THE UNIVERSITY OF SYDNEY
Research Centre for Children and Families

Family Connect & Support Evaluation Executive Summary

Background

The University of Sydney Research Centre for Children and Families, in partnership with Curijo Pty Ltd, was commissioned by the NSW Department of Communities and Justice (DCJ) to conduct an evaluation of Family Connect and Support (FCS).

The FCS program is a voluntary support service for vulnerable children, young people and families, managed by DCJ and delivered statewide by seven non-government agencies. FCS offers referrals, practical support, information and advice and case coordination. In January 2021, FCS replaced the Family Referral Service (FRS), managed by the NSW Ministry of Health.

Evaluation purpose

The evaluation aimed to understand how FCS prevents a child, young person and/or family's issues from escalating. The full report is available at this link. The evaluation focused on:

- the effectiveness of the FCS program design;
- (unintended) implementation outcomes for families;
- cultural awareness and responsiveness for Aboriginal and Culturally and Linguistically Diverse (CALD) families;
- examination of the service delivery activities in relation to achieved family outcomes; and
- comparison of program cost to social investment return.

The evaluation offers insights into what is working well and challenges FCS providers are facing. These findings can inform decisions about program commissioning, expansion and policy.

Evaluation Overview

The evaluation had three components: **process evaluation**, to understand how well the program is designed and implemented to achieve client outcomes; **outcomes evaluation**, to understand the outcomes the FCS program has achieved for clients; and **economic evaluation**, to understand whether the benefits for FCS clients outweigh program costs. It drew upon the following data: 1) *Interviews with clients* (n=18); 2) *Consultations with FCS staff* through online focus groups (n=80) and a workforce survey (n=83); 3) *Consultations with stakeholders,* including inbound and outbound referrers (n=54, including 9 CALD and 10 Aboriginal stakeholders); 4) *FCS documentation,* including a set of de-identified referrals and case file notes; 5*) Program and administrative data* from Data Exchange (DEX) on FCS delivery and from ChildStory on statutory child protection involvement; 6) and *FCS costing data* from FCS agency financial acquittals for financial year 2022/2023.

Key findings

Consultations with FCS staff, stakeholders and clients consistently found:

- FCS is generally perceived as a **unique and necessary program** in the child and family sector that is **flexible and responsive to families**, with broad eligibility criteria and proactive outreach.
- Families report receiving **support tailored to their needs through family-led and strengths-based approaches**.
- FCS providers are respected by stakeholders as **active community partners**, particularly when they employ Aboriginal workers who build trust and develop referral pathways with local Aboriginal community organisations.
- FCS workers are perceived as **helpful in navigating local services**, with families appreciating case coordination and advocacy to access local services.

Analysis of program and administrative data suggests:

- FCS is **successful in reaching priority client groups**, with two out of five clients identifying as Aboriginal, being a child under age 5 or being a young person experiencing mental health issues.
- FCS is associated with **positive outcomes**, with evidence of avoided statutory child protection involvement for families who engage with FCS and exit with needs met, compared to those who exited without needs met.
- FCS is a **positive investment when comparing costs to benefits**, with an average cost of $3,167 per case and social return for each dollar invested of between $1.10 and $4.90.

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"We can be really responsive to a family's needs and flexible with how we work and take the lead from families. That helps for really purposeful work, I think."– FCS staff

"I guess our program's admission, you have to meet the criteria to be on a program. With FCS, the criteria is not as stringent. They're valuable in that way because they can work with families that other organisations can't because we're all governed you know by our guidelines and restrictions." – Outbound referral stakeholder

"They're just your fall back every time. I feel like I can trust them as well because I know that they actually have the knowledge and the workers, and they do make referrals out on our behalf. Thank God we don't have to do that." – Inbound referral stakeholder

"I think a cool part about us is that we can actually meet the family at their house or in community rather than them having to travel up to us. I think it's just that's a really great element of our program, to meet them where they feel most comfortable." – FCS staff

"Most people engage. I think that comes down to the engagement skills and knowing how to deliver that information in a supportive way, in an empathetic trauma informed way. Setting up that conversation so it's supportive is key for our practice." – FCS staff

FCS facilitators and program strengths

Based on a range of consultations with the FCS workforce, stakeholders and families who had received FCS services, the following factors were identified as supporting effective implementation, including FCS model elements and qualities of FCS staff:

Flexible model design – Flexibility in the model allows staff to respond to the needs of families in responsive and purposeful ways, working with them in ways that suit them best, whether in person, by phone or text, or by email.

Broad eligibility criteria – Eligibility criteria is broad enough for families in need of the FCS program to access it, with most inbound referrals deemed eligible for the program.

Expertise in local services – Staff use their expertise to make appropriate referrals for families, actively building relationships with other services and advocating for client access to external services.

Capacity to engage families – Ability to meet with families in their homes was identified as a positive way to build relationships and gain understanding of their situation.

Highly skilled intake and phone-based communication – Initial interactions with families typically take place by phone, with staff demonstrating excellent skills in active listening, demonstrating empathy and providing clear information to build rapport and trust.

Family-led decision making – Families are encouraged to identify their own needs and goals, share their strengths, and contribute to developing their case plans.

Active holding – Staff monitor a family's circumstances and provide practical support, home visits and follow-up with service providers, staying connected to the family while suitable services are being arranged.

Free, voluntary, and non-statutory early intervention support – The voluntary and non-stigmatised nature of FCS assists families in feeling comfortable to seek support and build their skills navigating services, which can prevent escalation to the statutory system.

Filling a gap in the service system – FCS is a highly valued program in the social service sector, alleviating capacity issues affecting community services by ensuring that families receive a service while waiting for longer term services to accept their case.

FCS implementation barriers and challenges

Systemic service gaps – Making appropriate, accessible, and timely outbound referrals for FCS clients is challenging due to systemic service gaps, particularly related to housing, domestic and family violence services, mental health support, children's health and allied health services especially for disability, and longer-term case management services.

Family complexity and managing risk – Referrals to FCS are increasingly made up of families with higher levels of complexity and acute need, including domestic and family violence, homelessness and significant mental health issues leading to child safety risks, with FCS staff raising concerns about their capacity to manage high risk as a voluntary service.

Limited access to referral pathways for DCJ-funded services – FCS providers don't have access to DCJ referral pathways for intensive family preservation services, long-term case management services, counselling for children and young people, and other specialist programs, due to the limited caps on these services for community referrals.

Program timeframe and resourcing constraints – Limited ability to refer to other programs impacts FCS' ability to deliver services within the 16 week timeframe. Resource constraints also affect the availability of staff to conduct assertive outreach, particularly in large geographic areas, and to provide sufficient brokerage funds for short-term needs.

Difficulty with data collection and reporting requirements – The DEX data collection system was perceived as not capturing the full scope of work, including client satisfaction.

"I really do think they have an impact. It is an early intervention program and we said for years that we need more money to invest in the early intervention sector and especially for Aboriginal people." – Aboriginal outbound referral stakeholder

"We have Aboriginal staff that we're able to approach and ask for advice and I think everyone that's employed in our team has such respect for Aboriginal culture. That sort of shines through all the work that we do." – FCS staff

"We've got a close relationship with the team at [FCS provider] and they are really on board. They have a very clear overview of what our services do… it's those personal relationships that we've built with that organisation." – CALD referral stakeholder

"You're really treated like an individual who is vulnerable. They get to know you, they're genuine and they will try to support you, in whatever it is that you need and nothing is ever too much." – Parent #6

"Ever since I first made that initial phone call, I'm reaching out. Yeah, which I have never done in my life, to reach out to get help. It's been nothing but fantastic." – Parent #7

"It takes away that burden … [they] write the referral letters with brief needs and concerns … So you don't have to repeat yourself over and over. With the risk …the service might not even be able to help after you have told them." – Parent #10

Culturally aware and responsive practice

Overall, FCS staff were perceived by Aboriginal and CALD stakeholders to value the cultural knowledge and expertise of their FCS colleagues, community organisations, stakeholders, and leaders. Aboriginal and CALD stakeholders discussed the need to develop more active culturally appropriate referral pathways between their organisations and suggested that more case conferencing meetings were needed to work collaboratively in supporting families.

FCS staff pointed out the critical work their Aboriginal colleagues do to promote the program and build relationships with local Aboriginal communities. Aboriginal staff likewise highlighted the targeted proactive outreach activities they undertook to build trust with Aboriginal communities and develop referral pathways with Aboriginal organisations. FCS staff were similarly appreciative of the unique skills and expertise of their CALD colleagues, including their ability to speak to families in their home languages and share cultural insights about appropriate ways to work with families.

The impact of past policies and practices continues to have repercussions for Aboriginal communities and families. Some participants expressed the view that Aboriginal families may avoid FCS providers because they are funded by DCJ. They stressed that early engagement with Aboriginal organisations can help to bridge this divide, to build trust with Aboriginal families.

Early intervention services were described as much needed for families experiencing vulnerabilities. Aboriginal services valued FCS assistance for Aboriginal families experiencing housing or household financial pressures, including plans individually tailored to the family's needs. The potential to contribute to a reduction in entries to care for Aboriginal children was highlighted.

Families' perspectives

Of the 18 family members who participated in interviews, 5 participants identified as Aboriginal, 3 were fathers, 13 were mothers, and 1 was a grandmother kin carer. They came from different locations including urban, regional and rural settings, and received services from various FCS providers.

While their families were experiencing a range of issues, all were dealing with complex and challenging circumstances. Housing instability stood out as a common stressor, with families frequently living in unsuitable and cramped housing due to a lack of affordable private rentals and long waiting lists for social housing.

Across the board, families reported having a positive experience with the FCS service, that the help they received had been targeted to their specific needs, and the assistance provided had been of benefit them and their children. FCS workers were perceived to be welcoming and non-judgemental, providing practical assistance, and proactively advocating on their behalf.

Certain FCS service elements stood out in terms of being perceived as especially helpful by families. FCS case coordination relieved them of repeating their story to different service providers and reliving traumatic experiences. Families generally found the array of services in their local areas confusing or overwhelming, and commented on how the FCS program helped them navigate the service system. Brokerage support from FCS helped them to buy groceries and other essentials for their families.

Several participants reported that they found it hard to ask for help and appreciated the warm and caring response from their FCS worker. All respondents agreed that FCS workers had helped them when they really needed it, and this had a significant impact on their lives. Most respondents would come back to FCS if they needed help and would recommend the program to others.

Outcomes evaluation

Data sources

Analysis of FCS program data from the Department of Social Services Data Exchange (DEX) provided an overview of the client profiles and demographics, engagement with FCS target groups, types of services delivered, intensity and length of service engagement and the key referral sources, mapped to DCJ districts to discern regional variations. There are known errors with data entry that may lead to underreporting.

Administrative data analysis from the ChildStory database enabled examination of outcomes post-FCS services, including: a concern report at Risk of Significant Harm (ROSH); investigation of a ROSH report using the Safety and Risk Assessment (SARA) tool; substantiation of alleged harm or neglect; and substantiation for exposure to domestic violence.

FCS client population and case characteristics

Since program initiation in January 2021, 32,102 FCS clients were recorded. The FCS service reached its intended priority cohorts — Aboriginal families, children younger than 5 years of age, or young people affected by mental health issues — in two out of five total clients (40.5%) and more than one out of two cases (52.0%). About 27.5% of the client population were Aboriginal and 3% were recorded as being from a CALD background based on speaking a language other than English in the home and being born in another country (likely underreported based on FCS staff comments). The majority of adult clients had not completed more than secondary education (82.9%). 4.6% qualified for packages from the National Disability Insurance Scheme (NDIS).

Most cases (indicating the family or household) (>53%) had entered the FCS through a referral made by the education system (22.4%), the justice or legal system (15%) or the health care system (16%). Only 6.3% were referred by a child protection agency and 12% were self-referred (including via friends or family). In almost 1 out of 3 cases, the primary reason for assistance was family functioning (31.6%). The most common other reasons were mental health, wellbeing and self-care (24.5%) and personal and family safety (22.1%).

Most clients were recorded as receiving *information, advice, or referral* from their FCS provider, recorded for 79.7% of sessions. Referral to an external service was recorded for 25.9% of cases. The most frequent outbound referral types per case was made for the purposes of: (1) family functioning (10.8%, N=1,476), (2) mental health, wellbeing, and self-care (9.5%, N=1,299), (3) material wellbeing and basic necessities (4.8%, N=662), (4) financial resilience (4.8%, N=651) and (5) housing (4.4%, N=605). There was significant variation in the wait times for referrals between FCS providers, with median wait time of 42 days (provider mean wait times range broadly between 6 and 45 days). The mean duration of FCS service (between the first session and last session) was 52.4 days (7.5 weeks), with 11.9% of cases open beyond 16 weeks.

Effects of FCS participation

FCS child clients (age 0-17) who exited with needs met (as indicated in FCS program data) were compared to FCS child clients who exited the FCS for other reasons (cannot assist, deceased, higher assistance needed, moved, no longer assisted, no longer eligible, client quit the service, other). This comparison group was selected for reasons including that FCS families chose to participate in this voluntary service, so they are likely to be systematically different from families who would not choose to participate. Due to issues with data availability and to avoid self-selection bias, it was not feasible to compare families who received FCS to families who did not receive FCS. This means that the outcomes evaluation did not compare those families who received FCS with those who did not, but rather compared families who received FCS and completed the service with their needs met to families who completed the service without their needs met.

A value-added regression model was used to compare outcomes post-FCS involvement between the treatment and comparison groups for 6-18 months. Value-added modelling seeks to measure the contribution made to outcomes by FCS involvement, with families' needs met. This portion of the study follows 5,934 children who were under age 18 at the start of FCS services.

Clients in the treatment group received 100 sessions and stayed in the system for 82 days on average, while clients in the control group received 50 sessions and stayed in the system for 48 days on average. Clients in the treatment group were significantly more likely to receive an external referral, brokerage, active holding and family capacity building than the control group. They differed also in their history of contact with the statutory child protection system pre-FCS. In the treatment group, 47% of clients never had contact with the statutory child protection system, while in the control group only 36% of clients had never had contact. This indicates the treatment and control group were similar in terms of their underlying motivation and need for accessing the FCS program but differed in the intensity of services received and the duration of their time spent in the FCS.

Post-FCS, families who were recorded as exiting FCS with their needs met, compared to families in the control group who exited with unmet needs (holding other things constant), had a 7.7% lower risk of contact with the statutory child protection system. Children in the treatment group were also significantly less likely to receive a ROSH report post-FCS by 7.4% relative to the control group. Children whose families exited FCS with their needs met were furthermore significantly less likely to be investigated for an allegation of maltreatment by 10.7% and 17.2% less likely to be substantiated for maltreatment. They were also 37.0% less likely to be substantiated for exposure to domestic violence. Substantiation for exposure to domestic violence was examined as an outcome because Family Connect and Support staff reported that they frequently worked with families who have complex needs, including domestic violence.

These numbers mean that if the children in the control group – those for whom the FCS did not meet their needs– had received an FCS treatment that would have met their needs, then:

- **1 out of 13 children –** would have avoided contact with the statutory child protection system
- **1 out of 13.5 children –** would have avoided a ROSH report
- **1 out of 9.3 children –** would have avoided an investigation
- **1 out of 5.8 children –** would have avoided a substantiation
- **1 out of 2.7 children –** would have avoided substantiated exposure to domestic violence.

While FCS is broadly effective for families with different needs and priorities, with no statistically significant differences by sub-groups, there are some subtle differences worth noting:

For Aboriginal and non-Aboriginal children*:* Although Aboriginal and non-Aboriginal children who received the FCS program have similar risk reductions in avoided substantiation, reduction in risk was greater in magnitude for Aboriginal children (-27.4%) than non-Aboriginal children (-19.1%).

For families in urban vs rural areas: Clients located in more urban areas are estimated to have a greater reduced risk of substantiation, with a magnitude of the reductions in risk of -28.4%, than clients in more rural areas of –8.3%. These findings align with reports from FCS providers covering large rural areas about the challenges of connecting families to appropriate services due to limited availability of services.

By provider agency size: The estimated risk reductions for substantiation were larger in magnitude for clients managed by smaller FCS providers (-23.7%) than by larger providers (-15.2%). Smaller providers may be better equipped than larger providers to provide a more tailored approach that reduces greater risks of harm.

The key insight emerging from the outcomes evaluation is that FCS clients who exited the program with their needs met did better in terms of later statutory child protection involvement, compared to those who exited with needs not met. When FCS workers and services could address families' needs, it was worth the effort. However, FCS service providers may not be able to meet all needs of families given the scope of FCS and availability of local services to which to refer families.

Economic evaluation

Treatment effects reported in the outcomes section were used as the basis of calculating the cost-benefit ratio, focusing on the outcome of avoided substantiation of a ROSH report. Unit cost of the program were calculated, including caseworker / manager involvement in FCS assessments and referrals; brokerage fees for families; FCS data collection and entry; and DCJ management costs. The FCS program receives block funding from DCJ. FCS programs expenditure for service provision in FY 2022/2023 was $19.9 million, 0.12% of the total DCJ expenditure ($16.5 billion). The average cost per FCS case was $3,167, with a range varying from $2,109 to $6,069 per case, depending on FCS provider. The mean cost per session was $61.80, with a minimum cost of $10.40 and maximum of $147.10 per session.

FCS is a positive investment, in terms of avoided substantiations. The benefit-cost ratio calculated under different scenarios and assumptions ranged between 1.1 (using the most conservative estimate and highest cost observed) and 4.9 (using the least conservative estimate and the average costs observed). Thus, for every dollar spent on a successful FCS case, there is a social return of between $1.10 and $4.90. These numbers indicate that the FCS has quantifiable social benefits measured by the monetarised value of reduced pain (experienced by the child) and the avoided costs to government by reducing costs for staff members to prevent further harm to children at risk.

Recommendations

Based on the evaluation findings and including suggestions made by families who have received FCS services, community stakeholders and FCS staff, **20 recommendations** are made to improve reporting, outcomes data and opportunity for

causal evaluation; to enhance service delivery while maintaining the strengths of the FCS model; and promote culturally aware and responsive practice with Aboriginal and CALD clients.

Improve reporting, outcomes data and opportunity for causal evaluation opportunities

1. ***Collect client satisfaction data independently rather than having FCS workers collect this data:*** The client survey could be replaced with a brief survey that is sent to families via phone or email and collected through a survey database. This would avoid social desirability bias in how client satisfaction is collected.
2. ***Select a set of priority measures* for *baseline data collection and follow-up***: FCS providers should collect the same data on a set of standard questions, aligned with the NSW Human Services Outcomes Framework, before the intervention starts and at follow-up during the intervention and at service completion.
3. ***Collect more detailed and varied data on priority cohorts***: In addition to the current priority cohorts (Aboriginal families; families with children aged 0–5 years; and children and young people affected by mental illness), data collection fields could be added to track other potential cohorts including families experiencing domestic and family violence, drug and alcohol misuse, homelessness, unemployment, parental mental health issues and parental and child disability.
4. ***Record data about families' needs***: Adding a data collection field for FCS providers to indicate whether the program is positioned to meet families' assessed needs would provide information on the types of families' needs that are not the right fit for FCS and may need a different type of response (e.g., statutory).
5. ***Require consistent DEX data entry:*** Consistent data collection and reporting will support future monitoring and evaluation efforts, as underreporting in the data collected to date on FCS may have resulted in an underestimation of the effectiveness of the program. Data entry should also indicate when core casework has ended and a period of follow up has begun, in order to identify cases that have truly closed.
6. ***Allow for a longer follow-up period for evaluation:*** In this evaluation, clients in the FCS could only be reliably followed from February 2022 and follow-up data in the statutory child protection system is only available until late 2023, so FCS clients could only be observed for 6-18 months. For future evaluations, it is recommended that cohorts of clients be observed for more than one year and ideally for two years or more.
7. ***Record information on services provided to families and link to child protection records:*** A major complication in this evaluation was the inability to observe which clients had also received services through the FRS program, which ended in January 2021. Going forward, it is critical that all FCS agencies collect data on all cases they serve, to allow for robust evaluation of program outcomes.
8. ***Roll out new programs in ways that enable robust evaluation through randomly assigning people to treatment/control groups and bring evaluators into the program design and rollout phase:*** Before fully implementing new social programs like FCS, consideration should be given to rolling out programs in a way that enables conducing randomised control trials, with some families randomly assigned to treatment and others (initially) as controls, to be able to measure the true impact of program. Bringing in evaluators early can help facilitate this.

Service delivery

9. ***Advocate for greater investment in early intervention:*** Across NSW, there is an inadequate supply of services with sufficient intensity and expertise for families who are not allocated for statutory child protection intervention but have children at a high level of risk. Consistently identified service gaps include: housing, mental health services, domestic and family violence services, intensive family case management, paediatric and allied health for children including speech therapy, and clinical assessments for neurodevelopmental conditions (e.g., autism spectrum disorder). Greater investment in early intervention services is needed.
10. ***Allocate higher priority to FCS referrals:*** FCS providers are assessed as 'community referrals' as compared to statutory referrals made by DCJ staff, who can refer families to services such as fee-free psychology services or intensive family support services. Given the risk that is held by FCS providers and the importance of FCS as an outbound referral service for families reported to the Child Protection Helpline, it should be considered whether at least a portion of FCS referrals can be classified at the same level as DCJ statutory referrals.
11. ***Support FCS staff to maintain and develop specific skills:*** Evaluation of the FCS model's implementation identified a core set of skills as essential, including active listening, clear and appropriate communication, demonstrating empathy, adopting a trauma-informed approach and being honest and transparent. It is important for FCS programs to keep these skills in mind for hiring new staff and professional development.

12. ***Consider longer timeframes for some cases:*** The standard 16-week service delivery period can be too short when there are long wait times for referrals or for families with particularly complex needs. A set of criteria could be developed for flagging families who may benefit from additional FCS support. Longer timeframes to enable active holding may also be required in more rural areas due to limited services.
13. ***Raise awareness of FCS through social media and community promotion***: Opportunities for greater promotion of FCS within local communities could include distributing brochures to universal settings (e.g., child care centres, schools) as well as posting to social media and community bulletin boards with simple and clear messages about the voluntary assistance provided by FCS, so families can self-refer if needed.
14. ***Celebrate and reward the best performing service providers:*** This evaluation revealed that there was great variety across providers in terms of average cost per case, average time spent on cases and clients, and referrals made to external organisations and service providers. High performing providers should be celebrated by the NSW Department of Communities and Justice and performance and incentive payments should be considered.

Culturally aware and responsive practice

15. ***Develop culturally appropriate referral pathways:*** Referral pathways between Aboriginal and CALD services could be strengthened, to facilitate more collaborative work between FCS and Aboriginal and multicultural services, including case conferencing meetings to enable collaboration in supporting families.
16. ***Engage early with Aboriginal Community Controlled Organisations (ACCOs) to support families:*** In the consultations with ACCOs, stakeholders expressed that Aboriginal families may avoid FCS providers because they are funded by DCJ, due to fears about statutory child protection. Early engagement with Aboriginal organisations can help to build trust with Aboriginal families.
17. ***Build and maintain relationships and partnerships with a range of service providers:*** Relationships within local services are important across FCS regions to foster an effective inbound and outbound referral system. Strategies to build connections include attendance at inter-agency meetings, organising and attending community events, and undertaking targeted visits to universal settings such as early childhood centres.
18. ***Ensure FCS staff practice in ways that are culturally aware and responsive in their staff management and collaborations:*** Aboriginal services reported that FCS agencies that had Aboriginal staff were observed to be appreciative of the community obligations for Aboriginal people and the importance of cultural sensitivity and safety when working with Aboriginal families. However, Aboriginal services expressed concerns that when only one Aboriginal worker was employed within a FCS service, they needed support to avoid burn out.
19. ***Review Aboriginal Participation Plans***: Aboriginal Participation Plans (APPs) should be reviewed to verify they are based on authentic relationships with ACCOs and that FCS providers are taking the appropriate actions to implement them. A lack of proactive engagement with Aboriginal services may result in the escalation of family issues and lead to a higher risk of the Aboriginal child entering the statutory child protection system.
20. **Change how data is collected on cultural diversity:** FCS program data records clients as Culturally and Linguistically Diverse (CALD) if they speak a language other than English as their main language in their home, or if they were born in another country. Instead of only these current measures, consideration should be given to including several other measures, including parents' countries of birth, year of arrival in Australia and first language spoken, as well as language spoken in the home and country of birth.

Acknowledgement of Country

The NSW Department of Communities and Justice (DCJ), the Research Centre for Children and Families and Curijo Pty Ltd acknowledge the Traditional Custodians of the various lands on which we work and where Family Connect and Support services are delivered. We pay respects to Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

For more information

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