Baptcare

IFSS Evaluation Report Tasmania

2009-2016

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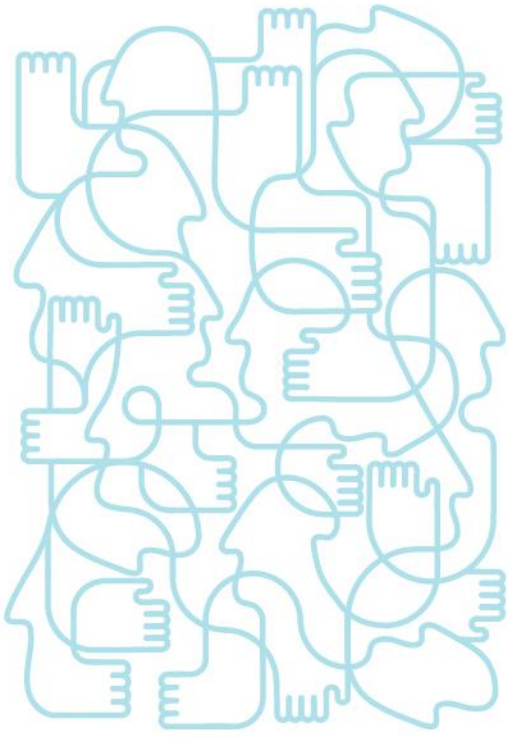
Baptcare



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Executive Summary

The Integrated Family Support Service (IFSS) has been in operation for 7 years, commencing in 2009 following reforms of the Child Protection system. This report provides an evaluation of the IFSS service delivered by Baptcare in the North and South West regions of Tasmania. IFSS provides case management support to families with children under the age of 18 in order to build capacity to parent, strengthen families and promote wellbeing whilst reducing the risk of statutory intervention.

Data presented in this report has been collected from various sources including internal data collection and reporting systems, client files and client satisfaction surveys. Demographic and statistical data provides evidence of specific population groups who have accessed IFSS through Baptcare and alliance agencies and demonstrates inward and outgoing referral information with CPS being the highest referrer into the IFSS service. Baptcare data demonstrates a variety of presenting and complex issues for families, the scope of case management and case support practices applied by IFSS workers and when mapped back to the Baptcare Outcomes Framework, positive outcomes for families across all key domains. Client satisfaction results demonstrate an overall positive client experience of the IFSS service.

Introduction

The Integrated Family Support Service (IFSS) is a case management service that provides support to families with children under the age of 18 years, including unborn children, in areas of parenting and behaviour management as well as complex issues which may be impacting on their capacity to parent. IFSS is a voluntary service and is promoted to be a client-centred, strengths based case management service (DHHS, 2012).

IFSS is located across the state in four regions: the North, North West, South West and South East. Baptcare is the lead agency for IFSS in Tasmania and provides IFSS services in the North and South West with Mission Australia providing IFSS in the North West and South East regions. IFSS is funded through the Department of Health and Human Services as the result of a review of Child Protection Services in Tasmania, KPMG (2008). Referrals to the IFSS service are received through the Gateway service which also operates under the same service system structure as IFSS and was also a key result of the 2008 review.

IFSS aims to improve capacity, strengths and resources within families in order to achieve improved health and wellbeing outcomes for families and children whilst reducing risk and the involvement of statutory services (Child Protection). IFSS workers utilise a range of practice interventions and skills to address family's need for support, information, access to services, skill development and community connection. IFSS workers utilise various strategies which are informed by best practice and strengths based approaches. IFSS workers also utilise strategies that are aimed at improving engagement and allowing access to support through outreach. IFSS provides multiple levels of support based on the needs of the family, taking into account their specific context, culture, family structure and presenting issues. Although IFSS is able to provide support to families in an office based context, the preferred method of support is to meet families in their own homes in order to support engagement and to provide support in real time and within their own physical context.

Background

Following a review of Child Protection services in Tasmania, KPMG (2008) produced a report outlining a proposed model of reforms across the Children and Youth Services and Community Services in Tasmania. As a result of this report, the Gateway service was established in 2009 including the Integrated Family Support Service (IFSS). 2016 marks 7 years of the delivery of the Gateway and IFSS services. In March 2016, the Department of Health and Human Services (DHHS, 2016) launched a proposal for a further redesign of Child Protection in Tasmania and this has potential repercussions for the future of the Gateway service system including IFSS. The purpose of this report is to provide a comprehensive evaluation of the IFSS service in Tasmania with a primary focus on the Northern and South West regions in which Baptcare is the lead service delivery agency in order to demonstrate the level of effectiveness of the service and to propose further enhancements and recommendations to inform further service model development. Although the Gateway and

IFSS services are intrinsically intertwined, the Gateway service has not been included in this report and will be reviewed in a subsequent report.

Operations and IFSS Practice

IFSS was established in July 2009 as part of the state-wide reforms to the Child Protection system with a view to diverting families who did not meet statutory risk thresholds to supports in order to provide information and support to increase safety and capacity within the family context. The development of the Family Support Services Operational Framework (2012) provided further structure to the delivery of family support services within the reform strategy with a focus on "easy access, earlier intervention, targeted services and partnerships between service providers which match services to need" (DHHS, 2012). The operational framework outlines two key outcomes for the delivery of IFSS services: The reduction of risk factors and the increase in protective factors. The framework is also underpinned by 9 principles (DHHS, 2012) for which family support services are to operate in order to achieve these 2 key outcomes:

1. Children's safety, stability and development are the community's responsibility
2. The service system will support and intervene early to protect unborn babies, children and young people and to improve family functioning
3. All services have a strong focus of continual improvement regarding children's developmental needs
4. Services will focus on building the capacity of parents, carers and families to improve outcomes for children
5. Children's and family support services will be integrated and co-ordinated
6. Flexible, timely and solution focused services will be provided in the best interests of the child, which will improve family functioning
7. Family support services will be outcomes focused
8. Culturally sensitive responses will be available for children, young people and families from culturally and linguistically diverse groups
9. Culturally competent service responses will be available for Aboriginal children and families

The framework also outlines key qualifications and skills sets (DHHS, 2012) expected of IFSS workers in order to deliver best practice to families and achieve expected outcomes through key elements of the service approach:

- Assertive outreach
- Ongoing outreach
- Capacity to commit with hard to engage and resistant families
- Intake and assessment
- Case management
- Casework

- Practical support and skills development
- Sustained enduring support
- Brokerage
- Access for aboriginal and CALD children, young people and families
- Participation in Area Advisory Groups
- Collaborative working relationships
- Link to other initiatives
- Links to other service systems

IFSS workers are expected under the operational framework to provide quality, culturally appropriate, collaborative and best practice casework interventions to families.

The operational framework outlines three levels of support to be delivered by IFSS allowing for varying degrees of support depending on the individual needs of the family. An additional element to IFSS support is the active holding intervention for families who are waiting for allocation to formal IFSS case management support to ensure that all who are referred receive a service.

The operational framework was influenced heavily by service system practice in Victoria which was considered at the time to be Best Practice. In keeping with this, Baptcare designed its IFSS service based on the Victorian government's Best Interest Case Practice Model (2008). This practice model heavily influenced the design of key tools in Baptcare's IFSS service delivery including the prioritisation and case planning tools. The key domains of this model are consistent with the risk factor and protective factor domains outlined in the operational framework:

- Safety
- Stability
- Development and Wellbeing
- Parent / Carer capability
- Family composition and dynamics
- Social and economic environment
- Community partnerships, resources and social networks

Families are referred to IFSS through the Gateway service via various sources including Child Protection, Community Service Organisations and families themselves. Once allocated to a family support worker, families are met at a location of their choosing which may be at the office, in their home or another community based location. The family support worker provides information about the service, the client's rights and responsibilities, consent and confidentiality and discusses with the family what their identified support needs are. The case plan is informed by the family's perspective and identified goals. The assessment and case planning process utilises the Signs of Safety approach (Turnell & Edwards, 1999) in which the family is supported to identify what they are worried about, what is working well and what needs to happen. This approach allows for the input of children also using the three houses or the fairy and wizard tools, allowing all family members to have a say in

the intervention the family receives. Strategies and interventions are then co-designed with the family and reviewed at 3 monthly intervals until the family identifies that their goals have been met, at which point the family is exited from the program.

Moore (1990) describes the role of case management as “enabling individuals and primary groups to reach their full potential and on facilitating more effective interaction with the larger social environment”. The purpose of the IFSS program is not just to address underlying support needs for the family but working towards long term capacity building and social integration through aspects of case management: Assessment, referral, advocacy, planning and evaluation (Case Management Society of Australia, 2009) and establishing safe and participatory relationships (Gronda, 2009).

This report evaluates each aspect of IFSS practice and outcomes as well as providing key output data in order to inform future program development and service delivery.

Methods

A mixed methods approach was taken to the data analysis presented in this report due to varying sources of qualitative and quantitative data.

Demographic and client related quantitative data was obtained from IRIS and internal tracking sheets. Data was collated and analysed in two separate groups according to data available from the source: clients allocated to Baptcare IFSS, and all Baptcare and Alliance agencies IFSS clients. Data was collected on the number and types of clients, referral sources, allocated IFSS agency, number of weeks of IFSS support, presenting issues and closure information through IRIS and tracking sheets and was analysed based on clients who were allocated to Baptcare IFSS and all Baptcare and Alliance agencies IFSS clients. Data relating to service delivery was obtained through IRIS and was analysed based on Baptcare IFSS clients only due to a lack of access to this information for alliance agency IFSS clients.

157 items in the Northern tracking sheet recorded no referral decision. Therefore, where the closure reason was recorded as ineligibility for service or the closure date was less than 1 month from the referral date and the closure reason was recorded as non-engagement or referral to another agency, the assumption was made that the case was closed in the Gateway and was not included in the IFSS data analysis. The remaining 37 entries with no closure reason had additional gaps in data which required electronic client file checks to ascertain referral decision to determine inclusion in the data set.

Searches on client names including known aliases and multiple surnames were utilised to determine the number of repeat referrals. Cross matching across regions was not conducted and therefore clients who may have accessed the service in the North and South West were not included in this sample set. Clients who changed surnames between referrals and did not have both surnames recorded on their client record also were not able to be included in this data set. Searches were also

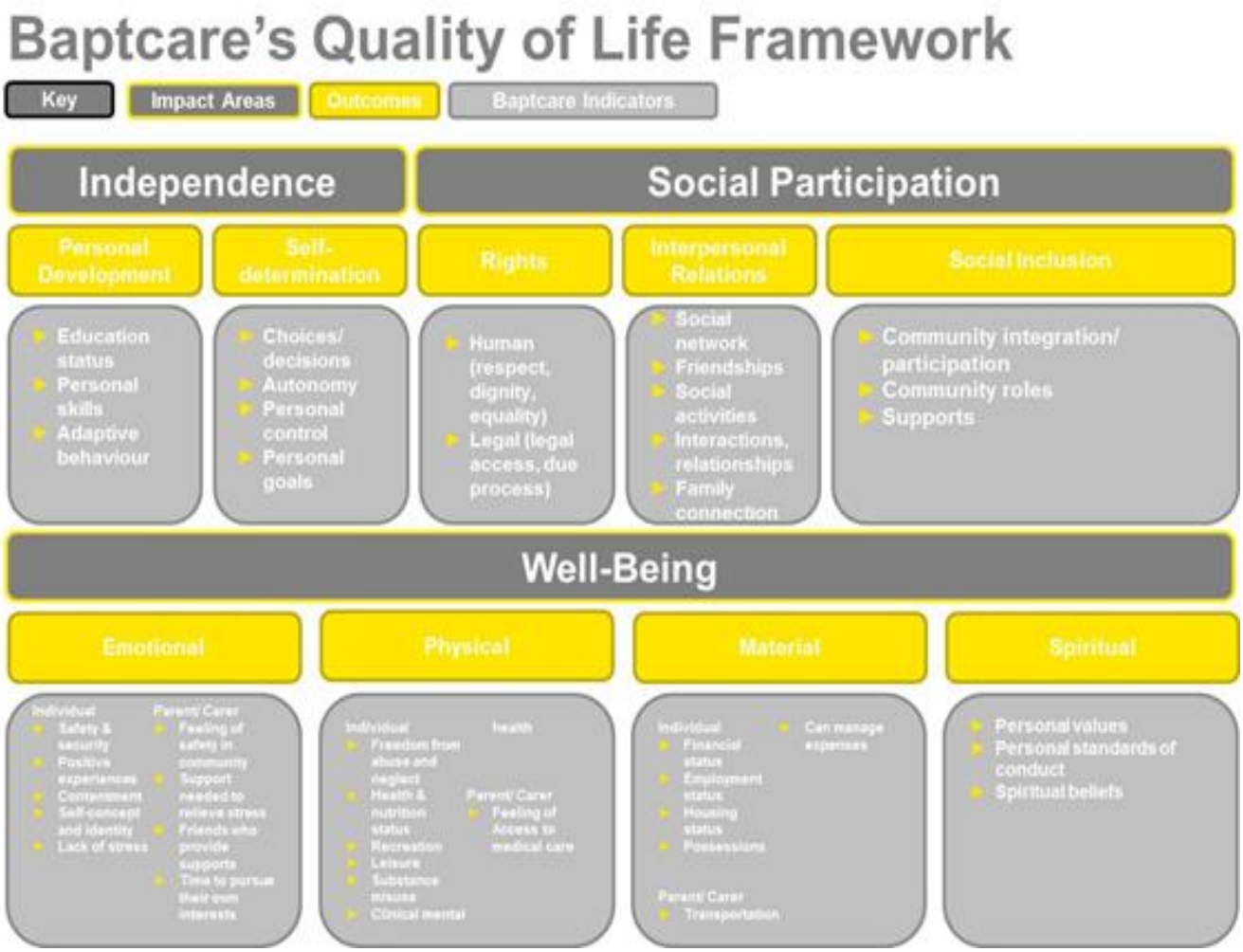
limited due to differences in spelling of Christian and surnames. Duplicate client records with the same name were cross checked with other identifying information to ensure clients with the same name were not counted as repeat referrals.

Comprehensive file analysis was conducted on 98 client files from July 2009 to December 2015. Files from 2009 only cover the period from July to December due to the service commencing in July 2009. Files from 2016 have not been included due to ongoing service delivery resulting in a low number of available closed files to select from. Files were selected at random based on 10 files per year for the Northern region and 5 files per year for the South West region from 2010-2015, 5 files for 2009 in the Northern region, and 3 files from 2009 in the South West region. 65 client files from the Northern region (10.7% of 610 Northern Baptcare IFSS files) and 33 from the South West region (11.3% of 291 South West Baptcare IFSS files) have been coded and analysed based on client goals and outcomes, information sharing and documentation, case management practice and professional skills demonstrated by the worker during the service period. Client information has been de-identified and recorded based on presenting issues and interventions / supports provided by the worker.

Client goals were obtained from documentation on file (including CAF tool, WAAM prioritisation tool and Case Plans), mapped against the Baptcare outcomes framework and coded at baseline (intake)and closure based on a scale of 1-7 (1 = goal not reached, 2-3 = goal partially reached, 4-5 = goal substantially reached and 6-7 = goal fully reached) in accordance with IRIS goal completion categorization. 801 individual client goals were recorded for 98 families. Due to retrospective data collection and file review methodology, attribution of Baptcare's contribution to change was unable to be ascertained.

Results of outcomes have been collated in two manners: according to Baptcare Quality of Life Framework (Ernst & Young, 2016) Outcomes and according to client goal statements. BQOL (Table 1) outcomes provide data demonstrating changes in 9 outcome areas and then further broken down into 36 client outcomes. Keyword searches were conducted to ensure consistency in outcome and goal categorization.

Table 1: BQOL Framework outcome areas and client outcomes



Client goals were categorised into the 36 client outcome areas and then collated into like categories for further analysis allowing for greater detailed results of client outcomes.

Qualitative data was collected from documentation on file regarding information provision to clients, client's presenting issues, assertive engagement techniques, aspects of case management and professional skills and interventions utilised. IFSS interventions and supports were categorised and collated for analysis into the following categories: Access, Safety, Health and Wellbeing, Parenting Support, Interpersonal Support, Case Management Practice, Practical Support, and Therapeutic Support (see Table 7 for further information on these categories).

Client satisfaction survey results collected since the commencement of IFSS was analysed to provide quantitative data around client perception of service delivery for Baptcare IFSS clients only. Survey results incorporate feedback from 45 clients from the North and South West region from 2009-2015. Due to design of the survey using multiple scaling definitions, responses have been coded as follows to provide standardization in the presentation of results (see Table 2).

Table 2: Recoding classifications for client satisfaction surveys

1	2	3	4
Poor	Fair	Good	Excellent
No definitely not	No not really	Yes generally	Yes definitely
None of my needs met	Few of my needs met	Most of my needs met	All of my needs met
Quite dissatisfied	Indifferent or mildly satisfied	Mostly satisfied	Very satisfied
Did not help		Helped somewhat	Helped a great deal
Strongly Disagree	Disagree	Agree	Strongly agree
Disagree	Undecided	Agree	Strongly agree

Results

Number of cases

In the period July 2009 to 30th June 2016, the South West Gateway received 2387 family services referrals and the Northern Gateway received 2766 family services referrals, a total of 5153 referrals (see Table 3). Of these, 43.35% (n=2234) referrals were closed at the Gateway (1087 in the SW, 1147 in the North), 2.48% (n=128) cases were referred to the Grandparents and other relative carers program (49 in the SW and 79 in the North), 2.78% (n=143) cases were referred to TYSS (SW only) and 4.4% (n=227) cases were referred to SYP (North only). A total of 46.9% (n=2421) cases were allocated to an IFSS provider (1108 in the SW and 1313 in the North).

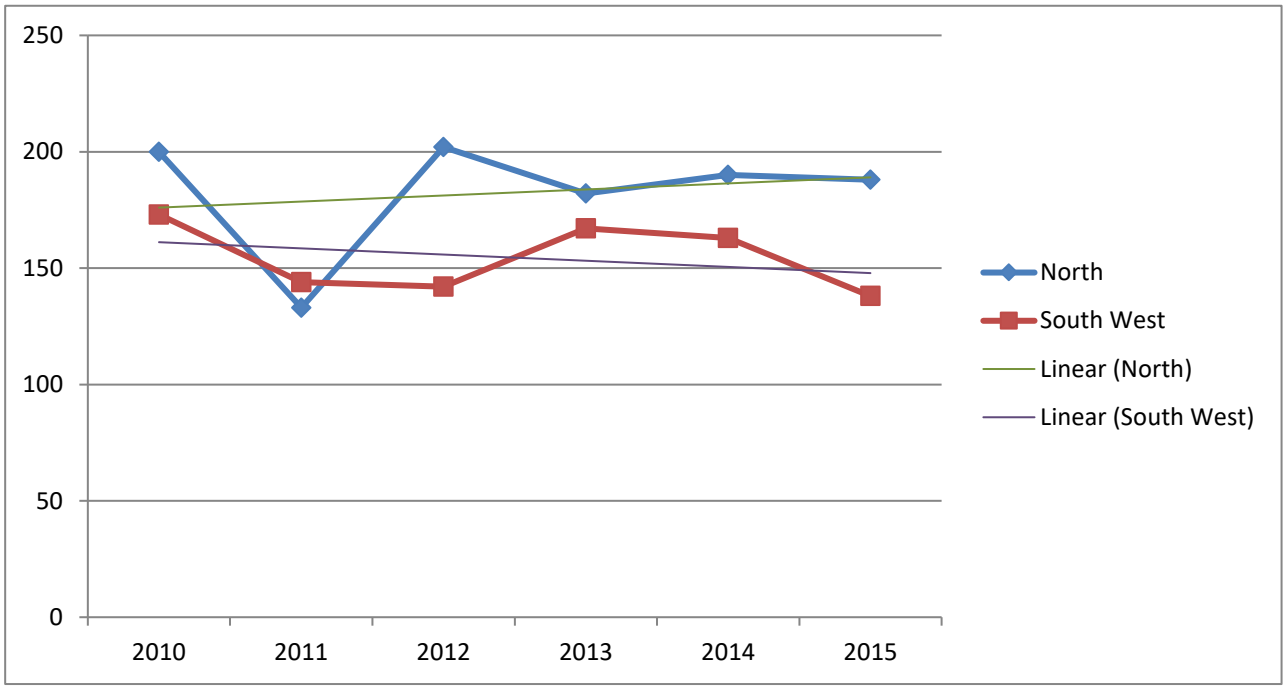
Table 3: Allocation of IFSS referrals by IFSS provider agency

SW IFSS referrals:		**North IFSS referrals**	
Baptcare	291	Anglicare	35
Centacare (to 23/9/10 only)	39	Baptcare	610
Good Beginnings	207	Centacare / Catholic Care	135
Hobart City Mission	261	Glenhaven	123
Lady Gowrie	61	GTNH	3
Maranoa Heights (to 14/10/10 only)	18	Mission Australia	210
Mission Australia	105	NSCC	100
UnitingCare (NEWPIN)	77	UnitingCare	14
UnitingCare (PYPS)	49	UnitingCare (NEWPIN)	50
		UnitingCare (PYPS)	32

Number of referrals

Chart 1 demonstrates the number of referrals allocated each year from 2010-2015. 2009 and 2016 have not been included in this data set due to service delivery only covering part of each of these years. The North shows fairly consistent allocation numbers except for a significant drop in 2011. The South West shows more variation with the highest number of allocations in 2010, 2013 and 2014 with lower numbers in 2011, 2012 and 2015. The North allocations demonstrate an upwards trend of allocations whereas the South West region is demonstrating a decline in the number of allocations each year.

Chart 1: Number of allocations each year for North and South West regions



Number of children

Of the 2421 families who received IFSS, 6012 children were included in the service delivery (SW n=2512, North n=3294) including 206 unborn children (SW n=81, North n=125). Table 4 demonstrates the number of children who received a service by age and gender.

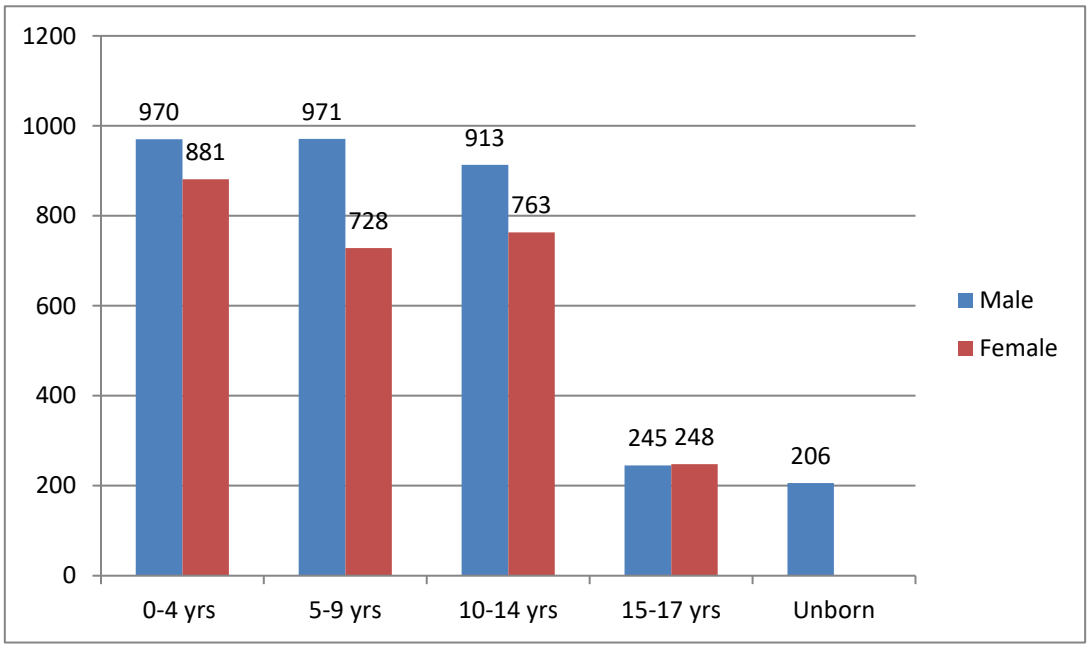
Table 4: Age and gender of children who received IFSS

SW IFSS		**North IFSS**	
0-4 (male)	397	0-4 (male)	573
0-4 (female)	385	0-4 (female)	496
5-9 (male)	409	5-9 (male)	562
5-9 (female)	277	5-9 (female)	451
10-14 (male)	394	10-14 (male)	519
10-14 (female)	332	10-14 (female)	431
15-17 (male)	113	15-17 (male)	132

15-17 (female)	118	15-17 (female)	130
Unborn	81	Unborn	125

Chart 2 provides a graphical representation of the age groups and gender of children who received a service through IFSS. Across all IFSS services in the North and SW of the state, the 0-4yr age group is the highest represented group followed by the 5-9 and 10-14yrs groups with gender relatively evenly split.

Chart 2: Age and gender of grouped data (n)

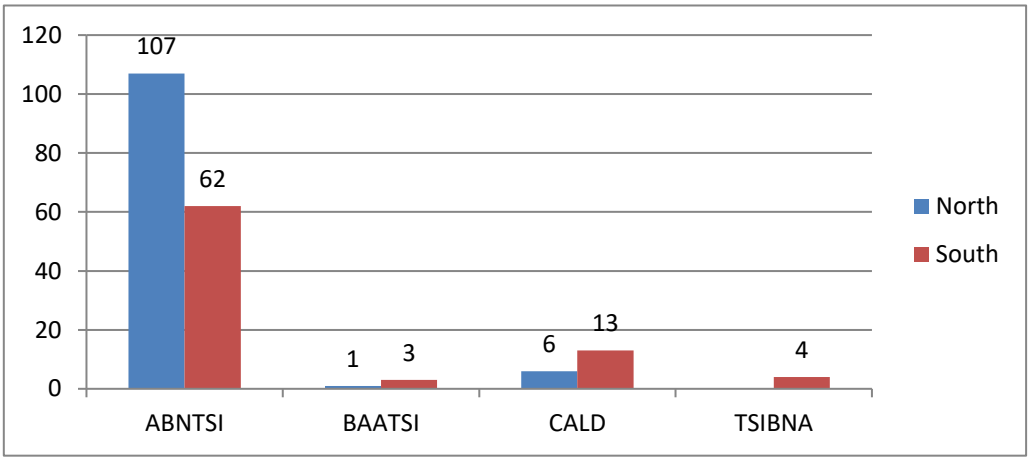


Aboriginal and CALD clients

Chart 3 provides a graphical representation of the cultural identity of IFSS clients across the North and South West. 14.5% of Northern IFSS clients and 6.22% of South West IFSS clients were identified as Aboriginal or Torres Strait Islander at the point of intake whereas 1.2% of South West IFSS clients and 0.5% of Northern IFSS clients were identified as CALD at the point of intake. 91% of Northern IFSS clients were identified either as NANTSI (not Aboriginal or Torre Strait Islander 85%) or DNMCCNA (Aboriginality was unable to be ascertained at intake 6%). 92.5% of South West clients were identified as either not NANTSI (29.6%) or DNMCCNA (62.9%). The similar percentages but differences in split between NANTSI and DNMCCNA in the North and South West indicate that there may be a difference in practice around the classification of clients who are not directly identified as Aboriginal or Torres Strait islander; that is it appears that the Northern intake staff appear to classify

as not Aboriginal or Torres Strait islander and South West staff use the classification of did not meet client, could not ascertain when Aboriginal status is not obtained.

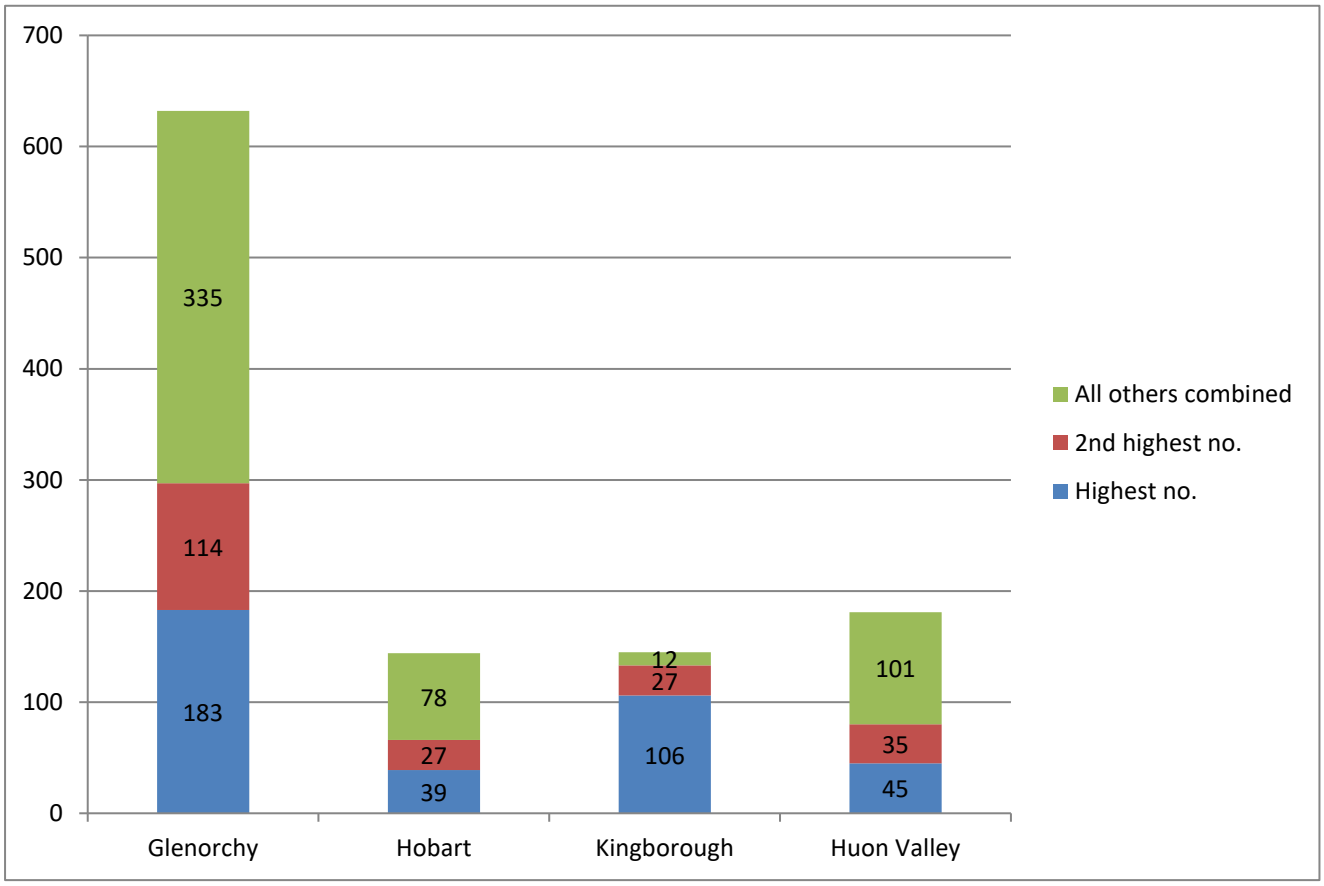
Chart 3: Aboriginal and CALD clients across the North and South West (%)



Spread of services

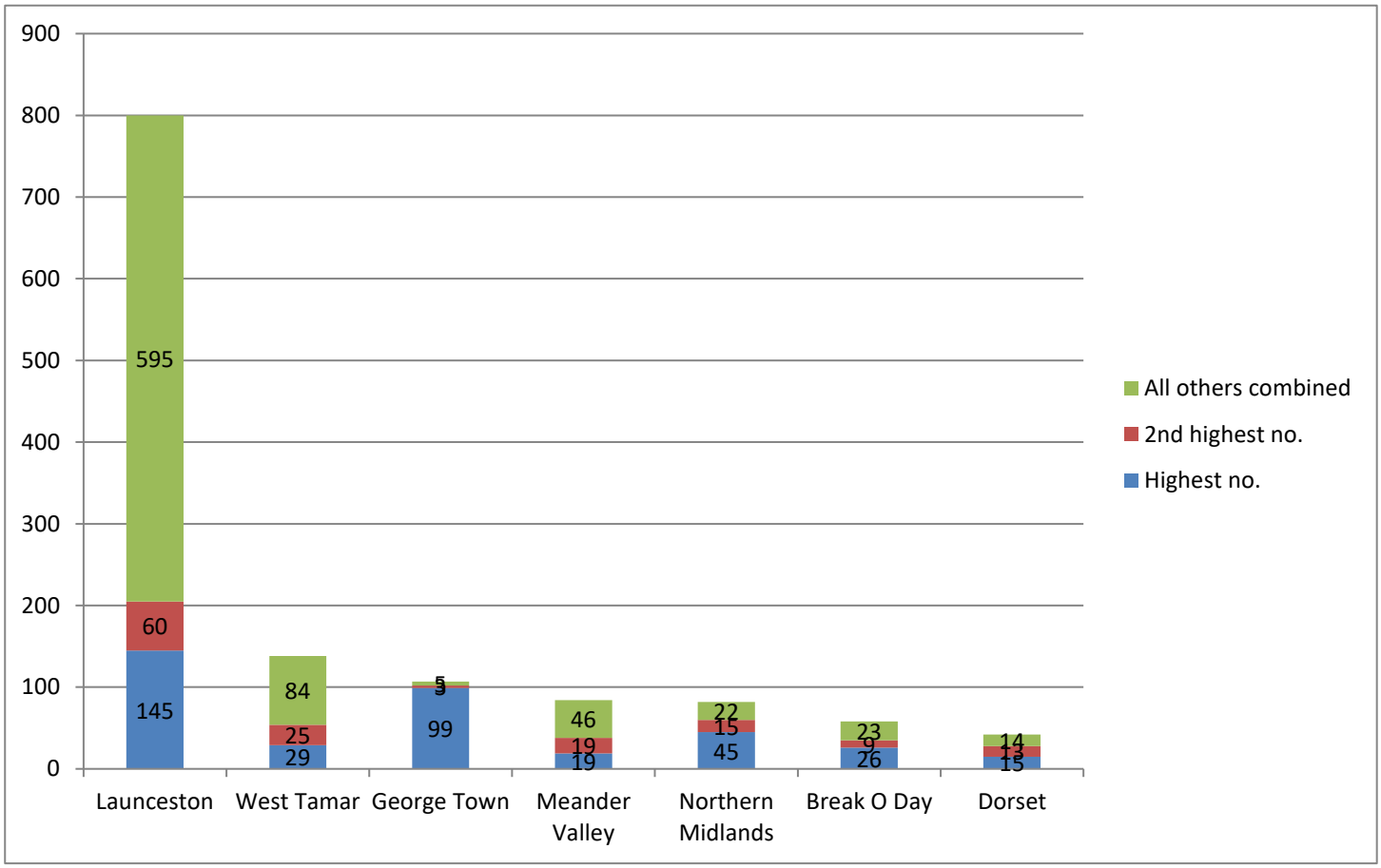
The South West IFSS clients span across 4 local government areas (LGA's): Glenorchy (57%), Kingborough (13%), Hobart (13%) and Huon Valley (16%). Within the Glenorchy LGA, the highest number of clients live in Glenorchy (n=183) and Claremont (n=114) making up a total of 47% of clients within this LGA. Within the Hobart LGA, the highest number of clients live in New Town (n=39) and South Hobart (n=27) making up a total of 46% of clients within this LGA. Within the Kingborough LGA, the highest number of clients live in Kingston (n=106) and Blackmans Bay (n=27) making up a total of 73% of clients within this LGA. In the Huon Valley, the highest number of clients live in Huonville (n=45) and Geeveston (n=35) making up a total of 55% of clients within this LGA. Chart 4 demonstrates the population of clients across South West LGA's.

Chart 4: South West Client population split by LGA (n)



The North IFSS clients span across 7 LGA's: Launceston (61%), West Tamar (10.5%), George Town (8%), Meander Valley (6.4%), Northern Midlands (6.2%), Break O Day (4.4%), and Dorset (3.2%). Within the Launceston LGA, the highest number of clients live in Ravenswood (n=145) and Newnham (n=60) making up a total of 25.6% of clients within this LGA. Within the West Tamar LGA, the highest number of clients live in Riverside (n=29) and Beaconsfield (n=25) making up a total of 39% of clients within this LGA. Within the George Town LGA, the highest number of clients live in Georgetown (n=99) and Low Head (n=3) making up a total of 95% of clients within this LGA. In the Meander Valley, the highest number of clients live in Deloraine (n=19) and Westbury (n=19) making up a total of 45% of clients within this LGA. In the Northern Midlands, the highest number of clients live in Longford (n=45) and Perth (n=15) making up a total of 73% of clients within this LGA. In Break O Day, the highest number of clients live in St Helens (n=26) and Fingal (n=9) making up a total of 60% of clients within this LGA. In Dorset, the highest number of clients live in Scottsdale (n=15) and Bridport (n=13) making up a total of 67% of clients within this LGA. Chart 5 demonstrates the population of clients across Northern LGA's.

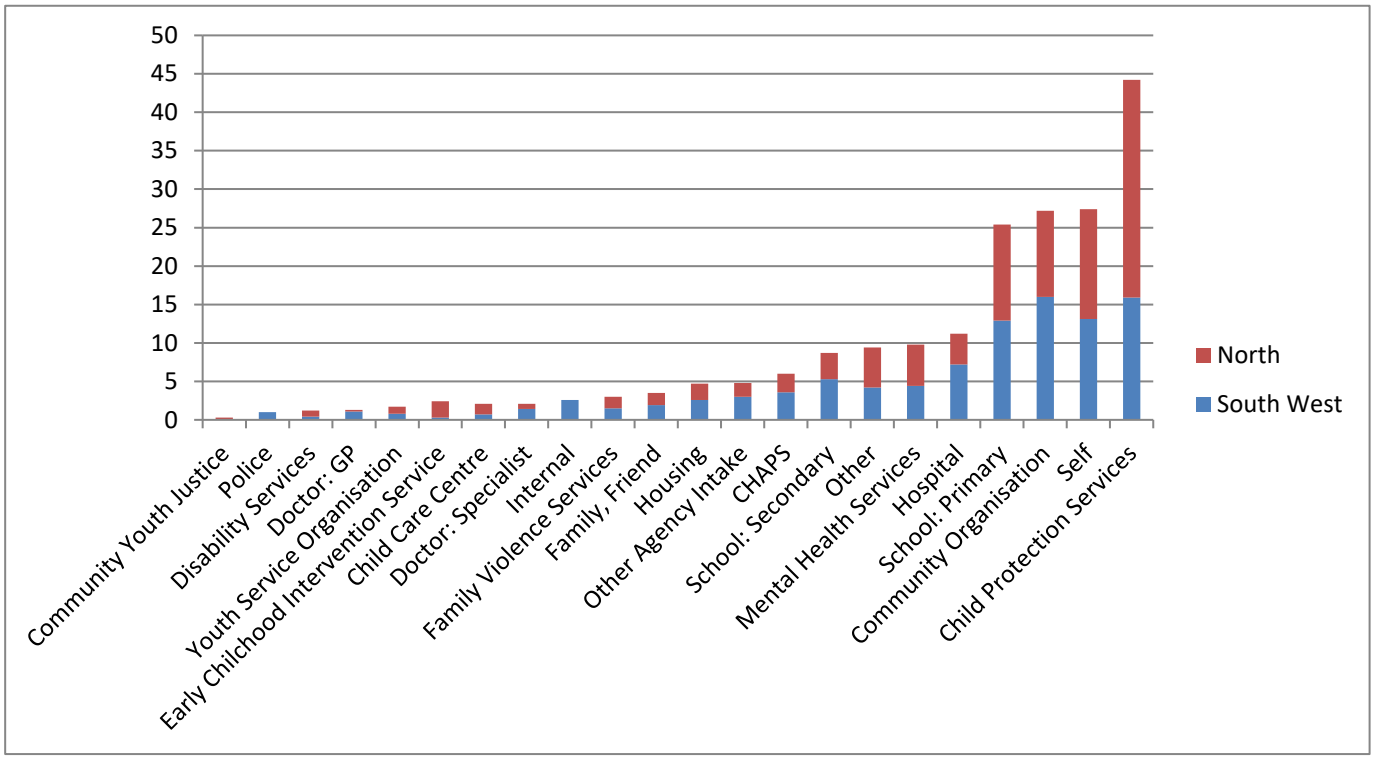
Chart 5: Northern client population split by LGA (n)



Referral sources

In the South West region, the highest number of referrals came from Community Service Organisations (16%), Child Protection (16%), and self-referrals (13%). In the North region, the highest number of referrals came from Child Protection (28%), self-referrals (14%) and primary schools (12.5%). Referrals from 8 referral source groups (Child Protection, self-referrals, community service organisations, schools, hospital, mental health services, CHAPS and Housing) make up 82.3% of referrals that proceed to IFSS allocation. Chart 6 demonstrates the number of IFSS referrals that proceeded to allocation from all referral sources across the North and South West regions.

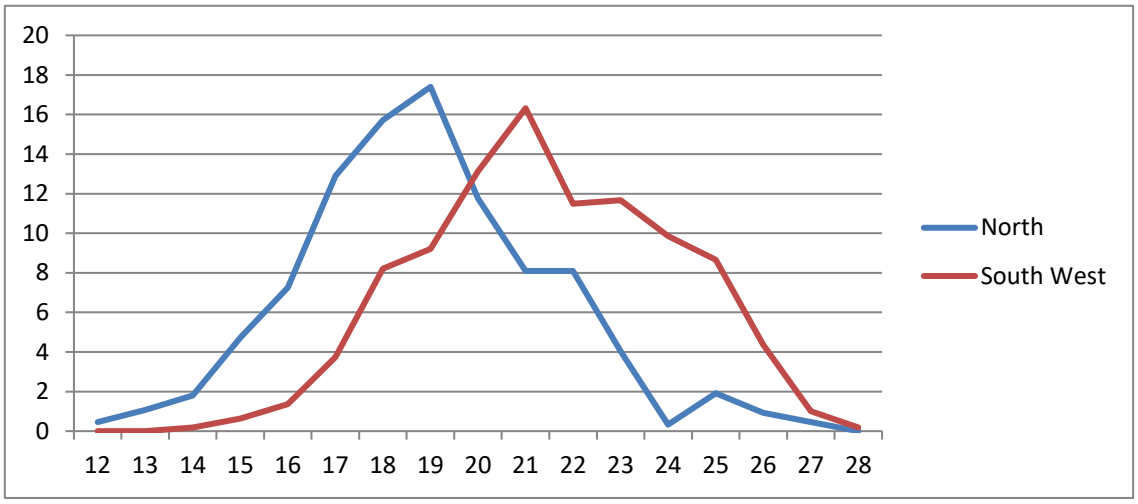
Chart 6: Referral sources for North and South West combined (%)



Case allocation prioritisation

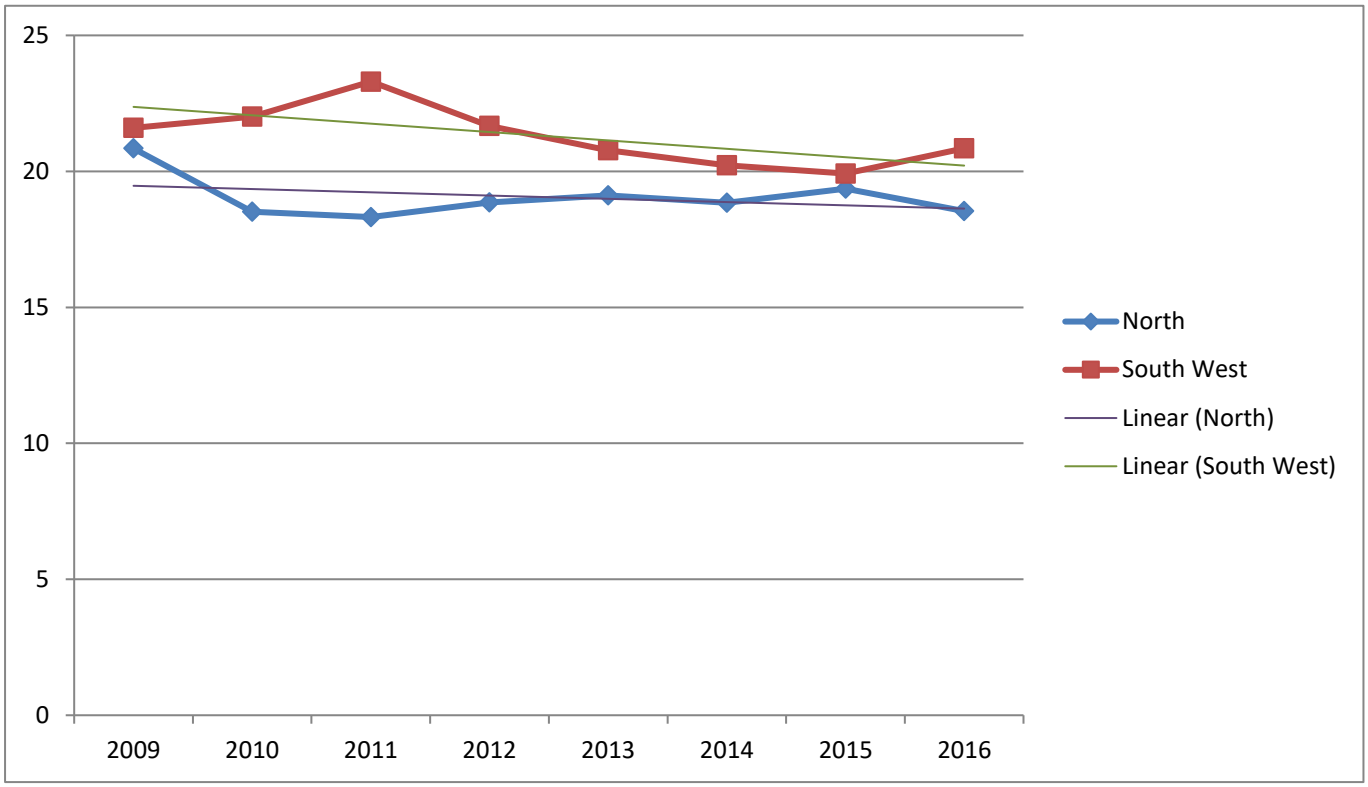
Cases allocated to an IFSS worker were prioritised at the intake point according to 7 criteria: The children's best interests, safety and stability, strengths and protective factors, identified risks, the caregiver's view of the risks, the child's view of the risks, and the motivation to engage. Each criteria was scored on a scale of 1-4 (4=significant concerns, 3 = some concerns, 2 = limited concerns, 1 = no concerns) providing a final prioritisation score out of 28. Cases were classified as 0-10: Low risk, 11-17: low to medium risk, 18-21: medium to high risk and 22-28: high risk. For IFSS cases allocated in the North the average prioritisation score was 19 (medium to high risk) and in the South West, 21 (medium to high risk). Chart 7 demonstrates the spread of prioritisation scores across the North and South West.

Chart 7: Percentage of allocations for prioritisation scores North and South West (%)



In the North, the most number of allocations fell in the 17-20 range and in the South West, the most number of allocations fell in the 20-23 range. Chart 8 represents the average prioritisation score across the period 2009-2016. The North appears to have relatively consistent scoring across the 7 year period (18.32 – 19.36) with the exception of 2009 where the number of higher scored allocations exceeds all other years (20.84). The South West has significantly more variation in annual prioritisation averages (19.92 – 22.01). This could indicate a difference in practice in scoring across the North and South West or could represent a variance in the level of risk and complexity involved in cases across the two regions. Both North and South West prioritisation scores demonstrate a downwards trend, more significant in the South West region.

Chart 8: Average prioritisation scores North and South West from 2009 – 2016



In the North region, 44.5% (n=584) of IFSS allocations relate to 256 clients and in the South West region, 37.1% (n=411) IFSS allocations relate to 181 clients due to repeat service access. In both regions, the number of referrals for repeat clients ranged between 2 and 5. The large majority of clients accessed the service twice (77.7%, n=199 in the North and 77.3%, n=140 in the South West) with 16.8% (n=43) in the North and 18.2% (n=33) in the South West accessing 3 times, 4.7% (n=12) in the North and 3.3% (n=6) in the South West accessing 4 times and 0.8% (n=2) in the North and 1.1% (n=2) in the South West accessing 5 times across 7 years.

In the South West, 45.2% (n=104) subsequent allocations had a lower prioritisation score, 16.5% (n=38) were self-referrals and 10.9% (n=25) were referred by Child Protection. In the North, 41.2% (n=135) subsequent allocations had a lower prioritisation score, 17.9% (n=59) were self-referrals and 27.7% (n=91) were referred by Child Protection. Of the 181 clients in the South West who received multiple allocations, 78.4% (n=142) had a recorded previous CP history, 14.9% (n=27) were referred initially by Child Protection and only 33% (n=9) of these clients had subsequent referrals from Child Protection. Of the 256 clients in the North who received multiple allocations, 58.2% (n=149) had a recorded previous CP history. It should be noted that the practice of recording CPS history on the tracking sheet does not appear to have taken place in the North as it was in the South West and

therefore clients with CPS history may not have been included in these results. 24.6% (n=63) were referred initially by Child Protection and only 39.6% (n=25) of these clients had subsequent referrals from Child Protection.

Presenting issues

Chart 9 demonstrates the top 10 presenting issues and the number of occurrences for all Baptcare IFSS (n=291) clients in the South West at the point of intake (noting that 11 issues are presented due to Access to Service and Alcohol and drugs having the same number of occurrences). Each presenting issue may have a number of subcategories and therefore the total number of occurrences for each presenting issue may exceed the number of clients as some clients may have been experiencing issues in more than one subcategory (refer to Table 6 for a comprehensive list of presenting issue subcategories). Data relating to presenting issues is dependent on the intake worker identifying and recording the issue at the point of intake. Therefore, the results presented in the chart below are a representation of the most commonly identified issues at the point of intake however the numbers may be underrepresented due to differences in data entry. Due to the North Intake service having had a more stable staff retention rate in the Gateway across the 7 years, the Northern data is likely to be more representative of true prevalence rates of presenting issues than the South West.

Chart 9: Top 10 presenting issues for IFSS identified at intake – South West (n)

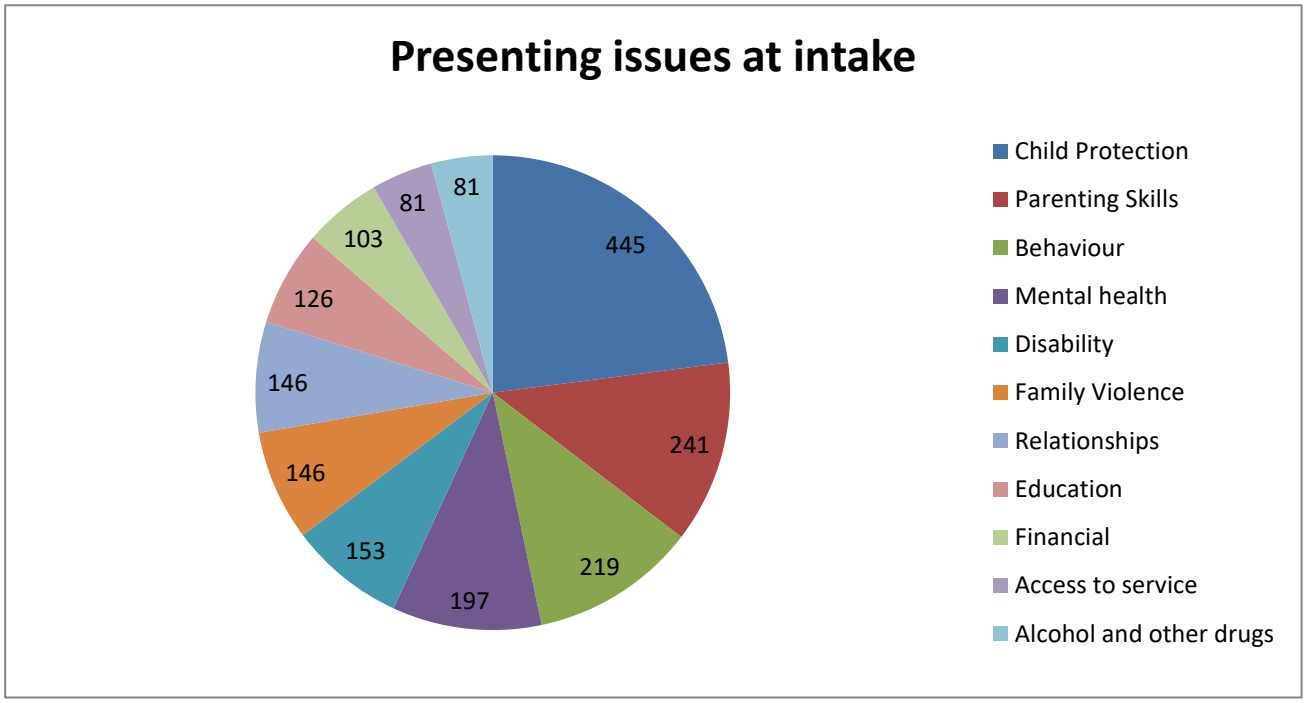
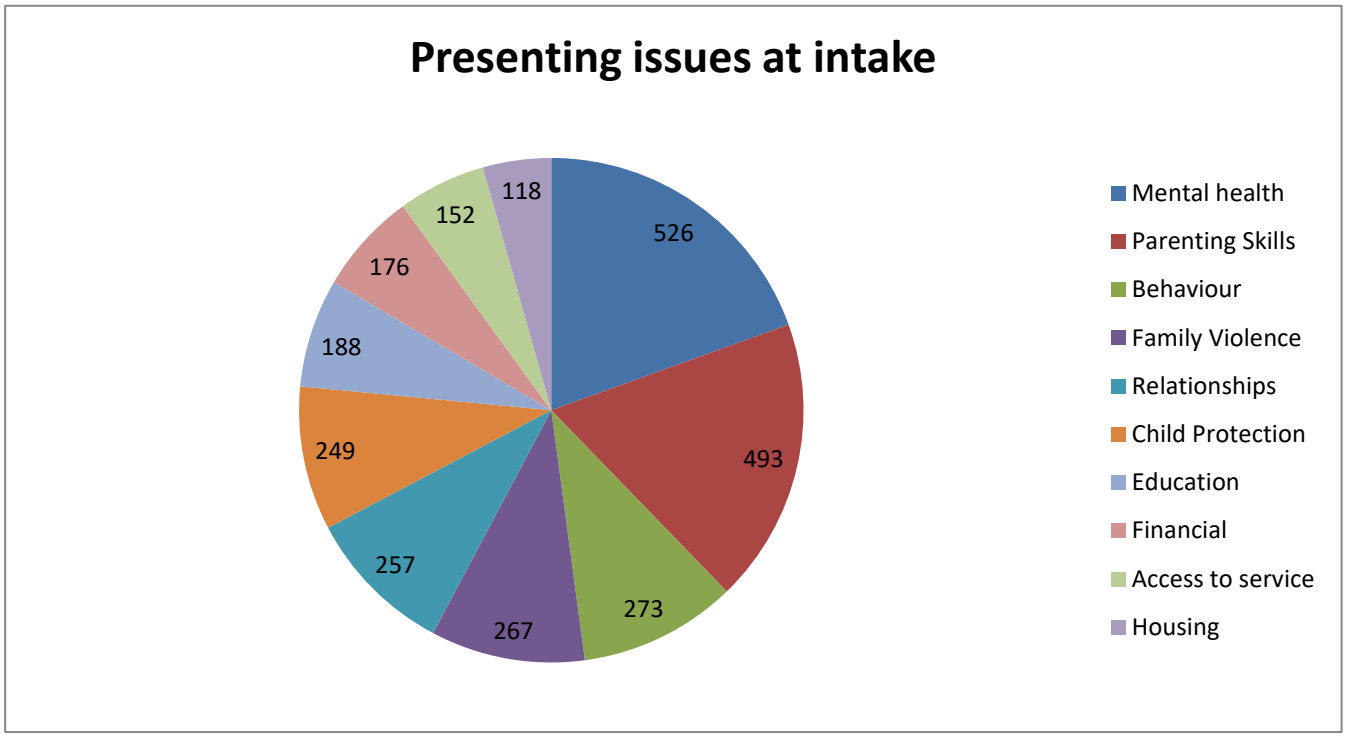


Chart 10 demonstrates the top 10 presenting issues and the number of occurrences for all Baptcare IFSS (n=610) clients in the North at the point of intake.

Chart 10: Top 10 presenting issues for IFSS identified at intake – North (n)



Hours of service delivery

In the South West, Baptcare IFSS workers completed a total of 20,202 hours (2658 work days) of service delivery to 291 clients including 3572 hours of travel, averaging 69.4 hours per client. In the North, Baptcare IFSS workers completed a total of 35,445) hours (4532 work days of service delivery to 610 clients including 6508 hours of travel, averaging 58.1 hours per client.

Table 5 demonstrates the number of direct and indirect service delivery provided by Baptcare IFSS workers in the North and South West. Direct service delivery includes face to face contact with clients, phone calls with clients and case conferencing and meetings where the client attends. Indirect service delivery includes client related support activities such as case planning, case notes and other administration, case consultation, referrals to services and case conferencing and meetings where the client does not attend.

Table 5: Number of client service activities in the North and South West (Baptcare IFSS) (n)

Service Delivery Type	Direct Service North	Direct Service South West	Indirect Service North	Indirect Service South West
Active holding	47	35		
Case closure			276	259
Case planning / review			510	564
Case related support			630	1166
Case conference	226	79	266	157
Consultation	338	260	7083	3434
Client visits	4077	2688		
Phone calls	3798	4841		
Support activities			19779	7573
Consult CPS			608	659
Intake processes			100	246
Referral			1069	175
Notifications to CPS			84	82

Referrals to services

Chart 11 demonstrates the types of services that Baptcare IFSS workers in the South West have referred clients to and Chart 12 demonstrates the same for the North. Referrals made to services by IFSS workers vary in occurrence but have little variation in service type across the North and South West regions and correlate strongly with presenting issues at intake.

Chart 11: Referrals to services in the South West (n)

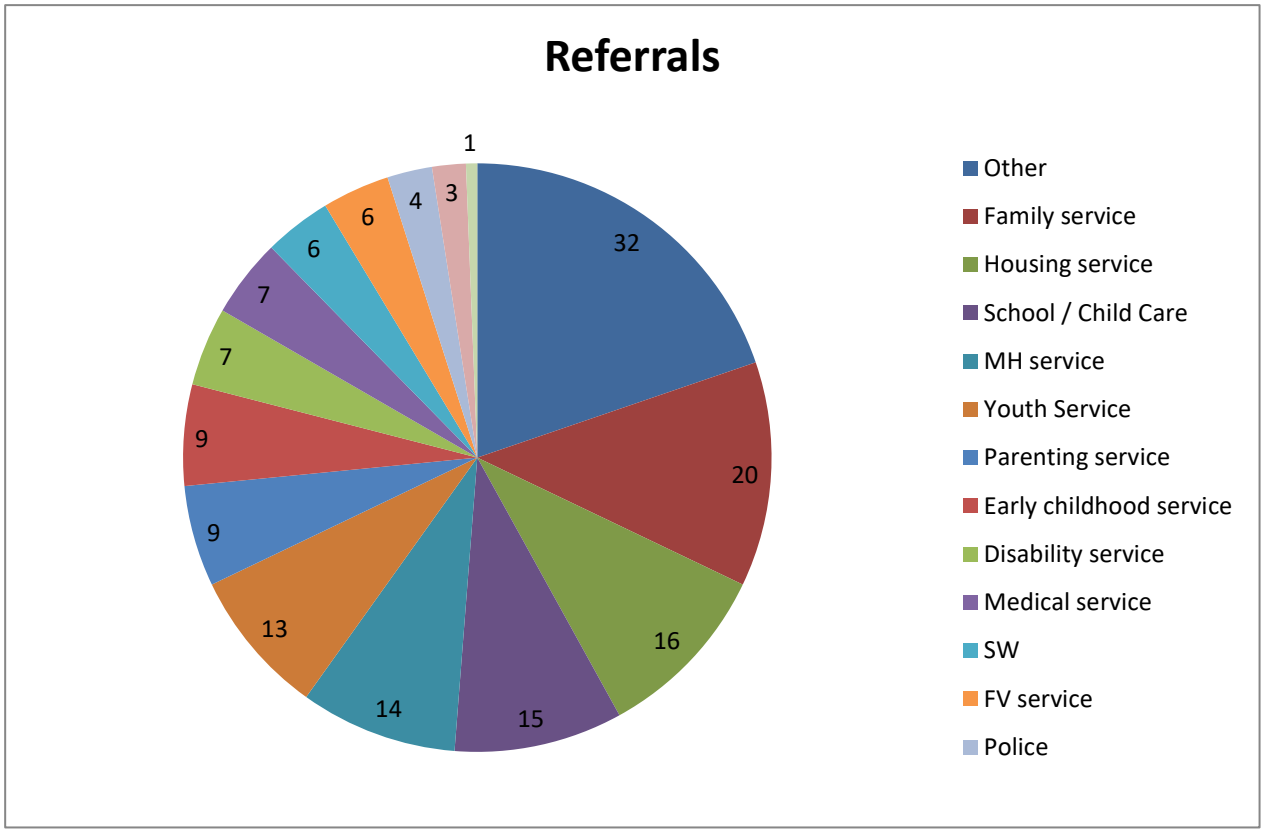
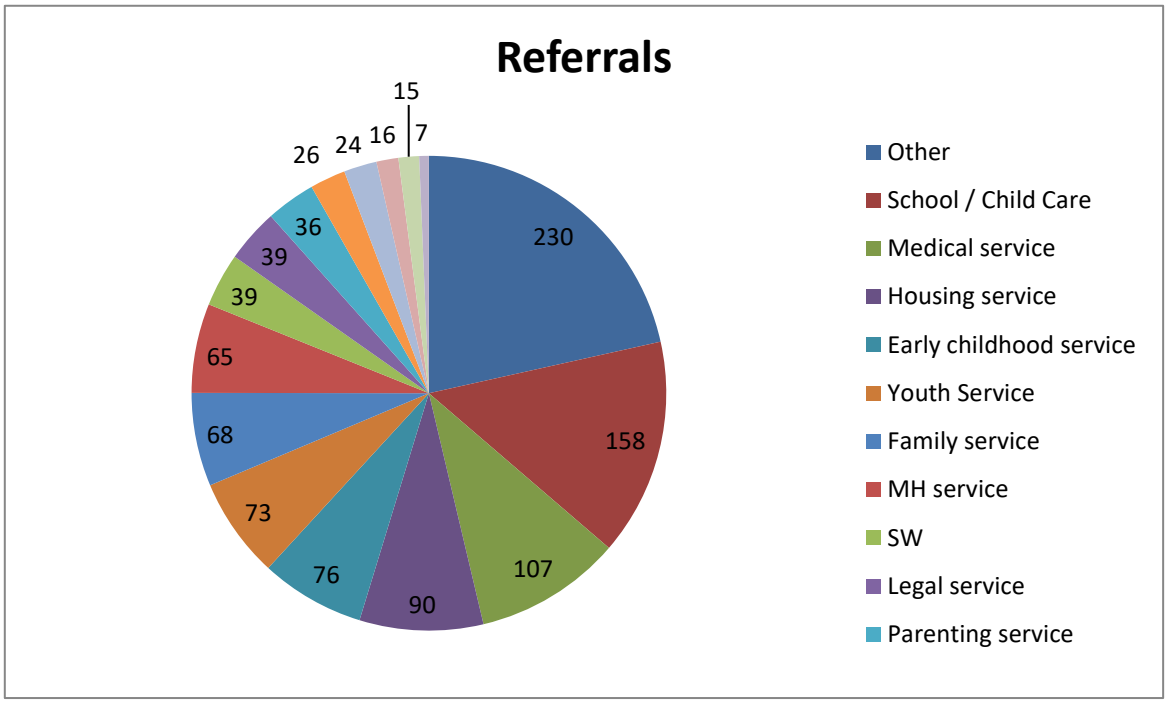


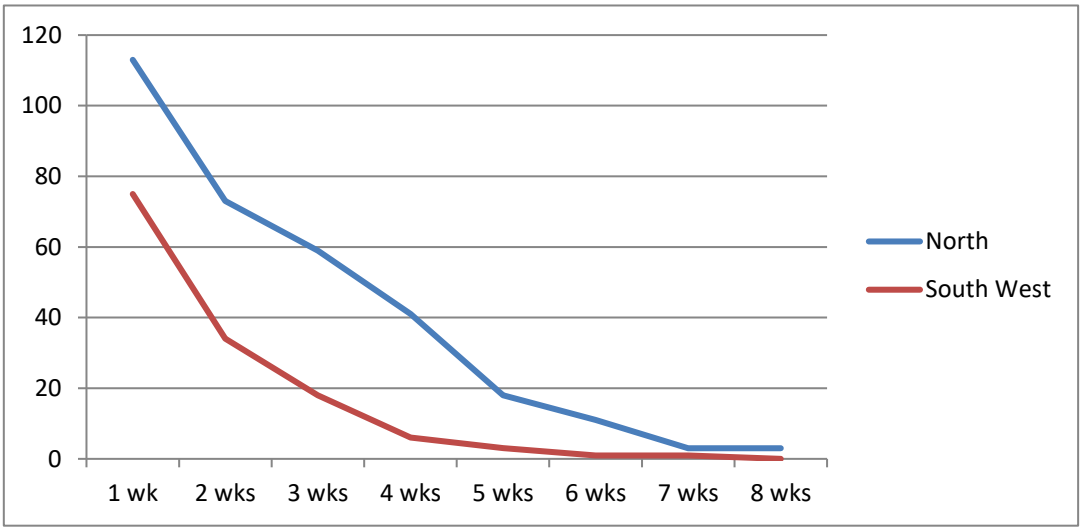
Chart 12: Referrals to services in the North (n)



Active hold

27.6% (n=362) of clients in the North and 12.9% (n=143) in the South West were subject to an active holding period prior to allocation for active IFSS casework. Active holding periods in the North ranged from 1-8 weeks and 1-7 weeks in the south. Chart 13 demonstrates the number of clients on active hold for each number of weeks, demonstrating the average time waiting for case work allocation to be 2.3 weeks in the North and 1.8 weeks in the South West.

Chart 13: Number of weeks on active hold (n)



Length of engagement and case closure

Northern IFSS clients engaged with the service between 2 and 164 weeks or an average of 39 weeks (9 months). 16% of clients engaged for less than 3 months and 28.6% of clients engaged for longer than 12 months. In the South West, clients engaged with the service between 1 and 189 weeks or an average of 34 weeks (8 months). 16.8% of clients engaged f or less than 3 months and 18.7% of clients engaged for longer than 12 months.

In the South West region, 47.7% of cases closed with completed service plans recorded and in the North region, 53.6% of cases closed with completed service plans recorded. In the South West region 14.2% of allocated clients were recorded as not engaging with the service. The North region recorded 11.33% of allocated clients not engaging with the service. The South West region closed 13 cases due to referral back to Child Protection, 15 in the North. Chart 14 represents the percentage of clients in the South West who were closed due to transfer or referral to another agency, changes in circumstances (moved from area, children no longer at home), failed engagement (did not engage), interrupted engagement (ceased contact or declined service after initial engagement) and withdrawal by the IFSS provider.

Chart 14: Reasons for closure – South West (n)

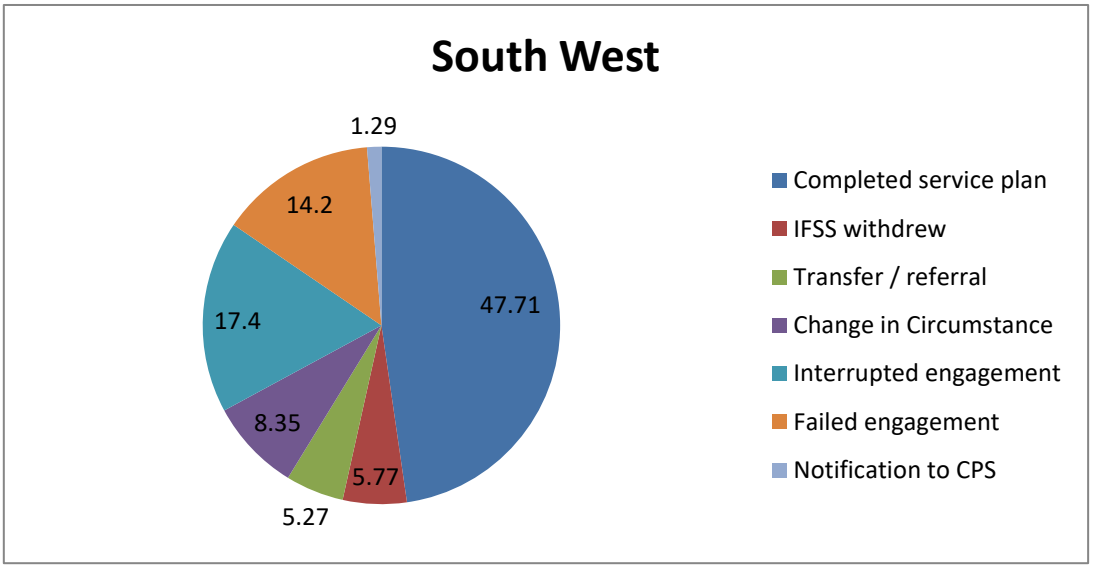


Chart 15 represents the percentage of clients in the North who were closed due to transfer or referral to another agency, changes in circumstances (moved from area, children no longer at home), failed

engagement (did not engage), interrupted engagement (ceased contact or declined service after initial engagement) and withdrawal by the IFSS provider.

Chart 15: Reasons for closure – North (n)

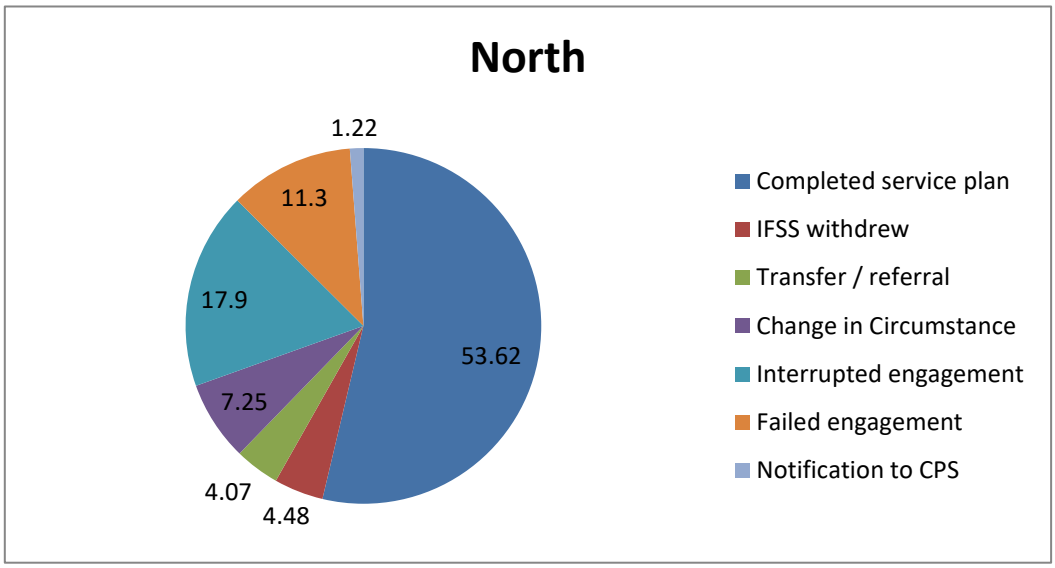
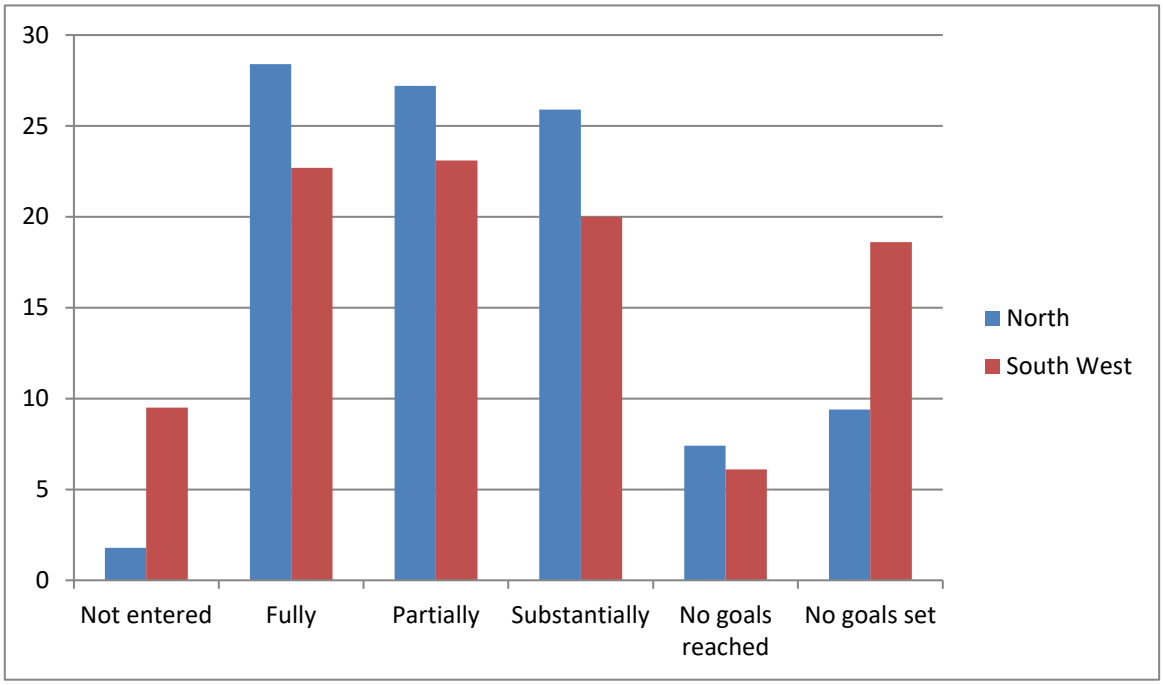


Chart 15 demonstrates the completion of service plan goals at closure for Baptcare IFSS clients in the North and South West. The majority of clients in both the North (81.5%) and South West (65.1%) regions completed their goals at least partially. The number of clients who do not have goals entered or goals set correlates with the number of clients who failed to engage or engaged for less than the initial 3 month service period. Additionally, the number of clients who set goals but did not achieve any goal completion is less than the number of clients who had interrupted engagement and therefore, it can be concluded that despite interrupted engagement, the majority of clients completed some goals at least partially.

Chart 15: Closure outcomes Baptcare IFFS (%)



Presenting issues and practice – thematic analysis

The following thematic analysis relates to data collected as a result of the review of 98 client files. Due to the number and selection of files reviewed, there is basis for validity of results across the entire Baptcare IFSS service delivery cohort.

17.3% (n=17) clients reviewed had received IFSS previously. Of those who had received IFSS previously, 23.5% (n=4) were self-referrals, and 23.5% (n=4) were CPS referrals. The average number of children per family was 2.69 with a range of 1 (unborn) – 8 children per family. 11.2% (n=11) identified as aboriginal or Torres Strait islander and 3.06% (n=3) identified as CALD. The number of repeat referrals, subsequent self-referrals, subsequent CPS referrals and cohort data correlates with previously stated data which supports validity of this sample as representative of the Baptcare IFSS cohort.

Presenting issues prevalence rates are demonstrated in Table 6. Classification of presenting issues was defined by IRIS data dictionary information and issues were identified during assessment in intake and IFSS. Note that percentages for subcategories do not equate to category percentages as multiple subcategories may be present in a single case. The average number of presenting issues categories per family is 6.5 and the average number of presenting issues including subcategories per family is 8.

Table 6: Prevalence rates of presenting issues (%) – files reviewed

Alcohol and other drugs	**42.9%**	**Behaviour**	**62.2%**
adult (not primary carer)	13.3%	Child	50%
adult primary carer	25.5%	Youth	23.4%
Youth	11.22%		
Child protection	**46.9%**	**Disability**	**30.6%**
Current report – emotional abuse	6.12%	Intellectual: Adult diagnosed	5.1%
Current report – neglect	4.08%	Intellectual: Adult requiring assessment	0%
Current report – physical abuse	7.14%	Intellectual: Adult primary carer diagnosed	8.16%
Current report – sexual abuse	2.04%	Intellectual: Adult primary carer req assmnt	1.0%
Child protection: history of CP involvement – adult	4.08%	Intellectual: Child diagnosed	8.16%
Child protection: history of CP involvement – child- youth	34.7%	Intellectual: child req assmnt	4.1%
Unborn report	3.06%	Intellectual: youth diagnosed	3.1%
		Intellectual: youth req assmnt	1.0%
		Physical: Child diagnosed	5.1%
Education	**59.2%**	**Financial**	**35.7%**
Child-youth behaviour at school	26.5%	Budgeting	5.1%
Identified learning issues	13.3%	Debt management	28.6%
Non-attendance – interrupted schooling	42.9%	Material aid	8.16%
Family violence	**66.3%**	**Health**	**39.8%**
Current emotional or psychological abuse	10.2%	Adult	5.1%
Current physical abuse	5.1%	Adult – primary carer	13.3%
Current youth family violence	12.24%	Foetal – infant health	7.14%
History of	55.1%	Child	17.34%
		Youth	4.1%

Housing	**23.5%**	**Isolation**	**22%**
Inadequate, inappropriate	14.3%	Social	21.4%
Homelessness	9.2%	Geographical	5.1%
Mental health	**65.3%**	**Parenting skills**	**64.3%**
Adult diagnosed	5.1%	Bonding and attachment	6.12%
Adult requires assessment	2%	Chronic neglect	14.3%
Adult primary carer diagnosed	42.11%	Infant care	5.1%
Adult primary carer requires assessment	12.24%	Underdeveloped parenting skills	54.1%
Child diagnosed	4.1%		
Child requires assessment	10.2%		
Youth diagnosed	4.1%		
Youth requires assessment	5.1%		
Legal	**7%**	**Migrant refugee**	**1.0%**
Criminal proceedings	2.0%	History of torture or trauma	1.0%
Family law issues	5.1%		
Relationships	**29.6%**	**Separation, grief and loss**	**25.5%**
Adult – child	11.22%	Adult	3.06%
Adult – youth	8.16%	Adult primary carer	18.37%
Adult – adult	6.12%	Child	5.1%
Sibling - sibling	10.2%	Youth	5.1%
Service Access	**5.1%**	**Sexual Assault**	**20.4%**
Disability	2.04%	Victim – survivor adult	11.22%
Early childhood services	1%	Victim – survivor child	6.12%
Mental health	1%	Victim - survivor youth	5.1%

Table 7 outlines the types of IFSS supports and interventions provided under each of the categories which demonstrate the range of IFSS practitioner skills and interventions. This list is not exhaustive and provides only a short summary of supports and interventions which were evident in the files reviewed.

Table 7: Types of interventions and supports used (files reviewed)

Service Access:		**Safety:**	
Access to services	• Support to clients to access services • Making appointments and arrangements for clients • Completing applications / enrolments for access to services • Making initial contact with services on behalf of the client • Providing information on available services	Address safety concerns	• Discussing safety concerns with the client • Advising of intention to notify CPS • Discussing incidents and identifying causes for concern • Discussing notifications that have been received by CPS • Discussing potential risks and strategies to ensure safety • Discussing rights and responsibilities around child custody arrangements • Discussing security and enhancements to current safety • Encouraging the use of police • Explaining FVO conditions and consequences of breaches
Supported Engagement	• Attend initial appointments • Provide transport to initial appointments • Arrange co-visits with services • Warm handovers • Encourage to maintain engagement		
Social inclusion	• Support use of Child and Family Centres • Support use of playgroups • Provide information and brokerage to access social activities • Make arrangements to engage child or family in social activities • Provide information around school holiday and after school care activity options	Protective behaviours	• Providing information around protective behaviours • Encouraging and supporting protective behaviours • Provide protective behaviour resources
		Safety planning	• Develop safety plans • Support implementation of safety plans • Discuss strategies to support safety
Research	• Investigate available service options • Investigate available activities • Investigate information and resources to provide to clients	Notification	• Notification to CPS • Discuss intention to notify with family
Case Management:		Use of CBCPTL	• Consult with CBCPTL • Co-visit with CBCPTL • Notify through CBCPTL
Advocacy	• Speaking with services on		

	behalf of the client to elicit action • Providing context to involved services in order to inform their responses to the client • Negotiating with services on behalf of the client • Providing information and advice around advocacy services and ombudsmen	**Health and Wellbeing:** Anger Management	• Discussing the role of anger and responses to it. • Providing strategies to manage anger appropriately • Providing information and resources on anger management • Strategies to resolve conflict positively
Case Conferencing	• Arranging and attending case conferences • Developing care teams	EI Counselling	• Providing information around emotional intelligence • Supporting client's to understand their child's emotions
Referral	• Completing referral forms • Providing referrals by phone • Contacting services directly on behalf of the client to enable access		• Direct support to children to understand their emotions • Supporting parents to develop emotional intelligence
Collaboration	• Liaising with involved services • Providing information to other stakeholders (with consent) • Obtaining information from other stakeholders (with consent) • Mediating between the client and services • Co-visits with other service providers • Collaborative case planning	Emotional support	• Access to pastoral care • Active listening and empathic responses • Support around emotional regulation
		MH Support	• Contacting the CATT team • Encourage and support to access MHCP • Strategies to manage anxiety and depression • Information around counselling options • Encouragement and support to maintain MH treatment • Support to maintain prescribed medication and access regular reviews
Parenting Skills: Attachment and Bonding	• Providing information and advice around attachment and bonding • Assessing attachment • Providing strategies to improve relationships and stability	Stress Management	• Provide information and advice around stress management • Information and support to access respite services • Provide strategies around calming and relaxation • Discuss self-care
Behaviour Management	• Completing behaviour management plans • Behaviour logging and journaling • Behaviour sorting • Providing strategies around behaviour management • Discussing behaviour as communication • Providing resources such as behaviour charts • Direct support to children around expected behaviours • Encouraging consistency	Suicide Assessment	• Assess suicide plan and intention • Support to access crisis services • Safety planning
Parenting support	• Support around routine and boundaries	Health and Wellbeing	• Providing information and support around nutrition • Arranging and supporting to access GP • Support around medication reviews and taking prescribed

	• Encouragement and support around regular school attendance • Direct support to children around understanding new rules • Discuss appropriate conversations around children • Strategies around bedtime and mealtime routines • Support around boundaries and curfew • Provision of behaviour and reward charts • Discuss appropriate discipline strategies • Support implementation and consistency • Information around parenting program options • Discuss reasonable expectations and behaviour as communication • Support transition periods and milestones (weaning, school entry etc.) • Support and advice around screen time and age appropriate media • Provide feedback on progress • Support positive parenting strategies • Parenting specific children (ASD, disability, adopted child etc.) • Support play and quality time • Development of parenting plans		medication • Support to access dental treatment • Support dental hygiene in the home • Support to implement medical advice • Discussion and support around self-care • Information and support to access continence services • Support and encouragement to attend antenatal appointments • Providing information and strategies around sleep hygiene
Practical Supports: Information	• Information around available services • Information around legal process and procedures • Information around accommodation options • Information around ASD and other diagnoses • Information around education options • Information around CPS process and procedures • Bus timetables • Age appropriate behaviour information • Information on drug use • Information on low cost activities • Information on morning sickness remedies • Information on upcoming parenting courses	**Interpersonal Supports:** Communication Relationships Empowerment	• Supporting client to communicate positively with involved services • Negotiating communication styles between worker and client • Support around negotiation skills • Strategies to de-escalate conflict through communication • Use of communication books • Encouraging the use of positive language • Discuss safe and respectful relationships • Support access between children and non-residential parents • Discuss boundaries in relationships • Strategies to keep families together • Support access to relationship counselling services • Support access to children's contact centres • Support around sibling conflict • Support and strategies to build parent child relationships • Strategies to build family relationships • Support to engage in positive community relationships • Support to establish clear roles in the household • Support to increase confidence as a parent • Providing choice and control • Encouraging agency • Providing support to client to speak and advocate for

	• Sexual health information • Information on puberty and parenting teenagers • Information on rights and responsibilities • Information on caring for a newborn • Information on managing money • Information on developmental milestones: teething, toileting etc. • Ensuring that clients understand information that is provided to them	Family inclusion	themselves • Support around establishing boundaries • Supporting assertiveness • Identifying family networks • Arranging and conducting family meetings • Liaising with key family stakeholders • Involving children in decision making • Mediating between non-residential parents and primary carer • Providing support to keep families together
Resources	• Provide resources such as books, DVD's, handouts and behaviour / rewards charts.	**Therapeutic Supports:**	
Household Management	• Support to develop chores rosters • Information and support around home maintenance • Information and support to address needed repairs. • Information and support around managing and rehoming pets • Support and strategies to rid clutter	Psychoeducation	• Provide information around bonding and attachment • Provide information around the impacts of trauma on development • Provide information around the impacts of FV • Provide information around the need for support following sexual assault
Support letters	• Providing letters of support to access services	SOS	• Three houses activity • SOS mapping • Attending SOS meetings • Fairy and wizard activity
Practical	• Provide transport to support engagement • Assist to complete paperwork • Support to access uniforms and books • Support to understand written communication	Strengths Based Practice	• Support positive parenting strategies • Support positive reinforcement and rewards strategies • Support families to build on strengths • Support the use of praise
Financial	• Discussing prioritisation of expenses • Support to develop and maintain budgets • Information and support to access financial counselling • Information and support to access material aid support • Support to access income support payments • Support to liaise with Centrelink • Support to access employment • Information and support to access payment plans	Therapeutic support	• Engage child or parent in therapeutic activities (such as the use of St Luke's resources) • Provide CBT strategies around mood management • Life story work activities

	• Information and support to access NIL$ • Information and advice around the use of credit		
Legal	• Support to attend court • Liaising with court support • Support access to legal aid • Liaising with police • Providing information upon request (section18, subpoena) • Support to report breaches of orders		
Independent living skills	• Support to write shopping lists and purchase food • Support around hygiene • Information and support to access social skills training • Information and support around toileting • Strategies to manage appointments • Support and strategies to access drivers licence • Support to develop a resume Support to access public transport		

Service interventions and supports per family

Across 98 client files, 1532 individual service interventions or supports were documented on file, with an average number of specific supports provided of 15.6 per family. Chart 16 demonstrates the (per family) use of supports and interventions under the Service Access category which includes Access to Services (n=53), Supported Engagement (n=60), Research (n=15) and Social Inclusion (n=17) activities.

Chart 16: Types of Service access interventions and supports used (% of families)

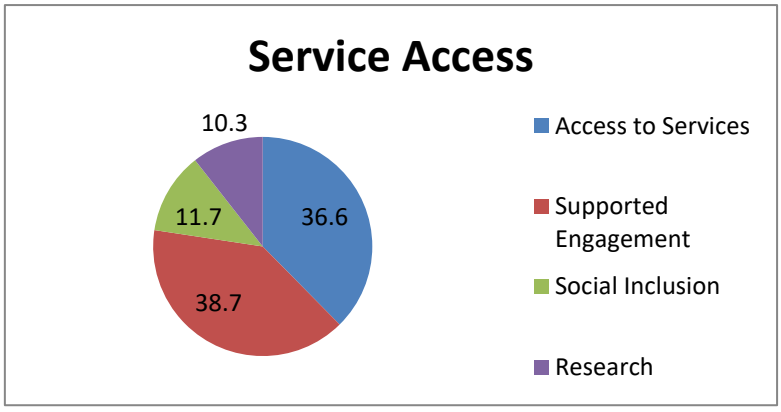


Chart 17 demonstrates the per family use of supports and interventions around Safety which includes Addressing Safety Concerns (n=32), Protective Behaviours (n=10), Safety Planning (n=23), Notification to CPS (n=3) and the Use of CBCPTL (n=21).

Chart 17: Types of Safety interventions and supports used (% of families)

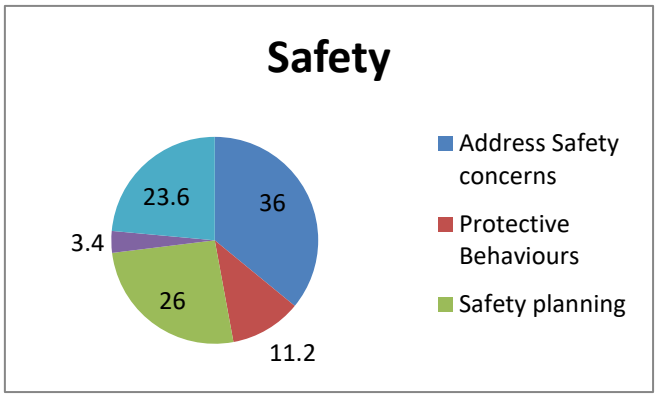


Chart 18 demonstrates the per family use of supports and interventions around Case Management Practice which includes Advocacy (n=15), Case Conferencing (n=28), Referral (n=41) and Collaboration (liaison with Services, n=65).

Chart 18: Types of Case Management interventions and supports used (% of families)

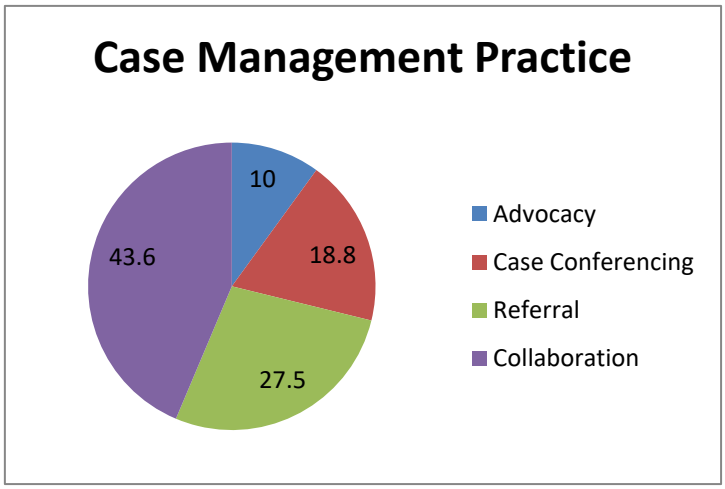


Chart 19 demonstrates the per family use of supports and interventions around Health and Wellbeing which includes Anger Management (n=12), Emotional Intelligence Counselling (n=6), Emotional Support (n=26), Mental Health Support (n=33), Stress Management (n=15), Suicide Assessment (n=10), Health and Wellbeing Support (n=34).

Chart 19: Types of Health and Wellbeing interventions and supports used (% of families)

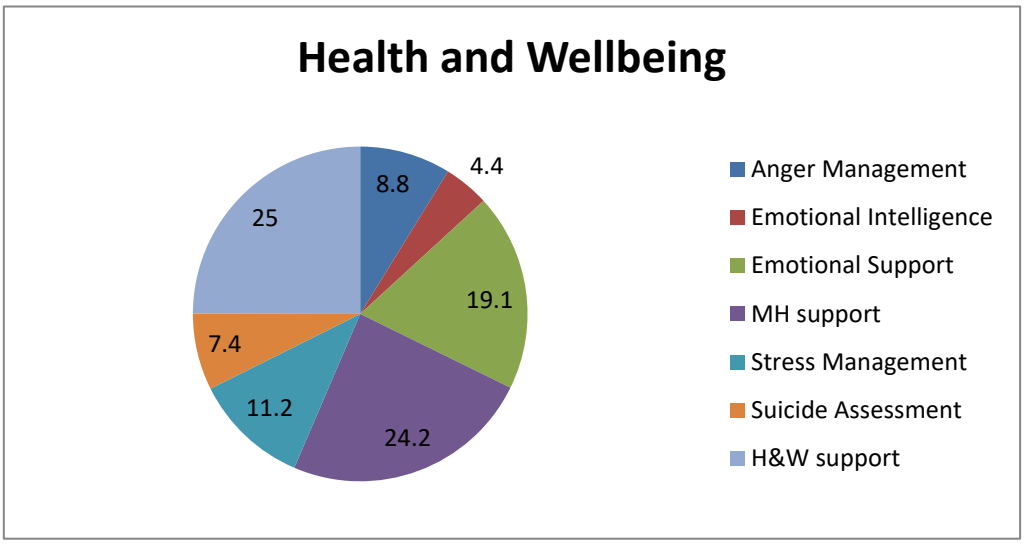


Chart 20 demonstrates the per family use of supports and interventions around Parenting Skills which includes Attachment and Bonding (n=7), Behaviour Management (n=32) and Parenting Support (n=51).

Chart 20: Types of Parenting Skills interventions and supports used (% of families)

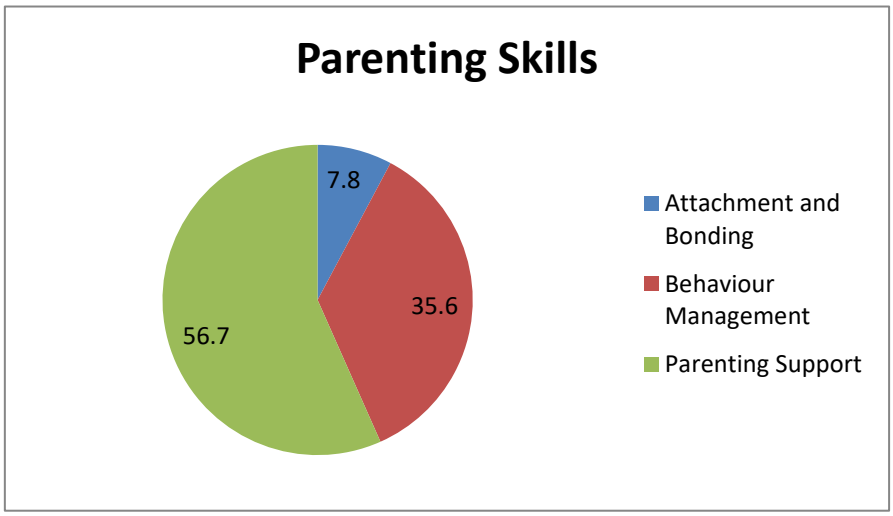


Chart 21 demonstrates the per family use of Practical supports and interventions around which include Information Provision (n=64), Resource Provision (n=7), Household Management (n=12), Support Letters (n=4), Practical Support (n=45), Financial Support (n=23), Legal Support (n=12) and Independent Living Skills (n=14). In addition, 36 items of Brokerage and 27 items of Material Aid were provided to families as part of practical support.

Brokerage was used to purchase items and services including: children's activities (to promote social inclusion), baby items (to provide basic care), changing locks (security), clothing, food, power or firewood (to provide basic care), home repairs (windows), medical costs (gap payments), school fees and uniforms (to access education), rubbish removal (to address hygiene concerns) and appliances (to ensure basic care). Brokerage was used in addition to a high number of referrals to Emergency Relief agencies for food, clothing, power and petrol assistance.

Chart 21: Types of Practical interventions and supports used (% of families)

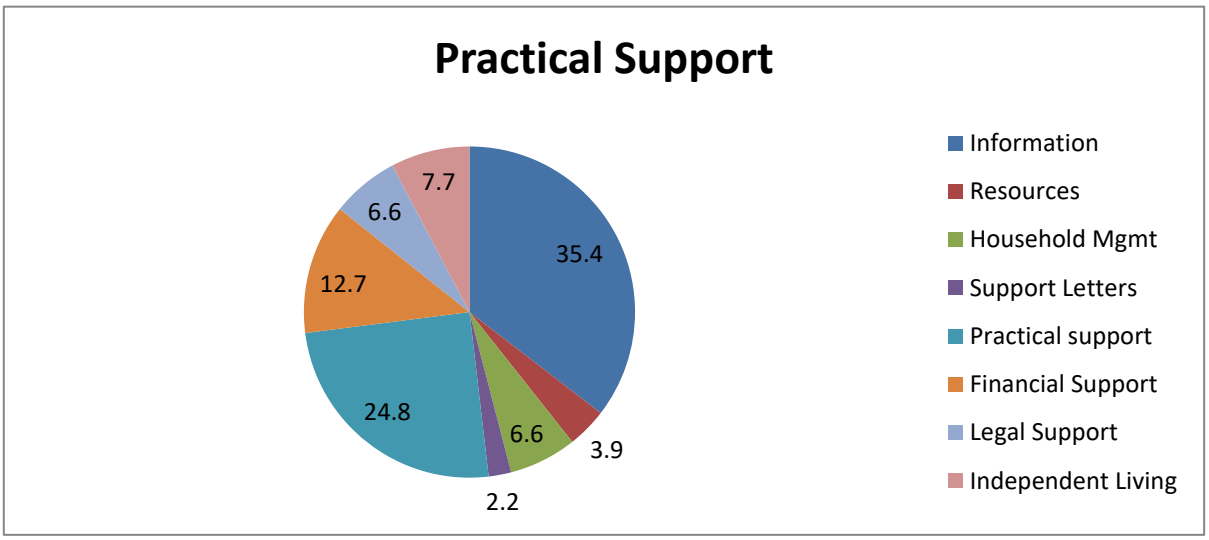


Chart 22 demonstrates the per family use of Interpersonal supports and interventions around which include Communication Support (n=15), Relationship Support (n=33), Empowerment (n=7) and Family Inclusion (n=13).

Chart 22: Types of Interpersonal interventions and supports used (% of families)

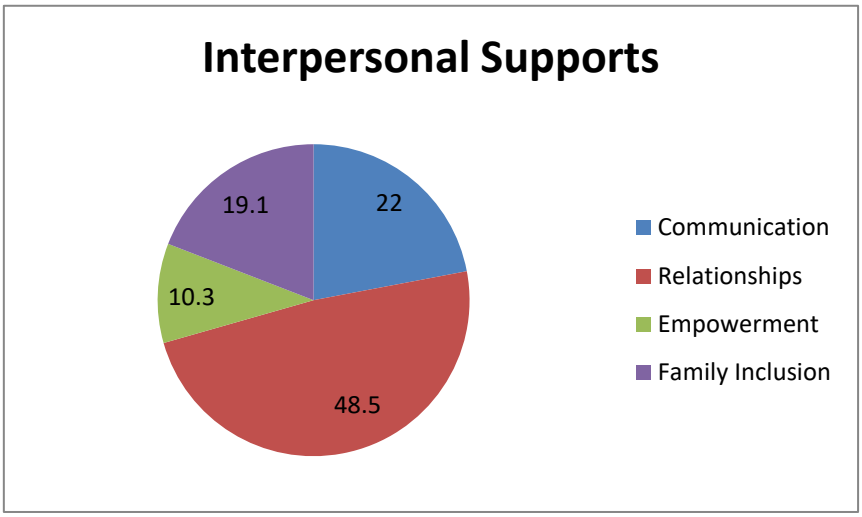
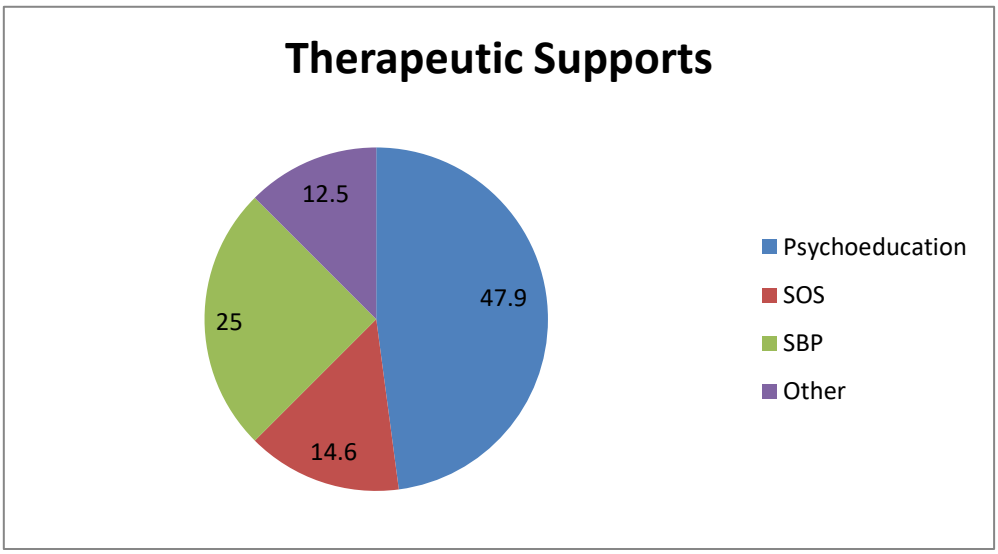


Chart 23 demonstrates the per family use of Therapeutic supports and interventions around which include Psychoeducation (n=23), Signs of Safety (n=7), Strengths Based Practice (n=12) and other therapeutic Supports (n=6).

Chart 23: Types of Therapeutic interventions and supports used (% of families)



Of the 98 client files reviewed, 30.6% (n=30) of clients presented with engagement difficulties at some point in their involvement with IFSS. Of these clients with engagement difficulties, 20% (n=5) were closed within 12 weeks, 40% (n=12) engaged for up to 6 months and 36.7% (n=11) engaged for

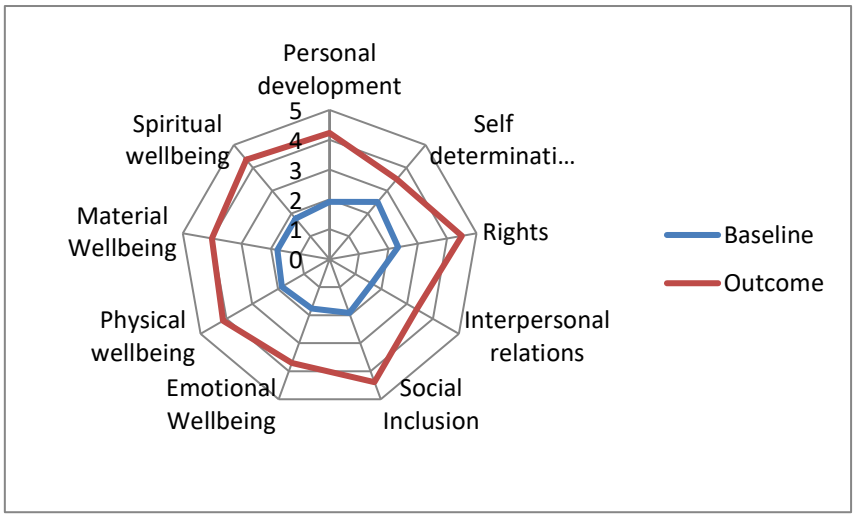
longer than 6 months. IRIS closure reasons indicate that 30% (n=9) completed their service plan, 13.3% (n=4) withdrew from support (only 1 within the first 12 weeks) and 23.3% (n=7) ceased contact with IFSS (2 within the first 12 weeks).

In addition to phone calls, SMS messaging, sending letters and leaving cards, assertive engagement strategies identified in the client files include: use of cold calls, offers to meet in a community setting, liaison with other involved services, co-ordinating meetings with other involved services when the client will be present, co-visits with other services or CBCPTL, liaising with Gateway, and liaising with other family members. Of the 30 clients who had identified engagement difficulties, 63.3% (n=19) were subject to assertive engagement strategies. Of these 19 clients, 79% (n=15) engaged for longer than 12 weeks which suggests a degree of effectiveness in the use of assertive engagement strategies. In the instance that engagement ceased after 12 weeks of support (n=11), 27% (n=3) of closures followed a change in IFSS worker and 27% (n=3) of cases did not demonstrate assertive engagement strategies.

Client outcomes

The client outcomes data presented below relate to goals and outcomes for the 98 client files reviewed which were mapped back to the Baptcare Quality of Life Framework (Ernst & Young, 2015). Client outcomes at the BQOL level are presented in Chart 24. This data analysis relates to outcomes on goals set and therefore multiple goals may relate to a specific client. This is identified in relevant areas of the data analysis.

Chart 24: Baseline and outcomes at BQOL outcome level

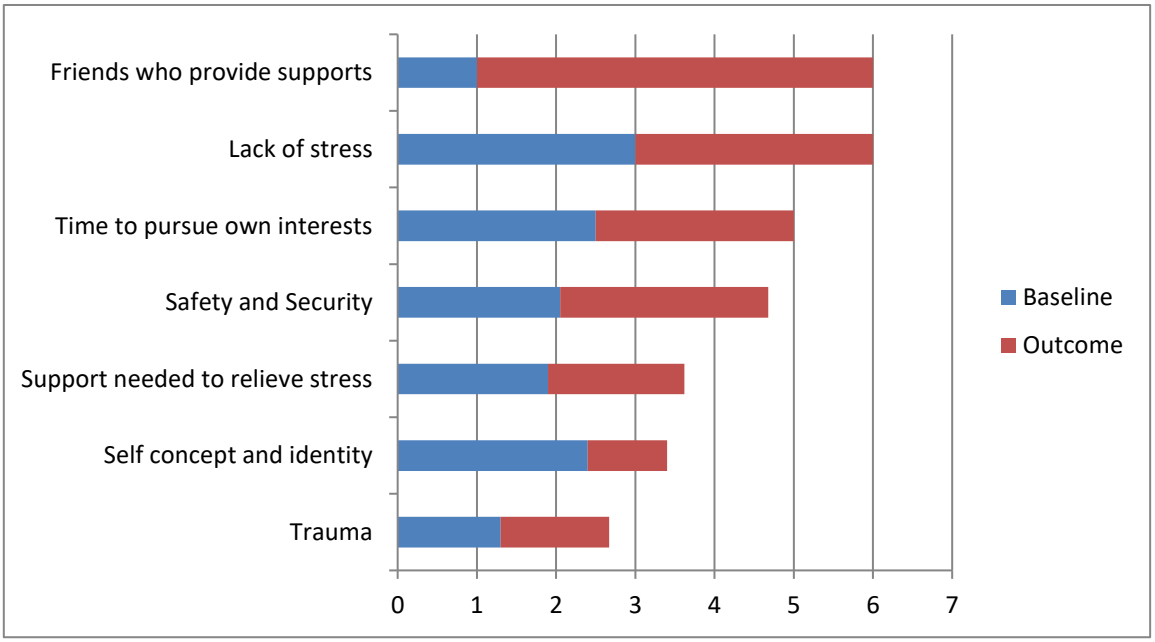


Emotional Wellbeing

Client goals set under the emotional wellbeing outcomes relate to an identified desire to decrease the impact of trauma on functioning, increase time to pursue their own interests, access supports needed to relieve stress, improve self-concept and identity, establish safety and security, maintain a lack of stress and access friends who provide support. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

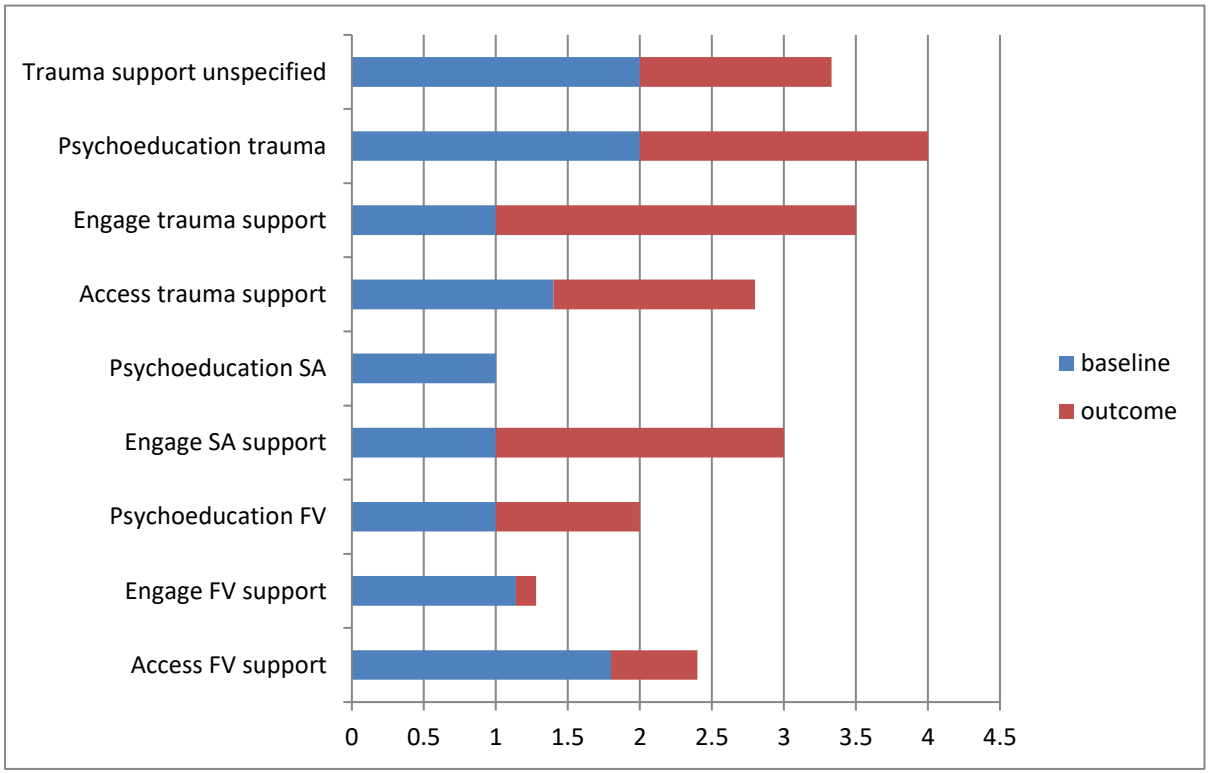
117 goals were set in regard to emotional wellbeing relating to 72 clients. Overall baseline scores for emotional wellbeing averaged at 1.8 (goal not reached) and at closure averaged at 3.7 (goal partially reached) with an overall increase in emotional wellbeing outcomes averaging 1.9 points (27.14% improvement) following IFSS support. 3 goals demonstrated an outcome of decreased emotional wellbeing, 42 with no change, 11 with one point of change, 20 with 2 points of change, 9 with 3 points of change, 15 with 4 points of change, 6 with 5 points of change and 11 with 6 points of change (maximum). Overall 30.25% of goals (n=36) achieved an outcome of goals fully completed, 17.6% (n=21) with goals substantially completed, 20.1% (n=24) with goals partially completed and 31.9% (n=38) with goals not complete. Chart 25 demonstrates the client outcomes specific to emotional wellbeing.

Chart 25: Client outcomes for emotional wellbeing



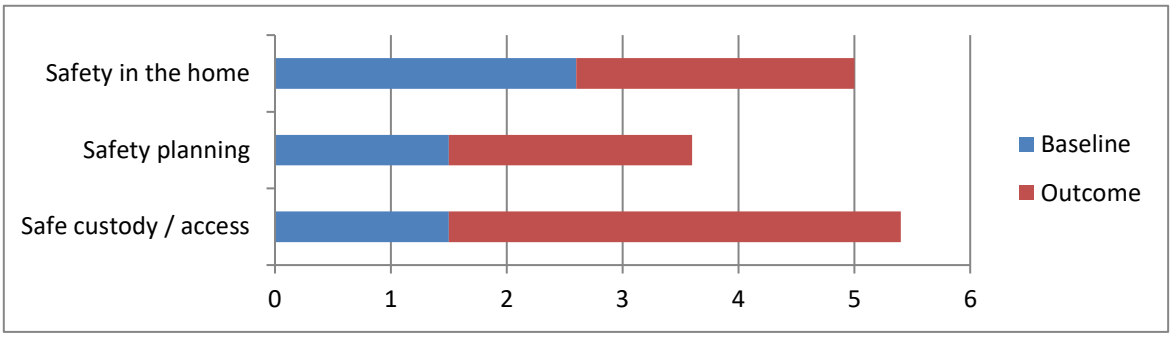
There were 43 client goals across 35 clients in relation to trauma: 65% (n=28) of goals related to access to trauma counselling (12 for children, 10 for a parent, 6 unspecified), 20.9% (n=9) of goals related to psychoeducation around the impacts of trauma and cumulative harm and 13.9% (n=6) of goals related to other trauma related support needs. Overall, 39.5% (n=17) of goals related specifically to family violence, 6.9% (n=3) related to sexual assault and 53% (n=23) related to unspecified trauma. Chart 26 demonstrates the outcomes specific to the trauma support needs identified.

Chart 26: Client outcomes for trauma related support needs



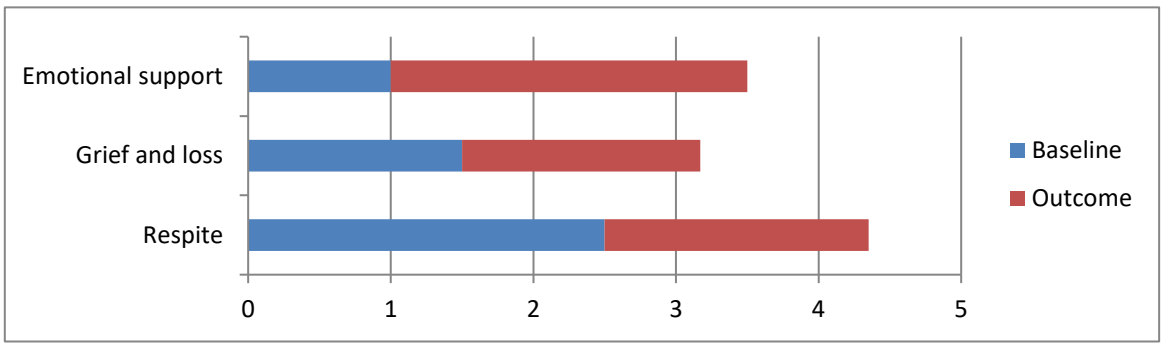
There were 35 client goals across 35 clients in relation to safety and security: 54.3% (n=19) of goals related to safety in the home including safety from exposure to family violence, 22.9% (n=8) of goals related to safety planning and 22.9% (n=8) of goals related to safe custody and access to non-residential parent. Chart 27 demonstrates the outcomes specific to the safety and security support needs identified.

Chart 27: Client outcomes for safety and stability related support needs



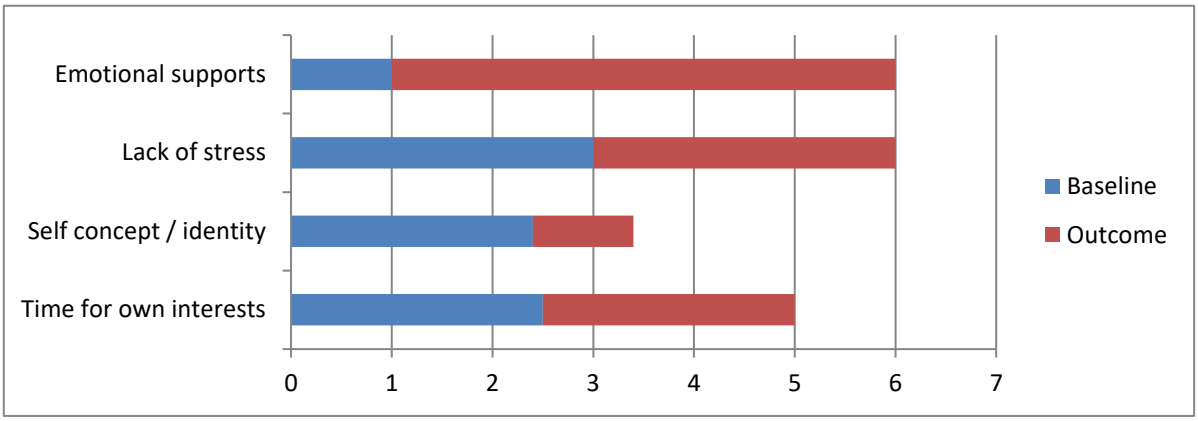
There were 28 client goals across 26 clients in relation to supports needed to reduce stress: 71.4% (n=20) of goals related to access to respite, 21.4% (n=6) of goals related to grief and loss support and 7.14% (n=2) of goals related to other emotional supports needed. Chart 28 demonstrates the outcomes specific to supports needed to reduce stress.

Chart 28: Client outcomes for supports needed to reduce stress



11 client goals related to other emotional wellbeing outcomes: 36.5% (n=4) were related to time to pursue own interests, 45.45% (n=5) were related to self-concept and identity, and 9.09% (n=1) for lack of stress and friends who provide support respectively. Of the 4 goals related to pursuing interests, 3 goals related to accessing child care to create time and 1 goal was directly related to pursuit of interest. Of the 5 goals related to self-concept and identity, 4 goals related to increased confidence and 3 goals related to increased self-esteem. Chart 29 demonstrates the outcomes for the remaining emotional wellbeing outcomes.

Chart 29: Client outcomes for other emotional wellbeing outcomes

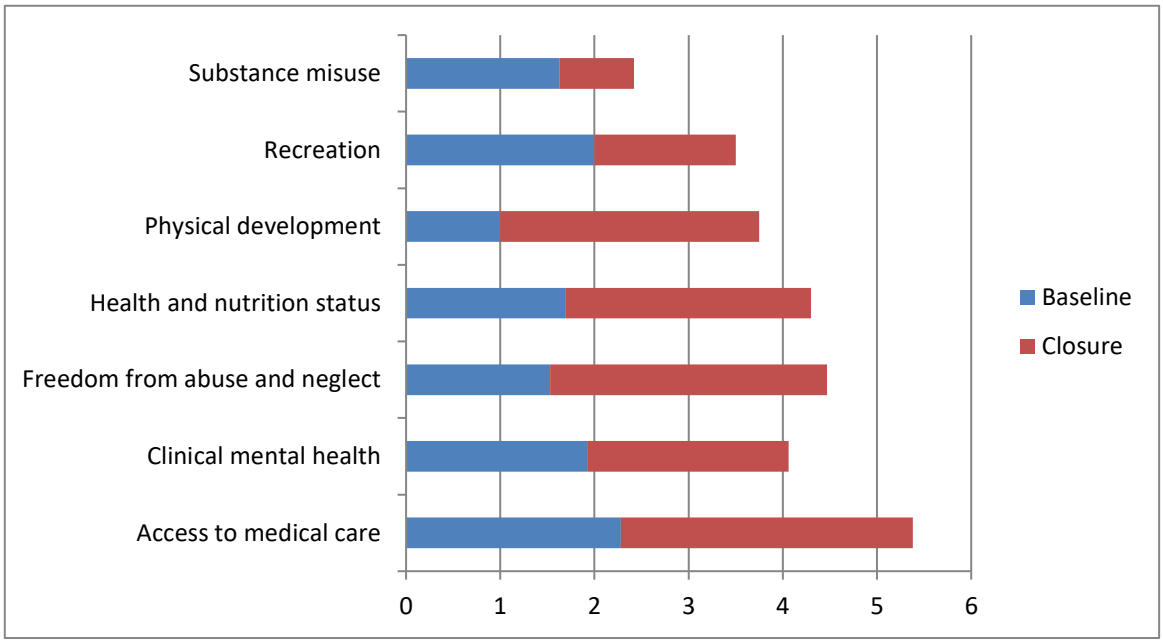


Physical wellbeing

Client goals set under the physical wellbeing outcomes relate to an identified desire to decrease the impact of substance misuse on functioning, increased access to recreation, improved physical development, improved health and nutrition, reduction of risk of abuse and neglect, access to adequate mental health support or improved mental health, and improved access to medical care. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

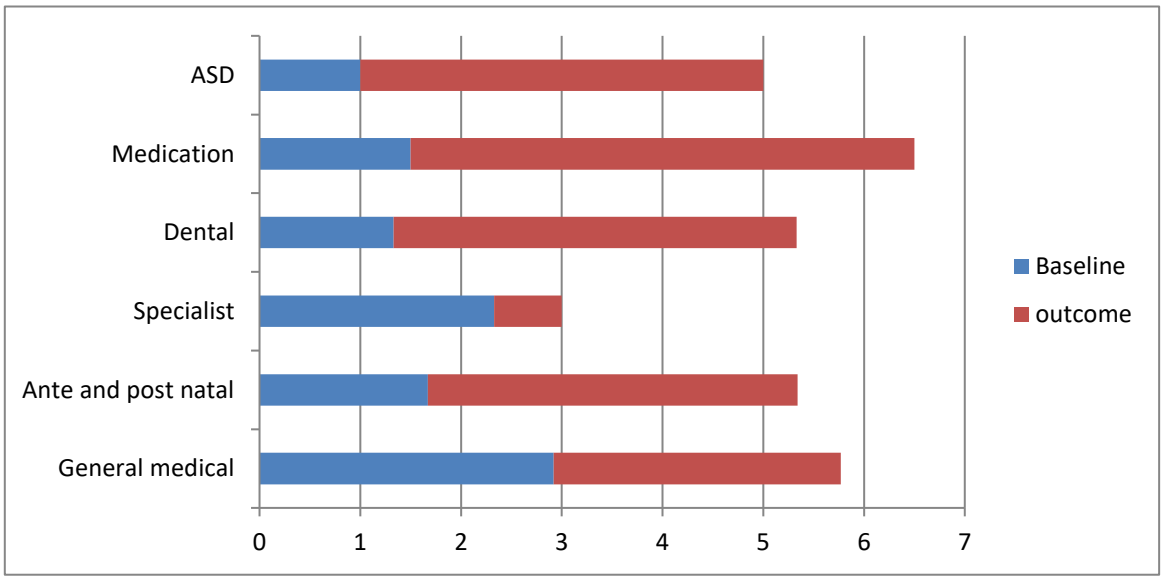
149 goals were set in regard to physical wellbeing relating to 81 clients. Overall baseline scores for physical wellbeing averaged at 1.84 (goal not reached) and at closure averaged at 4.15 (goal substantially reached) with an overall increase in physical wellbeing outcomes averaging 2.3 points following IFSS support. 8 goals demonstrated an outcome of decreased physical wellbeing, 34 with no change, 12 with one point of change, 31 with 2 points of change, 10 with 3 points of change, 27 with 4 points of change, 17 with 5 points of change and 10 with 6 points of change (maximum). Overall 32.8% of goals (n=49) achieved an outcome of goals fully completed, 27.5% (n=41) with goals substantially completed, 16.8% (n=25) with goals partially completed and 22.8% (n=34) with goals not complete. Chart 30 demonstrates the client outcomes specific to physical wellbeing.

Chart 30: Client outcomes for physical wellbeing



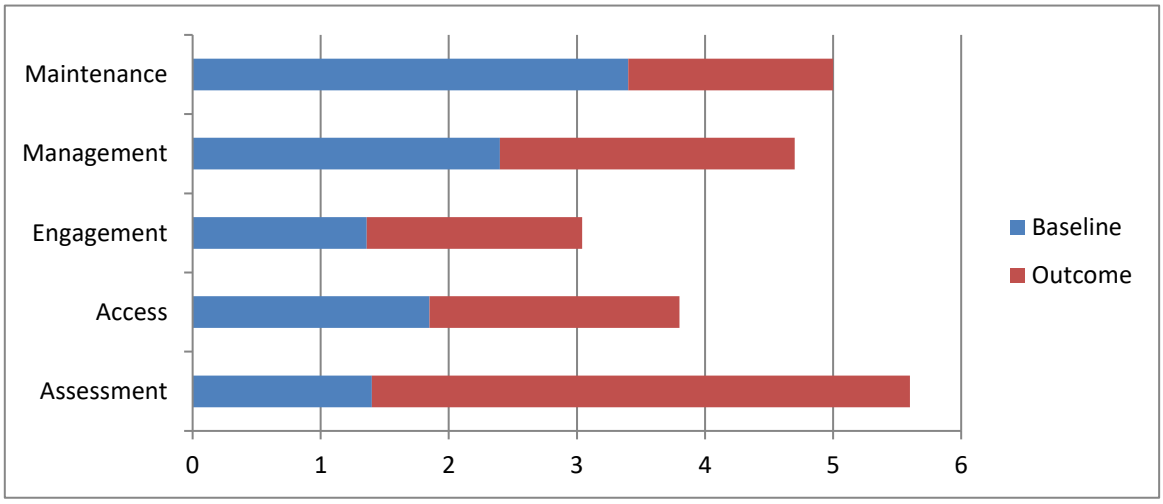
30 client goals across 24 clients related to Access to medical care: 46.67% (n=14) of goals related to access to general medical care, 20% (n=6) of goals related to antenatal and postnatal care, 10% (n=3) related to specialist medical care, 10% (n=3) related to dental care, 3.67% (n=2) related to medication and 3.67% (n=2) related to ASD assessment and diagnosis. Chart 31 demonstrates the outcomes specific to access to medical care.

Chart 31: Client outcomes for access to medical care



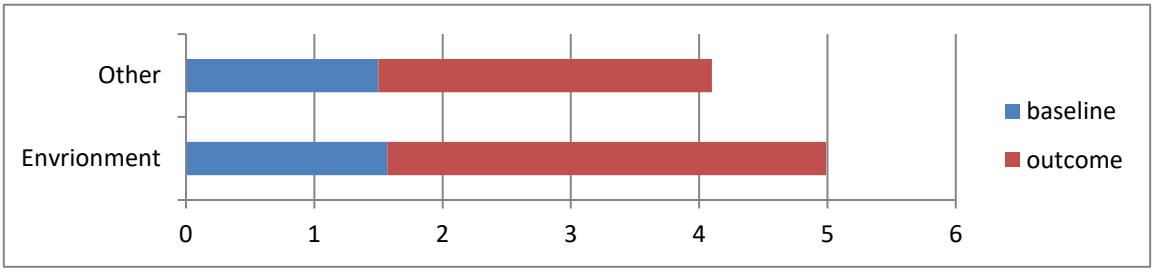
62 client goals across 53 clients related to clinical mental health: 8% (n=5) of goals related to access to mental health assessment (all children), 32% (n=20) of goals related to access to mental health support (5 children, 10 adult and 5 unspecified), 30.6% (n=19) related to engagement with mental health services (6 children, 10 adults and 3 unspecified), , 16% (n=10) related to management of mental health (1 child, 9 adult) and 12.9% (n=8) related to maintenance of mental health support (1 child, 3 adults and 4 unspecified). Chart 32 demonstrates the outcomes specific to clinical mental health.

Chart 32: Client outcomes for clinical mental health



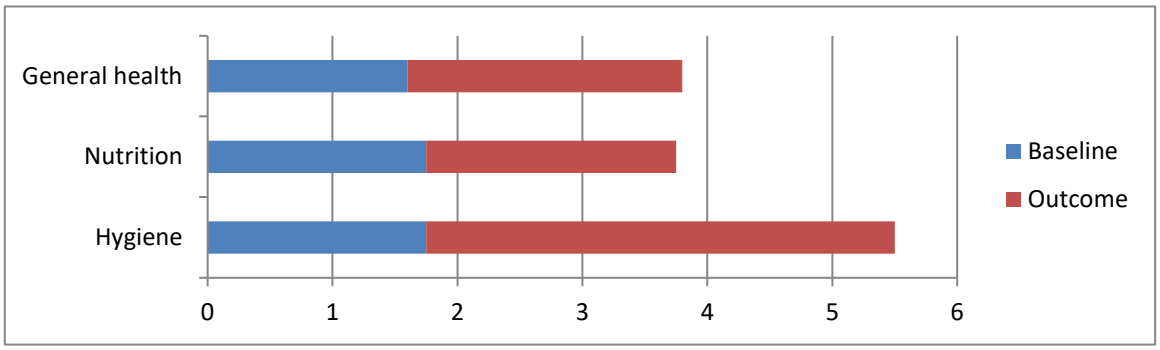
17 client goals across 16 clients related to freedom from abuse and neglect: 58. 8% (n=10) of goals related to environmental standards in the home and 41% (n=7) related to other abuse and neglect related goals such as reduction of risk of abuse and neglect from parental behaviours not included in Safety and Stability results. Chart 33 demonstrates the outcomes for freedom from abuse and neglect.

Chart 33: Client outcomes for freedom from abuse and neglect



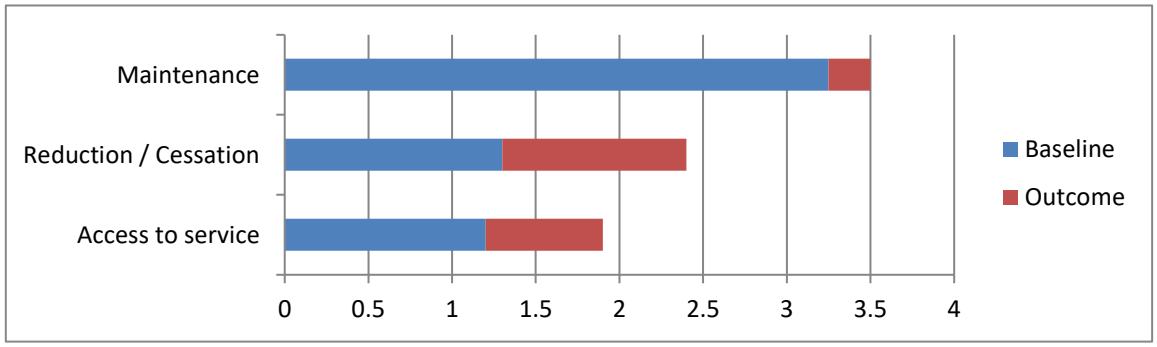
13 client goals across 11 clients related to health and nutrition status: 30. 8% (n=4) of goals related to personal hygiene, 30.8% (n=4) related to nutrition and 38.4% (n=5) related to other general health goals (such as quitting smoking, losing weight and getting fit). Chart 34 demonstrates the outcomes specific to health and nutrition status.

Chart 34: Client outcomes for health and nutrition status



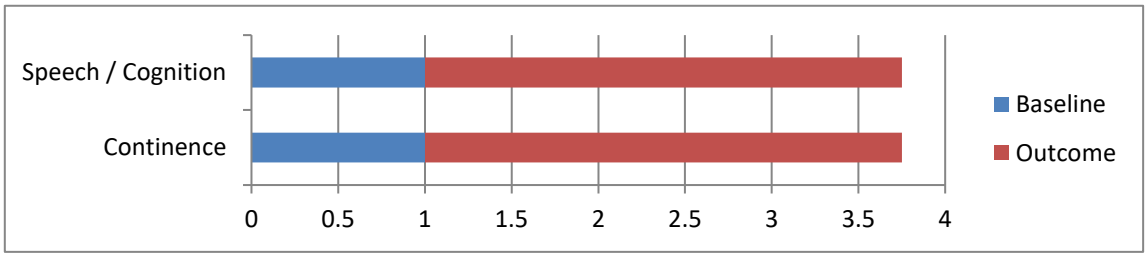
19 client goals across 18 clients related to substance misuse: 36. 8% (n=7) of goals related to accessing drug and alcohol services, 42% (n=8) related to reduction or cessation in drug and alcohol use and 21% (n=4) related to maintenance of abstinence. All but one goal set for substance misuse support related to adult drug or alcohol use. Chart 35 demonstrates the outcomes specific to substance misuse.

Chart 35: Client outcomes for substance misuse



8 client goals across 8 clients related to physical development: 50% (n=4) of goals related to continence and bedwetting and 50% (n=4) related to speech and cognitive development. All goals related specifically to children. Chart 36 demonstrates the outcomes specific to physical development.

Chart 36: Client outcomes for physical development

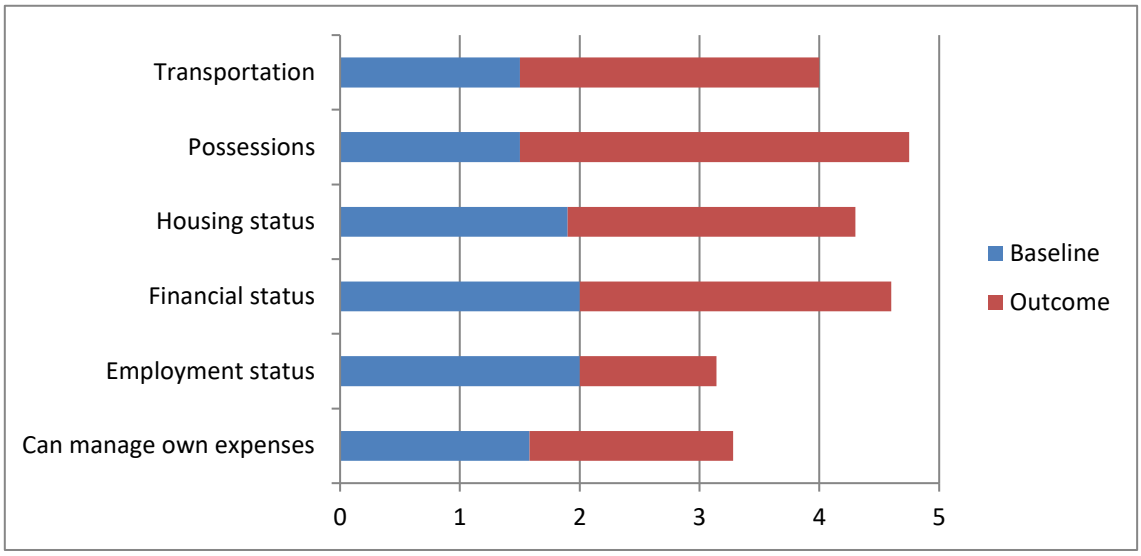


Material wellbeing

Client goals set under the material wellbeing outcomes relate to an identified desire to improve access to transport, access needed material items such as clothing, furniture and other essential items, improved access to safe and appropriate accommodation, improvement in budgeting skills, access to financial services or employment. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

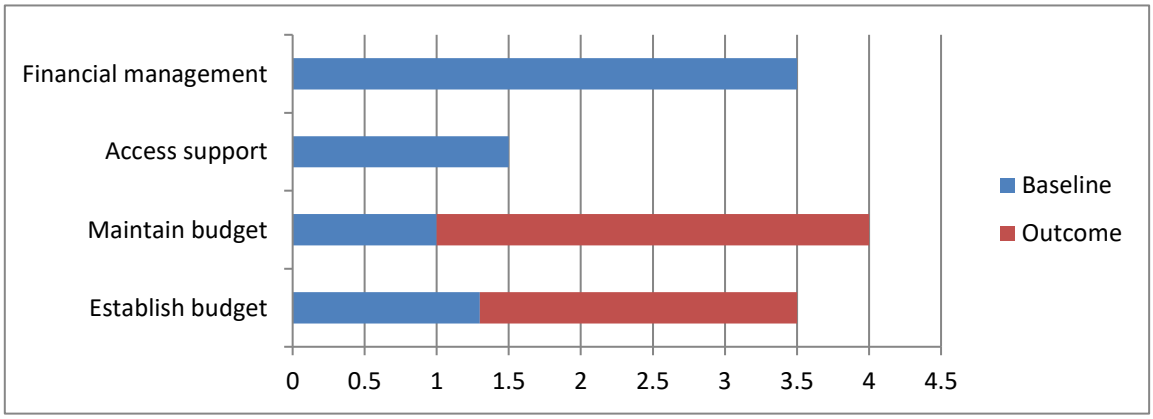
96 goals were set in regard to material wellbeing relating to 60 clients. Overall baseline scores for material wellbeing averaged at 1.78 (goal not reached) and at closure averaged at 4.01 (goal substantially reached) with an overall increase in material wellbeing outcomes averaging 2.2 points following IFSS support. 3 goals demonstrated an outcome of decreased material wellbeing, 31 with no change, 6 with one point of change, 13 with 2 points of change, 9 with 3 points of change, 18 with 4 points of change, 7 with 5 points of change and 9 with 6 points of change (maximum). Overall 31.25% of goals (n=30) achieved an outcome of goals fully completed, 21.9% (n=21) with goals substantially completed, 22.9% (n=22) with goals partially completed and 23.9% (n=23) with goals not complete. Chart 37 demonstrates the client outcomes specific to material wellbeing.

Chart 37: Client outcomes for material wellbeing



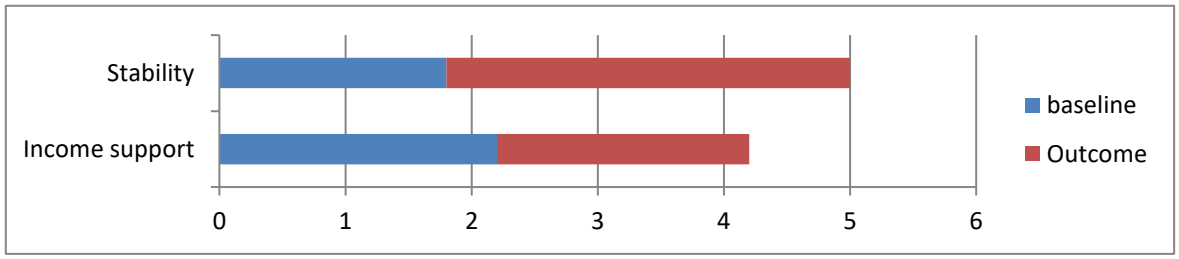
24 client goals across 22 clients related to managing own expenses: 75% (n=18) of goals related to establishment or maintenance of a workable budget, 16.7% (n=4) related to accessing financial support services and 8.4% (n=2) related to general financial management. All goals related specifically to adults. Chart 38 demonstrates the outcomes specific to managing expenses.

Chart 38: Client outcomes for managing expenses



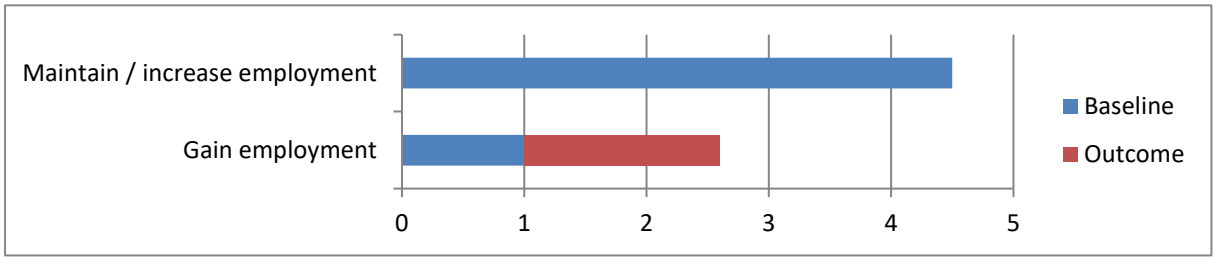
10 client goals across 10 clients related to financial status: 50% (n=5) of goals related to access to income support and 50% (n=5) to financial stability. All but one goal related to adults with one goal relating to supporting a young person to access income support. Chart 39 demonstrates the outcomes specific to financial status.

Chart 39: Client outcomes for financial status



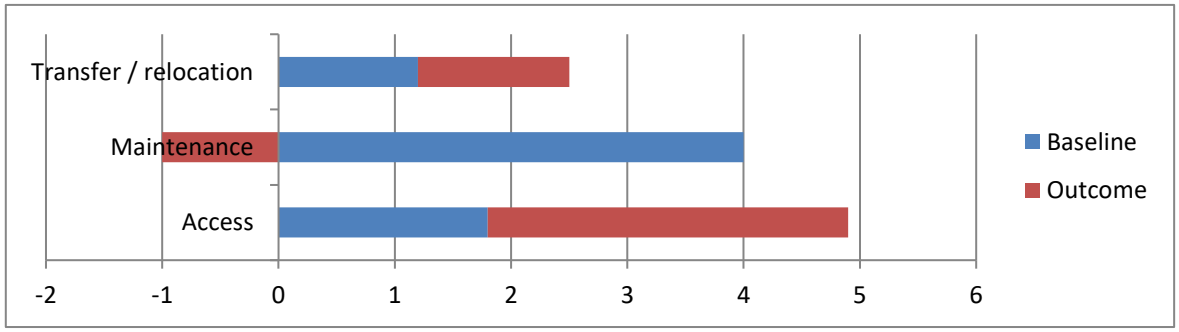
7 client goals across 7 clients related to financial status: 71% (n=5) of goals related to access to employment and 29% (n=2) to maintenance or increase in employment. Most goals relate to adults with two goals relating to supporting a young person to gain employment. Chart 40 demonstrates the outcomes specific to employment status.

Chart 40: Client outcomes for employment status



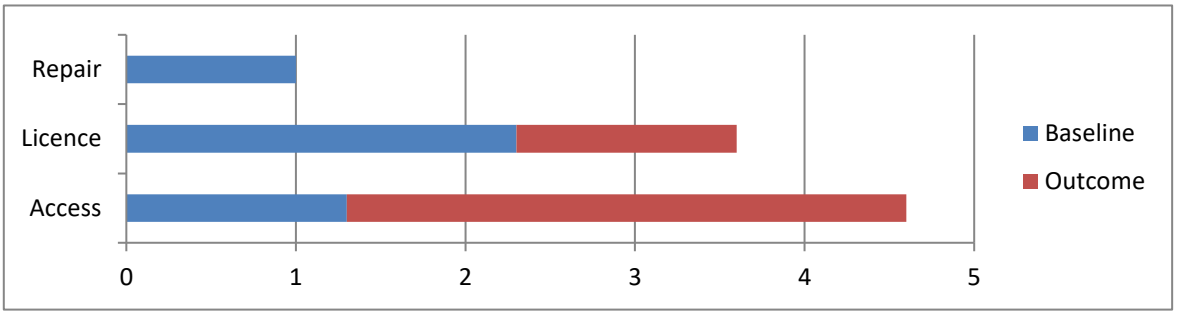
36 client goals across 36 clients related to housing status: 69% (n=25) of goals related to access to stable accommodation, 25% (n=9) related to accessing transfer or relocation and 5.5% (n=2) related to maintenance of stable accommodation. 3 goals related specifically to stabilising accommodation for a child or young person. Chart 41 demonstrates the outcomes specific to housing status.

Chart 41: Client outcomes for housing status



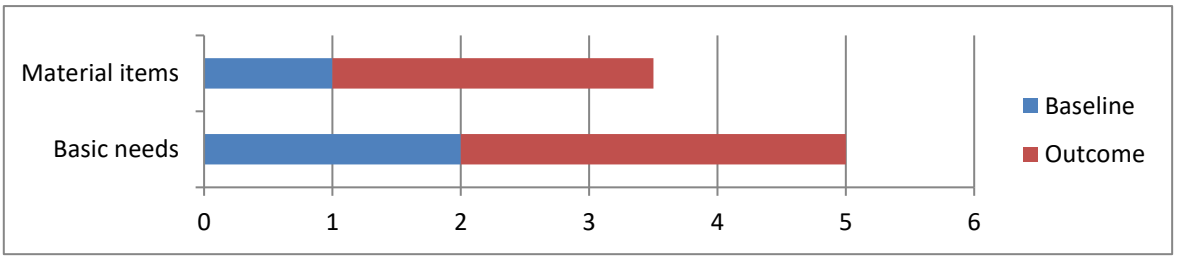
11 client goals across 10 clients related to transportation: 63.7% (n=7) of goals related to access to transport, 27% (n=3) related to gaining a licence and 9% (n=1) related to vehicle repair. All goals related specifically to adults. Chart 42 demonstrates the outcomes specific to transportation.

Chart 42: Client outcomes for transportation



8 client goals across 7 clients related to possessions: 50% (n=4) of goals related to access to basic needs and 50% (n=4) related to gaining specific material needs such as uniforms, furniture and baby items. Chart 43 demonstrates the outcomes specific to possessions.

Chart 43: Client outcomes for possessions



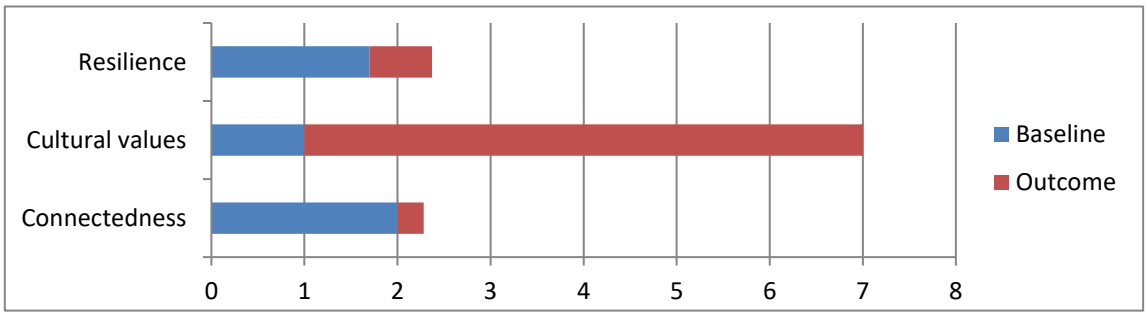
Spiritual wellbeing

Client goals set under the spiritual wellbeing outcomes relate to an identified desire to increase resilience, access to culturally appropriate services and increasing access to a faith or cultural community. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

14 goals were set in regard to spiritual wellbeing relating to 12 clients. Overall baseline scores for spiritual wellbeing averaged at 1.78 (goal not reached) and at closure averaged at 4.36 (goal substantially reached) with an overall increase in spiritual wellbeing outcomes averaging 2.6 points following IFSS support. No goals demonstrated an outcome of decreased spiritual wellbeing, 3 with no change, 1 with one point of change, 3 with 2 points of change, 1 with 3 points of change, 2 with 4

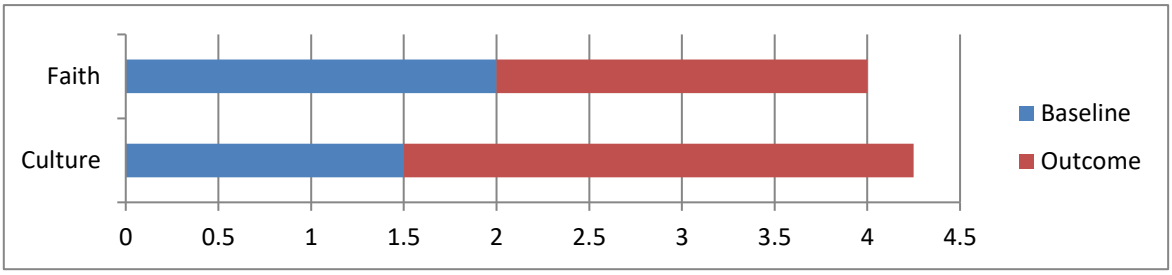
points of change, 12 with 5 points of change and 2 with 6 points of change (maximum). Overall 28.6% of goals (n=4) achieved an outcome of goals fully completed, 28.6% (n=4) with goals substantially completed, 35.7% (n=5) with goals partially completed and 7.14% (n=1) with goals not complete. Chart 44 demonstrates the client outcomes specific to spiritual wellbeing.

Chart 44: Client outcomes for spiritual wellbeing



7 client goals across 6 clients related to connectedness: 71.5% (n=5) of goals related to cultural connection and 28.5% (n=2) related to connection to faith community. Chart 45 demonstrates the outcomes specific to connection.

Chart 45: Client outcomes for connectedness



The results for resilience relate solely to 6 goals around coping skills with a baseline average score of 1.7 and an average outcome score of 2.3.

The results for cultural values relate to a goal around accessing culturally appropriate services with a baseline score of 1 and an outcome score of 7.

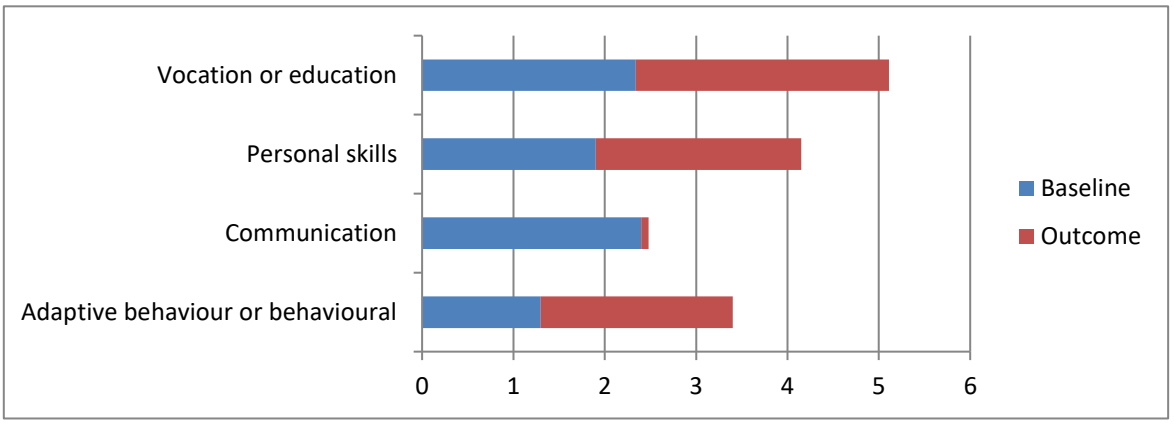
Personal development

Client goals set under the personal development outcomes relate to an identified desire to increase access or engagement with education, improvement in parenting knowledge and skills, positive changes in behaviours and routines including the development of protective behaviours and improved communication skills. Baseline scores indicate the starting point at which the goal was set and the

outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

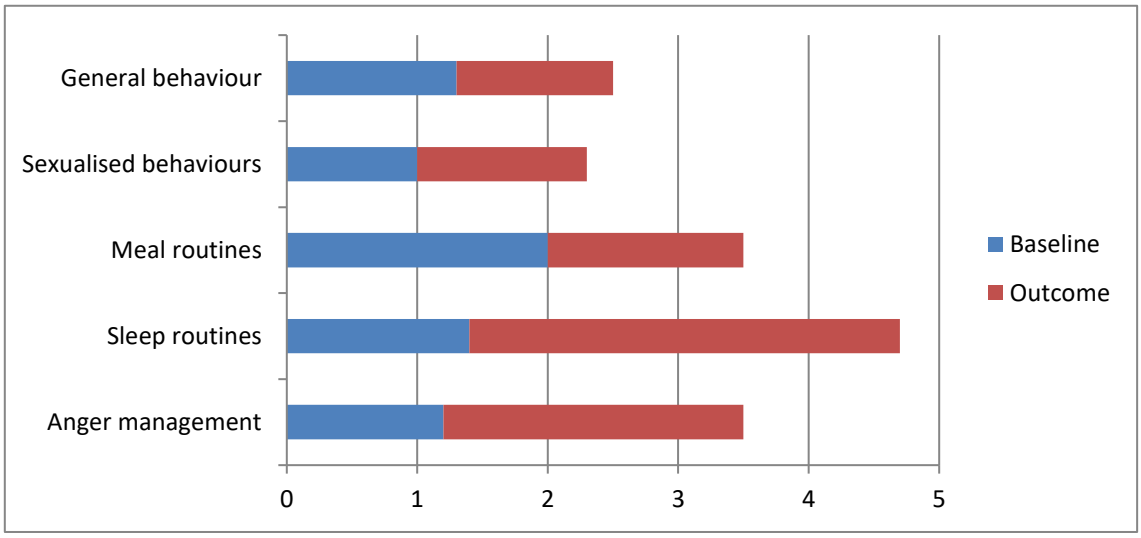
282 goals were set in regard to personal development relating to 95 clients. Overall baseline scores for personal development averaged at 1.9 (goal not reached) and at closure averaged at 4.2 (goal substantially reached) with an overall increase in personal development outcomes averaging 2.3 points following IFSS support. 6 goals demonstrated an outcome of decreased personal development, 63 with no change, 24 with one point of change, 62 with 2 points of change, 42 with 3 points of change, 54 with 4 points of change, 17 with 5 points of change and 14 with 6 points of change (maximum). Overall 32% of goals (n=90) achieved an outcome of goals fully completed, 29.5% (n=83) with goals substantially completed, 23.8% (n=67) with goals partially completed and 14.9% (n=42) with goals not complete. Chart 46 demonstrates the client outcomes specific to personal development.

Chart 46: Client outcomes for personal development



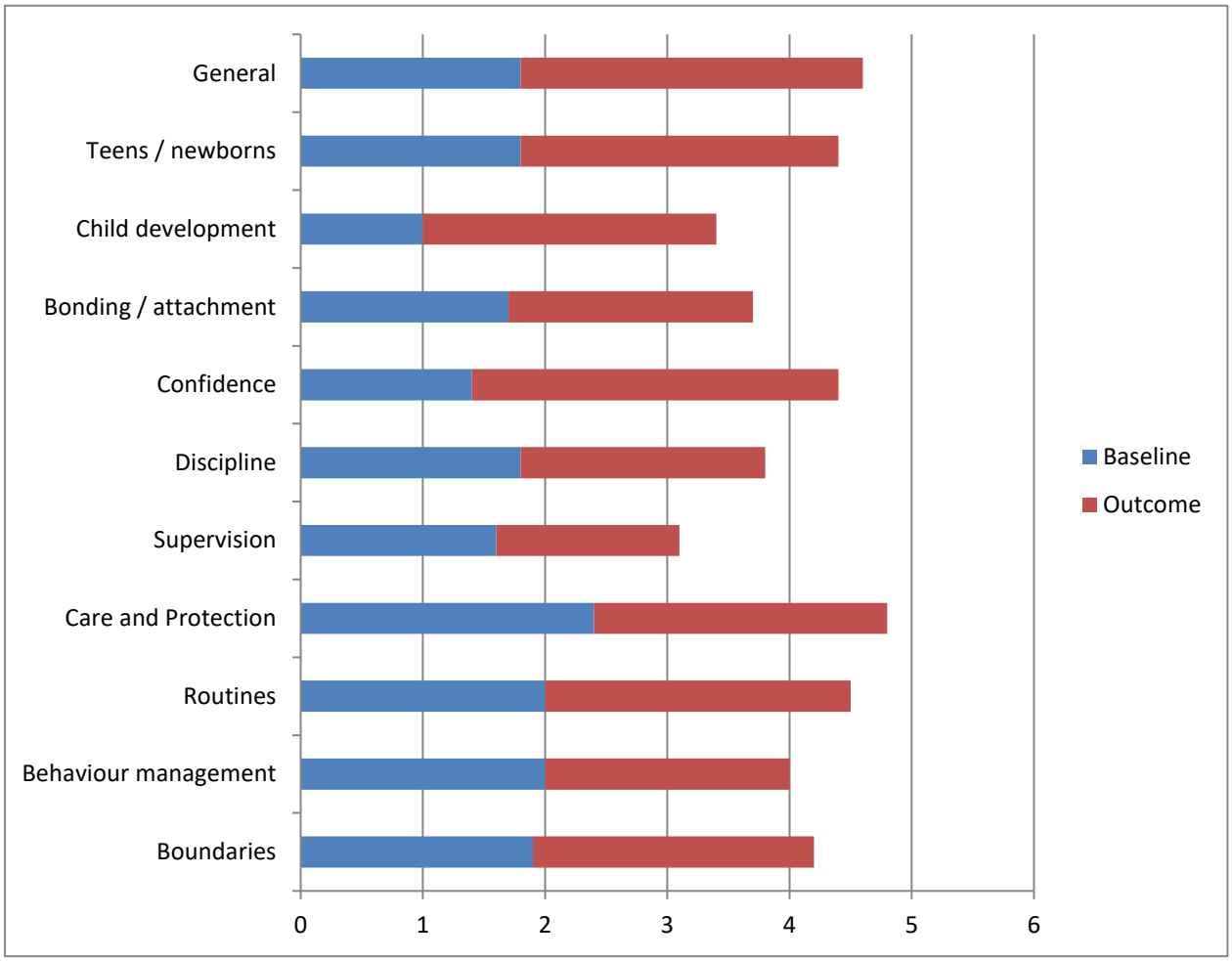
34 client goals across 29 clients related to adaptive behaviour: 45.5% (n=15) of goals related to conflict resolution skills and anger management (2 goals relating to children, the rest a parent), 24% (n=8) of goals related to sleep routines, 6% (n=2) to mealtime routines, 9% (n=3) related to a child's sexualised behaviours, and the remaining 17.6% (n=6) related to general behavioural support including protective behaviours. Chart 47 demonstrates the outcomes specific to adaptive behaviours.

Chart 47: Client outcomes for adaptive behaviours



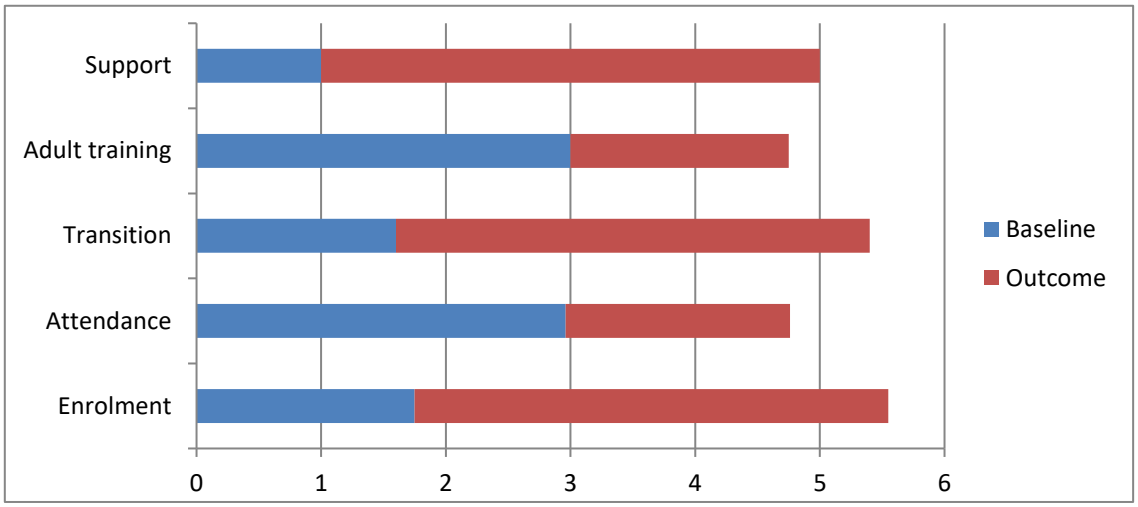
187 client goals across 87 clients related to personal skills. Personal skills incorporated the category of parenting skills which accounts for the high number of clients with at least one goal in this area. 14.97% (n=28) of goals related to parenting skills: boundaries, 31% (n=58) of goals related to parenting skills: behaviour management, 16.6% (n=31) related to parenting skills: routines,1.8% (n=9) related to parenting skills: care and protection, 5.34% (n=10) related to parenting skills: supervision, 7.4% (n=14) related to parenting skills: discipline, 4.8% (n=9) related to parental confidence, 3.74% (n=7) related to bonding and attachment, 2.7% (n=5) related to understanding of child development, , 2.7% (n=5) related to parenting a specific age group (i.e. newborns or teens) and 5.8% (n=11) related to general personal skills. Chart 48 demonstrates the outcomes specific to personal skills.

Chart 48: Client outcomes for personal skills



56 client goals across 48 clients related to vocation and education. 35.7% (n=20) of goals related to enrolment in education (children), 44.6% (n=25) of goals related to regular school attendance (children), 8.9% (n=5) related to transitions to and between schools, 7.14% (n=4) related to parental training and 3.6% (n=2) related to other school related support for children. Chart 49 demonstrates the outcomes specific to vocation and education.

Chart 49: Client outcomes for vocation and education

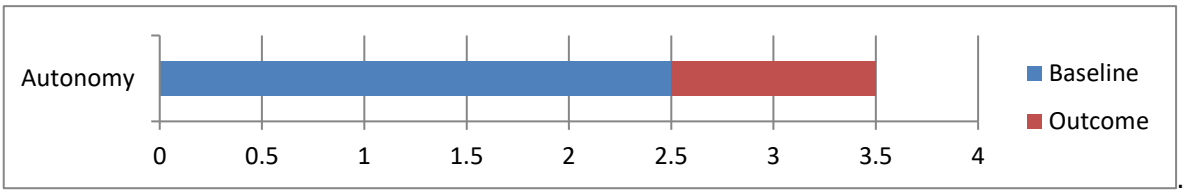


5 goals across 5 clients were set in regard to communication. All goals were related to improved communication between household members. The average baseline score was 2.4 with an outcome average score of 3.2.

Self determination

4 goals were set in regard to self-determination relating to 4 clients. Overall baseline scores for self-determination averaged at 2.5 (goal partially reached) and at closure averaged at 3.5 (goal partially reached) with an overall increase in self-determination outcomes averaging 1 point following IFSS support. Due to the small sample size for this category, results demonstrate a general positive outcome and further analysis at the BQOL level is of no benefit. Chart 50 demonstrates the client outcomes specific to self-determination.

Chart 50: Client outcomes for self-determination

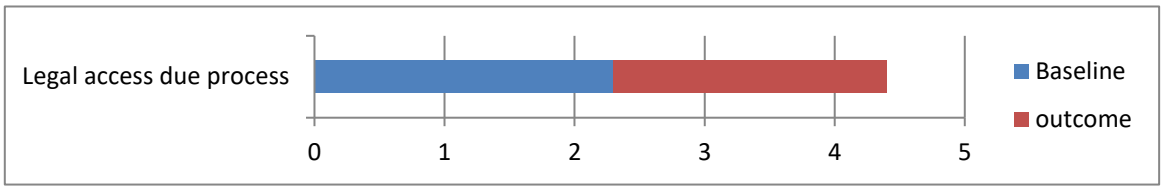


Rights

6 goals were set in regard to rights relating to 6 clients. Overall baseline scores for rights averaged at 2.33 (goal partially reached) and at closure averaged at 4.5 (goal substantially reached) with an overall increase in rights outcomes averaging 2.17 points following IFSS support. Due to the small

sample size for this category, results demonstrate a general positive outcome and further analysis at the BQOL level is of no benefit. Chart 51 demonstrates the client outcomes specific to rights.

Chart 51: Client outcomes for rights

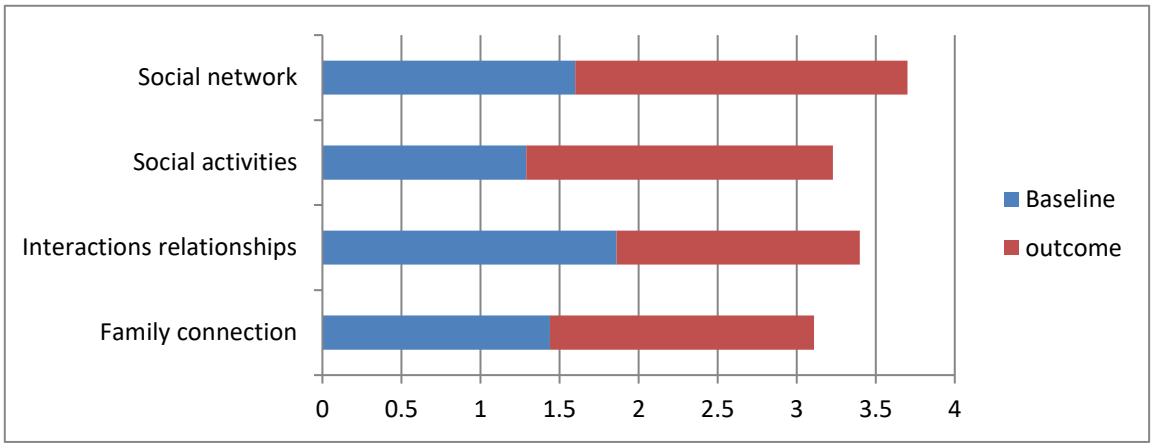


Interpersonal relations

Client goals set under the interpersonal relations outcomes relate to an identified desire to increase access to a social network, increase access to social activities, improvement in interpersonal skills and improvement in family relationships within the immediate and extended family context. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

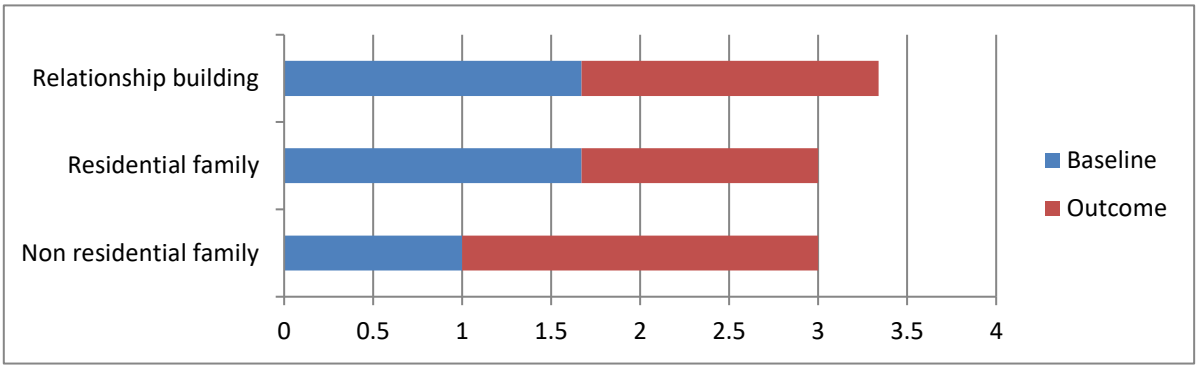
71 goals were set in regard to interpersonal relations relating to 51 clients. Overall baseline scores for interpersonal relations averaged at 1.63 (goal not reached) and at closure averaged at 3.37 (goal partially reached) with an overall increase in interpersonal relations outcomes averaging 1.73 points following IFSS support. 2 goals demonstrated an outcome of decreased interpersonal relations, 22 with no change, 10 with one point of change, 17 with 2 points of change, 5 with 3 points of change, 10 with 4 points of change, 4 with 5 points of change and 1 with 6 points of change (maximum). Overall 15.5% of goals (n=11) achieved an outcome of goals fully completed, 22.5% (n=16) with goals substantially completed, 40.8% (n=29) with goals partially completed and 21.1% (n=15) with goals not complete. Chart 52 demonstrates the client outcomes specific to interpersonal relations.

Chart 52: Client outcomes for interpersonal relations



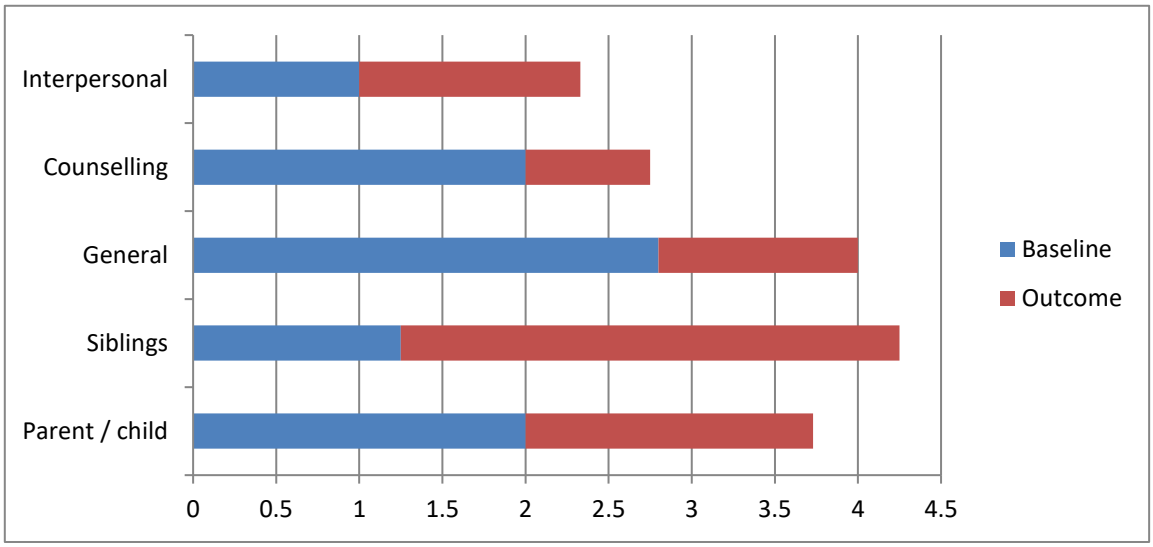
9 client goals across 9 clients related to family connection. 33.3% (n=3) of goals related to connection to family and children outside of the household, 33.3% (n=3) related to improved attitudes and attachment to children inside the home and 33.3% (n=3) related to relationship building activities. Chart 53 demonstrates the outcomes specific to family connection.

Chart 53: Client outcomes for family connection



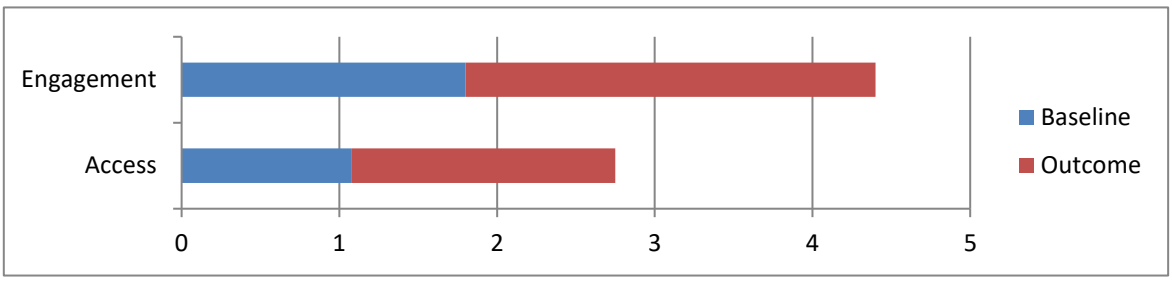
35 client goals across 34 clients related to interactions and relationships. 31.4% (n=11) of goals related to connection to parent / child interactions, 11.4% (n=4) related to interactions between siblings, 37.5% (n=13) of goals related to general family interactions and relationships, 11.4% (n=4) related to access to relationship counselling and 8.57% (n=3) related to general interpersonal skills. Chart 54 demonstrates the outcomes specific to interactions and relationships.

Chart 54: Client outcomes for interactions and relationships



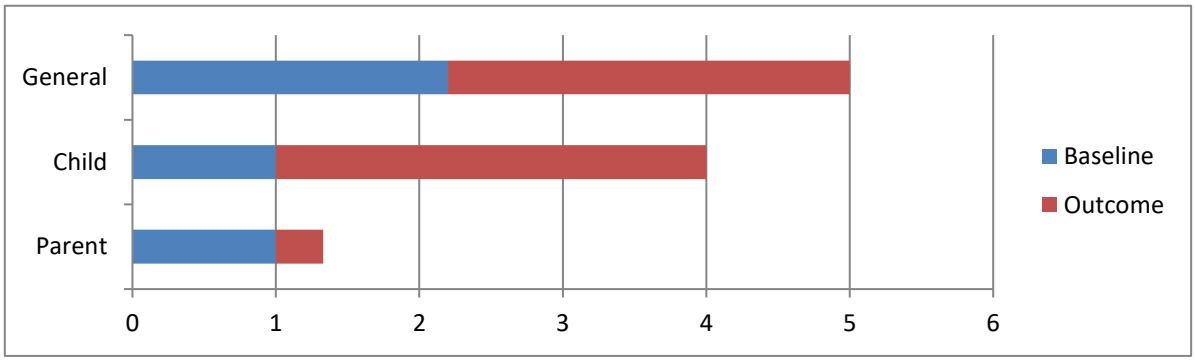
17 client goals across 17 clients related to social activities. 70.5% (n=12) of goals related to access to social activities and 29.5% (n=5) related to increased engagement in social activities. Chart 55 demonstrates the outcomes specific to social activities.

Chart 55: Client outcomes for social activities



10 client goals across 10 clients related to social network. 30% (n=3) of goals related to parental social networks, 20% (n=2) related to children's social networks and 50% (n=5) related to general social networks. Chart 56 demonstrates the outcomes specific to social networks.

Chart 56: Client outcomes for social networks

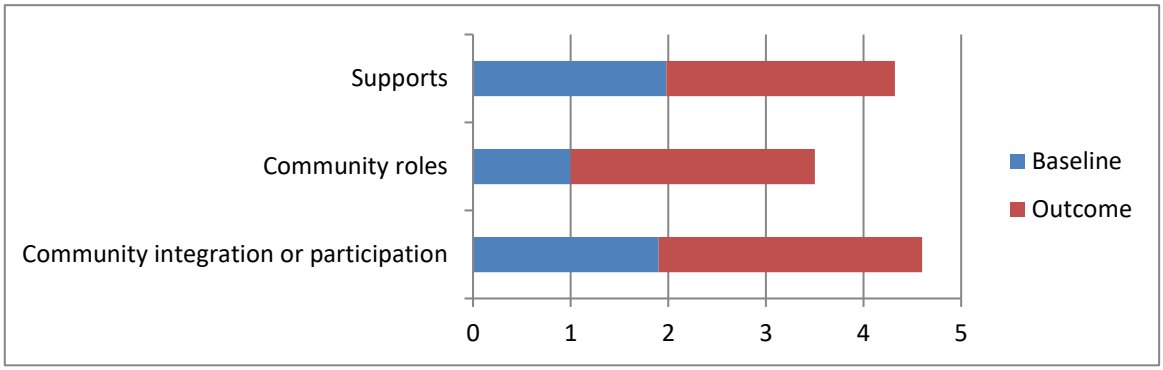


Social inclusion

Client goals set under the social inclusion outcomes relate to an identified desire to increase social supports, increase access and engagement in the local community and improve prosocial behaviours in the community. Baseline scores indicate the starting point at which the goal was set and the outcome demonstrates the level of improvement or deterioration overall clients who had goals set in this area. Outcomes in these areas relate to the improvement in access to resources and supports and therefore a higher score indicates a decrease in need in these areas.

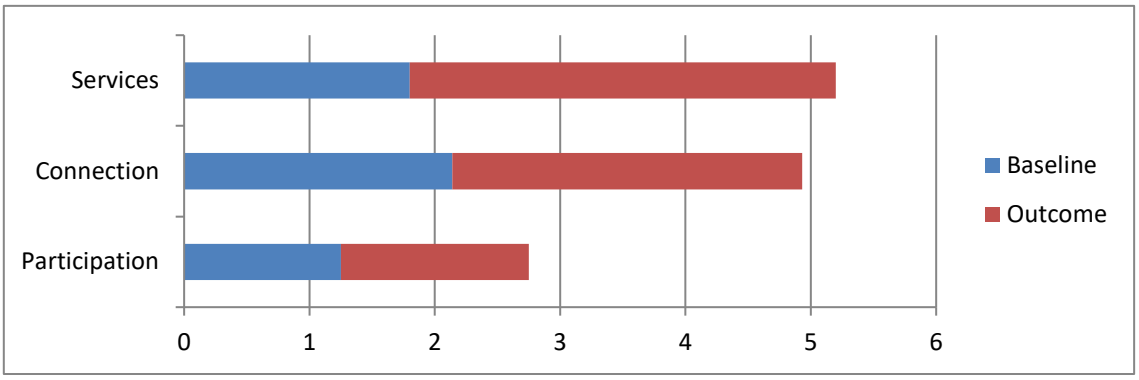
66 goals were set in regard to social inclusion relating to 51 clients. Overall baseline scores for social inclusion averaged at 1.92 (goal not reached) and at closure averaged at 4.39 (goal partially reached) with an overall increase in social inclusion outcomes averaging 2.47 points following IFSS support. No goals demonstrated an outcome of decreased social inclusion, 19 with no change, 5 with one point of change, 9 with 2 points of change, 11 with 3 points of change, 10 with 4 points of change, 5 with 5 points of change and 7 with 6 points of change (maximum). Overall 40.9% of goals (n=27) achieved an outcome of goals fully completed, 24.2% (n=16) with goals substantially completed, 18.1% (n=12) with goals partially completed and 16.7% (n=11) with goals not complete. Chart 57 demonstrates the client outcomes specific to social inclusion.

Chart 57: Client outcomes for social inclusion



23 client goals across 10 clients related to community integration and participation. 17.4% (n=4) of goals related to community participation, 60.8% (n=14) related to community connections and 21.7% (n=5) related to connection with community services. Chart 58 demonstrates the outcomes specific to community integration and participation.

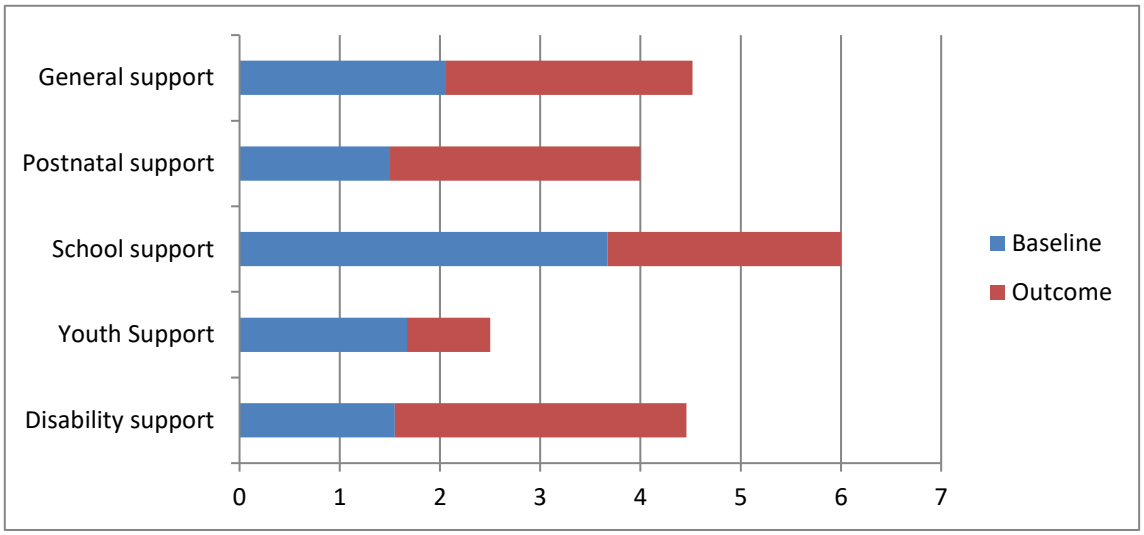
Chart 58: Client outcomes for community integration and participation



2 client goals across 2 clients related to community roles, and related specifically to criminal offending. One client was an adult, the other a young person. The average baseline score was 1.9 and the outcome average was 4.6. Due to the small data set for this outcome, further data analysis would be of no benefit.

41 client goals across 34 clients related to supports. 26.8% (n=11) of goals related to access to disability specific services, 14.6% (n=6) related to access to youth specific services, 7.3% (n=3) related to increased support at school, 4.87% (n=2) related to access to postnatal services and 46.3% (n=19) related to access to general support services. Chart 59 demonstrates the outcomes specific to supports.

Chart 59: Client outcomes for supports



Client satisfaction

Client satisfaction outcomes are measured from the client's own perspective in relation to the level of satisfaction and quality of service they received from their IFSS worker. A score of 1-2 is considered to be a negative response whereas a score of 3-4 a positive response. Results overall demonstrate a high rate of positive experience from Baptcare IFSS clients across the North and South West regions.

Chart 60 demonstrates the results of client satisfaction surveys from IFSS clients in the North and South West in regard to the quality of service received.

Chart 60: Client satisfaction of quality of service received

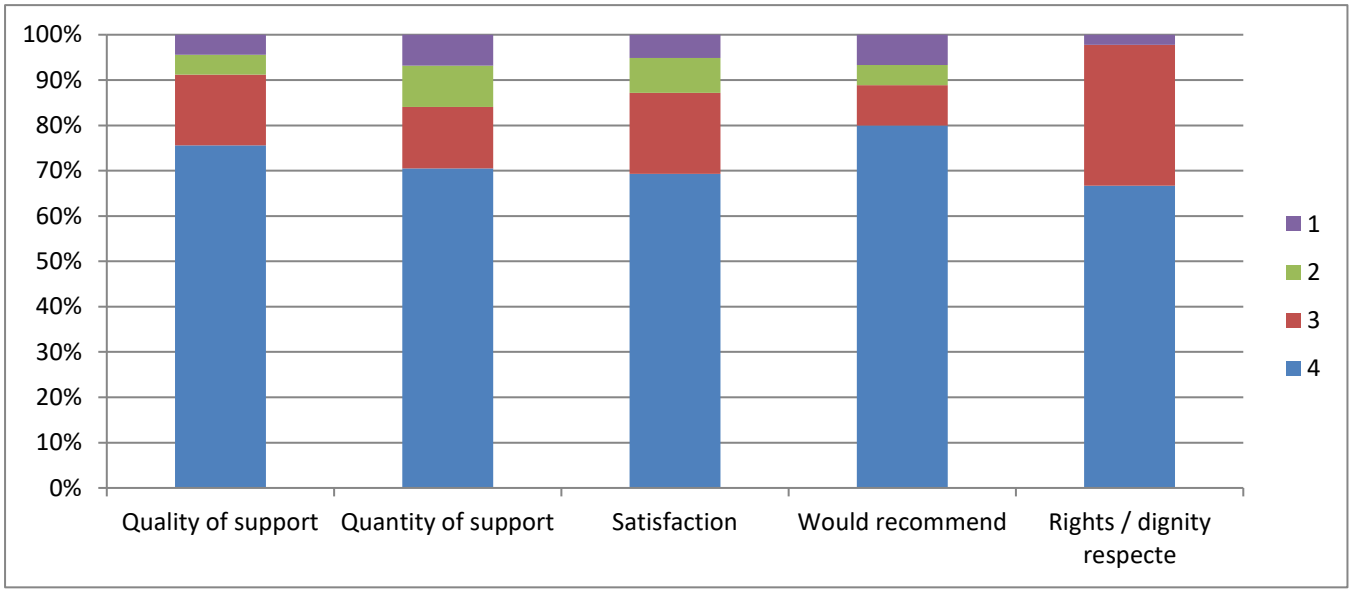


Chart 61 demonstrates the results of client satisfaction surveys from IFSS clients in the North and South West in regard to the appropriateness and outcomes of supports provided.

Chart 61: Appropriateness and outcomes of supports

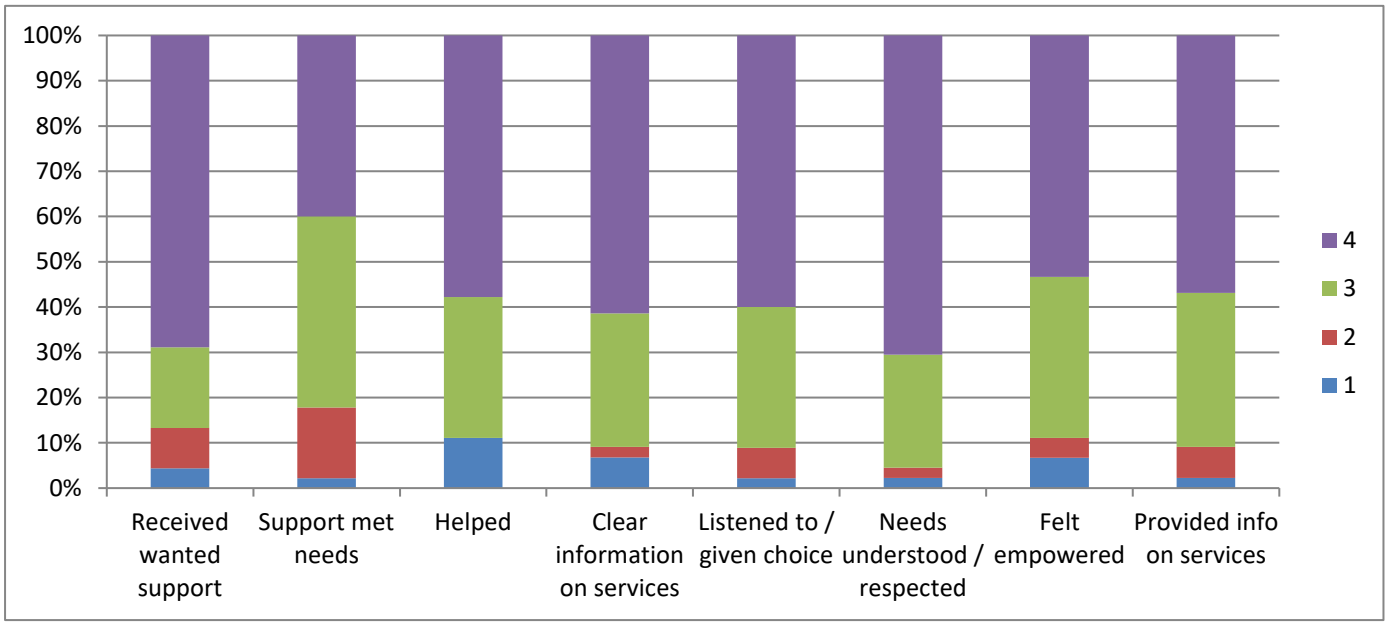
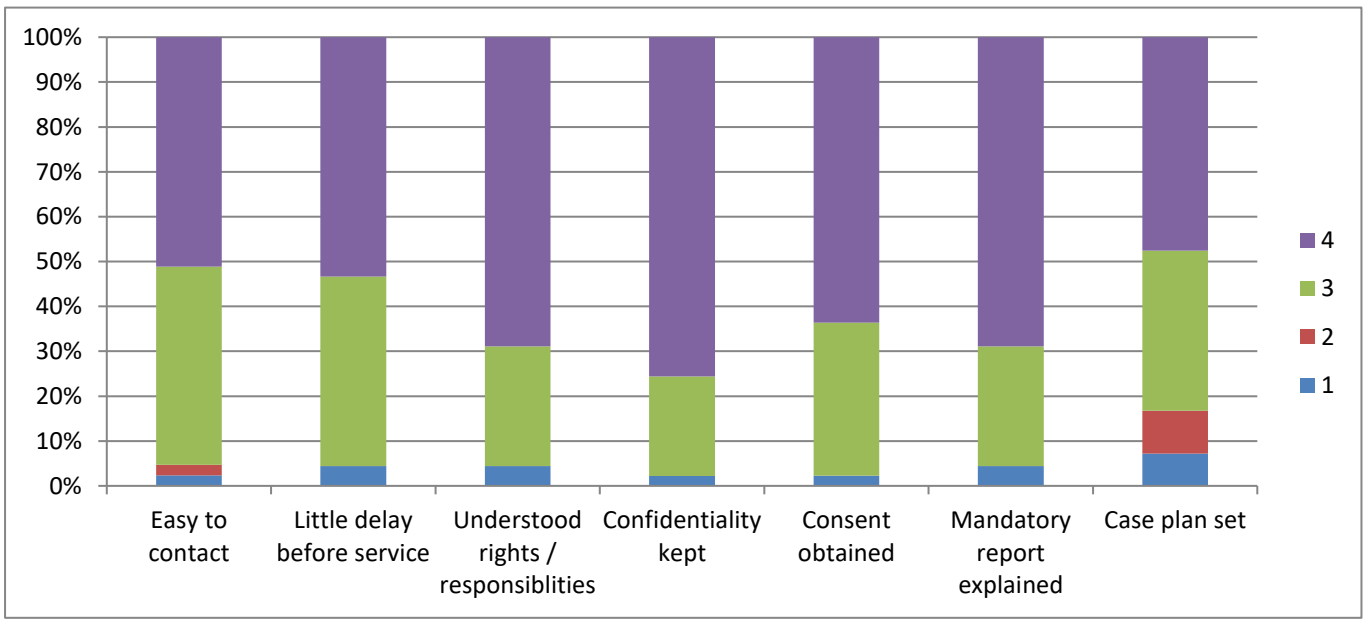


Chart 62 demonstrates the results of client satisfaction surveys from IFSS clients in the North and South West in regard to the administrative and process components of service received.

Chart 62: Administration and process



Discussion

A significant amount of data has been able to be collected through various means and presented in this report to demonstrate the scope of work, outcomes and effectiveness of the IFSS program.

Results demonstrate that families present with a wide variety of issues and support needs and many have experienced long term disadvantage and hardship impacting on their own and their family's functioning however overall achieve positive outcomes over time with a high level of satisfaction with the service. Tasmania experiences a high level of social disadvantage in many regions (Vincent & Rawsthorne, 2015) and the outcomes and results presented in this report demonstrate that with appropriate interventions and support, social outcomes can be improved. Practice analysis demonstrates that the key objectives for IFSS are adhered to at a high standard with a wide range of professional skills demonstrated across both the North and South west regions of the state.

Approximately half of referrals for family support were closed in the Gateway and did not proceed to allocation. There are multiple reasons for which IFSS allocation did not proceed including: brief intervention support and referral to mainstream services at the point of intake, Child Protection involvement, referral to Grandparent and other relative carer support or TYSS support, and the family declining IFSS allocation. More detailed analysis of these referrals is outside the scope of this paper and will be addressed in a subsequent report on the Gateway service.

Results demonstrate that allocated referrals range between 150-200 per year across the alliance, diverting a large number of children and families from the Child Protection system and providing much needed support to families who are struggling with parenting and other complex issues. The client outcomes results demonstrate the level of complexity of issues which many of these families face in addition to parenting specific concerns and clearly indicate the need for a holistic service which provides support across all key life domains and not specifically focused on parenting issues.

The majority of children included in allocated family support referrals are within the 0-12 age group which is largely due to the increased vulnerability of younger children and is consistent with the primary focus of IFSS being parenting support and early intervention. Given the particular challenges that can be associated with parenting adolescents, the low number of teenage children included in allocated family support referrals may be due to referral to other mainstream youth services or TYSS support.

Aboriginal and Torres Strait Islander children are grossly overrepresented in the Child Protection (AIFS, 2016) and service system across Australia compared to non-indigenous children. The number of Aboriginal and CALD families recorded at the point of intake is significantly lower than the national and state average and this number is supported in client file reviews where more comprehensive

client specific data was obtainable. The low numbers of aboriginal children included in allocated referrals to IFSS may be due to multiple factors including access to Aboriginal specific services but may also be due to a lack of identification of aboriginality at the point of intake and assessment. Practice differences in recording aboriginality are clear between the North and South West services and it is possible that many aboriginal families have not been identified as aboriginal as opposed to a reduction in access to services by aboriginal families. Additionally, numbers of CALD families included in allocated referrals is low however given the specific culturally appropriate services such as the Migrant Resource Centre, it is possible that these families are accessing support by other means.

A recent survey of the most disadvantaged suburbs in Australia (Vincent & Rawsthorne, 2015) lists Georgetown and Glenorchy as two of the most cumulatively disadvantaged Local Government Areas in Tasmania. Glenorchy and Launceston have the highest number of allocated referrals which is consistent with the population levels in these areas however when looking at the ratio of referrals against populations of the Local Government areas (Vincent & Rawsthorne, 2015), the highest percentage of allocated referrals based on population sit within the George Town (1.6%) and Glenorchy (1.4%). Therefore, the high percentage of referrals for families living in the Glenorchy and George Towns region reflects a level of community disadvantage and complexity impacting on the parenting capacity of these families.

Referral sources provide information and insight into where further community engagement could be of benefit. For example, family violence (past and current) is a prominent presenting issue for families who are allocated to IFSS support however family violence services provide a relatively low rate of referrals for family support. Additionally, a large number of young children access early intervention support through ECIS, child care and CHAPS however these services also provide a low number of referrals overall. Other low referral sources such as youth justice, housing and police may be due to the low level of visibility for these services around family issues which may benefit from IFSS support. Utilising referral source data to inform targeted community engagement could lead to not only a greater number of families accessing required support but also engagement of families most in need of support.

Analysis of client files provides significant information around engagement with services. 38% of families who were allocated to IFSS required support around access to service which may demonstrate a very low level of help seeking behaviour or a lack of knowledge and capacity to access services without support. A further 40% of families required support to engage with referred services representing a high level of disengagement across services. Anecdotal evidence from case notes indicates that families are weary of service changes and the transient nature of services due to short funding periods which result in a lack of faith in services and a hesitancy to engage with a service which may not be present in the future when needs arise again. This is demonstrated clearly in the level of information provision which IFSS workers engage in around the availability of specific services to meet client need. Information and advice around appropriate service referrals is provided in the Gateway as part of the intake and brief intervention support however due to the more comprehensive

assessment and continuity of service delivery provided by a medium term support service such as IFSS it is evident that families are simply not aware of the services available to them at the time that they require them. The number of referrals received at the Gateway which do not proceed to IFSS allocation may also support the assertion that families have a general lack of knowledge of available services if these families are provided information and referral at the point of intake. Thematic analysis indicates that the greatest barrier to service access is a lack of knowledge around available services and this is compounded by cyclic service changes across time.

Data presented in this report around families who access IFSS on multiple occasions demonstrates the importance of continuity of services across time. Data demonstrates that families who access IFSS repeatedly have reduced risk and increased outcomes over time and with each subsequent referral. This is demonstrated through the reduction subsequent CPS referrals and client outcomes data. Data also demonstrates that in the instances of repeat service access, there is a 5% increase in self-referrals in subsequent referrals as opposed to initial referrals, indicating willingness for families to access and engage in support if they know where to go. Presenting issues analysis also illustrates this lack of community awareness of available services and the difficulties in navigating the service system through the high number of families indicating access to service as a primary support need at the point of intake and throughout their service delivery period.

Active holding results demonstrate short wait times for service delivery which is also reflected in the information presented in the client satisfaction results. Non-engagement rates also correlate with short engagement periods with results demonstrating that assertive engagement strategies are implemented for up to 3 months prior to a family being deemed to have failed to engage with the service. Low rates of failed engagement (16%) indicate that families who proceed to allocation are generally motivated to access support as determined in the Gateway and demonstrate a level of effectiveness in assertive engagement strategies as well as an opportunity to further develop strategies to engage difficult to reach families to influence effectiveness and engagement rates, bearing in mind the voluntary nature of the service.

Very low rates of referral back to Child Protection also demonstrate the effectiveness of IFSS support, even if engagement is short. Those referrals which are closed due to referral back to Child Protection could represent: further opportunity to strengthen assessment processes in the Gateway, the need for earlier intervention to prevent escalation or demonstrated effort to address risk concerns notified to the Gateway through a voluntary service prior to referral for a statutory intervention. Overall safety outcomes demonstrate improvement across client cohorts providing evidence that IFSS promotes an increase in the safety and wellbeing of children.

36% of families required support to address safety concerns within the family unit including personal safety, safety of property and safety from interpersonal and family violence. In addition, a high number of families required specific support around safety planning and protective behaviours which indicates the degree to which children and families are exposed to risk of harm through trauma and

the subsequent impacts of this on development and behaviour. The low rate of notification back to Child Protection indicates a level of success in addressing safety concerns to the point of the absence of statutory risk. It should be noted that the role of CBCPTL has been valuable where appropriate for engaging families where they are struggling to acknowledge risk to children and are having difficulty engaging. Further development of the relationship between Child Protection and Family Services will assist with role clarification and collaboration on decisions relating to Child safety. In addition, there are several cases that have been highlighted which present with high level of risk, who have repeatedly accessed the service due to the level of risk and complexity which DHHS may consider "churn" (DHHS, 2016). In this instance, repeated access is not necessarily a negative as it demonstrates that both Child Protection and IFSS, in collaboration with the CBCPTL have utilised all available options in engaging with families and providing opportunity to address the needs families in the best interests of outcomes for children.

Similarities in the pattern of prioritisation scores between the North and South West regions may indicate increased case complexity and risk in the South West and anecdotal evidence from client files suggests that Child Protection in the North has a greater level of responsiveness to risk than in the South West which would support this assertion. The pattern of prioritisation scores also illustrates the need for the three levels of service delivery outlined in the operations framework (DHHS, 2012) including intensive family support for the families at greatest risk and need. The current model of service delivery provides for a level of intensity for high risk high need families however case analysis also indicates that there would be a benefit in the development of a more formal, flexible and intensive service for the low numbers of clients who are in the gap between high risk and statutory involvement. The data around direct and indirect service delivery also adds weight to the complexity of working with these families through the demonstration of the amount of behind the scenes support activity required to provide needed support to families. 41% of files reviewed displayed evidence of case collaboration which demonstrates the integrated nature of IFSS support where liaison and case co-ordination with other involved services is a primary aspect of client support.

Information on presenting issues indicates that many families who access IFSS present with a high level of case complexity and significant complicating factors impacting on their capacity to function as a family. Issues such as drug and alcohol use, mental health, inadequate housing, education and family violence are highly represented in families who access IFSS support. Interpersonal relationships including stress in parent – child and adult – adult relationships illustrates the difficulty of maintaining positive interpersonal relationships whilst under stress from additional complicating factors and may also indicate the impacts of transgenerational trauma which anecdotally appears to be a significant complicating factor for many parents. The number of primary carers who have identified family violence, sexual assault or child protection involvement as a subject child indicates that trauma is likely to be a significant (albeit not explicitly identified by the parent) complicating factor and the impacts of this on parenting capacity would be an area for useful further research.

Additionally, behaviour management as a single parenting skill in itself was highly represented as a support need with 36% of families identifying difficulty in managing a child's behaviour. Given the high percentages of complex issues, trauma informed practice is one of the key skills required for workers to address behavioural issues which are often likely to be a direct result of exposure to trauma. 48% of families requiring some psychoeducation in conjunction with the results around support to understand the impacts of trauma and family violence on development indicate that trauma informed behaviour is a significant issue for families accessing IFSS and one which is not addressed quickly or easily. Given the lack of available and specific therapeutic services to deal directly with traumatised adults and children, IFSS has played a role in providing trauma informed therapeutic approaches and support to these families in addition to their parenting support roles, adding a further layer of complexity to the work. This practice has been supported with the introduction of a full time Complex Case Management and Therapeutic Approaches Project Co-ordinator within Baptcare. In addition to trauma informed practice, IFSS workers have demonstrated a high level of emotional support and mental health support provision to families in the absence of access to appropriate mainstream services. The number of suicide risk assessments (including assessments of children) being undertaken by IFSS workers that was demonstrated in the file reviews indicates the severity of mental health concerns and impacts being experienced by families who are unable to access appropriate mental health support as well as the level of support that IFSS workers provide to families who are struggling.

Results demonstrate that the majority of families who received a service through IFSS were able to achieve some positive change. Although the number of completed service plans sits around the 50% mark, analysis of goal completion indicates that 80% of families in the North and 65% of families in the South West completed some goals on their service plan. It should also be noted that a significant change in practice around data collection on completion of goals occurred following a change in the format of the closure form which prompted more detailed responses from workers around the level of goal completion by families. Significant training to IFSS staff across the alliance was also conducted in the 2014 and 2015 service delivery periods around the use of the data management system (IRIS) which resulted in significant changes in practice across alliance agencies around the categorisation and data entry of case closure information. Therefore, the number of completed service plans and completed goals may be interpreted as a baseline number rather than a categorical result due to inconsistencies in data entry prior to closure form changes and training. A significant increase in the number of completed service plans and completed client goals following these changes and training supports this assertion.

A relatively high number of clients identified in the client feedback that a case plan was not set around their specific goals (15.6%). Analysis of reviewed files demonstrated that 25.5% of files did not have a case plan present and a further 10.2% had an incomplete case plan on file. This may be due to administrative errors around file management, a lack of client understanding around case planning, prioritisation of client support above administrative tasks or it may represent a lack of formal case planning practice with clients. Despite the lack of case plans on file, reviews of case notes

demonstrate clearly defined client goals and requested supports and therefore case planning process, communication with clients around goal setting and administrative process is an area in which further development and training could be of benefit.

The practical support component of IFSS support provided a twofold benefit to families in that they were supported to access needed goods and services in order to meet their basic needs and stability, and they benefited from capacity building towards increased independence and autonomy. Practical support provided by IFSS included basic skills training and role modelling in order to reduce the burden of dependency on services into the future. For example, provision of practical support to establish and maintain budgets achieved high outcomes whereas support to access financial services and maintain financial management were met with hesitancy by families which could indicate the difficulty in managing finances on a low fixed income and therefore practical strategies to manage this were accepted more readily and led to significant improvements in financial stability outcomes overall.

Overall outcomes demonstrate improvements across all key areas included in the evaluation with the most significant demonstrated changes in all wellbeing areas, personal development and social inclusion. In particular, significant effectiveness was demonstrated in IFSS support to medical care, more specifically access to ante and postnatal care for unborn children. The inclusion of unborn children was a key component of the reforms and the outcomes demonstrated in this evaluation indicate that early intervention has had a positive impact on the safety and wellbeing of newborns as well as a reduction in the number of CPS interventions required at birth. Significant improvements were also demonstrated around child development (speech and continence), access to social and emotional supports and resources, safe custody and access arrangements for children, access to mental health assessments, improvements in hygiene, access to transport and engagement in education. Maslow's hierarchy of needs suggests that basic needs must be met prior to other needs such as safety, relationship and identity needs (Maslow, Frager, Fadiman, McReynolds, & Cox, 1970). Material wellbeing outcomes demonstrate the importance of practical and material support in order to achieve stability required to address psychosocial wellbeing concerns.

Overall, significant improvements were achieved in relation to parenting skills which is a key component of IFSS support. Case management practice components are demonstrated throughout the data as well as case co-ordination which reflects the integrated nature of the service. These outcomes in conjunction with other identified outcomes demonstrate overall effectiveness of the service.

Conclusion and recommendations

The data demonstrates that the IFSS service provides benefit across all outcome areas in both regions to clients.

It is also clear from the evidence provided that the IFSS service in conjunction with the Gateway service provides additional support to families who are at risk of statutory involvement which might

otherwise be unable to be provided given the capacity, resources and prioritisation of Child Protection clients.

It is therefore the strong recommendation of this evaluation that the service continues to operate and the following additional recommendations should be considered to enhance the high quality service and address identified gaps in services.

- Improvements in case planning process, training and documentation – the case planning tools, including the implementation of an organisational outcomes framework for Baptcare demonstrates the importance of thorough assessment and planning in targeting support to family's identified needs. It is recommended that further work is conducted around case planning process across the alliance in order to ensure consistency in service delivery across agencies. It is also recommended that further development of training and implementation of case planning processes is conducted within Baptcare in both regions to ensure regional consistency in documentation of client goals and outcomes. Recent training around the implementation of a formal outcomes framework built into the case planning tool is a significant first step towards this.
- Formalised exit planning process – in addition to enhancements to the process and implementation of case planning with clients, access to service information and information obtained from client feedback surveys indicates that the development of a formal exit planning process could further enable families to access appropriate services into the future and provide planning support around the transition from service delivery to community.
- Long term funding support for family support to support engagement, improved outcomes and reduced risk – IFSS has received two periods of block funding to deliver the service in 7 years and is currently being reviewed. It is the recommendation of this evaluation that in order to embed community based family support services to facilitate long term social change for disadvantaged families, minimal service changes will result in increased engagement, increased trust and access to support services and a reduction longer term of social disadvantage and statutory risk.
- Introduction of an Intensive Family Support service – it is evident from the information provided in this report that there is a need for a more intensive, flexible (outside normal service hours) and responsive support service to implement high level support to families who fall in the gap between high risk family support clients and statutory clients. Intensive Family Support models have been proposed in the past and have not been implemented. Although the number of clients who would benefit most from this type of service is relatively small, an intensive service would enhance the capacity of IFSS and provide higher level, formal and structured support to families who otherwise are currently sitting with low prioritisation at CPS or are not receiving the level of service they require under the current family support model due to the level of complexity and demand.
- Development of or increased access for non-statutory families to a specialist trauma informed therapeutic service. The Australian Childhood Foundation for example provides trauma

specific treatment to children who are displaying signs of trauma which impact on their functioning however access to this service is currently heavily restricted to specific children on orders. Further funding to this service or the establishment of a trauma centre in both the North and South of the state would provide much needed service access to children and families who are struggling with the psychological and behavioural impacts of childhood trauma.

- Mandatory family support engagement for high risk families – it is recommended that consideration of a family support service implemented under a supervision order could provide better support to families who become subject to a care and protection order or where engagement with a family support service has been recommended to a family to avoid statutory intervention. Currently families with children who are subject to an order are ineligible for IFSS support and referral information indicates that many families who are referred by CPS or are self-referrals identify that they will only engage in order to prevent further CPS involvement which is incongruent with the voluntary nature of the service. Flexibility around service provision to families who are difficult to engage and have statutory risk concerns would benefit from the trial of a family support service in which engagement could be mandated without the resource depletion of Child Protection workers and out of home care. Such a service could reduce the risk of escalation within Child Protection and ensure the family is able to access the support required to maintain the family unit. This type of service would also allow for greater transparency between families and Child Protection around what is expected of them and would support increased collaboration between statutory and non-statutory services.
- Training in family centred case practice for CPS and IFSS staff to support clearer boundaries and role definitions – it is evident from the information presented in this evaluation that although the IFSS service has been in place for 7 years, there is still some room for education around the role of IFSS in the context of the family service system for Child Protection and IFSS staff. In particular, further training and education around the differences in approaches between a statutory risk focused service and a voluntary family centred and strengths based service would support clearer role definition of family support workers and Child Protection workers, IFSS workers being expected to complete assessments or activities outside their role, or families disengaging due to misunderstanding of IFSS as Child Protection. The implementation of the Child Protection protocol which was developed in 2015 would also support this enhancement.
- Continuation of the CBCPTL role – due to significant differences in practice between a child focused, statutory service and a family focused voluntary service, the use of a resource such as the CBCPTL is essential to the ongoing collaboration and effectiveness of Child Protection and IFSS. The case consultation component of the role has provided invaluable support to workers in dealing with risk issues in the context of a strengths based service. The location of the CBCPTL in the Baptcare office has also increased accessibility and relationship between the two services. There have been difficulties around resourcing this role across the last 7

years and it is recommended that prioritising the resourcing of the role on an ongoing full time basis is vital to the continuation of collaborative practice and best interest practice between both agencies.

References

Australian Institute of Family Studies (2016). *Child Protection and Aboriginal and Torres Strait Islander Children: CFCA Resource Sheet October 2016,* accessed from https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children

Case Management Society of Australia (2009). *What is case management?* Accessed from https://www.cmsa.org.au/about-us/definitions-of-case-management

DHHS (2012). *Family Support Services Operational Framework*, July 2012, accessed from http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0019/120808/Family_Support_Services_Operational_Framework_v5_LR.pdf

DHHS (2016). *Redesign of Child Protection Services Tasmania: Strong Families – Safe Kids*, March 2016, accessed from http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/214356/Redesign_of_Child_Protection_Services.pdf

DHS (2008). *Best interests case practice model: Summary Guide*. May 2008, Melbourne, Victoria.

Ernst & Young (2016). *FACS Management Report – Baptcare QoL Framework*, 27th June, Melbourne Victoria.

Gronda, H. (2009). *What makes case management work for people experiencing homelessness?: evidence for practice*. Australian Housing and Urban Research Institute.

KPMG (2008). *New Directions for Child Protection in Tasmania: An Integrated Strategic Framework*, January 2008, accessed from http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0017/63161/DHHS_version_KPMG_June08_FINAL.pdf

MacRae, A. (2016). *Evaluation report on the Targeted Youth Support Service 2010-2015*, February 2016, Hobart, Tasmania.

Maslow, A. H., Frager, R., Fadiman, J., McReynolds, C., & Cox, R. (1970). *Motivation and personality* (2nd ed. Vol. 2): Harper & Row New York.

Moore, S. T. (1990). *A social work practice model of case management: The case management grid*. *Social Work*, *35*(5), 444-448.

Turnell, A., & Edwards, S. (1999). *Signs of Safety: A safety and solution oriented approach to child protection casework*. New York: WW Norton, 465, 21.

Vincent, T & Rawsthorne, M (2015). *Dropping off the edge 2015: Persistent Communal Disadvantage in Australia*. Jesuit Social Services & Catholic Social Services, Richmond Victoria.