis, D 2019, *Improving housing and service responses to domestic and family violence for Indigenous individuals and families*, prepared for Australian Housing and Urban Research Institute, Melbourne. Retrieved from http://www.ahuri.edu.au/research/final-reports/320.

Davidson, EJ 2014, *Evaluative Reasoning, Methodological Briefs: Impact Evaluation 4*, UNICEF Office of Research, Florence.

Davidson, J 2005, *Evaluation Methodology Basics: The Nuts and Bolts of Sound Evaluation*, Sage Publications, Thousand Oaks.

Davies, R 2018, 'Representing Theories of Change: A Technical Challenge with Evaluation Consequences', CEDIL Inception Paper 15, Centre of Excellence for Development Impact and Learning, London.

Davies, R & Dart, J 2005, *The Most Significant Change' (MSC) Technique: A Guide to its Use*, CARE International, UK. Retrieved from
https://www.alnap.org/help-library/the-most-significant-change-msc-technique-a-guide-to-its-use

Davis, M 2019, *Family is Culture Review Report: Independent Review of Aboriginal Children and Young People in OOHC*, Family is Culture, Sydney. Retrieved from
https://www.familyisculture.nsw.gov.au/media/independent-review-OOHC

Davy, C, Harfield, S, McArthur, A, Munn, Z & Brown, A 2016, 'Access to primary health care services for Indigenous peoples: A framework synthesis', *International Journal for Equity in Health*, vol. 15, p. 163.

Department of Human Services 2007, *The home-based care handbook*, Melbourne. Retrieved from
https://webarchive.nla.gov.au/awa/20091126040107/http://pandora.nla.gov.au/pan/110885/2009111 9-1023/ps_home_based_care_revised_2007.pdf

Department of Social Services 2015, *Intensive Family Support Services Operational Guidelines*, Australian Government.

Department of Social Services 2016, *Intensive Family Support Services Operational Guidelines*, Australian Government.

Department of Social Services 2017, *Families and Communities Program: Families and Children Guidelines Overview*, Department of Social Services, 2017. Retrieved from
https://www.dss.gov.au/grants/grant-programmes/families-and-children.

Department of Social Services 2018, *The Data Exchange Protocols,* Version 5, Australian Government.

DSS – see Department of Social Services

Ferguson, H 2009, 'Driven to care: the car, automobility and social work', *Mobilities*, vol. 4, no. 2, pp. 275–293.

Funnell, S & Rogers, P 2011, *Purposeful program theory: effective use of theories of change and logic models*, Jossey-Bass/Wiley, San Francisco.

Gilroy, J, Donelly, M, Colmar, S & Parmenter, T 2016, 'Twelve factors that can influence the participation of Aboriginal people in disability services', *Australian Indigenous Health Bulletin*, vol. 16, no. 1, pp. 1–8. Retrieved from
http://healthbulletin.org.au/articles/twelve-factors-that-can-influence-the-participation-of-aboriginal-people-in-disability/

King, J, McKegg, K, Oakden, J, & Wehipeihana, N 2013, 'Rubrics: A method for surfacing values and improving the credibility of evaluation', *Journal of Multi-Disciplinary Evaluation*, vol. 9, no. 21, pp. 11-20.

Matthews, B & Burton, A 2013, 'Promising Practice in Intensive Family Support for Aboriginal and Torres Strait Islander Families', *Developing Practice*, no. 34, pp. 56-66.

Mildon, R, Shlonsky, A, Lagioia, V, Majka, C, Harris, JS, Los, V, Eastman, CL, Woods, T, Parriman, F, & Hill, O 2013, *The development, implementation, and evaluation of an evidence-informed intensive family support practice model to improve outcomes for children at risk for neglect. Final Report (July 2014)*, Parenting Research Centre.

Miller, J, Donohue-Dioh, J, Niu, C & Shalash, N 2018, 'Exploring the self-care practices of child welfare workers: A research brief', *Children and Youth Services Review,* vol. 84, pp. 137-142

NSW Ministry of Health 2011, *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health,* Policy Directive.

Owen, DS 2007, 'Towards a critical theory of whiteness', *Philosophy and Social Criticism,* vol. 33, no. 2, pp. 203-222.

Patton, MQ 2015, *Qualitative Research and Evaluation Methods*, 4th Edition, Sage Publications, Thousand Oaks.

Parenting Research Centre 2013, Program Guide, Intensive Family Support Service Workers Resources.

Pei, F, Wang, X, Yoon, S & Tebben, E 2019, 'The influences of neighborhood disorder on early childhood externalizing problems: The roles of parental stress and child physical maltreatment', *Journal of Community Psychology*, vol. 47, no. 5, pp. 1105–1117.

PRC—See Parenting Research Centre

Productivity Commission 2019, *Report on Government Services 2019*, Chapter 16 Child Protection Services, Australian Government, Canberra.

Purdie, N, Dudgeon, P & Walker, R 2010, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing practices and principles*, Department of Health and Ageing, Canberra.

Robertson, T & Wagner, I 2012, 'Engagement, representation and politics-in-action' in Simonsen, J & Robertson, T (eds), *Routledge International Handbook of Participatory Design*, Routledge, London, pp. 64-85.

Robinson, G, Mares, S & Arney, F 2017 'Continuity, Engagement and Integration: Early Intervention in Remote Aboriginal Communities', *Australian Social Work*, vol. 70, no. 1, pp. 116-124.

Secretariat National Aboriginal & Islander Child Care 2011, *Growing up our way: Aboriginal and Torres Strait Islander Child Rearing: Practices Matrix*, North Fitzroy, VIC.

Secretariat of National Aboriginal & Islander Child Care 2019, *The Aboriginal and Torres Strait Islander Child Placement Principle: a guide to support implementation.*

Segal, L and Nguyen H, 2014, *Evaluation of the Intensive Family Support Services (IFSS) as implemented by Central Australian Aboriginal Congress Aboriginal Corporation*, Health Economics and Social Policy Group, University of South Australia.

Sivak, L, Arney, FM & Lewig, K 2008, *A pilot exploration of a family home visiting program for families of Aboriginal and Torres Strait Islander children. Report and recommendations: perspectives of parents of Aboriginal children and organisational considerations,* Australian Centre for Child Protection, University of South Australia, Adelaide.

SNAICC – see Secretariat of National Aboriginal & Islander Child Care

Stirling, C, Munro, H, Watson, J, Barr, M & Burke, S 2012, *The Brighter Futures Aboriginal Families Study: a study to find out what's working, and what's not working, for Aboriginal families in the Brighter Futures program*, NSW Department of Family and Community Services, Ashfield.

Tilbury, C & SNAICC 2015, *Moving to Prevention research report: Intensive family support services for Aboriginal and Torres Strait Islander children*, SNAICC and Griffith University.

Togni, S 2014, *Final Report, Walytjapiti Program Evaluation*.

Trocme, N 1996, 'Development and Preliminary Evaluation of the Ontario Child Neglect Index', *Child Maltreatment*, vol. 1, no. 2, pp.145-155.

Turner, K, Richards, M, and Sanders, M 2007, 'Randomised clinical trial of a group parent education programme for Australian Indigenous families', *Journal of Paediatrics and Child Health*, vol. 43, pp. 429-437.

Walker, R & Shepherd, C 2008, *Strengthening Aboriginal family functioning: what works and why?*, Australian Family Relationships Clearinghouse Briefing no. 7, Australian Institute of Family Studies, Melbourne.

Warren, EJ & Font, SA 2015, 'Housing Insecurity, Maternal Stress, and Child Maltreatment: An Application of the Family Stress Model', *Social Service Review*, vol. 89, no. 1, pp. 9-39.

Warrki Jarrinjaku ACRS Project Team 2002, *Warrki Jarrinjaku Jintangkamanu Purananjaku 'Working Together Everyone and Listening', Aboriginal Child Rearing and Associated Research: A review of the Literature*, Department of Family and Community Services, Canberra.

Wehipeihana, N, Oakden, J, King, J & McKegg, K 2018, 'Rubrics – a GPS for evaluation: our learning from 10 years' experience', paper presented at the Canadian Evaluation Society Conference, Vancouver, Canada.

Weiss, C 1995, 'Nothing as practical as good theory: exploring theory-based evaluation for comprehensive community initiatives for children and families', in *New Approaches to Evaluating Community Initiatives*, Aspen Institute, Washington D.C., pp. 65–92.

Westerman, T 2019, 'Without measurability there is no accountability. Why we are failing to gather evidence of what works', paper presented at the Australasian Evaluation Society Conference, Sydney.

Willis, JW 2007, 'Methods of qualitative research' in Willis, JW, Muktha, J & Nilakanta, R (eds), *Foundations of Qualitative Research: Interpretive and Critical Approaches*, SAGE Publications, Thousand Oaks, pp. 229-286.

Appendix A: Child protection processes in Australia

Figure 1.1: Child protection process in Australia
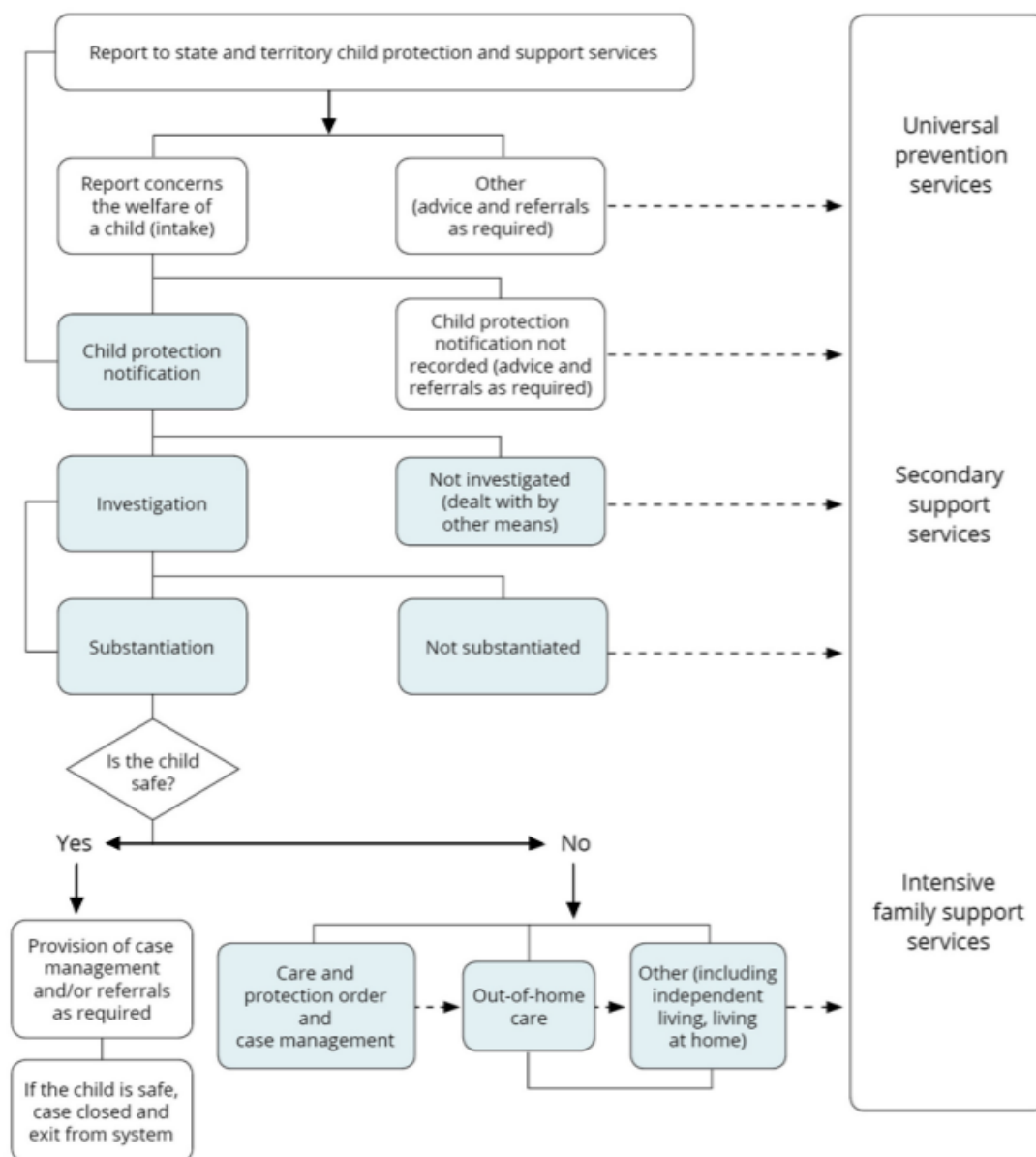
Notes

1. Shaded boxes are items for which data are collected nationally.

2. Dashed lines indicate that clients might or might not receive these services, depending on need, service availability, and client willingness to participate in what are voluntary services.

3. Support services referred to in the box on the right include family preservation and reunification services provided by government departments responsible for child protection, and other agencies. Children and families move in and out of these services and the statutory child protection system, and might also be in the statutory child protection system while receiving support services.

Source: AIHW 2019, p.2

Box 1.1: Child protection statutory processes

Notifications, investigations, and substantiations

Child protection notifications are assessed to determine whether an investigation is required, whether referral to support services is more appropriate, or whether no further protective action is necessary.

An investigation aims to obtain more detailed information about a child who is the subject of a notification, and to determine whether the notification is 'substantiated' or 'not substantiated'.

A substantiation indicates there is sufficient reason (after an investigation) to believe the child has been, is being, or is likely to be, abused, neglected, or otherwise harmed. The relevant department will then attempt to ensure the safety of the child or children through an appropriate level of continued involvement, including providing support services to the child and family.

Care and protection orders

In situations where further intervention is required, the department may apply to the relevant court to place the child on a care and protection order. Court is usually a last resort—for example, where the family is unable to provide safe care, where other avenues for resolving the situation have been exhausted, or where the extended family is unable to provide safe alternatives for care of children. The level of departmental involvement that a care and protection order mandates will vary depending on the type of order (see Box 4.1).

Out-of-home care

Some children are placed in out-of-home care because they were the subject of a child protection substantiation, and they need a more protective environment. Children may also be placed in out-of-home care when their parents are incapable of providing adequate care for them, or when alternative accommodation is needed during times of family conflict. But there are no national data available on the reasons children are placed in out-of-home care (see Box 5.1 for the national categories of out-of-home care).

Out-of-home care is considered an intervention of last resort, with the current emphasis being to keep children with their families wherever possible.

When children need to be placed in out-of-home care, an attempt is made to subsequently reunite children with their families. If it is necessary to remove a child from their family, placement within the wider family or community is preferred. This is particularly the case with Aboriginal and Torres Strait Islander children, as outlined in the Aboriginal and Torres Strait Islander Child Placement Principle (see Section 5.2, particularly Box 5.4).

Family support services

Family support services include programs that:

- seek to prevent family dysfunction and child maltreatment occurring
- provide treatment, support, and advice to families
- offer more intensive programs to assist the most vulnerable families (COAG 2009).

Family support services may be used instead of, or as a complementary service to, a statutory child protection response, and might include developing parenting and household skills, therapeutic care, and family reunification services.

Chapter 7 presents selected information about a subset of family support services—intensive support services.

Source: AIHW 2019, p.3

Appendix B: Trauma informed principles in Aboriginal Services[44]

Table 1: Core values of trauma-informed services

Principle	Explanation
Understand trauma and its impact on individuals, families and communal groups	This expertise is critical to avoid misunderstandings between staff and clients that can re-traumatise individuals and cause them to disengage from a program. Two strategies promote understanding of trauma and its impacts: trauma-informed policies and training. Trauma-informed policies formally acknowledge that clients have experienced trauma, commit to understanding trauma and its impacts, and detail trauma-informed care practices. Ongoing trauma-related workforce training and support is also essential. For example, staff members need to learn about how trauma impacts child development and attachment to caregivers. Appropriate support activities might include regular supervision, team meetings and staff self-care opportunities.
Promote safety	Individuals and families who have experienced trauma require spaces in which they feel physically and emotionally safe. Children need to advise what measures make them feel safe. Their identified measures need to be consistently, predictably and respectfully provided. Service providers have reported that creating a safe physical space for children includes having child-friendly areas and engaging play materials. Creating a safe emotional environment involves making children feel welcome (e.g. through tours and staff introductions), providing full information about service processes (in their preferred language) and being responsive and respectful of their needs.
Ensure cultural competence	Culture plays an important role in how victims/survivors of trauma manage and express their traumatic life experience/s and identify the supports and interventions that are most effective. Culturally competent services are respectful of, and specific to, cultural backgrounds. Such services may offer opportunities for clients to engage in cultural rituals, speak in their first language and offer specific foods. Culturally competent staff are aware of their own cultural attitudes and beliefs, as well as those of the individuals, families and communities they support. They are alert to the legitimacy of inter-cultural difference and able to interact effectively with different cultural groups.
Support client's control	Client control consists of two important aspects. First, victims/survivors of trauma are supported to regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy. Second, service systems are set up to keep individuals (and their caregivers) well informed about all aspects of their treatment, with the individual having ample opportunities to make daily decisions and actively participate in the healing process.
Share power and governance	Power and decision making is shared across all levels of the organisation, whether related to day-to-decisions or the review and creation of policies and procedures. Practical means of sharing power and governance include recruiting clients to the board and involving them in the design and evaluation of programs and practices.
Integrate care	Integrating care involves bringing together all the services and supports needed to assist individuals, families and communities to enhance their physical, emotional, social, spiritual and cultural wellbeing.
Support relationship building	Safe, authentic and positive relationships assist healing and recovery. Trauma-informed services facilitate such relationships; for example, by facilitating peer-to-peer support.
Enable recovery	Trauma-informed services empower individuals, families and communities to take control of their own healing and recovery. They adopt a strengths-based approach, which focuses on the capabilities that individuals bring to a problem or issue.
Source: Adapted from Guarino et al. (2009).	

Source: Atkinson 2013.

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[44] Whilst over 80% of IFSS clients are Indigenous, IFSS is not an Indigenous-specific program.

Appendix C: ICSS providers and their partnerships with IFSS providers

IFSS Provider	ICSS Provider	ICSS duration	ICSS Status
Sunrise Health Aboriginal Corporation	Parenting Research Centre (PRC)	1 Mar 2015 – 21 Mar 2017	COMPLETED
	Alternative ICSS provider to be advised	TBA	Ongoing ICSS support to be identified/advised
Lutheran Community Care	PRC	Jun 2015 – 30 June 2018	COMPLETED
	Australian Centre for Child Protection (ACCP)	22 Jan 19 to 30 June 2020	Ongoing to 30 June 2020
CatholicCare NT	PRC	Jun 2015 – 30 June 2018	COMPLETED as at 30 June 2018
	Australian Childhood Foundation (ACF)	22 Jan 19 to 30 June 2020	Ongoing to 30 June 2020
Warlpiri Youth Development Aboriginal Corporation (WYDAC)	ACCP	Jun 2017 – Jun 2020	Ongoing to 30 June 2020
Save the Children Trust / Good Beginnings	PRC	Feb 2012 – June 2016	COMPLETED
Anyinginyi Health Aboriginal Corporation	PRC	May 2012 - June 2017	COMPLETED
NPY Women's Council Aboriginal Corporation	PRC	ICSS support ceased mid 2013 (no specific dates available)	COMPLETED
	ACF	24 June 2015 – June 2017	COMPLETED
Central Australian Aboriginal Congress Aboriginal Corporation	PRC	ICSS support ceased mid 2013	COMPLETED
	ACCP (Parenting under Pressure program elements)	Sept 2015 – Dec 2016	COMPLETED

Appendix D: Data Collection Tools

Semi Structured Interview Guides

IFSS Staff and Other Stakeholders Interview Guide

The purpose of the questions set out below is to provide a guide for discussion rather than the questions being asked verbatim as they appear. The interviewer is to use their cultural sensitivity and skills to ensure the interview style is appropriate for each participant.

Researcher will introduce themselves, tell a bit about themselves, where they are from and why they are here. The participant will have the opportunity to ask any questions before the interview begins.

1. Please tell me about your role and how long have you been in it?
   - What is your involvement/engagement with the IFSS program?

2. Please tell me a little bit about this community:
   - What are the main challenges for families living here?
   - What are the positive things for families living here?

3. Please tell me about IFSS in this community
   - What's working and why?
   - What's not working and why?
   - What types of supports and activities are being delivered?
   - How do families come in contact with IFSS, how accessible is it for individuals/ families? How well known is IFSS in this community?
   - Why do people exit the program?
   - In what ways are services working together to support families?
   - How could IFSS be improved for delivery in this community?
   - What other supports are needed for families?

4. Can you tell me about any outcomes or changes you have seen for children/families/the community/ as a result of their participation in IFSS?
   - Physical changes: e.g. home environment/
   - Increased capacity of parents to improve the health, safety and wellbeing of their children
   - Health and wellbeing: changes to the way parents/families feel
   - Social/behavioural: parenting/school attendance/employment/engagement with IFSS and/or other services
   - Changes for children
   - Changes for other stakeholders in the community
   - Unexpected outcomes or changes

5. What is the most significant (biggest/most important) change you have seen as a result of IFSS?
   - Why is this change significant?
   - What is it about IFSS that created this change?

6. Is there anything else you'd like to tell us about IFSS in this community?

7. (For IFSS management and staff only)

    *   What are the challenges for the delivery of IFSS in this community and how have you been able to address them?
    *   What range of staff and skills are in your team?
    *   What supports have you had access to in your role e.g. training, supervision?
    *   Are there other supports that would help you in your role?
    *   What supports have been provided by the Implementation Capacity Support Services?
    *   In what ways do you collaborate with other services in the community e.g. referrals, interagency meetings?
    *   Are you using any tools to collect data about the following outcomes;
        o   Increased parental capacity
        o   Increased child wellbeing
        o   Decreased child neglect

    How useful are these tools? What does this data tell you about your clients?

IFSS Family Interview Guide

The purpose of the questions set out below is to provide a guide for discussion rather than the questions being asked exactly as they appear. The interview is informal, more like a yarn and does not necessarily follow these questions. The interviewer is to use their cultural sensitivity and skills to ensure the interview style is appropriate for each participant.

Researcher will introduce themselves, tell a bit about themselves, where they are from and why they are here. The participant will have the opportunity to ask any questions before the interview begins.

1. Please tell me a little bit about your community
   - What do you like about it? What are the good things about your community?
   - What are some of the hard things for this community – what are some of the worries for you and your family?

2. Now I am going to ask you a bit about the types of supports or things that you have done with the [IFSS] workers/services?
   - When did you first start seeing the IFSS workers?
   - What things have they supported you with?
   - What activities have you been part of?
   - How often do you see the IFSS workers and where do you see them?
   - What things do you like about IFSS? What things don't you like? What would make IFSS better for you and your family?

3. Can you tell me about any changes that have happened for you and your family, and if the IFSS services have helped you and your family in any way?
   - Is anything different for you and your family now? How?
   - Changes to your life/ changes to how you feel/changes to how you do things/changes for your children/family?
   - Are there other things you would like to change in your life/the community? What support or help do you need to be able to make those changes?

4. What is the biggest change (the most important thing) that has changed for you since you have been part of the IFSS program?
   - Why is this change important to you?
   - What is it about IFSS that created that change?

Evaluation survey for IFSS staff

Survey for staff delivering the Intensive Family Support Services (IFSS) in the Northern Territory and APY Lands

1. What is your job title?

Choose one of the following answers

Please choose **only one** of the following:

- Family Support Worker
- Cultural Support Officer
- Case Manager
- Case Worker
- IFSS Team Leader
- IFSS Manager
- Other

2. How long have you been involved in IFSS?

Choose one of the following answers

Please choose **only one** of the following:

- 0-6 months
- 6-12 months
- 12-24 months
- more than 2 years

3. Do you identify as:

Choose one of the following answers

Please choose **only one** of the following:

- Aboriginal and/or Torres Strait Islander
- Non Aboriginal

4. Gender

Choose one of the following answers

Please choose **only one** of the following:

- Male
- Female
- Other

5. Have you participated in an interview for this evaluation?

Please choose **only one** of the following:

- Yes
- No
- **Your involvement**

6. Do you live in the community in which you work?

Choose one of the following answers

Please choose **only one** of the following:

- Yes, I live in the community full-time
- I live in the community part-time
- I stay in the community a couple of days a month
- I drive in and drive out of the community each day
- Other

7. How well known is IFSS in this community?

Choose one of the following answers

Please choose **only one** of the following:

- No one knows about it

- Some people know about it
- Lots of people know about it
- Everyone knows about it
- I don't know

8. Where do most of the referrals to IFSS in your community come from?

Choose one of the following answers

Please choose **only one** of the following:

- Child protection
- School
- Self-referrals
- Police
- Health Clinic
- Other internal programs
- Childcare service
- I don't know
- Other

9. What skills, experience or training do you have which help you in your IFSS job?

Please write your answer here:

- **Engagement and support**

10. What are the main reasons why families choose not to engage with IFSS?

Check all that apply

Please choose **all** that apply:

- Families are not sure what IFSS does
- Families think that IFSS is a government program
- Shame
- Pressure or fear of retribution from a perpetrator of domestic violence
- Fear of being involved with child protection
- Families don't like the organisation that is delivering IFSS
- Families don't want other people in the community to know their business
- I don't know
- Other:

11. What are the main types of supports and activities that your IFSS program is delivering?

Check all that apply

Please choose **all** that apply:

- Informal engagement activities to help build relationships and trust with families
- Individualised family assessments
- Identifying and mapping families' goals
- Family meetings or family group conferencing
- Home visits
- Cooking
- Education sessions around parenting skills
- Therapeutic sessions with individual families to address their worries
- Cultural activities like bush picnics and fishing trips
- Fun, family activities
- Safety planning
- Advocacy
- Attending appointments and meetings with families and other services like the school, Centrelink or child protection
- Working together with other local organisations
- Providing transport for families
- Providing brokerage for families to buy food and for other essential needs

- Group activities
- Community members and IFSS families drop into the service
- Community engagement activities
- Community education activities
- Exit planning for families
- Follow-up support
- Other:

12. Which supports and activities are working best with families?

Please write your answer here:

13. What are the main barriers to the IFSS program achieving outcomes for families?

Please write your answer here:

14. Is IFSS providing a culturally strong service for Aboriginal people in this community?

Please choose **only one** of the following:

- Yes
- No

15. What makes it culturally strong?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '14 [Q014]' (Is IFSS providing a culturally strong service for Aboriginal people in this community?)

Please write your answer here:

16. What makes it culturally unsafe/unresponsive?

Only answer this question if the following conditions are met:

Answer was 'No' at question '14 [Q014]' (Is IFSS providing a culturally strong service for Aboriginal people in this community?)

Please write your answer here:

17. What changes have you made or would you make, to improve the supports and activities that are delivered by IFSS?

Please write your answer here:

18. How effective has the IFSS program been in achieving the following outcomes?

Please choose the appropriate response for each item:

	Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective
IFSS staff have built relationships and trust with families in the community					
IFSS staff have built relationships and trust with other services in the community					

19. Of the families who have participated in IFSS since you have been in your role, what proportion of them has experienced the following outcomes?

Please choose the appropriate response for each item:

	None	A few	About a quarter	About half	About three quarters	All	I don't know
Families have reduced daily stress							
Families have a place they can go when they need help							

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	None	A few	About a quarter	About half	About three quarters	All	I don't know
Families have received support to meet their basic needs							
Families have increased engagement with other services (for example the health clinic, early childhood, financial counselling)							
Families have had better outcomes with other services like the school, Centrelink and child protection							
Parents, grandparents and carers have increased parenting skills and knowledge							
Parents, grandparents and carers have increased engagement in cultural parenting practices							
Parents, grandparents and carers have made positive changes to their parenting practices							
Parents, grandparents and carers feel more confident about their parenting practices							
Parents, grandparents and carers are making more decisions about their children's needs							
Parents, grandparents and carers feel more confident talking to other services about their children's needs							
Parents, grandparents and carers have had more positive interactions with their children							
Improved health and wellbeing of parents, grandparents and carers							
Improved health and wellbeing of children							
Reduced cases of child neglect							
Improved safety of children							
Improved home environment of families							
Improved children's school attendance							

20. Please describe any other outcomes families have experienced which are not listed here.
Please write your answer here:

21. Which three of the above outcomes are the most important or beneficial for families and why?
Please write your answer here:

22. What is the most significant or important change you have seen which IFSS has helped to create?

Please write your answer here:

23. What is it about IFSS that created this change?

Please write your answer here:

24. Please describe any unexpected changes you have seen for other people involved in IFSS, like IFSS staff or other organisations in the broader community?

Please write your answer here:

25. Do you disagree or agree that the IFSS program, as it is currently delivered in this community, does the following:

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
IFSS respects Aboriginal concepts of childhood					
IFSS respects Aboriginal concepts of parenting					
IFSS builds on existing strengths in the family's environment					
IFSS engages the wider family					
IFSS is responsive to community needs					
IFSS is responsive to gaps in local services					
IFSS provides flexible service delivery					
IFSS is responsive to the individual needs of each family					
IFSS works with a bi-cultural or two-way approach utilising Aboriginal and non-Aboriginal skills and knowledge					
IFSS uses early intervention and prevention approaches when working with families					
IFSS uses a trauma informed approach					
IFSS acknowledges that families in Aboriginal communities have experienced a history of colonisation that has led to trauma, grief and loss and resulted in multiple hardships and disadvantages					
IFSS acknowledges that parenting is a learnt skill and is committed to helping families build this skill over the long-term					

26. What are the main challenges for you in your IFSS job?

Please write your answer here:

27. Are you supported and able to look after yourself in your job?

Please choose the appropriate response for each item:

	Never	Occasionally	Sometimes	Regularly	All the time
I have opportunities to look after myself					
I have time to rest and recuperate from my work					
I am supported by my organisation to deal with the stresses and challenges of my job					
I am supported by my team and peers to deal with the stress and challenges of my job					

28. From your observation or experience, what make IFSS workers stay in their jobs?

Please write your answer here:

29. From your observation or experience, what makes IFSS workers leave their jobs?

Please write your answer here:

This section is about the supports you receive. We are asking whether you've had access to the following supports. If yes, please describe how this has helped you in your role.

30. Have you had access to reflective practice, which is the opportunity to reflect on, discuss and learn from challenges and succeses in your work.

Please choose **only one** of the following:

- Yes
- No

31. Please describe if and how reflective practice has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '30 [Q022A]' (Have you had access to reflective practice, which is the opportunity to reflect on, discuss and learn from challenges and succeses in your work.)

Please write your answer here:

32. Have you had access to supervision with your manager?

Please choose **only one** of the following:

- Yes
- No

33. Please describe if and how supervision with your manager has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '32 [Q022B]' (Have you had access to supervision with your manager?)

Please write your answer here:

34. Have you had access to external supervision, with someone professional from outside your organisation?

Please choose **only one** of the following:

- Yes
- No

35. Please describe if and how external supervision has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '34 [Q022C]' (Have you had access to external supervision, with someone professional from outside your organisation?)

Please write your answer here:

36. Have you had access to cultural supervision/mentoring?

Please choose **only one** of the following:

- Yes
- No

37. Please describe how cultural supervision/mentoring has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '36 [Q022D]' (Have you had access to cultural supervision/mentoring?)

Please write your answer here:

38. Have you had access to practice coaching?

Please choose **only one** of the following:

- Yes
- No

39. Please describe if and how practice coaching has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '38 [Q022E]' (Have you had access to practice coaching?)

Please write your answer here:

40. Have you had access to debriefing and team meetings?

Please choose **only one** of the following:

- Yes
- No

41. Please describe if and how debriefing and team meetings has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '40 [Q022F]' (Have you had access to debriefing and team meetings?)

Please write your answer here:

42. Have you had access to training?

Please choose **only one** of the following:

- Yes
- No

43. Please describe if and how training has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '42 [Q022G]' (Have you had access to training?)

Please write your answer here:

44. Have you had access to cultural competency training?

Please choose **only one** of the following:

- Yes
- No

45. Please describe if and how cultural competency training has helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '44 [Q022H]' (Have you had access to cultural competency training?)

Please write your answer here:

46. Have you had access to other professional development opportunities like conferences and networking?

Please choose **only one** of the following:

- Yes
- No

47. Please describe if and how other professional development opportunities have helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '46 [Q022I]' (Have you had access to other professional development opportunities like conferences and networking?)

Please write your answer here:

48. Have you had access to supports provided by the Implementation Capacity Support Services (ICSS)?

Please choose **only one** of the following:

- Yes
- No

49. Please describe if and how supports provided by the Implementation Capacity Support Services have helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '48 [Q022J]' (Have you had access to supports provided by the Implementation Capacity Support Services (ICSS)?)

Please write your answer here:

50. Have you had access to any other supports? If so, please describe below

Please choose **only one** of the following:

- Yes
- No

51. Please describe any other supports and if and they have helped you in your role

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '50 [Q022K]' (Have you had access to any other supports? If so, please describe below)

Please write your answer here:

52. What other supports/training would you like to help you in your IFSS job?

Please write your answer here:

What tools have you used in your work with IFSS to keep track of progress and to measure outcomes including changes in child and family wellbeing?

53. Have you used the Child Neglect Index (CNI)?

Please choose **only one** of the following:

- Yes
- No

54. Please explain the reason you don't use this tool.

Only answer this question if the following conditions are met:

Answer was 'No' at question '53 [Q024A]' (Have you used the Child Neglect Index (CNI)?)

Please write your answer here:

55. How useful has the CNI been for measuring changes for families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '53 [Q024A]' (Have you used the Child Neglect Index (CNI)?)

Choose one of the following answers

Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

56. Have you received training in how to use the Child Neglect Index (CNI) tool with IFSS families?

Please choose **only one** of the following:

- Yes
- No

57. Have you used the Family Strengths and Needs Assessment (FSNA) tool with IFSS families?

Please choose **only one** of the following:

- Yes
- No

58. How useful has the FSNA been for measuring changes for families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '57 [Q024B]' (Have you used the Family Strengths and Needs Assessment (FSNA) tool with IFSS families?)

Choose one of the following answers
Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

59. Have you used Case Plans or Support Plans with your IFSS families?

Please choose **only one** of the following:

- Yes
- No

60. How useful have Case Plan or Support Plan reviews been for measuring changes for families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '59 [Q024C]' (Have you used Case Plans or Support Plans with your IFSS families?)

Choose one of the following answers
Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

61. Have you used goal attainment scales with IFSS families?

Please choose **only one** of the following:

- Yes
- No

62. How useful have goal attainment scales been for measuring changes for families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '61 [Q024D]' (Have you used goal attainment scales with IFSS families?)

Choose one of the following answers
Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

63. Have you used any other tools to keep track of progress and to measure outcomes with IFSS families?

Please choose **only one** of the following:

- Yes
- No

64. Please briefly describe any other tools you have used with IFSS families.

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '63 [Q024E]' (Have you used any other tools to keep track of progress and to measure outcomes with IFSS families?)

Please write your answer here:

65. How useful has this tool been for measuring changes for families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '63 [Q024E]' (Have you used any other tools to keep track of progress and to measure outcomes with IFSS families?)

Choose one of the following answers
Please choose **only one** of the following:

- Not at all useful
- A bit useful

- Very useful
- I don't know

66. Do you have any comments about any of these tools or ideas about how outcomes for IFSS families could be better captured and reported?

Please write your answer here:

What tools have you used to engage with families?

67. Have you used the Yarning Mat in your work with IFSS families?

Please choose **only one** of the following:

- Yes
- No

68. How useful has the Yarning Mat been for engaging with families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '67 [Q025A]' (Have you used the Yarning Mat in your work with IFSS families?)

Choose one of the following answers

Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

69. Have you used the Family Information Gathering (FIG) Tool?

Please choose **only one** of the following:

- Yes
- No

70. How useful has the FIG Tool been for engaging with families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '69 [Q025B]' (Have you used the Family Information Gathering (FIG) Tool?)

Choose one of the following answers

Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

71. Have you used eco maps or genograms in your work with IFSS families?

Please choose **only one** of the following:

- Yes
- No

72. How useful have eco maps or genograms been for engaging with families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '71 [Q025B3]' (Have you used eco maps or genograms in your work with IFSS families?)

Choose one of the following answers

Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know

73. Have you used any other tools to engage with families?

Please choose **only one** of the following:

- Yes
- No

Please briefly describe:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '73 [Q025C]' (Have you used any other tools to engage with families?)

Please write your answer here:

74. How useful has this tool been for engaging with families?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '73 [Q025C]' (Have you used any other tools to engage with families?)

Choose one of the following answers

Please choose **only one** of the following:

- Not at all useful
- A bit useful
- Very useful
- I don't know
- **Positives**

75. What are the positive things for families living in this community?

Check all that apply

Please choose **all** that apply:

- Families help each other
- Families share the care of children
- Strong community leaders
- Culture is strong here
- Good support services
- Lots to do in the community
- Local jobs
- Other:

76. What are the worries or challenges for families living in this community? Please choose the five biggest worries from the list on the left and click and drag them into the box on the right.
Please place the biggest worry or challenge at the top and the second biggest underneath and so on until you have listed five.

- Overcrowded housing
- Food insecurity
- Poverty
- Trauma, grief and loss
- Gambling
- Domestic violence
- Lack of strong community leaders
- Alcohol
- Drugs
- Community unrest and violence
- Not enough for young people to do
- Young people getting involved in crime like breaking into people's houses
- Sniffing
- Unemployment
- Not enough services here

77. Is there any other worry or challenge that was not listed that you think has a big impact on families in this community?

Please choose **only one** of the following:

- Yes

- No

Please briefly describe.

Only answer this question if the following conditions are met:
Answer was 'Yes' at question '78 [Q027A]' (Is there any other worry or challenge that was not listed that you think has a big impact on families in this community?)
Please write your answer here:

78. How could IFSS be improved for delivery in this community?
Please write your answer here:

79. Is there anything else you'd like to tell us about IFSS in this community?
Please write your answer here:

80. Has your IFSS team received support from an Implementation Capacity Support Service (ICSS) since you have been in your IFSS job?
Only answer this question if the following conditions are met:
Answer was 'IFSS Team Leader' *or* 'IFSS Manager' at question '1 [Q001]' (What is your job title?)
Please choose **only one** of the following:
- Yes
- No

81. What support would you like to receive from an Implementation Capacity Support Service?
Only answer this question if the following conditions are met:
Answer was 'No' at question '82 [Q030A]' (Has your IFSS team received support from an Implementation Capacity Support Service (ICSS) since you have been in your IFSS job?)
Please write your answer here:

82. To what extent do you disagree or agree that the Implementation Capacity Support Services (ICSS) (e.g PRC, ACF, ACCP) have helped create the following outcomes for the IFSS team and your organisation?
Only answer this question if the following conditions are met:
Answer was 'IFSS Team Leader' *or* 'IFSS Manager' at question '1 [Q001]' (What is your job title?) *and* Answer was 'Yes' at question '82 [Q030A]' (Has your IFSS team received support from an Implementation Capacity Support Service (ICSS) since you have been in your IFSS job?)
Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Increased skills and knowledge of staff					
Increased recruitment and retention of staff					
Helped design and implement a locally and culturally relevant IFSS program					
Increased organisational capacity (e.g. governance, financial management, human resources and administration)					
Improved data collection and monitoring to demonstrate outcomes of IFSS					

83. What ICSS supports have been most beneficial to the IFSS program and why?
Only answer this question if the following conditions are met:

Answer was 'IFSS Team Leader' *or* 'IFSS Manager' at question '1 [Q001]' (What is your job title?) *and* Answer was 'Yes' at question '82 [Q030A]' (Has your IFSS team received support from an Implementation Capacity Support Service (ICSS) since you have been in your IFSS job?)
Please write your answer here:

Evaluation survey for staff of organisations/stakeholders engaged with IFSS

Survey for staff of organisations/stakeholders that engage with the Intensive Family Support Services in one or more of the 26 communities where it is delivered across the Northern Territory and APY Lands.

1. What type of organisation do you work for?
Please choose **only one** of the following:
- Aboriginal Community Controlled Organisation
- Other non-government organisation
- Government agency/department
- For profit organisation
- Other

2. What services does your organisation provide?
Please choose **all** that apply:
- Health services
- Early childhood services
- Youth services
- Family support services
- Counselling services
- Financial counselling services
- School
- Police
- Child protection
- Other government service
- Legal services
- Implementation Capacity Support Services
- No answer
- Other:

3. Do you identify as:
Please choose **only one** of the following:
- Aboriginal and/or Torres Strait Islander
- Non Aboriginal

4. Gender
Please choose **only one** of the following:
- Male
- Female
- Other

5. Have you participated in an interview for this evaluation?
Please choose **only one** of the following:
- Yes
- No

6. How long have you been engaged with/collaborating with IFSS?
Please choose **only one** of the following:
- I have only just found out about IFSS
- 0-6 months
- 6-12 months

- 12-24 months
- more than 2 years

7. How long have you been in your current job?

Please choose **only one** of the following:

- 0-6 months
- 6-12 months
- 12-24 months
- More than 2 years
- **Engagement with IFSS**

8. In what ways do you engage/collaborate with IFSS?

Please choose **all** that apply:

- My organisation refers families to IFSS
- IFSS refers families to my organisation
- Joint case work with IFSS clients
- Attendance at local interagency meetings with IFSS staff
- Informal information sharing with IFSS staff
- My organisation provides Implementation Capacity Support Services
- My organisation hasn't started collaborating with IFSS yet
- Other:

9. Does this engagement benefit families?

Please choose **only one** of the following:

- Yes
- No

10. How does it benefit families?

Please write your answer here:

11. How could your engagement/collaboration with the IFSS program be improved?

Please write your answer here:

12. How well known is IFSS in the community you work?

Please choose **only one** of the following:

- No one knows about it
- Some people know about it
- Lots of people know about it
- Everyone knows about it
- I don't know

13. Do you live in the community in which you work?

Please choose **only one** of the following:

- Yes, I live in the community full-time
- I live in the community part-time
- I stay in the community a couple of days a month
- I drive in and drive out of the community each day
- Other

14. What are the main reasons why families don't engage with IFSS?

Please choose **all** that apply:

- Families are not sure what IFSS does
- Perception that IFSS is a government program
- Shame
- Pressure or fear of retribution from a perpetrator of domestic violence
- Fear of being involved with child protection
- Families don't like the organisation that is delivering IFSS
- Families don't want other people in the community to know their business
- I don't know

- Other:

15. What are the main types of supports and activities that are being delivered by the IFSS program in your community?

Please choose **all** that apply:

- Informal engagement activities to develop relationships and trust with families
- Individualised family assessments
- Identifying and mapping families' goals
- Family meetings or family group conferencing
- Home visits
- Cooking
- Education sessions around parenting skills
- Therapeutic sessions with individual families to address their worries
- Cultural activities
- Fun, family activities
- Safety planning
- Advocacy
- Attending appointments and meetings with families and other services like the school, Centrelink or child protection
- Working together with other local organisations
- Providing transport for families
- Providing brokerage for families to buy food and for other essential needs
- Group activities
- Community members and IFSS families drop into the service
- Community engagement activities
- Community education activities
- Exit planning for families
- Follow-up support
- I don't know
- Other:

16. Which supports and activities are working best with families and why?

Please write your answer here:

17. What are the main barriers to the IFSS program achieving outcomes for families?

Please write your answer here:

18. Is IFSS providing a culturally strong service for Aboriginal people in this community?

Please choose **only one** of the following:

- Yes
- No

19. What makes it culturally strong?

Please write your answer here:

20. What makes it culturally unsafe/unresponsive?

Please write your answer here:

21. How effective has the IFSS program been in achieving the following outcomes?

Please choose the appropriate response for each item:

	Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective
IFSS staff have built relationships and trust with families in the community					
IFSS staff have built relationships and trust with					

	Not at all effective	Slightly effective	Moderately effective	Very effective	Extremely effective
other services in the community					

Do you disagree or agree that IFSS has achieved the following changes or outcomes for families participating in the program?

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Families have reduced daily stress					
Families have a place they can go when they need help					
Families have received support to meet their basic needs					
Families have increased engagement with other services (for example the school, health clinic, early childhood, financial counselling)					
Families have had better outcomes with other services like the school, Centrelink and child protection					
Parents, grandparents and carers have increased parenting skills and knowledge					
Parents, grandparents and carers have increased engagement in cultural parenting practices					
Parents, grandparents and carers have made positive changes to their parenting practices					
Parents, grandparents and carers feel more confident about their parenting practices					
Parents, grandparents and carers are making more decisions about their children's needs					
Parents, grandparents and carers feel more confident talking to other services about their children's needs					
Parents, grandparents and carers have had more positive interactions with their children					
Improved health and wellbeing of parents, grandparents and carers					
Improved health and wellbeing of children					
Reduced cases of child neglect					

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Improved safety of children					
Improved home environment of families					
Improved children's school attendance					

Please describe any other outcomes IFSS families have experienced which are not listed here.

Please write your answer here:

22. Which three of the above outcomes are the most important and why?

Please write your answer here:

23. What is the most significant change you have seen which IFSS has helped to create?

Please write your answer here:

24. What is it about IFSS that created this change?

Please write your answer here:

25. Please describe any unexpected changes you have seen for other people involved in IFSS, like IFSS staff or other organisations in the broader community?

Please write your answer here:

26. Do you disagree or agree that the IFSS program as it is currently delivered in this community, does the following:

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
IFSS respects Aboriginal concepts of childhood					
IFSS respects Aboriginal concepts of parenting					
IFSS builds on existing strengths in the family's environment					
IFSS engages the wider family					
IFSS is responsive to community needs					
IFSS is responsive to gaps in local services					
IFSS provides flexible service delivery					
IFSS is responsive to the individual needs of each family					
IFSS works with a bi-cultural or two-way approach utilising Aboriginal and non-Aboriginal skills and knowledge					
IFSS uses early intervention and prevention approaches when working with families					
IFSS uses a trauma informed approach					
IFSS acknowledges that Aboriginal families and communities have experienced a history of colonisation that has caused ongoing trauma, grief and					

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
loss and resulted in multiple hardships and disadvantages					
IFSS acknowledges that parenting is a learnt skill and is committed to helping families build this skill over the long-term					

27. What are the positive things for families living in this community?

Please choose **all** that apply:
- Families help each other
- Families share the care of children
- Strong community leaders
- Culture is strong here
- Good support services
- Lots to do in the community
- Local jobs
- Other:

28. What are the worries or challenges for families living in this community? Please choose the five biggest worries from the list on the left and click and drag them into the box on the right.

Please place the biggest worry or challenge at the top and the second biggest underneath and so on until you have listed five.
- Overcrowded housing
- Food insecurity
- Poverty
- Trauma, grief and loss
- Gambling
- Domestic Violence
- Lack of strong community leaders
- Alcohol
- Drugs
- Community unrest and violence
- Not enough for young people to do
- Young people getting involved in crime like breaking into people's houses
- Sniffing
- Unemployment
- Not enough services here

29. Is there any other worry or challenge that was not listed that you think has a big impact on families in this community?

Please choose **only one** of the following:
- Yes
- No

Please briefly describe.

Please write your answer here:
- **Improvements**

30. How could IFSS be improved for delivery in this community?

Please write your answer here:

31. Is there anything else you'd like to tell us about IFSS in this community?

Please write your answer here:

Appendix E: Summary of Analysis of Quantitative data

We used a variety of approaches to analyse each source of quantitative data. Most quantitative data was summarised by collapsing across the evaluation period to produce meaningful totals and interpretable graphs. In some instances, the data was broken down to give more detail such as changes over time periods or differences between service providers. The graphs from all data sources were compiled in two ways:

i.   Different graphs from different data sources were used to address different evaluation questions. This was necessary as each data source did not address all evaluation questions.
ii. Similar graphs from different data sources were used to address different evaluation questions. These similar graphs were able to be compared for similarities and differences.

Given the uncertainty of the various datasets, similar patterns emerging from different sources gave reassurance that patterns emerging could be relied upon to draw conclusions.

- **DSS data** (accessed via the DEX portal) was assumed to be the most accurate of the data sources. This data provides information on client demographics, attendance, types of services provided and reasons for referrals. It can be broken down by service provider and into half year periods. The raw data behind the online graphs was extracted and used to create summary graphs useful for describing significant categories such as the numbers of clients, cases and reasons for referrals, totalled across the evaluation period (July 2016 to June 2019).

- **PRC data** set comprises de-identified monthly and quarterly figures for each service provider in the following categories: referrals, provision of service, case numbers and demographics, assessment concerns, exits, length of service and staffing figures. The PRC data was previously collated for the two-year period July 2016 to Jun 2018 period. Given that this time period constitutes a large subset of the total evaluation period (July 2016 to June 2019) and given that the PRC data provides more accurate figures than the service provider monthly spreadsheets, this dataset was valuable for informing the evaluation. In most cases, the two-year totals were used to create summary graphs for the categories of interest, such as the Reasons for Exits July 2016 to Jun 2018. For some categories, the two-year totals were graphed by service provider (e.g. Total Referrals x Service Provider). Because there was still data missing from some providers during some quarters, however, the graphs constructed from the PRC data are more useful for looking at overall patterns than for determining specific quantities for any variables.

- **Service provider monthly spreadsheets** provide incomplete data for cases, referrals and exit reasons, broken down by service providers. Furthermore, the data categories are only consistent for Aug 2017 to Nov 2018, so these 15 months were used for the evaluation. While the figures in this data are less accurate due to large gaps, these spreadsheets provide snapshots of the situation on the ground for the service providers at various points in time (e.g. data entries include details regarding staff turnover which explain the gaps in data). Additionally, these spreadsheets report by family numbers rather than individual client numbers, giving a better overall picture of the workloads of service providers on the ground than the counts of individual clients available from the DEX data.

- **Evaluation surveys** asked questions of both IFSS staff and staff in other stakeholder organisations. All questions were summarised using graphs, mostly showing percentage of respondents. Many of the questions in both the IFSS staff and stakeholder surveys were

similar, allowing comparison between the two sets of participants for each category of interest (e.g., length of time in service). In some cases, more calculations were required. For example, weighed sums, ranked in order of size, were used to graph the relative importance of challenges that families in communities face, as perceived by the IFSS staff and survey participants from other organisation.

Appendix F: IFSS Families Case Studies

Case study one: June 2019

The IFSS team is currently supporting a two-parent family with six children from aged two months to 18 years. The family was referred to IFSS by Territory Families. According to Territory Families, the family has historical involvement with child protection due to reports of child abuse, neglect and medical neglect, poor supervision, poor school attendance and also inappropriate discipline with the father being charged for violence against the oldest child.

The family agreed to work with the IFSS program and requested support to feed and clothe the children, support to access basic household items (such as a fridge, mattresses), to support parents to access employment opportunities, to assist children with access to education, to support children's access to medical attention, and to increase parenting capacity.

As the children's mother had serious health issues for several months, the father became the primary carer with the children's other relatives helping look after the two-month-old infant at times.

While the mother has been receiving health treatment off community, the IFSS has been working closely with the father to explore, identify, and address goals as well as building relationship with all the members of the family.

Goals focused on to date include:

1. Access to food and clothing and also basic household items

IFSS has supported the family by providing regular purchase orders for the family to buy food and to access power/electricity. In the shopping process IFSS has worked with the parents on budgeting and guidance on what to buy to make money go further and to feed more people. IFSS has also supported the father to attain an exemption from his Centrelink requirements as he is currently the main carer of the children. This has resulted in the father being able to devote his time to caring for his children without his Centrelink income being affected. IFSS has also facilitated access to a washing machine to allow the family to wash their clothes and also has bought clothes from the local op shop. The family are in the process of moving house and the IFSS worker is talking with them about what household items they will need and negotiating what IFSS can provide and what they can buy themselves. This goal has also been met through IFSS supporting the father to gain employment.

2. Supporting parents to access employment

The father has identified that he would like to start working again in his previous place of employment. IFSS has liaised with his previous employer who recognises the father as a strong worker and is ready to have him on board. IFSS is currently supporting the father to attain his identifications to be able to get on the payroll.

3. Assistance to get children to school-

The IFSS has liaised with the school to discuss possible steps to increase school attendance for the children by way of incentive and other strategies for each child. Initially the Mentors were helping with school runs in the morning, however the father has started doing this without support and the children's school attendance has increased. The father has been successful in sending his children to school more often. The father has also stayed with one of his sons in his classroom for a whole day to

encourage and be present for his son. When the father attended the parent- children conference, the teachers told him that his sons were kind towards other children and showed respect. This was a proud moment for the father and reaffirmed to him that he was on the right path.

Relationship building has been a continuous journey through taking family on bush trips, outreach, looking for areas for support and offering support, being empathetic, recognising and acknowledging strengths of each family member and working with the family as a team in partnership to meet the needs as identified by the family. As the relationship is building with the father, deeper conversation around his own values, how his values have been shaped and the values of kindness and respect towards others that he wants to pass on to his children have taken place. Conversation such as the father wanting to be a role model for his children which encompassed him being a working member of the society as well as being present for his children has taken place. IFSS acknowledges and names the steps the father is taking towards achieving these transformative changes. There are also continuous discussions around children learning from people in their environment and specifically from their parents. These conversations are also strengthening the father's parenting capacity and confidence in his role as a father.

IFSS has also advocated with stakeholders by highlighting the strengths of the family resulting in reduction in the number of possible notifications to Territory Families.

Case Study Two: June 2019

Background

IFSS received a referral mid -May 2017 for a 16 -month old girl and her parents. The referral was received from the hospital and was in relation to the family requiring support as the mother had a terminal illness (i.e. end stage bronchiectasis) and concerns were being raised by the service sector as to who would care for the young girl when her mother passed away. The referrer identified that the family appeared to have no clear plan around this.

At the time of this referral, there were a number of other services within our organisation working with the family including Frail Aged and Disability Program and the Child Health Outreach Program. In consultation with these programs, it was determined that sufficient support was being provided to the family as these services were already engaged with the family and conversations were being had around supports for the child and father with the mother's pending death. Due to family already being engaged with services this referral did not proceed.

In August 2017, IFSS received a further referral from Territory Families for the family. The concerns raised related to the child having significant unmet health needs, including untreated scabies, poor hygiene and concerns over the child's development, as she was not walking independently at 18 months of age. Child tested positive to HTLV1 virus and there was concerns that the delay in walking independently may be related to this virus. An MRI was required to determine if virus is impacting on the child's development.

Concerns were raised about the unhygienic state of the room the family lived in at an Aboriginal Hostel. In addition to this, the mother's health was deteriorating and she was not proactive in attending to her own medical needs.

At the time of this referral the mother was regularly in and out of hospital due to her terminal illness and was becoming quite anxious when she was unable to stay in hospital, finding it very difficult to breathe even with provided oxygen tank.

Initial engagement-

The Territory Families Case Worker introduced the family to the IFSS workers. The family signed consent to work with the IFSS program. Territory Families arranged a meeting in late August with the primary services involved with the family. This included;

- Paediatrician from the hospital
- Child Health Outreach Program staff
- Frail Aged and Disability Service staff
- Territory Families Case Worker
- IFSS Case Worker and AFSW
- Parents

Roles were defined in the meeting, and concerns were raised and discussed with the family.

Actions from this initial meeting:

- Child- Learning and development - Support to complete enrolment at Child Health and Development Centre (CHDC) and transition to attend once the child's scabies is managed
- Child-Health concerns – Case management to assist family to follow treatment plan for child
- Parenting – Building parents capacity to meet the developmental and physical needs of the child
- Emotional and practical support in relation to mother's illness and eventual passing.

The IFSS Team supported the family in enrolling and attending the Child Health and Development Centre (CHDC) with their daughter. The parents spent some time with their daughter at the CHDC, settling her but also gaining their own confidence in leaving her at the centre. The family, especially the mother was very nervous about leaving her daughter at the centre as family had always cared for her. IFSS also supported the family in attending medical appointments including physiotherapy and paediatric appointments. These appointments were to establish if the child had developmental delay concerns. However it was determined that the child's delayed walking was not due to any medical issues but likely a lack of opportunity to practice and strengthen the needed muscles as her parents would always carry her or push her in a pram. The family was provided with information regarding their child's development and through support from the physiotherapist, family support service the young child made great gains in walking independently.

In early November the mother passed away. On the weekend of the mother passing, her daughter was admitted to hospital due to a chest infection. The hospital informed IFSS of the mother passing away early on Monday morning and were seeking some immediate support for her husband and daughter at the hospital, as the daughter was to be discharged that morning and hospital staff were concerned about the father's well-being with the passing of his partner (child's mother). IFSS workers immediately went to the Hospital with the Aboriginal Family Support Worker (AFSW) providing culturally appropriate emotional and practical support to the father and working out a plan of what to do next.

The IFSS Case Worker and AFSW spent the day with father and family ensuring he had family supports around him and his daughter.

During the following week the young girl had a number of critical medical appointments she was to attend due to visiting specialists. IFSS supported the father in attending these appointments with his daughter during this time of grief.

The family travelled out bush for "Sorry Business" and during this time the IFSS Case Worker and Aboriginal Family Support worker maintained contact with the father and with his consent, linked the family in with the community clinic to ensure the child's medical needs continued to be met. After a few weeks it was established that the father and his daughter had decided to remain in community with family. Arrangements were made to transfer the case to the community's local IFSS provider who were already engaged with the family. The young girl had been enrolled and attending childcare on the community. IFSS closed due to the family remaining on community and being linked into supports.

Services provided by IFSS included:

- Case Management and Co-ordination
- Developing a trusting and respectful relationship with the family during a very challenging and sad time
- Brokerage
- Advocacy and support
- Transport to assist the family in attending medical appointments and attending the meetings with the family to explain to the family the concerns and the required treatment. (English was the family's second language. IFSS AFSW was able to interpret for the family.)
- Linking the family into the Child Health and Development Centre.

Case Study Three: June 2019

IFSS received this Community Referral in March 2018 from the internal Family Partnership Program. Due to IFSS operating at capacity the referral was placed on the IFSS Wait List. The family was allocated in early May to an AFSW and a Case Worker in the IFSS program.

The following concerns were identified in the referral:

- Newborn baby with a heart defect which requires the family to remain in Alice Springs
- Family homeless and currently staying with family at a one bedroom flat with 9 other people
- 6-year-old child continuously has scabies due to living conditions and the family being homeless
- Family very transient due to homelessness with 6 year old having attended minimal schooling.
- History of serve domestic violence with partner currently incarcerated.

One of the first contacts the IFSS program had with this family resulted in the service providing brokerage assistance in paying for 1 week's accommodation at an Aboriginal Hostel until payments were able to be deducted through Centrelink. Initially there were issues with Centrelink as they had entered the incorrect amount to be deducted resulting in the family being in arrears with their hostel payments. With the support of IFSS this issue with their Centre-link payments was resolved and the correct amount commenced being deducted from the family's payments. During this time there were

concerns that the family may be evicted from the hostel into homelessness, however through support and advocacy from IFSS this was prevented. Brokerage was also provided in the form of a $50 Woolworths card to enable the client to purchase nappies and essentials as after the client paid the amount owed to the hostel there were insufficient funds to purchase essentials until the next Centrelink payment.

As soon as stable housing was provided to this family a notable improvement in the children's health and well-being occurred. Stability allowed the mother to effectively treat the scabies and the family was able to eat regular meals and sleep with minimal disturbances during the night. The 6 year old also began to attend the bi-lingual school regularly which was close to where the family was living.

During the first few months that IFSS provided support to the family, the children's father was serving prison time in the Alice Springs prison. With consent from the mother, the male IFSS AFSW visited the children's father at the prison on a number of occasions. During those visits discussion occurred around the well-being of the children and the importance of the family having stable accommodation as there were concerns that upon his release from prison he would make his family return to an outstation which had minimal essential services (e.g. no running water or power). Through the visits by the AFSW and the family regularly visiting him in prison the father was able to see and acknowledge that his children were doing well in safe and secure housing. Since his release from prison, the father has not applied pressure on his family to leave the hostel. The father moves between the hostel and the outstation.

IFSS workers also supported the mother in following up with her NT Housing application as she has been on the housing list since 2014. From these enquires it was discovered that the family was on the top of the housing wait list. The mother was informed by housing that she needs to begin saving for the housing bond which was approx. $1000.

IFSS workers assisted the mother to set up a savings account that would automatically deduct a small amount from her payments each week. The mother was successful in saving the required amount and the family were allocated a NT Housing unit in late May. The mother was able to obtain a No Interest Loan Scheme loan through Anglicare to purchase a washing machine, fridge and enough mattresses for the family. IFSS have also been assisting the family in having the power connected and the gas tuned on. It should be noted that it took approximately 4 weeks to have the gas connected during which time the mother was cooking on a gas camp stove in the backyard. The delay in having the gas turned on to the property appeared to be a miss communication between local providers and the interstate call centre which required the Family Support Case worker to make numerous phone calls to the gas company to rectify the problem.

IFSS closed due to the family's situation stablishing and the case plan having been completed. The family continue to receive support from the Family Partnership Program who will remain until the youngest child is two.

Appendix G: Evaluation Framework

Criteria and overarching evaluation questions	Sub-evaluation Questions	Possible Measures (including both outcomes and process measures)
Effectiveness: **To what extent has the IFSS been effective in achieving its stated outcomes and objectives? (outlined above)**	To what extent has participation in the IFSS enabled parents and caregivers to build their capacity to improve the health, safety and wellbeing of their children?	Outcomes Measures: • Percentage of parents/caregivers that are better equipped to meet their child/children's care needs and keep them safe; Increased positive parent child interaction Increased parental personal agency Reduced daily stress Increased parental wellbeing • Percentage of parents/caregivers that have made positive changes to their parenting practices to support their child's development, covering physical, health, social and emotional and learning domains; • Percentage of parents/caregivers that have increased parenting skills and knowledge and are enabled to demonstrate the application of this knowledge. • Perspectives of families and other stakeholders on changes to the capacity of parents and caregivers
	To what extent has the health, safety and wellbeing of children improved and instances of child neglect reduced in IFSS locations?	**Outcomes Measures** • Percentage of families with improved family functioning, including child wellbeing, safety and development Improved child health and hygiene Improved home environment Improved early child care or school attendance • Perspectives of families and other stakeholders on changes to children's health, safety and wellbeing • Number of Territory Families closed cases

	To what extent has the capability of IFSS service providers and the IFSS workforce been strengthened?	Outcomes measures: • Increased organisational capacity • Increased workforce competence • Increased recruitment and retention of staff Process measures: • Increased access to supervision and other staff supports • Supports provided by Implementation Capacity Support Services • Training and other professional development opportunities delivered to IFSS staff • Development of IFSS Workforce Development Strategy
	What other outcomes have been experienced by beneficiaries of IFSS and other stakeholders? What is the most significant change (for families, communities, other stakeholders) which has occurred as a result of the IFSS?	• Reported outcomes and perspectives of stakeholders including families, IFSS service providers, partner organisations, community stakeholders
What is/is not working well and how can learnings inform future delivery of IFSS including funding?	What are the key factors which have contributed to outcomes for families and communities? What are the key barriers to achieving outcomes for families and communities? What strategies have services implemented to overcome these?	Process measures: • Reported factors (including service delivery processes and external factors) and perspectives of stakeholders including families, IFSS service providers, partner organisations, community stakeholders • Factors identified in the literature and previous evaluations of IFSS

Appropriate/relevant	To what extent are the services consistent with and responsive to: Accessibility	Outcomes measures: • Improved access for vulnerable or disadvantaged individuals and families • Proportion of and reasons for participants exiting IFSS Process measures: • Outreach and home visits
To what extent are IFSS services consistent with and responsive to recipients' needs, DSS's principles[45]and partner organisations' priorities?	Best interests of the child[46] Contextual understanding	Process Measures: • Increased use of early intervention and prevention approaches • Acknowledges that IFSS is delivered in a highly challenging context where structural neglect and the history of systemic dispossession and removal has led to profound social, health, economic and cultural impacts which can present barriers for Indigenous Australians. • Acknowledges that parenting is a learnt skill and makes a long-term commitment to families to help strengthen and/or build this skill.
	Continuous improvement and evidence informed approaches Outcomes focus	• Increased use of evidence-based practice • Regular outcomes, service delivery and workforce development reporting by IFSS service providers
	Cultural Competence Community engagement Local approach Respect and trust Strengths-based, family focused and tailored Trauma informed approach	• Delivery of cultural competency training for IFSS staff • Respects Aboriginal concepts of childhood • Builds on existing strengths in family's environment • Engages the wider family • Group activities • Employment of Aboriginal staff • Access to interpreters • Understanding of community needs and service gaps • Flexible service delivery • Delivery of outreach services • Community Engagement activities delivered

[45] Department of Social Services, Intensive Family Support Services Operational Guidelines, 2015. https://www.dss.gov.au/sites/default/files/ifss_operational_guidelines.docx
[46] It is stated in the above Operational Guidelines document (p.15) that "The best interest of the child underlies all activity taking place as part of IFSS". There is no further explanation of how this is reflected in service delivery. This needs further attention and clarification.

		• Community education activities delivered • Engagement with local Aboriginal organisations • Individualised family assessments • Internal complaints procedures • Exit planning for families • Advocacy • Perspectives of stakeholders including families, IFSS service providers, partner organisations, community stakeholders
	Collaboration Partnership	• Increased service integration and collaboration • Attendance at interagency meetings • Attendance at meeting including Communities for Children (CFC) Committee and Community Safety Meetings • Participation in local Service Delivery Forums and attendance at meetings with Stronger Communities for Children Facilitating Partner or the Local Community Board • Warm referrals
	Capacity building and sustainability (for families and staff of IFSS service providers)	• IFSS workers work alongside parents, building their capacity and not creating dependence • Training delivered for staff • Professional development opportunities • Engagement with Stronger Communities for Children (SCFC) and the Remote Jobs in Community Provider (RJCP) • ICSS quality improvement and action learning activities • Development and monitoring of ICSS Support Plans by IFSS and ICSS providers
Efficiency What resources have been invested and activities conducted to improve family outcomes including parenting capability to keep children safe, at home with their families, in their communities and out of the child protection system?	Assessment of activities conducted and resources invested to improve parenting capability to keep children safe, at home with their families, in their communities and out of the child protection system.	• Number of families assisted • Number of sessions delivered • Number of families exited from IFSS • Number of referrals • Program expenditure