Moving to Prevention research report:

Intensive family support services for Aboriginal and Torres Strait Islander children

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1. BACKGROUND TO THE PROJECT

In 2013, funding was provided under the Commonwealth Government's National Research Agenda for Protecting Children to the Secretariat for National Aboriginal and Islander National Child Care (SNAICC) for a two-year project aimed at developing knowledge about the quality and effectiveness of community-controlled intensive or targeted family support services for Aboriginal and Torres Strait Islander families and their children. The project was conducted in partnership with Clare Tilbury, School of Human Services and Social Work, Griffith University.

The project, titled *Moving to Prevention*, aimed to deepen understanding about the factors and conditions that contribute to family support services achieving positive outcomes for Aboriginal and Torres Strait Islander families in contact with the statutory child protection system. There were two parts to the project: the first phase was a research study; and the second phase was the development of a practice guide and training package. This report sets out the results of the research, which was conducted between October 2013 and March 2014.

The *Moving to Prevention* study examined the day to day practice of staff in intensive or targeted family support services working with Aboriginal and Torres Strait Islander children and families. By drawing on the work of services operating in diverse urban, regional, rural and remote communities in four Australian states and territories, *Moving to prevention* contributes to knowledge about effective programs and practices for meeting the needs of families experiencing multiple adversities that impact upon their capacity to provide care and protection for their children.

The following sections of the report describe:

- what the literature says about intensive family support
- the methods used to collect data and information for the project
- the participating services and programs
- findings in respect to elements of best practice in intensive family support.

The report concludes with a discussion of the findings and the conclusions about how the participating services embrace what the research says in the context of delivering intensive family support services across different settings.

Evaluations of intensive and targeted family support programs to date

A small number of evaluations and reviews of intensive or targeted family support service programs in Australia have been undertaken. However, to date none of the reports have been publicly released. See Appendix 1 for information about these and other evaluations. The project aimed to build on, and not replicate, previous evaluations or reviews in which participating services had been involved.

2. INTENSIVE FAMILY SUPPORT

Intensive family support is one component of a broader child and family welfare system. Research over the last two decades has been critical in pointing out the need to deal more effectively with large numbers of reports about child abuse and neglect, the need to engage more productively with families, and the limitations of relying on out-of-home care.

There are several trends in child protection systems that have led to an upsurge of interest in the further development of intensive family support services. Notifications of suspected child abuse and neglect have continued to increase, especially the number and proportion of cases relating to neglect and emotional abuse (AIHW, 2014, p.19). High re-notification and re-substantiation rates (AIHW, 2014, p.19) indicate that many families coming to the attention of child protection services have very complex and chronic needs, with multiple risk factors at the intersection of child protection concerns with other family needs, such as:

- domestic and family violence
- parental mental health problems
- family homelessness and precarious housing
- parental drug and alcohol problems.

Alongside this, there are faster rates of infants entering care; children staying longer in care (AIHW, 2014, p.47); and ongoing very high levels of overrepresentation of Aboriginal children in out-of-home care (AIHW, 2014, p.51). The combination of these factors has positioned child protection as a specialised service, with a high threshold for state intervention, highlighting gaps in the family support service system.

The solutions proposed involve better-tailored responses to help families facing multiple adversities. Intensive family support operates at the secondary

tier on the primary-secondary-tertiary continuum of services to at-risk families. Secondary or 'targeted' family support services have a child protection focus — they aim to improve family functioning to ensure the care, safety and wellbeing of children. They are also preventative: they aim to prevent child abuse and neglect, to prevent family problems from worsening, and to prevent unnecessary placements of children in out-of-home care.

The project builds on a background paper (Tilbury, 2012) outlining national and international research about effective intensive or targeted family support services, and consultations by SNAICC with SNAICC members about ensuring the relevance of these services to Aboriginal and Torres Strait Islander children and families (Matthews & Burton, 2013). The core elements of providing intensive or targeted family support services that were identified through the above work, and which are examined further in this project, are:

- how services were matched to child and family needs
- how staff built trusting relationships and partnerships with family members
- the mix of practical, educational and therapeutic supports provided to children and families
- the intensity and duration of service provision
- how family members participated in decision making and case planning
- how services were provided in culturally-competent and respectful ways.

3. METHODS

The aim of the study was to explore the quality and effectiveness of intensive family support services for Aboriginal and Torres Strait Islander families. As most research in this field has not been conducted in Australia, the study sought to understand what the services did, how they did it, and how they adapted the evidence base on intensive family support to meet local needs. The similarities and differences across five services in diverse locations were explored: their inputs, processes, outputs and outcomes. Particular consideration was given to the impacts of place, the strategies used to engage families with complex and multiple needs, links with other community-based and government service providers, meeting the specific needs of children and young people, and understanding and demonstrating cultural competence.

The primary method of data collection was face to face workshops with staff and management of intensive or targeted family support services, and interviews with family members who had accessed the services. A strong developmental focus underscored the project's methodology in that a two-way, interactive approach was used with participating services to explore the research evidence and its day to day application and relevance in their work with Aboriginal and Torres Strait Islander children and families.

SNAICC established a steering committee to oversee the project's direction and progress, and to provide feedback on the project and outputs. The committee comprised of representatives from peak bodies or lead agencies for community controlled child and family welfare services in Queensland, New South Wales, Victoria and the Northern Territory; SNAICC; Griffith University; and an independent researcher.

With reference to the background paper on national and international definitions about what intensive family support entails (Tilbury, 2012) and subsequent consultations by SNAICC with SNAICC members (Matthews & Burton, 2013), the project steering committee agreed on guidelines for identifying established services interested in participating in the project (see Appendix 2). Inclusion criteria were that the service:

- was delivered by a community-controlled Aboriginal and/or Torres Strait Islander organisation
- works with Aboriginal and Torres Strait Islander families experiencing high level support needs and at risk of, or subject to, statutory child protection intervention
- seeks to preserve families (i.e. prevent the removal of children to out of home care) or support family reunification[1] when children have been removed
- provides in-home, outreach and tailored supports to family members intensively over a time period
- actively supports Aboriginal and Torres Strait Islander employment and values the role of Aboriginal and Torres Strait Islander workers in service design, management, and family support roles.

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1. **The terms reunification and restoration are used in the literature to refer to the same process.**

The requirement that the service was working intensively with family members toward family preservation or reunification defined 'intensive family support' for the purposes of the project. The guidelines recognised that each jurisdiction uses different terminology, and has slightly different models, but the core elements of the model are consistent.

Steering committee members, in consultation with SNAICC, conferred within their jurisdictions to identify five prospective intensive family support services that fulfilled the selection criteria and would also ensure a spread of services across metropolitan, regional, rural and remote locations across New South Wales, Queensland, Victoria and the Northern Territory.

The project team comprised of representatives from SNAICC and the School of Human Services and Social Work, Griffith University.

Data sources
The data collection was conducted in three phases:

1. a first round of workshops with staff and managers of participating services
2. a second round of workshops with staff and managers of participating services
3. interviews with family members.

Prior to the first workshops, services provided background documents such as program guidelines; service or funding agreements; service model; reports to the funding body; and forms and templates used for case planning and reporting.

Phase 1
Two half-day workshops, held on concurrent days, were conducted with staff and managers of each participating service in October and November 2013. The workshops were facilitated by members of the project team. A strong emphasis was placed on the workshops being culturally safe for participants. All available staff and managers from each service participated in the workshops and, consistent with ethics approval for the workshops, provided their written consent.Two local departmental officers also participated on the invitation of the service in part of the first workshop with that service.

Background information about the project, what the research evidence says, and prompts for discussion — a *Workshop Practice Guide* — were circulated to each service prior to the first workshop. Holding the second workshop on the following day enabled service staff and management to reflect on the

previous day's workshop and to prepare a case or practice example for discussion.

Phase 2
Phase 2 involved a third workshop with staff and managers of each service in March and April 2014, with the aim of deepening the focus on client engagement and participation, review learning and shifts on knowledge, skills and attitudes, and workshop draft findings from the project. Workshop participants generously and enthusiastically described what they do and their understanding and experiences about 'what works' for the children and families with whom they work and why, and the factors that enable or hinder positive change for those families.

Phase 3
Interviews with family members who had accessed the service were also conducted either in the family home or at the service office. Agency workers identified past clients who may be willing to be interviewed, provided an information sheet explaining the purpose of the project and that participation was voluntary and confidential. If clients agreed, the interview was arranged at a time and place to suit them. Parents were given the option of having their worker from the agency sit in on the interview (two families had a worker sit in). Consistent with the ethics approval, written consent to participate was obtained. The purpose of the interviews with family members was to talk with them about how the family came to receive services from the service, the services that were provided to them, what helped and what did not help, and how the family has been going since the case was closed.

See Appendix 3 for information about workshop dates and participant numbers.

Ethics approval
Ethics approval for the project was granted by the Griffith University Human Research Ethics Committee. Approval was sought in two stages — workshops with staff and management, and interviews with families who had accessed the services.

Participation was voluntary and confidential. Identifying information about services or programs has been included where it relates to funding or program guidelines. Otherwise, comments by participants have been de-identified. Small gift bags were offered to families in appreciation of the time taken to participate in the study.

4. PARTICIPATING SERVICES AND PROGRAMS

Five services met the selection criteria for the study and participated in *Moving to Prevention*:

- Clarence Valley Aboriginal Intensive Family Based Service, Grafton, NSW
- Bungree Aboriginal Intensive Family Based Service, Wyong, NSW
- Townsville Aboriginal and Islander Health Services (TAIHS) Family Intervention Service, Townsville, Queensland
- Targeted Family Support Service, Central Australian Aboriginal Congress (CAAC), Alice Springs, Northern Territory
- VACCA Stronger Families, Melbourne, Victoria.

These services represent four jurisdictions. Other Australian states and territories also provide intensive family support services, but these were not able to be included given the scope of the study.

Clarence Valley IFBS

The Clarence Valley IFBS is auspiced by the Bulgarr Ngaru Medical Aboriginal Corporation. The service commenced operating in 2012, funded by the NSW government. The service is staffed by a service manager, three intensive caseworkers and one stepdown worker, all of whom are Aboriginal or Torres Strait Islander. Referrals are made through the Grafton Community Service Centre. With the department's agreement, the IFBS model was amended to change the sequencing of the initial home visit. Instead of a joint visit, the service consults prior to the visit with the statutory agency, and undertakes the home visit alone.

Bungree IFBS

The Bungree IFBS is auspiced by the Bungree Aboriginal Association Incorporated and has been operating since June 2011, funded by the NSW government. The IFBS works with the Wyong and Lakes Community Service Centres. The service is staffed by a service manager, 3 intensive caseworkers, 1 stepdown worker and 1 administrative worker, all of whom are Aboriginal or Torres Strait Islander staff.

TAIHS Family Intervention Service (FIS)

The Townsville Aboriginal and Islander Health Services (TAIHS) auspices the FIS in addition to three other child protection services (Recognised Entity, Aboriginal Family Support Service, and Foster and Kinship Care Service) funded by the Queensland government. The FIS receives referrals from three Child Safety Service Centres with a catchment covering Townsville and surrounding areas, including Palm Island. The FIS workers are from Aboriginal, Torres Strait Islander and South Sea Islander backgrounds and the service manager is from a non-Indigenous background.

Central Australian Aboriginal Congress TFSS

The TFSS is auspiced by the Central Australia Aboriginal Congress (CAAC), a medical service. CAAC's *Tyerrtye Arntarnte-Areme – Caring for people* comprises of the TFSS funded by the NT government and the Intensive Family Support Service, which is part of the Commonwealth government funded Stronger Futures initiative in the NT. The CAAC TFSS is one of two operating across the Northern Territory. The TFSS is staffed by a non-Indigenous manager and 4 non-Indigenous caseworkers, and 4 Aboriginal Family Support Workers, all of whom were Aboriginal or Torres Strait Islander. The out-posted Community Child Protection Worker position was vacant.

VACCA Stronger Families

Stronger Families is auspiced by the Victorian Aboriginal Child Care Agency (VACCA). It is one of a number within VACCA's suite of Early Intervention and Prevention services, has been operating for 3 years and is one of three Integrated Aboriginal Preservation and Restoration services across Victoria. Having previously operated the Aboriginal Stronger Families and Restoration programs separately but given that workers deliver similar services in both programs and to enhance capacity to allocate cases, VACCA operates the programs together. The service is staffed by a service manager, team leader and 4 caseworkers (notionally 2 in each program). At the time of the first workshops, one caseworker position was vacant, one position was held by an Aboriginal person and the team leader was on leave. VACCA works in partnership with Berry Street to provide *Take 2*, a developmental therapeutic program for children in the child protection system.

Information about the funding programs for the services is attached at Appendix 4, and a summary comparative table is attached at Appendix 5.

5. FINDINGS — ELEMENTS OF BEST PRACTICE

The findings from the *Moving to prevention* project draw on the workshops with staff and managers of participating services, interviews with family members and the documents provided by services. Findings are grouped according to important elements of intensive family support as follows:

- matching services to child and family needs
- working with the statutory agency
- building partnerships with family members
- providing a mix of practical, educational, therapeutic and advocacy supports to children and families
- intensity and duration of service delivery
- family participation in decision making and case planning, and
- providing services in culturally-competent and respectful ways.

> *[Our service] is an opportunity to prevent children coming into care and for them to be raised in their family. It's real family support. We actually do something to help families.* (Service 1)

> *Our service meets gaps in the service system — where there has been chronic exposure to domestic violence, on the cusp of removal for years — but not much concerted effort over those years to really help the family. The families are strong despite adversity. Their strength is released.* (Service 3)

Matching services to child and family needs

There were four important ways that services were matched to the needs of the child and family:

1. Engagement with children and families had a clear purpose — workers could articulate what they were doing and why they were doing it.
2. Work was focused on achieving positive outcomes for children and families.
3. Work was based on a comprehensive assessment of family needs and strengths.
4. There was a case management and coordination approach.

Purposive engagement with children and families

Each service emphasised that each contact a caseworker[2] has with a child and family should have a purpose. This was seen as fundamental to building a relationship with families, so families understand the role of the service, and working with family members to build on strengths and address the issues undermining their capacity to care for their children. The following comment indicates the application of the concept in practice:

> *There must be a purpose to everything, each visit, each contact with family members, it's not just yarning up, not there to be friends. It's not a scattergun approach, there's a pathway, intensity, reviews, final wrap-up with other services, step down and tools. (*Service 4)

Having to adhere to a time-limited intervention period sharpens caseworkers' attention to ensuring there is a purpose for every contact — otherwise, case goals and service targets would not be met. Some services noted how easy it is can be for a case to drift, for example, when there is a multitude of issues or crises that can arise for a family resulting in the original case goals and plans being de-railed or suspended. The importance of reviewing assessments and progression toward goals was asserted as a mechanism for ensuring that casework remains focused. The role of the manager in providing supervision to ensure purposive work was evident in all services.

Caseworkers remarked that families want contacts with caseworkers to have a clear purpose, be helpful and timely because they know they have problems that they need help to resolve, and have likely made previous attempts with other services to resolve issues. When interventions have a purpose, family members can see that changes are possible and happening.

> ### Family perspectives
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> **They did what they said they were going to do. It worked because we knew how long they would be involved, how long the worker would stay.**
> **(Family 6)**

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2   Unless otherwise stated, the term caseworker has been used generically to refer to the various positions in the services designated as intensive case worker, case worker, stepdown worker and Aboriginal Family Support Worker. The term has also been used inclusively of the service manager unless otherwise stated.

Caseworkers referred to the art of getting the right balance between 'purpose' and 'yarning' in family members' eyes. While families welcomed their time not being wasted, they also valued that not every contact was the "workers wanting something else" (Service 1). As one of the services explained:

> Sometimes yarning is the purpose of visiting the family. It creates informal opportunities for letting things unfold, for making connections, letting the family do their thing, tell their story … This is creating a therapeutic environment, building and using the relationship in a therapeutic way to be helpful. (Service 1)

Achieving outcomes

The objectives and performance measures for these family support services are set out in program guidelines and service agreements set by funding bodies. The objectives relate to family preservation or reunification, preventing statutory involvement through entry or re-entry to the system. These are 'system outcomes', and as noted in prior research, there are significant difficulties in gaining valid and reliable measures for such results.

Measuring outcomes in terms of benefits to clients is essential. Increasing family skills and keeping families together were noted as important goals. The workers had a strong focus on achievable outcomes that would improve the way the family functioned and in turn improved the care that children received.

There were goals such as engendering a sense of what is normal in family life (e.g., no violence or drug dealing) and acceptable in caring safely for children. These were reflected in helping families to redress disorganised practices (e.g., morning routines so children get to school) and get on top of challenges (e.g., successful negotiation with the real estate agent, budgeting), and facilitating positive experiences of family time together (e.g., whole of family activities).

At the initial stages of intervention, workers said that effectively engaging with parents (in contrast to 'disguised compliance') was an important outcome, because this reflected, in part, parental acknowledgement of problems and their confidence that they would be able to make changes. After a period of working with a family, it was considered that decreasing the intensity of service provision over time was proportionate to families increasing self-reliance, so when families were confident to reach out and make contact with other agencies (including schools and health services), this was seen as a positive outcome.

Families also talked about their goals, and the outcomes attained for their family through working with the services. These outcomes included:

- gaining the confidence to change things for the better in their family
- having children returned to their family (from foster care)
- getting the statutory department 'out of their life'
- being able to manage a child's behaviour
- establishing daily routines to provide predictability and stability for children
- sorting out problems to get a child back to regular school attendance
- getting out of a violent relationship
- having the confidence to ask for help
- having fun with their children
- managing the household budget
- better relationships and more communication within the family.

Assessing family needs and strengths

Assessing each family's strengths and needs was agreed as the basis for devising case goals and strategies for working with family members to achieve those goals. Prompt assessment is therefore critical to engaging and working with family members in ways the family sees as relevant and helpful. This was articulated by one service as "matching up family perceptions and what's offered" (Service 1). Services noted that different views might be held by caseworkers, the statutory agency, and family members about family strengths and the significance of risk factors. Most services stated their aim is to complete the initial assessment within the first four weeks of the case being open.

A range of information was used to complete an initial assessment — the referring or statutory agency's referral information, observations from the initial home visit and other contacts with the family, knowledge about the family and their connections to community, the family's views about the 'problems and solutions', and assessments provided by other professionals.

Different approaches were used to complete the assessment:

- by the caseworker alone — Bungree IFBS, VACCA
- by the caseworker with the family — Townsville FIS
- by the manager and designated caseworker — Clarence Valley IFBS
- by the two worker team — Alice Springs TFSS.

Having to complete a written assessment was useful:"It makes you be clear and [it has to] fit with the casenotes" (Service 1). The concept of the initial assessment being a process, not a one-off event, was also discussed. When completed with the service manager or co-worker, the assessment was asserted as benefiting from caseworkers having a sounding board, having to be reflective and articulate a clear justification, and/ or bringing together the views of different workers. For the NSW services, the initial assessment is followed by reviews at specified intervals and at case closure. The Townsville FIS reviews progress every 3 months and at case closure in order to report progress to the Department.

All of the services use a tool or guide to structure their assessment of family needs and strengths against domains of parental or child functioning. NSW IFBS use the North Carolina Family Assessment Scale (NCFAS), which was developed specifically for use in US family preservation services. The Northern Territory TFSS use a version of the Structured Decision Making (SDM) child and parent strengths and needs assessment tools. The Townsville FIS and VACCA programs developed their own assessment tools. VACCA also has an assessment tool for use at case closure.

All but one of the tools (VACCA) requires a score, which services use to assess change from the initial assessment over time against each domain. Services noted that sometimes the more that becomes known about the extent of the issues faced by a family, the change may be negative from the initial assessment, before it becomes positive.

All the assessment tools were seen to have advantages. For example, NCFAS gives a baseline and measures outcomes over time. The main challenges centre on the language and descriptions being "too American" (e.g. referring to ghettos and guns) or too unfamiliar to NSW Aboriginal communities. Specific to Aboriginal and Torres Strait Islander communities, deficiencies were located in the lack of recognition of the impacts of past trauma; capturing the concept of spirituality in terms of connections to family

and community (rather than Christian religion); and not sufficiently recognising of the variety in Aboriginal family structures and home environments. Caseworkers explained that "We contextualise the tools to the local area" and "We have tweaked the assessment proforma to make it our own". The services agreed "the tool is accurate in reflecting change" and would recommend an Australianised version to other services.

The Townsville FIS combined "strengths and stressors" (a modification of the NCFAS) and other tools in a consolidated document to bring together assessments of all domains and the capacity to review progress in a "more culturally appropriate" assessment proforma. VACCA's proforma, which has been in use for over 12 months, aims to be culturally relevant and includes where family members are at with their cultural journey, their connection to culture and cultural identity. This is re-visited in the case closure report. The assessment fits with Victoria's Best Interests Case Practice Model, the foundation for government and community-based services working with children and their families.

When the NT government and non-government services piloted SDM, the Alice Springs TFSS worked with the US Children's Resource Centre, the statutory agency and others to ensure the inclusion of cultural considerations relating to Aboriginal families. Additional prompts and things to consider are included. Assessments have been shared with families on occasion as a prompt in discussing why things are not improving.

Services reported that using assessment tools at case review is valuable because "workers can overestimate gains" but the tools "bring you back to the presenting issues, not just the immediate crisis issues" (Service 1).Assessment tools therefore help caseworkers to keep a case focused, as interventions can drift when families and workers are caught up in responding to day to day crises. Incongruence between caseworker observations about improvements in family functioning and what the tool shows is explicitly used by one service to reflect on practice.

All of the services use, or have designed, a range of resources and tools to support assessments and interventions with children and families. Most of the services make use of practice tools such as values cards, strengths cards, 'Three houses', and 'road mapping' to explore different family member's views about what they value, their worries, their strengths,

what they want to change, and how they want things to be in the future. Caseworkers referred to matching when they use a particular tool to the different stages in a case (e.g. family values are not explored in the midst of a crisis). Different tools are also targeted for use with different family members. For example, road mapping is used to show parents a 'different future'; 'Three houses' is used with children to show parents the impact of their behaviour on their children. In one service where some tools are not used as much, it was suggested that the same outcome could be achieved by keeping with the oral tradition of talking things over. A lack of training was acknowledged as contributing to why some caseworkers had not embraced particular practice tools.

Case management and coordination

Families accessing intensive or targeted family support services are usually experiencing entrenched, complex or multiple difficulties and some have already been in contact with health, welfare and other services. For statutory clients, referrals were reported as incorporating 'department' goals for the family. Sometimes the goals were:

- too complex (i.e. numerous goals involving numerous sub-goals)
- too vague (e.g. link family with drug and alcohol services, improve parenting) or
- redundant or based on incomplete information (e.g. completion of drug or alcohol rehab course which had already occurred).

Services negotiate with the statutory agency about the 'bottom line' and try to make the goals meaningful to the family and achievable. For example, reduce drug use rather than stop drug use, or safety planning to address inadequate supervision of children arising from family violence or substance use. One service described the clarification and negotiation process with statutory workers as an opportunity to get them to think about and reflect on family issues from a different perspective.

Matching services to family needs may mean that, where needed and available, family members are connected with universal, less intensive or specialist services, including for assessments. These referrals might be to services within the broader organisation (e.g. mums and bubs program, kinder program, parent group) or to external service providers. For example, caseworkers referred to referrals to

specialist services (e.g. domestic and family violence, counselling, mental health care plans using doctor's referrals through Medicare, drug and alcohol rehabilitation programs).The VACCA Stronger Families service has the option for families to have a short stay in the Restoration family residential.

Family perspectives

Family members valued connecting children or adults to specialist services. For one family, a long needed connection to an autism service was described as key to the kin carer understanding her grandson's behaviours. "That hadn't happened until [service] got involved". (Family 1)

Although services identified particular gaps in local service networks, the lack of affordable housing was noted by all as a significant barrier to parents being able to make or sustain changes. For example:

She needs a house to get her daughter back. (Service 4)

How can you have a routine or structure if you don't have somewhere to live? (Service 2)

Another noted gap in service systems was the absence of Aboriginal or Torres Strait Islander practitioners or trauma informed, culturally competent practitioners (e.g. paediatricians, counsellors, psychologists and other therapists) within both universal and specialist services (e.g. drug and alcohol, numeracy and literacy programs).

A challenge to case management and coordination, particularly when planning for case closure and transitioning families to less intensive supports, relates to family members who have moved to a regional centre (e.g. from the Cape or Palm Island to Townsville, or to Alice Springs from surrounding communities).In some cases, parents have moved to where their children have been placed or to where medical treatment is available, and support services are not available in their home community.

Working with families necessitates caseworkers consulting with the statutory agency, government and other non-government workers, and participating in and sometimes leading inter-agency case planning and review forums. It often involves advocating for family members with other agencies, organising referrals and appointments, and arranging transport. Consistent with the family's increasing

self-sufficiency as the intensity of contact between the caseworker and family decreases over time, contact with the family, it was explained, may simply be to remind a parent about the next family contact arrangement.

Because the families in four of the services are subject to statutory child protection intervention, the services provide the statutory agency with information about the family. For example, IFBS caseworkers record casenotes in a web-based portal to which the service and designated departmental officers have access. Other services provide routine or ad hoc progress and/ or case closure reports about the family's progress in achieving case goals. Information sharing by services with other agencies was not raised as a barrier to service provision. Services obtained client consent to share a client's personal information with nominated agencies. As it is part of CAAC, the TFSS, with client consent, can access medical records and flag to CAAC medical practitioners that family members are part of the TFSS.

Working with the statutory agency

All of the services place a high priority on having a strong partnership and a good working relationship with the statutory agency and individual managers and workers. This is critical to promoting service accessibility and, for four of the services, the required flow of appropriately targeted referrals. Services managers described concerted efforts when services were being developed to, for example, "achieve shared clarity about respective roles" (Service 2).

Regular and ad hoc promotion is undertaken given the turnover of statutory agency caseworkers to ensure knowledge about the service and support for Aboriginal and Torres Strait Islander children and families. One service suggested that critical elements for a good working relationship were offices in close proximity, a supportive service centre manager, both organisations embracing an "open door policy" for discussing issues and concerns, being open and honest about mistakes, and a structured meeting schedule.

A positive and respectful working relationship is also important to how families perceive interventions. While families value service independence, an overarching objective (at least for statutory families), it was argued, should be for the statutory agency and the service to be "on the same page" (Service 2) or "rowing in the same direction" (Service 4) to communicate the same messages to the family.

For those services working with statutory clients, some services stated that it was the statutory agency's role to explain the protective concerns and "spell out the bottom line to the family"(Service 3), and where they did not, service caseworkers were forced to do it, which undermined building trust with the family. The service argued that this was contrary to the service's role in motivating and inspiring families to do better for their children.

Negative and contrasting perceptions about roles, professionalism, competence, expertise and capacity of community controlled service delivery partners were reported as impacting the working relationship between services and local statutory agency personnel. The following comments highlight some of the issues:

> *We have fought against being seen as the subordinate partner. The number of referrals is affected by perceptions of the service and of workers. There is a need to understand and respect our expertise.* (Service 2)

> *Respected by the department? Yes, sometimes. We need to educate the [statutory] caseworkers.* (Service 5)

> *Sometimes the department want information about the family to share risk, not strengths, for when they go to court.* (Service 2)

> *The department is punitive and deficit based.* [Name of organisation] *is solution focused but firm. The department is crisis driven so we are steady, a measured approach with families.* (Service 3)

> *Statutory workers have minimal understanding that Aboriginality is a strength not a risk factor.* (Service 3)

One service asserted a fundamental difference between the statutory agency's motivation and that of the service — the service "wants to keep families together" (Service 3). This profoundly affected how the service related to families and the work they do with them. At a practice level, another service

described the impact of different managers and approaches across statutory service centres — one service centre might be "responsive and proactive with us, want to get our kids home", another "wants families to jump through hoops" (Service 5). This inconsistency was also raised in respect to examples where the statutory agency might take action (e.g. place children) without first consulting with the service about a report of significant harm and their intended response. In one instance, the service felt the "rug was pulled" from under them and that "not all of the cards were on the table" and in another case, proper information sharing and a partnership approach resulted in safety planning that was reinforced by both the statutory and service caseworkers (Service 2). It was seen as vital that the relationship between statutory and community agencies and between individual workers should be respectful and mutual, including of services' child protection expertise.

> ## Family perspectives
> **The department knew everything that was wrong. But [service] said, 'You can change things.' They gave me that confidence.**
> **(Family 2)**

Families' willingness to become and stay engaged with services is positively influenced by the services being delivered by an organisation that is separate to, and operates independently of, the statutory agency. A common message across the services was that families have been frightened by 'the welfare' over many generations. Independent community controlled organisations, while working in partnership with the statutory agency, are able to spend the time needed to develop a trusting relationship and offer help to families who might or would otherwise be subject to more intrusive statutory intervention.

The NT TFSS model incorporates an out-posted Community Child Protection Worker. Although the position has not been filled for many months, this feature of the model was strongly asserted as critical to the statutory agency, through that worker, "hearing issues and working with Congress. It is a really important partnership". The partnership shows families that the TFSS and the department work together but that they have different roles. As TFSS clients are not statutory clients, the department may act as lead agent for a short intensive burst with the TFSS continuing to work with the family.

Building partnerships with family members

Four strategies were identified as mechanisms used by staff and services to build trusting relationships and partnerships with family members:

1. engagement
2. authentic, honest communication
3. low caseloads
4. matching families and workers.

Engagement

Services consistently demonstrated persistent engagement with family members who may at first have seemed resistant to engaging with caseworkers or interventions generally. Across all of the services, only a handful of families have not engaged initially or have dropped out over the planned intervention period. At the heart of the views expressed about what constitutes persistence was agreement that the obligation is on the service to persist and be patient in establishing a relationship with family members as this is the foundation block to a positive relationship and keeping them motivated over time: "You need persistence or you fail the family" (Service 5).

> ## Family perspectives
> **A parent's comment shows the importance of clear communication:**
> **"I wasn't 100% sure at first, because DOCS was involved, but then [caseworker] explained it all and they did a good job." (Family 1)**

Being persistent and patient requires organisational commitment as well as worker commitment. It can involve caseworkers making frequent contacts — phone calls, text messages, home visits, notes - at different times of the day or over a long period to "keep the door open, build rapport" (Service 3). A thin line was evident between 'leaving the door open' to a client initially declining service and shifting the onus to the client to contact the service when they realise they "need help" (Service 5). Although the service models are more flexible and less pressured than for the statutory agency, persistence is challenged by the pressure to accept new referrals and / or meet throughput targets. The Townsville FIS, for example, closes cases, with the statutory agency's agreement, if a family is not considered to have engaged within three months.

The following comments from workers illustrate approaches:

> There's a problem if as an Aboriginal worker you're not connecting with the family. This is a specialist position and you know how to do it after all these years. (Service 4)

> It can be hard working with a family, you don't always know them, but you've got to keep professional, your own values, boundaries, and a professional approach. (Service 2)

> You know when to step up, tell them "Take responsibility. You're wasting our time. Do you need help or not? We didn't ask to be in your life". (Service 5)

Some services referred to an initial 'engagement phase' during which caseworkers present to families as listening, "letting the family tell their story" (Service 1), a concept incorporating observing, asking open ended questions, being direct but not condescending, reflective listening, assessing, and helping parents to acknowledge issues and / or understand the impacts on their children. This may lead to "the bombshell [for the parents] about why or how to change" (Service 2). That is, the family has to understand what is happening, get over their anger and be in a position to be engaged (Service 5).

As trust is built up, caseworkers referred to introducing more targeted interventions and starting to have more of the "hard conversations". The process was seen as gradual and incremental, doing "a little bit, then a little bit more…unless it's a crisis" (Service 3).

Family perspectives

It was obvious [the caseworker] was someone who really wants to do their job — they like their job, and like to do it properly. If there was something I was worried about, she had ideas, she said: "I can help with that." (Family 1)

Engagement is enabled by caseworkers being able to match supports to what families are comfortable with and find helpful, for example, timely access to material assistance, advocacy, providing intensive support, or meeting on the verandah not in the house. Helping with cleaning was mentioned more than once as valued practical assistance that demonstrated to families that the offer of help was serious, and it also provided opportunities to talk more about concerns.

A primary motivator, it was argued, for families to be and stay engaged with services and involved in interventions is to "get the department out of their lives" (Service 3), highlighting the importance of conveying to families the service's role and independence from the statutory agency.

Although not working with statutory clients, the CAAC TFSS also felt the advantage of independence from the statutory agency.

All services utilised a similar range of strategies to demonstrate the service's commitment to wanting to work with the family. Coming from the same or similar personal history was asserted as leverage to say "you *can* get through this" (Service 5). Often mentioned was breaking things down into manageable steps so that achievements are able to be realised and clients see progress. Families like that the service "is taking notice of them, believes in them, that they can do it" (Service 5) and that their achievements are reported, where applicable, to the statutory agency, all of which increase client confidence and motivation to make other changes.

Family perspectives

We had set goals, and I knew the service would stick with me. We planned next week's work at the visit, and I had homework tasks. (Family 6)

[Caseworker] went to department meetings with me, and told them about improvements in the family, what we had done. (Family 3)

If engagement is not happening, services sometimes try a different caseworker — even though the message is the same. One service referred to trying a different case goal aimed at building self-esteem and motivation to tackle other goals. Some services use a checklist of actions to ensure persistent efforts are made with each family. Another referred to their role in motivating clients "to step up to the plate, guiding them to do the work, make the changes" (Service 5).

There is much discussion about the extent of voluntary-ness in statutory and non-statutory child protection practice. The concept of being 'voluntary' means that the decision or agreement (in this case to engage with an intensive family support service) is made by free choice, and agreement is without obligation or compulsion. The service is voluntary in that it is not court-ordered or based on any legal requirement. However, some may argue that because

of the potential consequences for children whose parents do not agree to engage with services, the family's participation is not 'voluntary' — they are effectively option-less because of an implied threat of the consequences in an imbalanced power relationship (albeit with the statutory agency, not the service provider).

One service referred to the situation as "an ultimatum to families — accept the department's goals or your children will be taken" (Service 4). In some communities where income management is in operation, the decisions of other agencies such as Centrelink might impact upon families' take-up of assistance, if ongoing income support is conditional upon certain changes being made (for example, increased school attendance). For the four services where families are subject to statutory intervention (ie. not Alice Springs TFSS), there was recognition that non-participation could result in statutory agency intervention. However, this is not straight-forward. Ultimately, caseworkers felt that families consciously agreed to participate because they needed or wanted the help on offer.

For all of the services, decision making occurs in the context of a complex array of factors — timing, motivation, previous contacts with the child protection system, understanding about the risks or impact on their children. Basic to parents making a decision voluntarily is that caseworkers explain what is on offer by openly and transparently describing the what and the why about the service - why the family need it, what the family can expect, how it will help, expectations on the family in terms of time and participation. This approach of overcoming initial reluctance and building trusting relationships and partnerships with families, is at the core of the voluntary nature of the services.

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Family perspectives

I needed an earlier entry point to the program. I was at my wits end by the time I was referred. The school was reporting, but not helping or understanding. (Family 6)

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The option to withdraw is also a component of participation being voluntary. If services match to child and family needs and family members can see that interventions are purposive and create change, pulling out becomes irrelevant. Therefore, the onus is on the service provider to keep interventions actively on track. Because families are respected, valued and challenged while supported to make and see changes, they engage and stay engaged.

Whether for pragmatic (e.g. to avoid delay in making an initial home visit) or tactical reasons, the initial face to face contact with a referred family was conducted by the service in three of the four services working with families subject to statutory intervention. The first visit was not done jointly with the statutory agency. Caseworkers remarked that family participation could be subdued in the presence of statutory caseworkers. On the other hand, where the initial visit was conducted with the statutory agency, the partnership approach between the service and the statutory agency could be highlighted.

There was agreement that a range of factors influenced whether family members were ready and welcoming of what might be yet another service provider or intervention in their lives. These included:

- the reputation of the organisation offering the service
- any advantage the caseworker can leverage from the 'crisis'
- the caseworker's persistence and patience with the family in attempting to engage them
- the match between the caseworker and the client, e.g., whether the caseworker's personality and style, personal experiences or connection through community "click" for the client
- the message or action that helps to create *the* turning point moment for a client to move from reluctance or resistance to engaging (e.g. the realisation that the caseworker is in it with them for the long haul, is actually going to muck in and clean up the house or yard)
- promptly addressing a client's material needs (e.g. purchasing bedding or household goods) or advocating to authorities (e.g. to the department or school) so that the client perceives the service as helpful and relevant, particularly during the initial engagement phase.

Authentic, honest communication

Within the context of the likelihood of caseworkers having personal connections to individual client families and to community, caseworkers seek to develop, and clients expect and value, a professional relationship in which clients are helped and supported to work toward case goals. By demonstrating empathy, respect and not being

judgemental, caseworkers can build trusting relationships with family members. Workers must also be "true to themselves" (Service 4, Service 3) and, if they are not, clients know.

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Family perspectives

[Caseworker] was open, honest, funny, reliable. (Family 4)

They were helpful, approachable, and up front, I could talk about anything. (Family 6)

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Four of the five services purposefully introduce family members to other team members — manager and other caseworkers. This occurs for pragmatic reasons (e.g. when the caseworker is on leave) as well as supporting engagement given that the manager or other workers will be involved in delivering services. Meetings are held at the office or the manager may attend the initial or subsequent home visits.

For the relationship between the caseworker and family to be a mutual and trusting one, the family must understand what they are signing up for, what they can expect from the worker and service, and what is expected of them, time wise and in other ways.

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Family perspectives

[Caseworker] was with me every day. 12 weeks she came to my place, keeping us occupied. (Family 3)

[Name of service] was regular, it became part of the routine. (Family 6)

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Caseworkers stated they also explain to clients that personal information about them:

- may be shared with their agreement with other service providers, including the statutory agency, and
- will be shared with the statutory agency should there be any concerns about the safety or wellbeing of children (fulfilling mandatory reporting obligations).

A trusting relationship and partnership with family members can entail helping the family to acknowledge that there is an issue (e.g. substance misuse), or more specifically the impact on children's or other family member's safety and wellbeing. In many cases, the first step was described as the family and caseworker agreeing "that things are not so

great" and to work from the angle of a mother's or father's desire to keep their children safe and stable. It is important to get the balance right between being *too* direct, and coaxing families to acknowledge issues.

The relationship was also characterised as caseworkers not "sugar coating" but being able to and actually saying the "hard things" to family members. For the family to move forward, caseworkers must be able to plainly say how and why parental action or inaction adversely impacts the children. Being able to be clear about the problems is a function of the level of trust. And because caseworkers "believe in them, that they can do it", families are encouraged (Service 3). "You [caseworkers] build rapport [with families] when achieving goals" (Service 5). "It is rewarding to walk alongside, to be part of that family for that time. Families say 'help me see this through'" (Service 1).

There was some discussion about the use and value of female caseworkers assuming an "auntie" role in terms of establishing "something absolutely deeper" than a professional relationship with a client. While some young clients might want to "grab onto motherly guidance" (Service 5), caseworkers in another service put a different view – in the long run, professionals are not family. Muddled boundaries do not help when crises arise later (Service 4).Workers reflected on how the family-worker relationship had to be negotiated on an ongoing basis, as with all good professional practice with families in the family support field.

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Family perspectives

A mother described her relationship with her caseworkers:

"I can talk open to them. Sometimes [caseworker] growled at me, like a mum would." (Family 5)

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The intensity of service provision was argued as influencing the nature of the relationship. This is particularly relevant for the NSW IFBS services where contact with the family is daily for the first two weeks. Caseworkers reported that families do engage well, consistent with the structured approach over the 12 week period. Notably, the shorter overall timeframe is underscored by a very structured approach to case planning, low caseloads, a declining intensity of contact between the intensive caseworker and family, referral to other less intensive services and

	NSW IFBS	Qld FIS	VIC Stronger Families	NT TFSS
Caseload	2 families/ intensive caseworker 8 families/ step down worker	4–6 families/ caseworker 10–12 families / caseworker / year	12 families over 12 months / caseworker	8-10 families / pair of caseworkers

the possibility of a step down service. Caseworkers explained that they plan this level of intensity with the family and that the intensity reflects the level of intervention necessary to achieve change.

A respectful and non-judgemental relationship should also be reflected in the records created by caseworkers about the family's circumstances and the supports provided. All of the services were quick to note that a trusting relationship is one in which

caseworkers are not judgemental in interactions with families. Ensuring this respectful relationship is evident in case records (e.g. casenotes about home visits, observations of family functioning) is integral to the partnership.

Families are entitled to request access to the records kept about them. Records must therefore be accurate and written in a way that family members can now or later make sense of what happened. Some services described their efforts to ensure accurate and non judgemental content written in a suitable language and style for the many and diverse readers (i.e. statutory agency workers, service manager, other caseworkers, family members). One service reported brainstorming alternative terms and words to promote non-judgemental records which they felt was consistent with the service's role (i.e. not labelling or diagnosing, but objectively recording observations).

Low caseloads
All of the services embrace models in which each caseworker carries a low number of cases which supports intensive contact with families that taper offs over the period of intervention. Most caseworkers carry a mix of low, medium and high need families at any one time, although overall service caseload throughput and individual caseloads largely reflect funding and contractual arrangements.
A small caseload allows workers to spend enough time with parents, children and other family members on assessment, direct intervention, advocacy, and case coordination and management.

Caseworkers across all services agreed that a small caseload was warranted given the nature and intensity of family need and the matching number of interventions and contacts with family members. That the intensity of contact reduces with each family over time to encourage their self-sufficiency and avoid service dependence was also argued as beneficial to a worker's wellbeing. Services agreed there was a need for more family preservation and reunification services so that more families would be able to receive the level of assistance they needed, more promptly.

Matching families and workers
Where possible, services seek to match particular caseworkers with referred families to maximise the family's chance of engaging with the service and achieving change. Caseworker skills, personal attributes and experiences, values, working styles, sex, cultural background, knowledge of the referred family and caseload are some of the factors taken into consideration. Services considered it a strength that their caseworkers had different communication styles, cultural backgrounds, work experience, personal backgrounds, and working styles.

These differences were also considered fundamental to an effective service that can engage with the diversity of children and families needing intensive or targeted family support.

The vast majority of caseworkers were women. Three services had male workers. Services gave examples of circumstances when it is helpful to allocate a male worker, for example if the family had teenage boys. If not able to allocate a male caseworker, services described arrangements for family members to be linked with male workers in other programs within the organisation or externally. In terms of cultural background, for example, the TAIHS FIS would aim to

allocate an Islander worker to work with an Islander family.

Perceived conflicts of interest related to a caseworker's family or community connections with a referred family are also considered in case allocation. Although information about the community or family may be shared within the service, conscious decisions are made about allocating or not allocating a related family member to a case. Connections and relationships are acknowledged and managed. An existing connection can be positive and "if there were no connections, we'd be worried" (Service 3). A family's preference for a particular worker is also taken into account.

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Family perspectives

I'm related to [caseworker] on my mother's side. I don't really know her, but it's good to know that connection. (Family 5)

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The role of Aboriginal Family Support Workers (AFSWs) in the TFSS model is critical as there are over 20 languages spoken with associated cultural traditions in and around Alice Springs, "a small tight-knit community". Where a relationship between a worker and a referred family is "too close", it was stated that having four AFSWs usually means someone is available take the case.

Providing a mix of practical, educational, therapeutic and advocacy supports to children and families

As expressed by one service, the overwhelming motivation for services is for "families to get the help they need" (Service 3). All of the services directly deliver practical, educational, therapeutic, and advocacy supports. For services that are part of a larger organisation, Aboriginal and Torres Strait Islander Health Organisation (ACCHO) or where links have been developed with the local providers, a wide range of services is available to family members. Health services, for example, are utilised for accessing allied health practitioners, mums and bubs programs, paediatricians, chronic illness specialists, and men's health programs. Some services supported the participation of family members in Aboriginal and Torres Strait Islander healing programs as the foundation for making change in families.

For VACCA, families also benefited from internal linkages to the suite of Early Intervention and

Family Services, and Community Development and Training programs, for example, playgroups, financial planning. A partnership between VACCA and Berry Street means that families in the Stronger Families program have access to *Take 2*, a therapeutic program informed by an understanding of the effects of trauma and provided in partnership with another agency. "It is a unique, incredible and invaluable resource".

The Take 2 worker's therapeutic lens is applied during intake and other case discussions, in consultations with caseworkers (e.g. about observations of children's behaviours) and others involved in providing services to the child or family (e.g. teacher), and in therapeutic interventions with family members. Interventions are supported by sensory regulatory tools. The worker also assists with identifying 'best match' child or adult counsellors.

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Family perspectives

[Worker] was one-on-one with one of my children. She helped him work through his insecurities. (Family 6)

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Across services, therapeutic supports were available through referrals or formal partnerships with local mainstream providers, 'preferred' mainstream private practitioners, and/or Medicare referrals to social workers, psychologists and/or psychiatrists. While formal counselling sessions by caseworkers were not a feature, all services stressed the use and importance of informal counselling that caseworkers undertake all the time to take advantage, for example, of a client's mood or while talking during transport to an appointment (Service 4). "If the client is telling personal stuff, we're getting somewhere with them" (Service 5).

Often the initial provision of practical support settled things to some level with a family, and this opened up opportunities for discussion about more personal matters, including about things that happened in the past and were never resolved.

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Family perspectives

We had a lot of sadness. They helped us get back on track, to get back together. So we could look to the future. (Family 7)

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A wide range of examples was given about therapeutic processes in working with families,

including role modelling activities with parents. For example, in addition to organising whole-of-family recreational activities to celebrate successes (e.g. barbeque at case closure), fun activities were used to role model 'family outings' — "Family see how to do it" (Service 1). For many families, these activities were not otherwise possible because of associated costs of entry fees and food, or practical factors such as transport or child-safe seating.

Other examples showed how caseworkers transitioned from an initial approach of material or practical support to responding to the same need with an 'educational' intervention. Examples included teaching the parents to manage their money rather than continuing to provide food vouchers or buying groceries for the family. Another example was VACCA's Stronger Families *Guided shopping program* which assists parents to plan, budget and prepare nutritious meals.

Caseworkers accompany parents to the supermarket to see what kind of food they buy, whether they shop with a list and how often they shop. The *Guided shopping program* serves other purposes such as the worker modelling different ways to respond to a child's behaviour in what can be a stressful setting, cooking a meal, and eating the meal together. Another example of responding in multi-faceted ways to a family's needs was given about addressing poor school attendance.

Caseworkers help families with morning routines - getting up, dressed, fed and transported. They also support parents in their interactions with the school and create opportunities for parents to be at school to see the changes for their children. Child and family outcomes from these practical interventions therefore embrace deeper purposes that cross economic, health, financial, connectedness and other domains.

Caseworkers described working with family members to develop routines for different times of the day, cleaning and other activities, behaviour consequence and reward systems, and charts and other visual aids. Behaviour charts, checklists, information sheets, appointment planners and proformas were tailored for and with family members. One service described the value of role modelling and teaching families practical life skills (e.g. budgeting to pay a bill or for Christmas presents, negotiating with the real estate agent) as turning negative experiences around to create a new narrative. If the family perceived a similar incident as a crisis that they could not manage alone,

Family perspectives

[Caseworker] did up a chart with jobs for the kids. It was good, they stuck to it. It stopped all the arguments about doing jobs.
(Family 6)

the service was able to remind them of their positive story.

Caseworkers' capacity to offer material and practical supports was asserted as important, particularly in the engagement phase to help build relationships with family members and demonstrate that services *can* be timely and helpful. Most services gave examples of financial help to pay bills or purchase food, whitegoods, furniture, clothing and car repairs or for household safety items such child barriers, smoke alarms and baby equipment. Consistent with program guidelines, VACCA described using discretionary funds to purchase parenting assessments, sensory tools, skills assessments for children to 3 years, outreach programs, and short stays for families in a family residential program. Parenting assessments include the development of a plan and its implementation through in home support to the family. VACCA also described their *Home reading program* which aims to encourage a love of reading, build children's literacy skills and confidence, and help with school readiness and educational outcomes. The therapeutic value of reading at bed time is also encouraged. Children's books are provided to families and parents are encouraged to and do (even those with low literacy themselves) read them to their children.

To address parenting practices, services might demonstrate behaviours and interactions, then reinforce them with colourful posters and charts in the home. Some services have 'tool kits' containing practice tools or play items (e.g. play dough to model play with children). Many caseworkers have been trained in branded parenting programs. Caseworkers at one service, although trained in Triple P, had found that the underlying issues for local families warrant Triple P's more intensive approach so caseworkers planned to undertake more training.

Parents are also referred to a nearby mainstream organisation which offers the Parenting Under Pressure program. At another service, caseworkers have received training in three parenting programs

—*Triple P* for Aboriginal and Torres Strait Islander families, *Circle of Security*, and *123 Magic*. No one program alone was viewed as especially relevant to families. Caseworkers mix and match content and approaches as needed on an individual 'role modelling' basis or in group work programs. It was reported that when parents learn something from a parenting program, they are keen for the service to make the statutory agency aware or better still, demonstrate to the statutory agency that they *can* do it (e.g. set boundaries) (Service 5).One service felt the timing, course duration and the logistics of attending parenting programs are not always conducive to parents' participation.

Three of the services have offered group work in the office using a mix of internal and external presenters. A range of educational (e.g. parenting programs, life skills development, family violence, protective behaviours, emotional regulation, budgeting, healthy eating) and recreational programs (e.g. pamper days, belly dancing) is offered. A client's learning style or their readiness for group activities were raised as factors to consider in inviting participation. Ensuring the compatibility of prospective group work participants was also raised.

While services acknowledged this could be an issue that needed managing in small communities, one service reported they screen invitees for any potential conflict that could arise. Some recreational and self-esteem building activities are new experiences for clients. Specialist guest speakers (e.g. from legal or family violence services) may be included. Catering, transport and child minding support client participation. Caseworkers also make referrals to group work programs considered to be culturally competent, offered by other organisations. The broader organisations of some of the services offer after school and vacation recreational and educational programs (e.g. protective behaviours) for children to enhance safety, wellbeing and cultural connection.

> ### Family perspectives
>
> **They helped with the kids — attachment, behaviour, took us to appointments, counselling. (Family 4)**
>
> **Lots of practical things — budgeting, cooking, shopping. The kids went to holiday programs, respite care. And there was financial help. (Family 6)**
>
> **They made us a photo book, with all the good times we had. (Family 6)**

There were two dimensions of advocacy: to get the family access to the services they need; and to ensure the family's perspectives, rights, and wishes were properly represented to other agencies, especially when decisions were being made about the family. It was common to help a parent in talking with a school, Centrelink, or the statutory department. This is a vital role for these services as many generalist services remain not culturally appropriate or safe for Aboriginal and Torres Strait Islander people, whose viewpoints can be misunderstood or disregarded. Services can assist other agency workers by explaining cultural differences and challenging stereotypes about Aboriginal and Torres Strait Islander families. An important aim was to develop the skills and confidence of parents in putting their views forward, and having their input heard.

> ### Family perspectives
>
> **They liaised with the department and the school. [Caseworker] organised things for us, did a good job sorting things out. (Family 1)**
>
> **They helped with the department, helped me talk to them, helped with contact with my kids in foster care, transport to contact. First it was supervised, then weekends. (Family 6)**
>
> **There was a lot of work with education about my nine-year-old boy. (Family 6)**

All services offered the majority of interventions and supports to families by outreaching to the family, to where the family is comfortable and where the intervention makes sense. They might role model playing with children at the park, or observe morning routines in the family home. The family's home was the main setting in which work was undertaken, but at one service, caseworkers did not often go inside a family's home. Instead, they might talk on the verandah, at the car window, in the yard, or at the bus stop.

Intensity and duration of service delivery

Four factors were identified as contributing to the effectiveness of approaches to the intensity and duration of service provision:

1. using the opportunity the 'crisis' presents
2. initial intensity tapering off over time
3. the length of service support to the family
4. flexibility and responsiveness.

	Duration	Extension of period
NSW IFBS intensive casework	Structured schedule over 12 weeks	With statutory agency approval, a further six months
NSW IFBS Step down	Structured schedule for up to 6 months	
Qld FIS	Up to 12 months Family preservation — generally weekly contact with supplementary phone contact Family reunification cases — could be three times per week	With statutory agency approval, a further 3 months with the possibility of support for a further 3 to 6 months to help the family keep on track
VACCA Stronger Families	Stronger Families — up to 12 months Restoration service — 12 to 16 weeks	With statutory agency approval, and families may be referred from Stronger Families to the Restoration service
NT TFSS	No prescribed duration or dose	

Referrals to four of the participating services can only be made by the statutory agency and are for the purposes of family preservation or family reunification. In addition, some referrals to the NSW services may be for the purpose of averting the imminent breakdown of an out of home care placement. The decision of these services to close a case is made in collaboration with the statutory agency. Referrals to the NT TFSS are for the purpose of preventing statutory intervention — referred families are not subject to statutory intervention at the time of referral. Referrals can be self referral, by the department or a community agency.
For children and families to be referred to any of the five services, the immediate risk to children's safety and wellbeing has been assessed as low within a context of a high needs family. Many of the families were experiencing intergenerational trauma contributing to domestic and family violence, drug or alcohol misuse, and / or mental health issues.

Many children and families, it was also stated, experience inadequate or overcrowded housing or homelessness, medical issues, and entrenched poverty. Services agreed that most of the families with whom they are working are experiencing multiple, entrenched and / or complex concerns that have not "developed overnight" (Service 2) and many have had multiple contacts over a long period

with the statutory agency and sometimes some or all children are or have been placed in out of home care. Services agreed that there was a good fit between child and family needs and the services and activities they deliver.

The dose and duration of services available to families referred to services is prescribed by the funding body in program guidelines and / or the service agreement, as set out above.

In respect to the CAAC TFSS, some families "get the tools they need in 2 to 3 months" and other cases are open for years. "How the children are faring is the bottom line". A team may have daily (e.g., school run), weekly or less frequent contact reflective of family needs and intervention goals. Around 60% of cases were closed at 6 months, 30% at 12 months, and 10% were open for longer than 12 months.

> **Family perspectives**
>
> **I had another service before. But with [this service], it was good to be a regular thing. The worker visits became part of the routine. (Family 6)**

Using the opportunity the 'crisis' presents
For statutory clients (i.e. not TFSS), intensive contact with a family when they are first referred for family

preservation services builds on the concept that parents acknowledge the 'crisis' (i.e. imminent removal of their children) and this presents opportunities for service providers to motivate and engage families to make changes to "get the department out of their lives" (Service 3). Mixed views were expressed by workshop participants about the idea of a referred family experiencing a distinct crisis.

Irrespective of the duration of services, caseworkers expressed the view that referral offered the service an opportunity to help the family to understand what was going on and to shift the family's thinking: "The family *is* open to change" (Service 4).Some services stressed talking with families about not locating the need for behaviour change with the Department, but more positively the change being "about you, the impact on your children" (Service 2).

Caseworkers being able to offer immediate assistance in a calm manner (e.g. practical or material assistance, advocacy with other agencies) and which the family perceives as helpful were asserted as important to engaging families in the very early stages of contact. And as one service stated, daily contact with the family changes to "a deeper level of intervention when the family is coming out of the crisis" (Service 4). On the other hand, given chronic intergenerational poverty and neglect, entrenched disadvantage for many families, and families viewing the chaos in their lives as normal, it was commented that it is unlikely the family "got into the crisis in 5 minutes…there *is* no hot iron to strike" (Service 2). The work is not pinpointing the crisis but getting the family to realise its impact.

Caseworkers described, resources permitting, promptly responding to referrals, an important element of leveraging off the crisis. Given that demand for services can exceed capacity, two of the services described how they manage a wait list: weekly review and fortnightly visits with families "to start engagement" until a caseworker can be assigned to the family.

Intensity of contacts between caseworkers and family members
As described above, services are provided more intensively at commencement, tapering over time to case closure. All services referred to adjusting supports and interventions to assist families to respond to perceived or actual crises and other changes on individual circumstances. For Aboriginal families, services described the likelihood, for

example, of an influx of visitors, a death in the family or incapacity to pay a bill. In response, one service described undertaking short time limited interventions as the family goes into and out of crisis within the context of long term intervention. The trick is to "keep on with the game plan in between crises" (Service 3).

Although driven by the service model and program guidelines, available resources impact on caseloads and the service's capacity and flexibility to respond to a family crisis: "More time would be good with a family in a crisis but then that would mean less time with other families" (Service 3).In all services, contacts are planned with the family to fit with the family's routines and commitments: "We need to fit in with their work and other activities" (Service 5).

Two services were surprised at the initial intensity of other services' contacts with families (i.e. daily).In part, these comments reflected their experience of initial challenges in contacting and engaging with some families (e.g. three months before "getting in the door") or difficulties in locating transient families. Contrasting views were expressed about families' feelings about the level of contact and a family's capacity to cope with frequent visits from yet another service provider. The more intensive services argued that the intensity of contact does not constitute intrusion because the nature of the service was clearly outlined to the family at the initial home visit, and once the service started, the family welcomed the contact. The following comments characterise the different views:

> *Not enough space, too many other service providers and appointments each day.* (Service 3)

> *Family likes the structure, they have other lives, work, school and so on.* (Service 4)

> *The family is fully informed. It's honest, up front and transparent.* (Service 4)

Length of service support
Given that the target group for intensive family support services is families experiencing multiple adversities, caseworkers identified two local factors that affect when their service can close a case:

- service gaps notably in housing, drug, alcohol, mental health, and cultural healing programs, and, in some locations, culturally relevant practitioners such as paediatricians, and adult and child counsellors undermining the family's capacity to address core concerns

- availability of universal (e.g. pre school, health, counselling), less intensive(e.g. NSW Brighter Futures) or specialist (e.g. domestic and family violence)services to transition children and families for ongoing services, monitoring and / or for assistance in the event of another 'crisis' - "[Name of service] is as good as what's around it" (Service 3)

Regardless of each program's stated duration (i.e. 12 weeks, 12 months), there was discussion across the workshops about the reality of service delivery timeframes in respect to fundamentally resolving often chronic issues, particularly poverty and child neglect, facing Aboriginal and Torres Strait Islander families. As a number of the services commented:

> *Addressing those issues [for a particular family] would be a miracle.* (Service 4)

> *That's the challenge for individual casework of structural disadvantage and damage, poverty and racism.* (Service 1)

> *Are we maintaining or improving? Well, we're preventing the family from getting worse.* (Service 3)

Caseworkers argued that the planned length of service support must take account of the time it takes to build a meaningful relationship with family members given that:

- many clients have been previously let down or poorly treated by other services
- there are intergenerational issues and distrust of the welfare
- the family may not be able to be located or is transient.

Some caseworkers were sceptical about being able to build a relationship with family members — "get to the real stuff" — and close a case within 12 weeks. While the shorter timeframe was queried as "heavy handed", it was also noted that it could drive "more targeted work with a family, less case drift" (Service 1) and not permit caseworker complacency (Service 4). It was asserted that although the vast majority of families engage well within the shorter period, 12 weeks of intensive casework:

- embraces the crisis when change is more likely
- does not redress, for example, chronic neglect issues or inadequate or no housing, particularly in areas where there is a shortage of affordable housing

- for some families, indicates the need for step down or other less intensive services to continue "working on issues below the surface".

Discussion about the timing of case closure involved:

- preparing the family for closing the case and not doing so at a stressful time (e.g. not at the start of the school year)
- educating family members about recognising an impending crisis and what to do, drawing on their experiences of successfully responses
- acknowledging the complexity and fragility of marginalised families' lives and the impermanence of stability (i.e. another crisis, stressful or demanding period is likely around the corner).

The NSW Homebuilders model incorporates a step down worker who can continue to work with families where there are no ongoing child protection concerns following the intensive caseworker's intervention. The role focuses on helping the family to maintain changes and addressing "what comes up". Some families perceived step down as a reward and an achievement in itself. For other services, 'step down' was achieved through connecting families into the local service system.

Caseworkers described the decreasing intensity of service provision over time as proportionate to families increasing self-reliance. Caseworkers emphatically referred to this as families avoiding becoming service dependent. That is, the families had some newly acquired skills and strategies, and strengthened family and community connections, so they could seek out the help they need. This is at the heart of strengthening vulnerable families. All of the services worked effectively with families over the specified timeframe, but believed there should be flexibility in funding arrangements allowing them to work with some families for longer or to work with some families more intensively than they are currently able to, due to service throughput requirements or wait lists.

The relevance of western concepts of timeframes and 'open' and 'closed' cases was challenged by one service, asserting the importance of understanding cultural difference and being flexible. Family members have obligations to their family and community, which require their attendance at community events. Others might move between town and a distant community. "Everything

absolutely is about relationship. Families live in two worlds. Being away at a funeral is always a stronger pull than departmental punishment" (Service 1).

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Family perspectives

Some families did not want the service to close their case: "It was hard to let [service] go. We had a farewell picnic". (Family 6)

"They should stay involved. The problem is, the service is time limited". (Family 4)

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Flexibility and responsiveness

Providing interventions outside of standard hours is integral to improving family functioning, for example, observing and helping with morning and evening routines, assisting with overnight feeds of babies. And while acknowledging that crises, or sometimes what a family perceives as a crisis, can happen outside of working hours, mixed views were expressed about families having access 24/7 to the service.

Some program models incorporate 24/7 telephone support, supplemented by face to face contact with a rostered worker if necessary (i.e. NSW IFBS, Victoria's Stronger Families and Family Restoration Programs). It was reported that families rarely used the service or used it less often than services anticipated. Two services argued that 24/7 access minimises crises and can avoid departmental or police involvement. Another service argued that it was contrary to the aim of building family strengths: "If families are looked after during the day, there's no need for after hours access. It creates service dependence" (Service 4). In all services, safety planning was undertaken with family members, to encourage, for example, contacting police in an emergency, rather than a caseworker.

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Family perspectives

If I had a problem, I knew I could ring them. (Family 4)

They listened. I could ring. (Family 2)

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Family participation in decision making and case planning

There were three ways that services involved family members in decision-making and case planning:

1. working with *all* family members including all of the children in the family, fathers and extended family

2. setting family goals in addition to any prescribed goals

3. supporting children, parents and extended family to participate.

For most families in four of the services, a written case plan (or action plan for IFBS Step down families) is developed and parent/s indicate their agreement by signing the plan. One service stated that for some families, the caseworker might go out with no paperwork although the paperwork is completed in the office. For all services, case planning and review are purposefully undertaken with family members in physical settings in which the family feels safe and are involving of family members. Some managers chair case planning forums and in some services, case planning meetings include the statutory caseworker and practitioners from other agencies involved with the family.

Working with all family members including all of the children in the family, fathers and extended family

As the majority of referrals to the services are made by the statutory agency, referrals concern preventing removal or supporting reunification usually relating to particular children around whom the service's work is expected to revolve, and the responsible parent/s or carer/s. Program guidelines, service agreements, service models and/or available resources mean that services have slightly different approaches to working with other children in the family, fathers, and extended family members.

Every service stated that they view families holistically, with many comments about the need to see children within the context of their family and the importance of children understanding their family and cultural backgrounds. In some communities, early participation of community elders is needed for permission to get the family story and to plan and implement interventions with the family. The following comments illustrate different approaches to working with all family members:

Parents will separate when they're ready. You can't make dad get out of the home. You have to work holistically with the family.
(Service 4)

As a family support service, we follow the kids…try to check in with each child regardless of where they are. (Service 1)

We include all the family members if it's ok with the parents. (Service 2)

If it's domestic violence, the father gets isolated and that's wrong. Children need their father, and to know their heritage. (Service 5)

In terms of involving fathers, some services seek, with the mother's consent, to engage a child's father and other family members in planning and interventions. One service stated that unless the partner is on the referral, they only work with the primary carer, usually the mother. Services may support both parents separately and/ or together given that many are separated or at risk of separating. An example was given of caseworkers modelling positive behaviours in front of children during handover for family contact and more specifically about encouraging mum "not to bad mouth dad in front of the kids" (Service 2).

Another service talked about the importance, when working with fathers from bush communities, of creating opportunities for the man to talk about and continue to display his cultural role as hunter, provider and protector, as this is changed when the family moves into town. Caseworkers mentioned impressing on families to be honest with the statutory agency about family relationships and who is in or coming to the family home, and for statutory workers to "speak with dad, not just mum and the kids" (Service 1). Many children have mixed cultural backgrounds (e.g. non-Indigenous mother and Aboriginal father) so caseworkers seek out the Indigenous parent and extended family: "Dad is still the father" (Service 3). Contact with fathers when domestic violence is a factor involves being mindful of parental, child and worker safety.

Family perspectives

[Caseworker] had a good relationship with the kids. There were people coming in and out of our lives. They need to be able to trust. (Family 4.)

I was worried about my (teenage) but [caseworker] talked to her, helped her. (Famly 8)

She was easy to talk to, I could talk about anything. She was amazing with my son. (Family 4)

When the case closed, my boys said: "We have to do something for them". The boys knew that [service] helped us. (Family 6)

Mixed views were expressed by caseworkers about speaking with or working directly with children. For some services this was seen as integral to the service: "Yes, as it's about them" (Service 2). In another service, caseworkers assess each child, directly work with each child, and know each child in detail. Other services work more with the parents and discuss with them the impact of their behaviours (e.g. disciplining, domestic violence, drinking) on their children.

Another service explained that because families are often very large, most of the time they have one on one relationships with each child, but the specific focus on parent or child "changes back and forward with the crisis" (Service 3). Some parents are highly supportive of caseworkers speaking with their children as they feel their truth will be told (i.e. confirm what they have been saying) or are surprised because children "don't usually get to talk with anyone" (Service 2). In other cases, it was stated that parents are guarded for fear the child might divulge something that the mother has not mentioned (e.g. father has visited). In one service, siblings, even if not on the referral or are residing elsewhere, are included because "unless we work with the whole family, it [family dynamics] won't work in future" (Service 1).

Setting family goals
For the four services working with statutory clients, referrals include case goals prescribed by the statutory agency. In addition to working with families to achieve these 'non-negotiable' goals, the services asserted the importance of working with families around family defined goals. A service explained the process as "doing the department's goals and adding our own — our service is very goal focused and holistic" (Service 5). 'Family goals' recognise that not only do families have goals, they want to and do achieve them. They reflect practical, cornerstone blocks that families require to move forward and examples included reuniting with family members, obtaining a driver's licence, strengthening connections to family, culture and community, or even more basic things such as getting furniture, housing or help to fill in forms or with the school. Where applicable, goals are consistent with the statutory agency's goals and it was suggested by one service that the family and the department in fact "want the same thing, just a different way to get there" (Service 2). One service stated they stress to the family that all goals are individual, can change over time, and are for achieving within an overall expected timeframe.

Supporting child and family participation

All services believed families to be experts in their own lives and referred to the ways in which children and families were supported to participate in assessment, case planning and review. One service stated that it isn't just the immediate family, but extended family whose perspectives are given or gathered when working with a family.

Providing services in culturally-competent and respectful ways

There were four factors impacting on providing services in culturally-competent and respectful ways:

1. the broader community-controlled organisational environment
2. Aboriginal and Torres Strait Islander staffing, coupled with workers' strong personal connections to culture and the local community
3. individual worker skills, experience, attributes and background
4. adjusting the service model to the local context.

A culturally-competent and respectful approach is inextricably linked to caseworkers engaging effectively and respectfully with family members and facilitating the right match between services and child and family needs. Workshop participants stated that 'cultural competence' is more than training or awareness; it must be actual competence in daily practice. In this report cultural competence and respect are used to refer to an ongoing developmental process of building relationships, trust, knowledge, skills, and attitudes to work effectively with Aboriginal and Torres Strait Islander children, families and communities.

Organisational environment

All five services are provided by long standing, community controlled organisations. The following comments indicate the importance of this backdrop:

We're a community controlled organisation. We're guided by community. We work from a community versus legislative bureaucratic framework. (Service 4)

Families all know that [organisation] is an Aboriginal organisation. (Service 3)

It's not a welfare driven model. [Organisation] has an absolute obligated right to provide services for, not to, people. It is community funding and community owns the services. Families know "you're working for me". (Service 3)

It's not just about the workers. It's about the governance and management of the organisation. We have a business plan, strategic plan, operational plans, reporting to community to say "Look what we've done to make a difference". (Service 3)

When we get there, to the family's home, we sing out [organisation's name]. We wear the [organisation] uniform and drive [organisation] cars. It works for us. (Service 1)

The closeness and inter-connectedness of community — governing boards, workers, families — has significant implications for how services are depicted to family members, how they are delivered, and the accountability of workers. Organisations reflect community driven models that are enmeshed in community (Service 3). Because of this, a common example related to assuring clients at the earliest opportunity that their personal information would remain confidential within the legislated limits of mandatory reporting and, if applicable, any progress reporting to the statutory agency. The inter-connectedness also means that feedback and complaints are readily provided about experiences of services, for example, "Families have the confidence to escalate a complaint. Families would tell us if we weren't [culturally competent](Service 3)." Similarly, because clients and caseworkers live in the same community, understanding of and respect for work and personal boundaries are required. The following explain how this is managed:

Clients understand it's personal time. I'm not at work when I'm getting groceries. (Service 5)

I tell them straight up. I won't acknowledge you around other people, I won't sit with you at netball. It's to respect your privacy and mine. (Service 4)

Another way in which caseworkers make family support services relevant and helpful is by their acknowledgement and understanding of the impacts of intergenerational trauma on Aboriginal and Torres

Strait Islander peoples. As caseworkers described, "It's a trauma informed program which is a fit for Aboriginal families" (Service 4) and "We are in this with you" (Service 2).Ways in which understanding about Aboriginal history informs practice with children and their families include:

- working with family members to understand their backgrounds and to participate in healing and other workshops as the foundation for being able to move forward and address other issues (e.g. drugs and alcohol, violence)
- helping family members, especially young people, to understand their Aboriginality where they have become disconnected from extended family, clan and community or they reside with a non-Indigenous parent
- recognising that families have been let down before by mainstream services, being consistent, transparent, "honest and straight" about what being involved with, or the likely consequences of not engaging with the service, mean
- making material and practical assistance available to family members to enable their capacity to address child protection concerns (e.g. household or safety items, food) recognising entrenched poverty and disadvantage resulting from historic or continuing discrimination
- being able to contextualise, understand and take account of "just how culturally different Aboriginal families are...extended family visiting, communal living, travelling." (Service 1)

While community control was seen as essential for credibility in community, the fact that the service was not 'the welfare' (i.e. the statutory agency) was important in itself to "getting a foot in the door". Caseworkers frequently referred to the separation between the statutory agency and their own service, and the voluntary nature of their services.

Aboriginal and Torres Strait Islander staffing, coupled with workers' strong personal connections to culture and the local community

Of the five participating services, two were fully staffed by Aboriginal and Torres Strait Islander workers and managers. The other three services had very experienced non-Indigenous child protection practitioner managers and a mix of Aboriginal, Torres Strait Islander, Islander and non-Indigenous staff. The NT model incorporates a two worker approach whereby a tertiary qualified caseworker, currently

all non-Indigenous persons, and an AFSW work with each family.

In terms of the Aboriginality of caseworkers in and of itself, views about the advantages and challenges were discussed. For example:

> *It's intangible, what Aboriginal workers bring to the program*. (Service 5)

> *Being Aboriginal helps a fair bit. It's a heads up for different conversations. We're the same, not judging, we treat clients like we want to be treated*. (Service 2)

> *Understanding and knowledge of local community issues, plus qualifications, skills and experience are essential in the mix across the team.* (Service 1)

The leverage to workers and the organisation through Aboriginal workers' existing connections in the local community and to families was also recognised as advantageous, as indicated by "Workers are seen in community, seen as committed to the families over a long time, known in community and community know who you are" (Service 5). One's Aboriginality and the intimate knowledge often gained over a lifetime of living in community were also asserted as an advantage in "knowing the ways, so you can tell if a client is mucking around" (Service 5).

Working with community was also referred to as demanding 'no fear'. And workers' perceptions of the strength of their own cultural identity and self, and links to family, community, culture and country were asserted as foundational to imparting same to the children and families with whom they work and to clients knowing whether a caseworker has a real connection to culture.

Where Aboriginal workers were not from the community in which they work, the benefits for the service and for other workers were commended. Examples included a sometimes preferred option to allocate an unrelated caseworker or having someone from a rural or remote community who challenges generalisations or assumptions about Aboriginality or the community in which the service was located.

Where organisations do not have Aboriginal managers or caseworkers, services outlined a range of strategies such as asking specific questions of Aboriginal caseworkers, welcoming being challenged, mandatory cultural and history training, higher level management "keeping us on track", managing the timing and pace of non-Indigenous

managers' contact with families, promoting a learning environment in which there was much reflective discussion and "checking by non-Indigenous workers with Aboriginal workers about 'culture'", and adjustments to the service model. As one non-Indigenous manager said "I'm still learning" (Service 5).

> **Family perspectives**
>
> **They understand the Murri way. Not like the Department. Even with housing, they know about big families. (Family 5)**

Individual worker skills, experience, attributes and background

Being Aboriginal or Torres Strait Islander is a real advantage in engaging with Aboriginal and Torres Strait Islander families. However, individual skills, experience, attributes and background are also required. Some Aboriginal workers reported being queried by clients about their youth, not having children of their own, or a perceived absence of other life experiences, for example, "What would you know about domestic violence?" (Service 2).More generally, Aboriginal workers' personal experiences were believed to bring an enhanced understanding, empathy, and credibility to working with clients given that workers had "walked in their shoes" (Service 5) and "lived and experienced what clients go through" (Service 1).

Service model adjustments to the local context

All services noted adjustments or particular features of the service model to enable a better fit to community and the local context. Some changes were procedural and about the processes that caseworkers undertake with children and families, or with the statutory agency.

Two services mentioned it was essential to take time with recruitment and selection to secure the right staff — skills, background, experience - and the right fit with the team. One service sought a mix of caseworkers from the local area who would "understand community" as well as caseworkers from outside so "they were not entwined in family dynamics". A similar example exists in the strengths attributed to the TFSS 'two worker model'. For every case, an AFSW is paired with a caseworker and they work together to support the family. The pairing allows debriefing about intense families, peer support, and being able to check in about over or under reactions to what they are seeing — the 'blur

line' between something that is a cultural difference and neglect of children.

Non-Indigenous caseworkers can check cultural matters and having the pair was considered to be a culturally respectful model that it is inclusive of different types of knowledge and expertise, and key to establishing a relationship with family members. At a practical level, the presence of two workers allows for double the 'service' in any one visit (e.g. one worker focuses on the parent/s and the other keeps children occupied and safe).

Other examples of changes to deliver cultural competence are found in the assessment tools that services use. For example, the SDM *Family strengths and needs assessment manual* was enhanced to prompt caseworkers' consideration of cultural factors, and interpretations of NCFAS domains and prompts have been broadened in practice to understand and take account, for example, of Aboriginal spirituality. Similarly, tools and reviews at case closure include assessments of connections to extended family, community and culture.

6. DISCUSSION AND CONCLUSION

This project aimed to deepen understanding about the factors that contribute to family support services achieving positive outcomes for Aboriginal and Torres Strait Islander families in which there are child protection concerns. Important aspects of service delivery were:

- Comprehensive, open-minded and non-judgemental assessment at individual, family and structural levels was the starting point to match services to child and family needs.

- Interventions and case goals incorporated parental goals and perspectives. Each service placed a high priority on an inclusive, respectful process in which family members are supported to have control over planning forums, and the development of goals and strategies.

- Services instilled positivity and commitment in parents through specific and well communicated goals.

- Services were delivered within a case management framework in which goals were developed, implemented and monitored and services were coordinated — families invariably had complex and multiple needs.

- Assessment tools were customised in one way or another, culturally and to take account of locality.
- A wide range of targeted and specialist assessments, referrals and other services were sought out.
- Good working relationships between services and statutory agencies at all levels are needed, and take considerable work to develop and maintain.
- Families appreciated the obvious efforts of staff to make a difference in their family. For many, unlike previous contacts with the child protection system, families experienced these services as helpful and constructive.
- The value of low caseloads, and providing hands-on, direct casework services was clear
- Organisational support enhanced the service — overall, the services employed skilled and experienced staff supported by good supervision and management, with strong team functioning.
- A range of practical, educational, therapeutic and advocacy supports were provided to children and families. There was value attributed to material and practical support at particular times, but the main game was seen as assisting families with underlying problems.

The research demonstrates the capacity of services to adapt the core elements of best practice for Aboriginal and Torres Strait Islander families. Providing services in culturally competent and respectful ways was intrinsic to the services. Their standing as Aboriginal and Torres Strait Islander community services was important to engagement and take-up. This is not just that services are delivered by Aboriginal workers.

The value lies in the services being delivered by Aboriginal community-controlled agencies as these entities are framed by the philosophy that community owns the service, that "it is *our* service", for our community. Because of this, there is access to the board when someone is not satisfied or has something to say about what is or isn't going on. It means that workers must be adept at proactively managing community relations through early establishment of clear boundaries between work, family and community life.

The characteristics of direct practice that were common to all the services, and which were noted by workers and families as being important, were:

- understanding, responding, listening to family members about the problem and solutions — recognising them as experts in their own lives — but not in a passive way, challenging them and giving guidance and direction
- sticking with the family — persistence and patience in initial and ongoing engagement — with the objective of self-sufficiency and links to other informal and formal sources of support
- taking direction from the family by fitting in with existing family schedules and lives — but avoiding case drift via regular case reviews and keeping in contact with the family.

A number of common elements were apparent at practitioner level in how they worked:
- coaching families, giving guidance and suggestions
- observing strengths and providing positive reinforcement when progress is made
- strengths focus including through the use of values and strengths cards and other culturally appropriate practice tools, in approaches to case planning
- modelling behaviours, and
- displaying a positive attitude about each family's capacity to change.

Staff qualifications were not perceived as simply individual but the mix across each team was important- while formal qualifications were generally required of workers and managers in each service, 'qualifications' had a broader meaning to include knowledge of local communities, personal and employment experiences, skills, other personal traits, and commitment to the work. These are integral to successfully undertaking this work, as it is challenging and intense.

Each of the services pointed to the team functioning and organisational supports that were crucial to their effectiveness. There was close supervision - because the services work with families who are in crisis or experiencing multiple adversities, regular and frequent case-related supervision of caseworkers occurs to ensure critical analysis, reflection and action and support for caseworkers to discharge their duties.

There was a strong commitment to co-workers looking out for and supporting other workers, team discussions and brain storming. All services emphasised the initial identification of a new worker's

learning and development needs and regular re-assessments of individual and team learning needs. Service managers conducted individual professional supervision and performance reviews, and used team discussions about cases, staff meetings, and issues raised in the current caseload to identify learning and development needs. The NSW IFBS workers had access to a departmentally managed clinical issues consultancy service. It includes e-learning modules (e.g. engaging with clients, motivational interviewing), ad hoc advice and regular service visits. VACCA caseworkers had access to specialists in other programs (e.g. family violence) within the organisation. New learning needs identified by services included counselling and mediation.

The value of all workers being familiar with every case was extolled both in terms of the benefits to families from case discussions being informed by caseworkers' different experiences, knowledge and skills, as well as from a professional development perspective of gaining team members' insights and suggestions about what might assist the family, "strategising to get around barriers".

There were differences between the services that arose from working within diverse geographical areas, communities, and socio-economic contexts. There were different organisational environments; different program funding requirements and service models; and different staffing profiles and expertise. The programs under which the five participating services operate are themselves on a spectrum:

- of intensity — 12 weeks with the possibility of a step down service (NSW), six months (Victoria's Family Restoration program), up to 12 months (Vic Stronger Families, Qld FIS) and unlimited (NT TFSS)
- of voluntariness, in terms of families participating in the services and the possibility of re-referral to child protection and whether cases were 'open' or 'closed' to the statutory agency
- of complexity of child and family needs — while all families experience high levels of needs relating to domestic and family violence, housing instability, substance use, mental health issues, intergenerational trauma and poverty, the level of risk of harm to children was lower for some referred families
- the extent to which the family is in a crisis situation — services may be responding to chronic and entrenched issues.

The study confirmed the importance of step down or longer-term pathways to connections to other services. The time-limited service provision was seen as very productive, providing energy and commitment to families at a time when they really need assistance, but so was access to follow-up or booster sessions, or transition to less intensive services.

It was notable that the services were all highly professional. That is, they:

- draw on a body of knowledge about early intervention, case management, trauma, parenting, and child development
- are critically reflective — opportunities and structures are in place for caseworkers and managers to routinely come together to discuss the caseload as well as practice more generally (including ethical issues)
- have a systematic approach to their work and are able to articulate their purpose and rationale for action
- were research informed, with many program elements consistent with messages from research about effective family support, but they were also strongly influenced by experience and 'practice wisdom'.

There were some common issues that were found to be problematic for services. Many families who access these services experience long-term and serious hardship, and in a broader context of discrimination and poverty in central Australia, the services cannot resolve all the problems that families encounter. Short bursts of intensive support are commonly inadequate to significantly address entrenched disadvantage and the ongoing impacts of inter-generational trauma that underpin family issues for Aboriginal and Torres Strait Islander people.

This highlights the importance of, for example: flexibility in intensity; step-down support; holistic and ongoing support approaches of Aboriginal organisations. Referral only through the statutory agency limits the capacity of Aboriginal and Torres Strait Islander agencies with knowledge of their families and communities to intervene earlier with families that need support, and ensure the independence required for effective engagement. There is a need for multiple community referral pathways into the service, earlier referral but, irrespective of the entry pathway, working with families most in need.

The relationship with the statutory agency is key to addressing these issues in the future. It is important to have a genuine partnership at the service delivery level, so the service is not used to monitor families or to gather evidence for more coercive interventions. The partnership is also necessary at the service design level, to ensure that learnings from the services are incorporated in continuous improvements to the model.

This report sets out in detail how the five intensive or targeted family support services operate in unique ways to meet the needs of their local Aboriginal and Torres Strait Islander communities. It details the strategies they use to promote family empowerment, engagement and participation in service provision. In doing so, it shows how the international evidence base can be adapted to local contexts to provide high-quality service delivery and positive outcomes for Aboriginal and Torres Strait Islander families with multiple needs. This reflects a 'common components' approach to evidence-based practice, rather than a strict program fidelity approach.

Clearly, these community-controlled services play a vital role, both in assisting families who face multiple challenges, and in increasing community ownership of child protection issues. It is crucial to support their further development, and to build on their practice, community and cultural knowledge in responding to the over-representation of Aboriginal and Torres Strait Islander children and families in Australia's child protection system.

It is hoped that in furthering the evidence base about quality programs and practices for meeting the needs of vulnerable Aboriginal and Torres Strait Islander children and families, this report will enhance understanding within the child and family sector about the operation and effectiveness of intensive family support services in reaching their objectives for Aboriginal and Torres Strait Islander children and families.

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Appendix 1

Evaluations of intensive or targeted family support services

Good program design and review is about assembling the different studies and evidence to create an overall picture of what is known to work for whom and in what circumstances. There are two background papers for this project (Matthews & Burton, 2013; Tilbury, 2012) that provide an overview of research about effective intensive family support services.

To articulate the evidence base for intensive or targeted family support services for Aboriginal and Torres Strait Islander children and families, the following can be drawn on:

- international research into family preservation and family reunification services
- evaluations and reviews of family support programs and services in Australia
- the preliminary findings from this project.

International research

Over the last two decades, research about meeting the protective needs of children in at risk families has identified the limitations of relying on out of home care, the need to deal more effectively with large numbers of reports of child abuse and neglect, and to work more productively with families. This led to recognition that tailored responses to maltreating families, which aim to improve family functioning to ensure children's care, safety and wellbeing, are required. The theoretical foundations of family support are based on:

- an understanding of the social causes of child maltreatment and family stress
- knowledge about child development, trauma, resilience, and attachment
- ideas about participation, self determination and self help
- systems theory or 'ecological' approaches to work with families
- Crisis intervention theory is evident in offering support quickly when the family may be open to assistance to avert a crisis, such as a child being removed (see Faver et al., 1999; Gardner, 2003; Moran et al., 2004)

The crucial elements of effective family support that have been found in prior research are:

- matching services to child and family
- needs through purpose engagement and comprehensive assessment
- staff building trusting relationships and partnerships with family members
- a mix of practical, educational and therapeutic supports provided to children and families
- ensuring the right level of intensity and duration of service provision to meet needs
- involving family members in decision making and case planning.

In the US, a lack of specificity in program design and targeting has contributed to difficulties in ascertaining the effectiveness of family preservation services. Inconsistencies in defining and assessing 'imminent risk of placement' has meant that families with different levels of need are referred to services, which confounds evaluations of how effective services have been in meeting needs (Bagdasaryan, 2005). Associated with this, program goals have shifted from 'preventing placement' to 'improving family functioning'.

A meta-analysis of intensive family support programs that adhered strictly to the Homebuilders model (ie. short term, intensive, in-home intervention) found that they were successful in reducing out of home care placements and subsequent abuse and neglect (Washington State Institute for Public Policy, 2006).A 2002 evaluation (US DHHS, 2002) of four Family Preservation and Reunification Programs using the Homebuilders Model that was seeking to improve family functioning and reduce unnecessary placements in foster care found mixed results for families one year after entry to the program. While families experienced a range of problems and participating families received a wider and deeper array of services, child safety was maintained and families thought their lives had improved, foster care placement was not reduced, family functioning did not generally improve and all subgroups experienced similar outcomes.

Further evaluation is needed to understand the relationship between different family characteristics (eg. short term crisis, long term child neglect,

other complex needs) and the component parts of service delivery that are more effective than others in addressing family preservation and reunification goals.In particular, whether service dose is sufficient, services are adequately matched to need, and that component parts of service delivery are evidence based (Ryan and Schuerman, 2004).These studies have also not focused on services to indigenous families.

Australian evaluations and reviews

Few Australian evaluations of intensive family support services have been conducted and even fewer have been publically released. This is unfortunate, since several of these evaluations measured outcomes, and hence would make a significant addition to the evidence base.

The New South Wales government's review in 2008 of the then six Intensive Family Based Services (IFBS) for Aboriginal and Torres Strait Islander families is relevant to this project because the program design is based on the Homebuilders model and the focus is specifically on Aboriginal and Torres Strait families. The full evaluation report was not released publically. Leahy and colleagues (2008) stated that the evaluation identified positive results in relation to reduced child protection reports (both 6 and 12 months post-intervention), including for families where parents experienced drug and alcohol and mental health problems; and better reunification rates. It was found that benefits from the Aboriginal IFBS outweighed costs by a ratio of 1:9. The evaluation suggested that (1) enhanced referral processes and (2) post-intervention support should be considered to enhance program delivery (Leahy et al., 2008).

There are currently 11 Aboriginal IFBS participating in a four year pilot. ARTD Consultants on behalf of the Department are evaluating the four services that are being piloted by AbSec in partnership with the Department in community-controlled organisations. An early findings report from the IFBS evaluation (September 2013) has not been publicly released. There are plans for a final report to be prepared at the end of 2014.

The NSW government *Brighter Futures* program is a targeted early intervention program involving case management, children's services, parenting programs and structured home visiting to families with children aged 0 to 9 years. Between 2009 and 2011, the NSW government funded a study to find out what does and does not work for Aboriginal children and their

families in the Brighter Futures program. The study is relevant because of its focus on Aboriginal families. These families, while not all having been reported to the statutory agency, experience the same issues as families referred to Aboriginal IFBS. Families and caseworkers were interviewed and administrative data held by the statutory agency were examined to determine whether children who participated in the program experienced reduced reports to the statutory agency compared with children in families who declined to participate in a Brighter Futures service.

Most of the families reported that referral to the program was confronting but many said that if they had not been reported, they would not have engaged in an early intervention program. Families needed to be reassured that the program was separate to child protection given their apprehension about child removal.

In terms of families' perceptions of the program, the study identified that a number of factors positively impact the relationship that families formed with caseworkers. These included whether their caseworker was Aboriginal (particularly where the primary carer was Aboriginal), continuity in the caseworker family relationship or smooth transition between caseworkers, and the caseworker building a trusting relationship as the basis for "frank conversations with families about their vulnerabilities" (p.6).

Caseworkers did not engage with Aboriginal fathers to the extent necessary to involve them in the program or to keep mothers involved. Although half of the families completed a parenting program during their involvement and many reported positive outcomes, some families struggled to implement the strategies in the home. At entry to Brighter Futures, 67% of families were identified as lacking parenting skills yet only 15% of the families believed they had problems. Families valued caseworkers being able to offer financial assistance to solve minor problems quickly and their advocacy skills with other services. The study's conclusions include that more research is needed about what works for Aboriginal families in the child protection context and how parenting programs can better meet the needs of Aboriginal families.

A 2012 evaluation was conducted of the Northern Territory's Targeted Family Support Services (TFSS) programby the Charles Darwin University. The report

has not been released publicly. The evaluation was conducted over a two year period from July 2010 to June 2012 and involved the then three TFSS programs located in Darwin, Katherine and Alice Springs. The evaluation sought to identify how and the extent to which the TFSS program contributed to outcomes, stakeholder perceptions of the program's success, other indicators of success or areas for areas for improvement, the factors contributing to the program's success, and the unique characteristics of each service that make it work well.

An evaluation of the Victorian Stronger Families and Aboriginal Stronger Families Programs was conducted by KPMG from July 2011 over a 2.5 year period with the final evaluation report completed in February 2014. The purpose of the evaluation was to examine Stronger Families' contribution to the outcomes achieved for children and families. The following information is drawn from a summary of the report prepared for departmental officers.

Key findings include that the model embraces integrated, innovative, flexible and locally planned and delivered services, and supports a more culturally proficient response for Aboriginal children and families. Across the programs, at case closure and at 3, 6, 9 and 12 month intervals following case closure, positive findings were identified in respect to a child's care status and reunification with family.

Improvements were also noted for children in the programs in re-substantiation and placement duration. The evaluation also found that families are less likely to demonstrate change in areas such as mental health and substance use affecting parenting skills and parenting. A number of recommendations were made in respect to:

- using an agreed evidence based assessment tool to identify eligible families
- strengthening relations with the statutory agency
- working to improve Aboriginal children and families' access to culturally appropriate services
- using NCFAS
- developing an outcomes or results based measurement and accountability framework
- reviewing programs targets, caseloads and associated funding
- providing guidelines to enhance the use of flexible funding
- promoting parental capabilities and family

functioning to enhance self-sufficiency and address mental health and substance use issues
- supporting sustainable outcomes after case closure through the use of family safety. networks and follow up contacts with families.

There has not been an evaluation of Queensland's Family Intervention Services (FIS) program.

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Appendix 2

Moving to Prevention — Exploring outcomes for Aboriginal and Torres Strait Islander children through intensive family support services

Service Selection Criteria

The following selection criteria for services to participate in the research draws on the evidence-base for effective intensive family support. It considers existing services in the project area and reflects the project scope as described in the *Expression of Interest* developed by SNAICC and Griffith University.

Governance:

- Service delivered by an Aboriginal and/or Torres Strait Islander community-controlled organisation.

  Definition: An incorporated Aboriginal organisation: initiated by a local Aboriginal community; based in a local Aboriginal community; governed by an Aboriginal body which is elected by the local Aboriginal community; delivering a holistic and culturally appropriate service to the community which controls it. (NACCHO)

- Significant scope for developing culturally-tailored and appropriate service delivery adapted to local context.

Client group:

- Service targeted for delivery to Aboriginal and Torres Strait Islander families.
- Service targeted for delivery to families with high-level support needs either at high risk of or subject to child protection intervention.

Service objectives

- Prevention of abuse, neglect and removal of children into out-of-home care or reunification of families where children have been removed.
- Improving family functioning, skills and relationships.
- Addressing practical barriers to family functioning, as well as clinical/therapeutic needs.
- Drawing on and supporting family strengths.

Service intensity and duration

- Intensity of service delivery at a minimum of 15-20 hours of direct family support work per week at highest intensity of operation, recognising that intensity may be staggered throughout an intervention, or adapted to family circumstances.

- Minimum duration of 6 weeks. No maximum duration as long as the minimum intensity requirements are met at some point during service provision (recognises that longer durations and step-down support are desirable in intensive programs).

Other features of service delivery model

- Support delivered primarily within the family home and community.
- Low caseloads for workers, typically 2-10 and flexible to take account of varied intensity for different cases and at different stages of support.

Service quality and effectiveness

- Wherever possible a high level of service quality and effectiveness has been independently verified through program evaluation.
- Alternatively, sector leaders with experience of the service are able to attest to high service quality and effectiveness.
- Significant operational experience and opportunity to develop service, including continuous operation for at least 1 year.

Workforce and cultural competence

- Service actively supports Aboriginal and Torres Strait Islander employment and values the important role of Aboriginal and Torres Strait Islander staff in service design and management, and family support roles.
- Service actively supports cultural competence development, especially for non-Indigenous and non-local staff.

Service context

- Together, participating services are delivered in each of remote, rural, urban and discreet community locations.
- Together, participating services are delivered in each of New South Wales, Northern Territory, Queensland and Victoria.

Appendix 3

Workshops dates and participants

Service name	Workshop dates	Participants — staff & managers	Participants — family members
Clarence Valley Aboriginal Intensive Family Based Service, Grafton, NSW	Phase 1: 14 and 15 October 2013 Phase 2: 27 March 2014	6 (+ 2 DOCS) 5	3 families
Bungree Aboriginal Intensive Family Based Service, Wyong, NSW	Phase 1: 16 and 17 October 2013 Phase 2: 26 March 2014	6 (+student) 5	1 family
Townsville Aboriginal and Torres Strait Islander Community Health Service (TATSICHS) Family Intervention Service, Townsville, Qld	Phase 1: 22 and 23 October 2013 Phase 2: 20 March 2014	7 4	1 family
Central Australian Aboriginal Congress, Targeted Family Support Service, Alice Springs, Northern Territory	Phase 1: 30 and 31 October 2013 Phase 2: 10 April 2014	8 (+student) 6	2 families
VACCA Stronger Families, Melbourne, Victoria	Phase 1: 13 and 14 November 2013 Phase 2: 13 March 2014	5 8	1 family

Appendix 4

Information about the funding programs (2014)

Queensland's *Family Intervention Services* (FIS) program

The Queensland Department of Communities, Child Safety and Disability Services (DCCSDS) funds non-government organisations across Queensland to deliver 'family intervention services' (FIS). Four FIS across Queensland are auspiced by community controlled organisations. The FIS program is one of a number of family support programs funded by the statutory agency to work with children, young people and their families to support parents to care safely for their children, prevent children's removal into the statutory child protection system, and / or support family reunification. FIS are intensive in nature and duration, for a period of 3 to 12 months with an option to extend the length of service with the department's agreement.

FIS work with families with children aged 0 to 17 years. All referrals are through designated departmental service centres and families are subject to ongoing departmental intervention either through a custodial or non-custodial court order or the family is working voluntarily with the department (i.e. Intervention with Parental Agreement or Support Service Case where an unborn child has been assessed as being at risk of harm following their birth). Services are funded to support family preservation so a child/ren remain living safely at home under ongoing statutory intervention and monitoring and to assist in the reunification of children placed in out of home care with their family.

FIS undertake five core functions:
- participating in departmental case planning processes
- developing a family's practical skills, described as the principle focus of services
- supervising family contact
- undertaking non-statutory casework with families
- inputting to departmental permanency planning decisions.

Services are expected to work in partnership with families, children, extended family, other support services, and statutory caseworkers. Caseworkers are expected to work with 4 to 6 families at any one time, and 10 to 12 families per year. Brokerage funds are available but expenditure must first be approved by the department.

New South Wales Intensive Family Based Services (IFBS) program

The IFBS is based on the Homebuilders model developed in Washington State, USA.
Funded by the NSW Department of Family and Community Services, the IFBS offers intensive, time-limited, home-based support for Aboriginal and Torres Strait Islander families with children aged 0 to 17 years in crisis where:
- children are at high risk of entering an out of home care placement
- children are currently in an out of home care placement and a restoration plan is in place
- a child's placement is at imminent risk of breakdown and the child and/or carer requires support to stabilise the placement.

All referrals are through designated departmental service centres. Program objectives are to:
- improve child safety and wellbeing and reduce the risk of harm to the child
- stabilise families so that children can stay at home with their family and community in a safe, stable and nurturing environment
- where children are in an out of home care placement, address family issues by working toward positive changes in their lives allowing children to be returned to a safe, stable and nurturing environment
- where children are in an out of home care placement, support the placement so that children are safe, stable and nurtured in the placement
- improve family functioning.

Caseworkers have low caseloads and work intensively with families initially visiting the family every day for the first week, every 2 to 3 days in weeks 2 to 6, every 3 to 4 days in weeks 7 to 10 and every 4 to 5 days in weeks 11 and 12. Families also have access to 24/7 support for emergencies. Client progress is reviewed weekly or fortnightly. In contrast to the Homebuilders

model, services are provided over a 12 week period, rather than 4 to 6 weeks, and in response to findings in the 2008 evaluation, a step down service for up to 6 months is available for eligible families where there are no ongoing child protection concerns. The step down worker sees the family each week for 12 weeks, then fortnightly in weeks 13 to 24 to reduce the family's dependency on support and develop self-sufficiency.

IFBS are funded to deliver assessment, case planning and management, family and child engagement, and skill building and support. Services are expected to seek and support the participation of children and their families in the decisions that affect them. Caseworkers have access (phone, email, service visits) to clinical issues consultants within the Department for specialist advice about domestic and family violence, mental health, and drugs and alcohol. Casenotes are input directly to a web-based portal to which designated statutory caseworkers also have access. The caseload for an intensive caseworker is notionally 2 families at any one time and 8 families at any one time for the step down worker. Services are expected to work with 22 families per year.

Eleven Aboriginal IFBS operate across New South Wales. As part of ongoing responses to the Wood Inquiry findings, AbSec, in partnership with the NSW statutory agency, is piloting four community controlled Aboriginal IFBS. The other 7 services are operated within the statutory agency.

Victorian Stronger Families Program (Integrated Aboriginal Preservation and Restoration Service)

A pilot of the Stronger Families Program, involving family preservation and restoration services, commenced in 2010. Pilot services participated in an evaluation that was due to report by the end of 2013. Through intensive family based interventions of up to 12 months, services:

- work to prevent at-risk children and young people being removed from home, and
- for those children who cannot live safely at home, work with parents to address problems and build capacity to reunify families as soon as it is safe.

The target group is Aboriginal children aged 0 to 17 years who:

- are involved with the statutory agency and their protective concerns have been substantiated or likely to be substantiated upon birth
- are considered to be at imminent risk of being placed in out of home care for the first time if appropriate supports were not available to the child and family
- have recently entered out of home care for the first time and the statutory agency has determined that they can safely return home to their parents care if appropriate supports were available to the child and family.

Outcomes sought for children and their families relate to:

- improved safety, stability and developmental outcomes
- reduced number of first time entrants to out of home care
- reduced time spent in care for first time entrants
- reduced statutory child protection involvement and court activity
- encourage and support the services to adapt culturally-sound approaches to achieve the best outcomes.

Referrals are made through the statutory agency. Families are provided with child and family assessments, casework, case coordination across agencies involved with the family, therapeutic treatment and support, practical support, and a 24/7 on call service. Restoration families can access a short term intensive residential setting.

Northern Territory Targeted Family Support Program (TFSS) program

The TFSS program commenced in 2009. It is an intensive early intervention program targeted to families with children aged 0 to 17 years where there are concerns about a child's safety and wellbeing. The family has been assessed by the statutory agency as having high needs but there is a low level of risk to the children. Families are not subject to statutory intervention. Referrals are through the statutory agency, community agencies, such as CAAC, and self-referral. Families are referred for short term, episodic

support or long term support and case management, notionally for 6 to 12 months, to prevent families entering or re-entering the statutory system.

Support is provided to keep families away from future involvement with the statutory system. TFSS goals are to:

- create support options for vulnerable families
- divert high needs, low risk families who have been referred to the statutory agency from involvement with statutory child protection services
- engage external service providers in collaborative practice to keep children safe.

TFSS utilises a two worker model — a caseworker and an Aboriginal Family Support Worker (AFSW) work with each family. Paired workers work with 9 to 12 low, medium and high need families at any one time. An out-posted Community Child Protection Worker is a component of the model to support the service to work closely with the statutory agency. TFSS undertake three functions:

- family assessment response (i.e. structured assessment of the family's needs and strengths and engaging the family in responding to concerns)
- case management (i.e. development and implementation of a case plan)
- brokerage to support the purchase of goods or services related to improving the situation of children within a family context.

Appendix 5

Comparative table
Intensive or targeted family support programs for Aboriginal and Torres Strait Islander families in New South Wales, Queensland, Victoria and Northern Territory, 2014

	New South Wales	Queensland	Victoria Stronger Families	Victoria Restoration Program	Northern Territory
Program objectives	Family preservation, Family Reunification (where restoration is a case plan goal)	Family preservation Family reunification (where reunification is a case plan goal) Prevent re-entry to child protection system	Family preservation Family reunification Prevent re-entry to child protection system	Family reunification	Prevent statutory involvement through entry or re-entry to the system
Target group	Children and their families, living with family or in OOHC	Children (0-18 years) and their families, at risk of entry to OOHC or in OOHC where reunification is the case plan goal	Children (0-18 years) where protective concerns have been substantiated and child is at imminent risk of entry to OOHC for the first time if appropriate supports are not available to the child and family, or child has recently entered OOHC for the first time, and the statutory agency has determined they could safely return to their parents' care if appropriate supports are available	Children living in OOHC and their families	Children and families(0-18 years) where child concern present
Referral pathway	through statutory agency	through statutory agency	through statutory agency	through statutory agency	through statutory agency, community agencies, self-referral
Primary focus	Improve life skills, parenting capacities, coping abilities and problem solving	Improve family functioning, build practical skills	Address the developmental needs of each child and support needs of the family		Create support options for vulnerable children

Duration	Up to 12 weeks and if eligible, step down service for a further 6 months	12 months, but can be extended	Up to 12 months	Up to 6 months	Short term to long term
Immediate response to referral			Joint home visit within 24 hours of referral		
Services can be or are provided outside of standard hours	✓	✓	✓	✓	✓
Access to support 24/7	✓	no	✓ phone support at a minimum	✓	no
Organisational support – Staff skills, training, qualifications and supervision	✓	Stated in funding guidelines and through service standards	Stated in program requirements		Caseworkers & manager – degree level; Aboriginal Family Support Workers – Cert IV
Mix of services provided – practical and therapeutic	✓	✓	✓	✓	✓
Stated priority that services are delivered by community-controlled agencies	✓	Yes, but not if a suitable organisation is not identified	Yes, within the Indigenous Policy Framework	Yes, within the Indigenous Policy Framework	n/a
Client outcomes are monitored and reported	✓	✓	✓	✓	✓
Has the program/s been evaluated?	Yes, in 2008 leading to some changes, and over 2013	No	Yes, during 2013		Yes, in 2009 and 2012