

Aboriginal In-Home Support Service

Summative Evaluation Report

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Government of **Western Australia**
Department of **Communities**

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List of acronyms and abbreviations

Term	Description
APL	Aboriginal Practice Leader
ACCO	Aboriginal Community Controlled Organisation
AISS	Aboriginal In-home Support Service
Baseline Report	Baseline Data Report by ARTD Consultants completed on 17 Dec 2018
CIC Team	Children in Care Team
CS Team	Child Safety Team
Department	Department of Child Protection
EIFS Strategy	Building Safe and Strong Families: Earlier Intervention and Family Support Strategy
IFS Team	Intensive Family Support Team
SRRS	State-wide Referral and Response Service
SVA	Social Ventures Australia

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Executive Summary

The Building Safe and Strong Families: Early Intervention and Family Support Strategy launched in 2016. As part of that strategy, the Aboriginal In-home Support Service was initiated in 2018 to reduce the number of Aboriginal children entering out of home care.

About the Aboriginal In-home Support Service

AISS is an intensive in-home intervention that aims to keep Aboriginal children and young people safely at home with family and connected to country, culture, and community. AISS works with families to build on their strengths, supporting them in addressing parenting issues and putting in place strategies to ensure the safety of children and young people.

Services include cultural support, parenting skills development, therapeutic family counselling and crisis intervention and practical supports for basic needs, life skills and safety. These are provided in a culturally secure manner.

An intensive in-home support period is followed up with a clear step-down plan to medium/low intensity over a maximum of 12 months. The step-down period aims to promote self-sufficiency and link families with culturally relevant community networks. AISS engages with families to plan individualised, person-centred approaches and design flexible services to accommodate family needs.

The service model is designed to work with families through three stages of change:

- *Crisis* – Focussing on engagement, assessment and responding to crisis concerns
- *Finding stability and getting ready for change* – Building family functioning and maintenance
- *Change* – Further development practical and parenting skills. Increasing empowerment.

AISS is delivered by Wungening Moort, a contracted community sector and Aboriginal Community Controlled Organisation. Wungening Moort is a consortium made up of four service providers – Wungening Aboriginal Corporation, Coolabaroo Community Services, Ebenezer Aboriginal Corporation and Moorditj Koort.

Wungening Moort services four child protection corridors from four hubs (Cannington/Armadale, Fremantle/Rockingham, Mirrabooka/Joondalup, and Perth/Midland).

About this evaluation

This evaluation has been commissioned by the Department of Communities and is a summative review of AISS. This evaluation has been led by Social Ventures Australia (SVA) with the support of Professor Victoria Hovane, an Aboriginal woman from Broome belonging to the Ngarluma, Jaru and Gooniyandi peoples and the senior research advisor on the project.

As AISS has been operating for over two years, the Department of Communities is seeking to assess the quality and success of implementation, delivery, and ongoing management of the program in order to inform future design, development, investment, and implementation decisions.

It is important to acknowledge that an initial evaluation plan was developed by ARTD Consultants in January 2019. The evaluation plan used for this project is modelled on that initial plan with some amendments made to update the approach.¹

This evaluation used a theory-based, mixed-methods approach drawing on stakeholder consultations (including with Wungening Moort, senior and district Department staff, and families), desktop research, AISS progress reports, and administrative data from the Department and Wungening Moort. It is important to note that there have been some data limitations in this evaluation. These have been noted in the body of the report.

¹ Updates included prioritising indicators for better alignment to evaluation questions and incorporating questions that the Department subsequently included (these were included as an appendix to the initial evaluation plan but not incorporated fully into the approach).

This report is structured in four main sections – firstly it discusses the extent to which AISS has been implemented as expected, secondly it discusses the evidence of short to longer term outcomes, thirdly it considers the cost-effectiveness of the program, and finally summarises key recommendations.

Implementation: To what extent has AISS been implemented as expected?

This evaluation considers the extent to which key elements of AISS’ model has been implemented as expected over the past two years. Key elements are primarily drawn from Wungening Moort’s contract with the Department and from stakeholders’ understanding of how the model was intended to run based on focus groups and interviews.

Key element	Key takeaways
<i>Place-based and trauma-informed</i>	<ul style="list-style-type: none"> • AISS is place-based. It is delivered across four hubs that align with child protection corridors. The consortium model means AISS leverages the strong presence and local networks of each of the four existing agencies. 70% of AISS’ staff are Aboriginal, and many are from the communities in which they work. • AISS is trauma-informed. AISS meets the majority of core values of trauma-informed services as defined by the Australian Institute of Health and Welfare. The only area for improvement is better sharing of power and governance.
<i>Partnership and shared case work model between Wungening Moort and the Department</i>	<ul style="list-style-type: none"> • The partnership is a fundamental and necessary way of working with Aboriginal families. • Wungening Moort has endeavoured to create a positive working relationship with the Department in accordance with their contract. Regular progress reporting including monthly case reports and bi-annual progress reports have been challenging at times. In particular, some monthly reporting has been inconsistent and the progress reporting template for the service overall requires review to be more appropriate and streamlined. • There have been positive examples of the partnership working effectively, which is leading to a better service for families and capacity building opportunities for staff. • Overall, however, the partnership is not operating at its full potential and there are many opportunities for improvement. Major areas include strengthening the overall understanding of the program and partnership approach, clarifying roles and responsibilities, and improving communication between district staff and Wungening Moort workers. • The effectiveness of the partnership differs between districts.
<i>Consortium model</i>	<ul style="list-style-type: none"> • Overall, stakeholder engagement has indicated a number of positive outcomes flowing from the consortium model such as access to strong local connections, gaining community acceptance for the service, and a highly integrated and streamlined service delivery and management approach led by Wungening Aboriginal Corporation.
<i>Three key stage to creating change</i>	<ul style="list-style-type: none"> • AISS’ model is based on three stages – pre-engagement, intensive support and step-down. It was initially expected that pre-engagement would take 2-3 weeks, intensive about 16 weeks with the rest of the time in step-down. • The time frames for each stage have been very different to what was initially planned. In particular, the time taken for pre-engagement has been much longer. Some families also remain in intensive for long periods of time. • <i>Pre-engagement</i> - building a strong, trusting, and safe relationship is absolutely critical. This has taken substantially longer than anticipated for various reasons. Families with high risk and complexity are often in a stage of crisis or emotional turmoil, low risk families have little incentive to engage, and reunification families are reluctant to engage due to experiencing the grief of losing their children. • <i>Intensive</i> - Families are also spending longer in this phase than anticipated, particularly those referred from intensive family support and reunification. • <i>Step-down</i> - Evidence around step-down is mixed. Administrative data suggests that very few families are moving into step-down, however, stakeholder engagement

	<p>suggests step-down is taking place although usually after families have already been exited from the program due to timeline pressures.</p>
<p><i>A broad range of family types</i></p>	<ul style="list-style-type: none"> • AISS supports a very broad range of families from those with low needs to families with children in out of home care or at risk of entering care. • Families with low need referred from the state-wide referral and response service may not be the most appropriate clients for AISS as they are very difficult to engage and the potential for positive outcomes is limited. • Families with high need require the most support and there are opportunities to improve AISS' model to better serve these families. For example, being prepared to work with these families over 12 months, strengthening the shared case work partnership, and improving the capacity and capability of Wungening Moort staff. • Data shows that AISS has not been as effective at reunifying children as compared to control groups. The model should be improved to better support reunification families. This includes reviewing the types of services most suitable, extending the timeframe, and improving information sharing between the Department and Wungening Moort.
<p><i>12 month timeline, referrals from the Department and a caseload of 240 families</i></p>	<ul style="list-style-type: none"> • 16% of families spend more than 12 months in the service. The majority of those are intensive family support and reunification cases. • The 12 month service timeline does not reflect the flexibility of the model and the need to align service with family need. • A better approach would be to co-develop a set of criteria to determine when families should be exited from the program. This will create a more flexible service. • Referrals are presenting some caseload management and waitlist challenges. Referrals should be better coordinated between the four referral streams to create a more efficient prioritisation process that aligns with available capacity. • The contracted caseload of 240 families (60 families per hub) has not been feasible. This has been reduced to 40 families per hub by Wungening Moort to reflect their available capacity and complexity of family needs. Families are spending longer in the program requiring intensive support for a lengthier period of time. It has also taken more effort and a longer period of time to engage families than initially anticipated. It should be noted that as of the date of this report, there has been no formal contract variation implemented between the Department and Wungening Moort. Wungening Moort reduced the case load due to capacity issues. Wungening Moort has made this reduction operationally to preserve program quality and maximise opportunities to create outcomes for families they are working with. • Brokerage fees for emergency relief and services may need to be revisited. The majority of AISS families need some degree of crisis support or emergency relief at the beginning of the program. \$500 per person is proving insufficient in 80% of the cases with majority of those requiring double the amount.
<p><i>Capable and experienced Wungening Moort and Department staff</i></p>	<ul style="list-style-type: none"> • Wungening Moort staff have a substantial amount of cultural awareness and experience working with Aboriginal families. They are also able to leverage their non-Aboriginal staff members to give families more choice. • Wungening Moort staff would benefit from increasing their skill and expertise by undergoing more specialist child protection training and increasing their understanding of child protection processes within the Department. • The main development opportunity identified for Department staff is improving their cultural awareness. Aboriginal staff are very stretched and difficult to access. • The partnership has provided opportunities for Department and Wungening Moort staff to learn from one another and there is evidence of this taking place.

Outcomes: Has there been movement towards outcomes for families, children, and the child protection system?

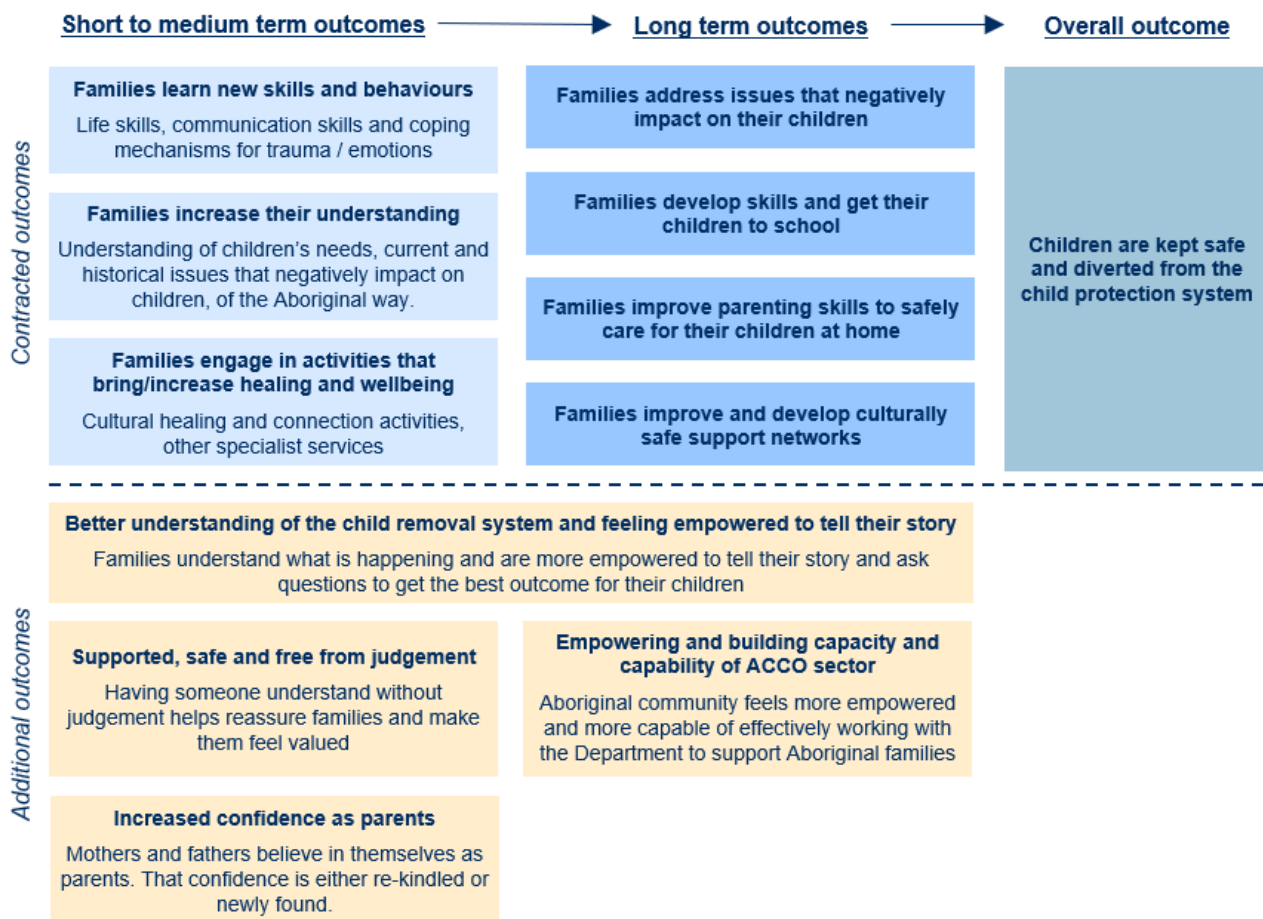
Wungening Moort have been contracted to deliver four long term service outcomes. The initial evaluation plan developed by ARTD Consultants also prescribed three short term outcomes. These seven outcomes are referred to in this evaluation as ‘contracted outcomes’ (see figure below).

In the short to medium term, families will learn new skills and behaviours such as budgeting, communication, and skills to manage trauma. They will also increase their understanding of children’s learning and development needs, how historical issues impact children, and the ‘Aboriginal way’. Additionally, they will be supported to engage in activities that bring or increase healing and wellbeing.

In the long term, families will address issues that negatively impact children, develop skills to get their children to school, have improved parenting skills, and develop culturally safe support networks.

Overall, children will be kept safe and diverted from the child protection system.

In addition to these contracted outcomes, stakeholder engagement has revealed four additional outcomes that are also important for families and the child protection system (see orange highlighted section in figure below).



As noted above, there have been some data limitations in this evaluation. Most notably for outcomes measurement, while there have been some quantitative data collection established (for example the baseline indicators and exit survey responses), for many of the short to medium term outcomes, and additional outcomes, there is no or very little quantitative data. The evaluation team have therefore supplemented the outcomes measurement with qualitative data.

Short to medium outcomes*Families learn new skills and behaviours (contracted)*

This outcome considers whether the program is helping families learn new practical skills (e.g., budgeting, cleaning, cooking), communication skills with families and other services, and developing coping mechanisms for trauma.

Where there was a need for this support, families explained that Wungening Moort assisted them with managing finances, healthy recipes for cooking, and cleaning the house. They explained that they also helped them establish routines and systems within the house to make day to day living easier and more stress free. The routines and systems also encouraged children to be involved with these activities.

Wungening Moort also supported families to communicate with others including family members, services, and the Department. Understanding why the Department were concerned about certain issues, families were able to more clearly and persuasively explain to peers why their actions were hurting the family and also to express their needs to other services.

In addition, families reported that Wungening Moort helped them learn how to 'break things down' so they do not become overwhelmed. Families developed healthier coping mechanisms to manage their trauma and emotions so that daily life does not become unmanageable.

Families increase their understanding (contracted)

This outcome considers whether the program has assisted families to increase their understanding of children's learning, development, and educational needs; and how current and historical issues may negatively impact on children.

Families reported that Wungening Moort helped them gain more direction and understanding about parenting strategies, and what children expect and need from them as parents. For example, many explained that because Wungening Moort gave them access to Circle of Security programs and in-home counselling, they were able to better understand the need for structure and consistency. Families also developed a more nuanced understanding of their children's needs depending on their age, gender and how they may have processed passed trauma.

Some parents also explained how, because of AISS, they were more able to acknowledge and understand how past trauma was being triggered and affecting their children. Learning about these triggers gave them more motivation to manage and address these triggers in order to 'break the cycle' of intergenerational trauma.

Families engage in activities that bring/increase healing and wellbeing (contracted)

The primary way Wungening Moort is supporting families with healing and wellbeing is through their trauma-informed counselling approach from a cultural perspective. Their staff routinely undertake counselling sessions with families during interactions to enable a safe and open place for conversations and sharing in a culturally safe manner. Families have reported that this has helped them share their trauma and background which serves as a springboard for healing and has enabled staff to better understand families' needs. Furthermore, as Wungening Moort's staff are Aboriginal or have cultural awareness and experience, they are able to facilitate a stronger connection with culture.

Wungening Moort also refer families to services that promote healing and wellbeing including alcohol and drug counselling, mental health services, and family violence. Families consistently reported that without that assistance, they would not have been aware that these services were available to them.

Wungening Moort staff did, however, acknowledge that the service could be more intentional about cultural healing activities such as on-country trips or smoking ceremonies. While there are examples of these events, they are not a common part of the service overall. For example, staff acknowledged that the service could undertake more of these activities including linking families back to community or Elders to receive cultural healing, undertaking a cultural program, taking families back on-country or

completing genograms to help families understand where they belong. Recommendation 6 addresses this opportunity for Wungening Moort to undertake more cultural healing and connection activities.

Better understanding of the child protection removal system and feeling empowered to tell their story (additional)

Families consistently reported feeling overwhelmed, lost, and disempowered in the child protection system and in dealings with the Department. Many reported being confused about what the Department was asking of them and why. Families also felt they were unable to correct, rebut or respond to the decisions the Department were making about their families. Some also commented that they didn't know they could speak up during meetings with the Department.

Overwhelmingly, families reported that a positive outcome they experienced from working with Wungening Moort was learning what was possible in conversations with the Department and more importantly, learning that they could speak up, self-advocate and take more control over the process with the Department. Wungening Moort helped families feel more empowered to tell their story.

This outcome should be emphasised and celebrated as it is powerful and important for the families and their children. It also aligns with the requirements of Aboriginal and Torres Strait Islander Child Placement Principles (Placement Principles) and what constitutes a trauma-informed service:

- The second element of the Placement Principles is partnership. This means “Aboriginal and Torres Strait Islander community representatives, external to the statutory agency, is required in all child protection decision-making, including intake, assessment, intervention, placement and care, and judicial decision-making processes”. This element has also been included as a statutory requirement under section 14 of the Children and Community Services Act 2004 (WA).
- The fourth element of the Placement Principles is participation. This means “Aboriginal and Torres Strait Islander children, parents and family members are entitled to participate in all child protection decisions affecting them regarding intervention, placement and care, including judicial decisions”. A ‘principle of self-determination’ has also been included as a statutory requirement under section 13 of the Children and Community Services Act 2004 (WA).
- A core value of trauma informed services is supporting client’s control and enabling recovery. Both of these values speak to a need to empower families and children to participate in decision-making and to take ownership of their healing and recovery.

Supported, safe and free from judgment (additional)

Interviews with families revealed the importance of having a supported, safe, and judgment-free relationship with workers. The strength of the relationship and rapport families have with their workers is a pre-cursor and springboard to further support, healing, and positive change.

In particular, families consistently emphasised that Wungening Moort’s service was strengths based and free from judgment. These qualities helped families feel valued, respected, and reassured that they can make the changes needed to be diverted from child protection. A supported, safe, and judgment-free relationship is empowering for families.

By comparison, families noted that in dealings with the Department and other services, they typically feel the opposite. They felt interactions often involved judgment, lacked compassion and are deficit based. This type of relationship was disempowering and reinforced feelings of uselessness.

Furthermore, families explained that because they were safe in their relationship, they felt more comfortable reaching out early for help when their situation worsened.

Increased confidence as parents (additional)

Through Wungening Moort’s services including counselling, building a supportive and encouraging relationship, providing access to parenting programs such as Circle of Security and in-home support (among other things) many families reported feeling an increase in confidence in their parenting

abilities. Interviews have demonstrated that Wungening Moort works with families to build their confidence and self-esteem so they can draw on their inherent parenting skills.

It is important to note that for some families, parenting skills and confidence may be newly found. For example, parents with intergenerational trauma or who are from ‘stolen generation’ families did not have an opportunity to learn parenting strategies from Elders. For other families, however, they may already have the parenting experience and capability, but due to unexpected trauma, grief and loss, their confidence has been lost. Wungening Moort assists those families to rekindle their confidence as parents.

The evidence demonstrates that once families gained increased confidence as parents, they were able to make better choices for their children. For example, one father was able to be strong with family members who were negatively influencing him and his children. He was able to tell them to leave and to not engage with them again.

Long term outcomes

Measurement of these outcomes primarily relied on exit survey results of responding families with closed case plans. The table below summarises these survey results against long term outcomes.

Contracted long term outcome	Exit survey results (from progress reports) ²
<i>Families address issues that negatively impact on their children</i>	<ul style="list-style-type: none"> 77% of families felt that they had partially, mostly, or fully stabilised their family environments at program exit and 77% feel confident that they can maintain a stable family environment. According to workers, 68% of families had over half their issues resolved through direct service provision and 61% of families had over half of their issues resolved through referral to other services. According to workers, 61% of families increased their ability to access community support services with the remaining 39% remaining the same. It is important to note that ‘remaining the same’ captures families who already had the ability to access services at the beginning of the program.
<i>Families develop skills to get their children to school</i>	<ul style="list-style-type: none"> 80% of families felt confident they can maintain established school attendance routines. 69% of workers felt families have increased their skill in establishing those routines. The remaining 31% of families remained the same. This may mean that families already had a good ability to establish household routines or that they did not improve as required. 74% of workers felt families were able to maintain more than half of their established routines.
<i>Families improve parenting skills to safely care for their children at home</i>	<ul style="list-style-type: none"> 78% of families feel confident they were able to maintain established household routines and 71% of workers felt families had increased their skills in establishing daily household routines. 79% of workers observed an improvement in families’ parenting skills. 71% of workers felt families have increased their ability to keep children at home safely.
<i>Families improve and develop culturally safe support networks</i>	<p>The evaluation team have been unable to determine a definitive finding against this outcome. When queried stakeholders consistently expressed that the meaning behind the outcome was unclear and that the survey question asked of families at program exit was culturally inappropriate and not trauma-informed. Survey data for this outcome may not be reliable as families either did not want to respond due to feelings of discomfort or they did not understand the question. It is understood that Wungening Moort are developing a Growth and Empowerment Measurement tool to better capture</p>

² Exit survey results are from aggregated from AISS progress for 2018, 2019 and 2020. Only families who responded to the survey have been included. ‘Not applicable’ or ‘applicable but was not assessed’ responses have been omitted.

	outcomes in the future. This tool intends to assess culturally sensitive outcomes more appropriately.
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Empowering and building capacity and capability of ACCO sector (additional)

An important outcome to acknowledge is the empowerment and capacity building of the ACCO sector in Western Australia. Stakeholders consistently communicated the vital role ACCOs play in the service sector for Aboriginal families. In particular, stakeholders spoke about the importance of Aboriginal families having a choice in the market between non-Aboriginal mainstream services and Aboriginal services with the strong capability and capacity to deliver effective support.

While there is strong consensus around the importance of building the ACCO sector, the overall sentiment among Department staff was that the full opportunity to do so was not harnessed in AISS. The efforts and resources required to build the ACCO's capacity was not fully comprehended and acknowledged at the beginning during the design process. Senior Department staff spoke about the need to work with Wungening Moort more closely to support their success.

Wungening Moort did, however, acknowledge that they felt AISS was a positive step towards the development of the Aboriginal service sector. They felt that having the Department support the program through funding four separate ACCOs was an empowering way to facilitate healing and self-determination within the community.

Overall outcome

The overall outcome considers the extent to which children are kept safe and diverted from child protection because of AISS. To measure this outcome, the evaluation team have matched ASSIST data and Wungening Moort administrative data to extract findings for the intervention group for comparison with baseline indicators contained in the Baseline Report. The table below summarises how AISS has performed in each baseline indicator.

Overall, the evidence indicates that the first two years of the AISS program is creating positive outcomes for families and has performed well against comparison groups (primarily against IFS and pre-birth control groups)

Indicator	AISS	IFS group	Pre-birth group	In-care group
<i>Families with children remaining at home (16)</i>	88% of children remained at home	79.6% of children remained at home	79.3% of children remained at home	Not relevant ³
<i>Families requiring out of home care that were reunified (21)</i>	11% of children were reunified as part of the program**	76% of children were reunified as part of the program	<i>Numbers too small to be reliable</i>	66.7% of children were reunified as part of the program
<i>Proportion of Departmental contacts with families before, during and following the program (35)</i>	Before: 92% of children During: 15% of children After: 23% of children	Before: 99.3% During: 34.8% After: 60.4%	Before: 93.1% During: 37.1% After: 25.9%	Before: 100% During: 21% After: 17.6%
<i>Number of families with an open case within 2m of program (23)</i>	1% of families had open case within 2m	7.3% of families had open case within 2m	3.5% of families had open case within 2m	1.4% of families had open case within 2m
<i>Number of families with an open case within 6m of program (24)</i>	5% of families had open case within 6m	13.7% of families had open case within 6m	8.7% of families had open case within 6m	2.3% of families had open case within 6m

³ The Baseline Report provides that 98.6% of children remained home for the in-care control group. This indicator is not, however, relevant for this indicator as the numerator considers whether there was a period of care start date on or after the intervention/comparison start date. Children in the in-care group were all already in care during the comparison period by definition.

<i>Number of children in program families not subject to a substantiation of harm within 12 months of program (19)</i>	73% of children had no substantiated CSI within 12m of program exit	76.3% of children had no substantiated CSI within 12m of exit	84.5% of children had no substantiated CSI within 12m of exit	94% of children had no substantiated CSI within 12m of exit
<i>Number of children in program families not requiring out of home care within 12 months of ending program involvement (20)</i>	94% of children were not placed in care within 12m	88.5% of children were not placed in care within 12m	89.7% of children were not placed in care within 12m	99.5% of children were not placed in care within 12m

** Regarding reunification indicator number 21, it should be noted that the IFS comparison group was based on a significantly different service model whereby IFS cases would have received prework within the Department prior to referral. Cases would also only be referred if there was a high likelihood of successful reunification. In comparison, AISS received all families without prework and regardless of likelihood of success. This impacted the success reunification for AISS families.

Cost effectiveness: Is AISS cost effective for Government?

The table below⁴ summarises the estimated return on investment ratios for AISS children as compared to intensive family support and in care control groups.

It should be noted that some data limitations may affect the reliability of the estimated return on investment ratios presented below. For example, the cost data provided does not reflect the specific amount of time children may have spent in AISS (as discussed above, the amount of time different families spend in the program vary) and costs of Department resources used in the shared case work model has been estimated based on intensive family support service costs.

Program	Investment	Government savings	Return on investment
<i>This column describes the program</i>	<i>Column estimates government costs associated with program</i>	<i>Column estimates government savings as a result of children avoiding in care costs</i>	<i>This column estimates the return on investment i.e., government savings over investment</i>
AISS 'at risk' stream compared to IFS control group			
AISS 'at risk' stream (2.5 years of operations)	\$22.8 M	\$48.1 M	2.1
IFS control group (1 year baseline period)	\$9.6 M	\$14 M	1.5
AISS 'reunification' stream compared to in care control group			
AISS 'reunification' stream (2.5 years of operations; includes AISS and 'in care' costs)	\$17.9 M	\$1.3 M	0.1
In care control group (1 year baseline period; includes 'in care' costs)	\$6.2 M	\$4.2 M	0.7

AISS generates a higher return on investment as compared to the intensive family support control group. It should also be emphasised that AISS is currently a pilot program while IFS has been operational for some years. There are therefore some efficiencies and opportunities to create more outcomes in AISS that have not yet been fully realised. Furthermore, AISS' investment costs also

⁴ Data for calculations obtained from multiple sources including Baseline Report, ASSIST data between 1 May 2018 and 30 September 2020, EIFFS Ministerial Slide Set Aug 2020; Wungening Moort costs data; Wungening Moort administrative data; Department of Child Protection 2016/2017 Annual Report costings for foster care arrangements; Department of Communities 2018/2019 Annual Report costings for foster care arrangements.



includes implementation and set up as the program ramps up to become fully operational. On this basis, it may be expected that the return on investment ratio for AISS may continue to improve over the coming years.





As is consistent with other findings set out above in this report regarding the effectiveness of AISS to support reunification families, AISS' return on investment is lower than the in care control group. Section 2.7 and recommendation 5 addresses in more detail how AISS may be improved to better support reunification families.

Appendix 3 provides key inputs used to generate the analysis above.

Recommendations: What are key learnings for AISS to determine the program's appropriateness?

There are 11 recommendations to improve AISS in the future. Recommendations have been grouped into six themes and include a set of high level actions.

Theme	Recommendation	Suggested high level actions
Partnership 	<p>1. <i>Strengthen the Department and Wungening Moort partnership (roles and responsibilities, mutual understanding of the program, communication)</i></p>	<p>1.1 Develop standardised background materials that explain the program; why it exists, expected outcomes, and how it works.</p> <p>1.2 Develop an operating framework that defines roles and responsibilities, processes for each stage from referral to exit, dispute resolution processes, and communication protocols.</p> <p>1.3 Undertake compulsory induction for all new district staff and Wungening Moort staff using standardised background materials and operating framework.</p> <p>1.4 Further investigate why some partnerships in districts are performing well and leverage off those learnings to improve partnerships in other areas.</p>
	<p>2. <i>Reflect and learn from the partnership so far to identify new opportunities to build the ACCO service sector together</i></p>	<p>2.1 Undertake a series of reflection sessions with Wungening Moort to learn from the partnership experience so far and identify opportunities to continue strengthening the ACCO service sector in WA.</p>
Program model design 	<p>3. <i>Review current stages and estimated timeframes for each stage and for the program overall. Estimated timing should reflect the flexibility of the model and align with family needs.</i></p>	<p>3.1 Review program documents and update phases and estimated guiding timeframes for each stage and for the program overall to reflect more realistic expectations (e.g., emphasising the need for pre-engagement planning stages and allocating appropriate time frames for this work). These timeframes should be a guide only and remain flexible. This needs to be consistently communicated to all stakeholders to avoid confusion.</p> <p>3.2 Co-develop a criterion to determine when families are ready to move onto the next stage or move to exit. This criterion will help to facilitate better agreement between Department and Wungening Moort, allow more flexibility within the program and ensure the model aligns with family needs rather than pre-determined timelines.</p>
	<p>4. <i>Review caseloads. Wungening Moort reduced their case load to preserve program quality and maximise potential to deliver outcomes</i></p>	<p>4.1 Review case load expectations and how those numbers translate to and drive family outcomes. Complexity of cases, service capacity and desired outcomes should be considered when setting any contractual performance measures such as case load expectations.</p>
	<p>5. <i>Review and modify how the service supports reunification families</i></p>	<p>5.1 Co-develop a more appropriate, targeted and coordinated approach to supporting reunification families. In particular considering what supports they need at different stages and what</p>

		information must be shared early on from the Department and learning from previous reunification services.
	6. <i>Wungening Moort to undertake more cultural healing and connection activities</i>	6.1 Cultural healing and connection activities could be a greater focus in service delivery, for example, smoking ceremonies, on country trips, and connection with Elders.
	7. <i>Review brokerage fee amounts per family</i>	7.1 Department and Wungening Moort to agree on a suitable brokerage fee per family and the terms of use of those funds (there should be flexibility of use and clarity around how case support costs are utilised).
<p>Family engagement coordination</p> 	8. <i>Improve coordination and clarity of family engagement processes from first contact to family selection to referral and beyond</i>	<p>8.1 Co-define family engagement journey and processes from first Department contact to considerations for family selection into AISS to referral and beyond. Each stage should be well defined with considerations and approaches agreed upon. In particular:</p> <p>8.1.1. Co-develop family selection criteria and processes to ensure those selected for AISS are suitable and likely to achieve outcomes.</p> <p>8.1.2. Co-develop formal referral guidelines and processes to improve how referrals are triaged, prioritised, and managed in line with capacity.</p>
<p>Family types</p> 	9. <i>Decide whether SRRS families are appropriate for AISS and act accordingly depending on decision</i>	<p>9.1 Department and Wungening Moort to decide whether SRRS families should continue to be referred into AISS.</p> <p>9.2 If a decision is made to stop referring, make this clear to all referral pathways so that they are no longer included.</p> <p>If a decision is made to keep SRRS families, Wungening Moort and Department should ensure all family engagement processes are well defined for this cohort and included in recommendation 8. This will ensure that families are better informed enabling increased engagement potential and efficiencies.</p>
<p>Capability and capacity building</p> 	10. <i>Build the capability and capacity of Department and Wungening Moort staff leveraging opportunities to learn from each other</i>	<p>10.1 Wungening Moort staff receive more specialised child protection training and increase understanding of child protection processes overall. Wungening Moort can learn from Department.</p> <p>10.2 Department staff to receive intensive cultural awareness training. The Department can learn from Wungening Moort.</p> <p>10.3 Co-develop a “learn from each other” training program that harnesses opportunities to learn from one another.</p>
<p>Outcomes framework and reporting</p> 	11. <i>Develop a theory of change, corresponding evaluation framework and improved outcomes reporting processes</i>	<p>11.1 Co-develop a theory of change and corresponding evaluation framework. Outcomes should capture the full journey of change for families and be culturally appropriate. Indicators and data collection methods should also be developed.</p> <p>11.2 Critically review current reporting and data collection methodologies and tools and co-design more effective and appropriate methods and tools that are aligned with the theory of change and evaluation framework in 11.1.</p>

1. Background

1.1 Earlier Intervention and Family Support Strategy

In September 2016, the Department of Communities launched the Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (EIFS Strategy), acknowledging that effective earlier intervention, before problems become so entrenched that children have to be removed, presents the best opportunity to make a positive difference.

The EIFS Strategy provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home-care. It has four key areas with a range of actions under each:

- Delivering shared outcomes through a collective effort
- A culturally competent service system
- Diverting families from the child protection system
- Preventing children entering out-of-home-care.

The EIFS Strategy implements a suite of programs designed to target families with differing levels of complexity. The funnel image below depicts four levels of family cohorts with varying levels of needs.

At the top level are families with complex needs. As families move down the funnel, the next level is significant protection concerns followed by children at imminent risk of entering out of home care. The bottom layer includes families with children in out of home care.

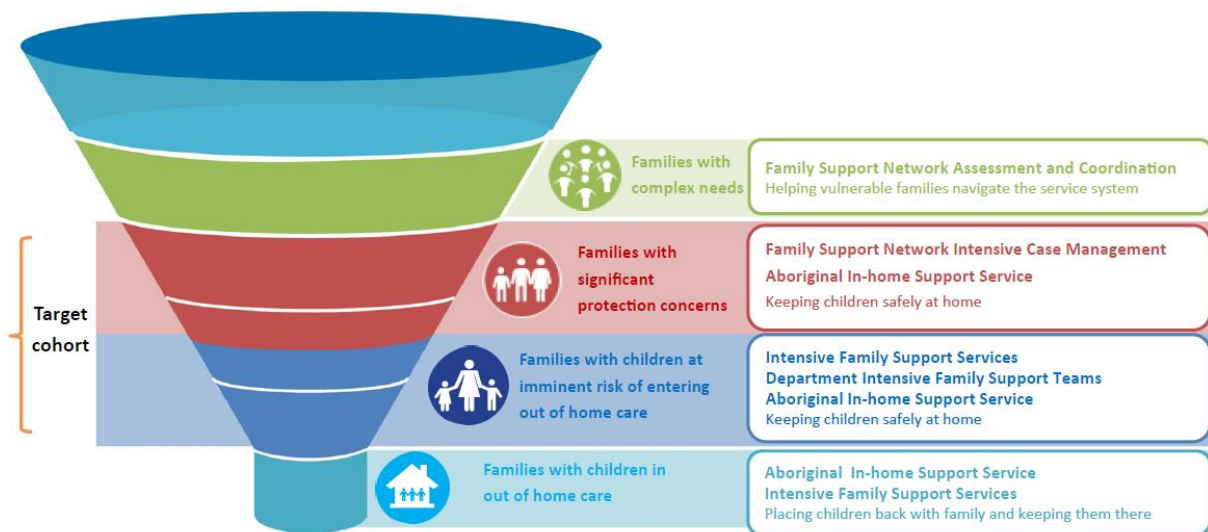


Figure 1: Earlier Intervention and Family Support Services Funnel

Along with other programs including Family Support Networks and Intensive Family Support Services, the Aboriginal In-home Support Service (AISS) is included in the EIFS Strategy's suite of programs.

1.2 About the Aboriginal In-home Support Service

AISS is an intensive in-home intervention that aims to keep Aboriginal children and young people safely at home with family and connected to country, culture, and community. AISS works with families to build on their strengths, supporting them in addressing parenting issues and putting in place strategies to ensure the safety of children and young people.

Services and supports include cultural, parenting (skills development), therapeutic (family counselling and crisis intervention) and practical supports (basic needs, life skills and safety).

An intensive in-home support period is followed up with a clear step-down plan to medium/low intensity over a maximum of 12 months. The step-down period aims to promote self-sufficiency and link families with culturally relevant community networks. AISS engages with families to plan individualised, person-centred approaches and design flexible services to accommodate family needs.

The service model is designed to work with families through three stages of change:

- *Crisis* – Focussing on engagement, assessment and responding to crisis concerns
- *Finding stability and getting ready for change* – Building family functioning and maintenance
- *Change* – Further development practical and parenting skills. Increasing empowerment.

AISS is delivered by Wungening Moort, a contracted community sector and Aboriginal Community Controlled Organisation. Wungening Moort is a consortium made up of four service providers – Wungening Aboriginal Corporation, Coolabaroo Community Services, Ebenezer Aboriginal Corporation and Moorditj Koort.

Wungening Moort services four child protection corridors from four hubs (Cannington/Armadale, Fremantle/Rockingham, Mirrabooka/Joondalup, and Perth/Midland).

The contract was awarded in January 2018 with service delivery commencing in May 2018.

1.3 About this evaluation

This evaluation has been commissioned by the Department of Communities and is a summative review of AISS. This evaluation has been led by Social Ventures Australia (SVA) with the support of Professor Victoria Hovane, an Aboriginal woman from Broome belonging to the Ngarluma, Jaru and Gooniyandi peoples and the senior research advisor on the project.

Evaluation objectives and questions

As AISS has been operating for over two years, the Department of Communities is seeking to achieve the following evaluation objectives:

- Assess the quality and success of implementation, delivery, and ongoing management of the program
- Inform future design, development, investment, and implementation decisions.

To achieve these objectives, a set of key evaluation questions and sub-questions have been considered and are outlined in the table below.

Key evaluation questions	Sub-evaluation questions
<p>Implementation – What is the extent to which AISS was implemented as per the contract with Moort?</p>	<ul style="list-style-type: none"> • Has the program been appropriately designed and resourced? • Are families being referred as planned and agree to participate? • Are families receiving a culturally appropriate, holistic, and strength-based service? • To what extent has collaboration resulted in an effective, responsive, integrated and coordinated service?
<p>Outcomes – To what extent has there been movement towards short, medium, and long term outcomes and impacts for families and children who participated in the program, and in relation to the child protection system?</p>	<p>Short term outcomes</p> <ul style="list-style-type: none"> • To what extent is the program helping families to learn new skills and behaviours? • To what extent is the program helping families increase their understanding of their needs? • Are families engaging in activities that bring/increase healing and wellbeing?

	<p>Longer term outcomes</p> <ul style="list-style-type: none"> • Are families addressing issues that negatively impact on their children? • Are families developing skills to get their children to school and establish and maintain school attendance routines? • Are families improving their parenting skills to safely care for children at home? • Are families improving and developing culturally safe support networks? • Are families being diverted away from the child protection system? • Has the program supported the achievement of case goals?
<p>Cost-effectiveness – Is AISS delivering results efficiently and is it cost effective for Government?</p>	<ul style="list-style-type: none"> • Does the program provide a positive return on investment (cost of program compared to cost avoided from reduced contact with child protection system)?
<p>Learnings – What are key learnings for AISS to determine the program’s appropriateness?</p>	<ul style="list-style-type: none"> • Is the program’s current design appropriate to achieve impact? • Is the program a cost-effective, sustainable, and collaborative service that remains consistent with Government and Department priorities?

Previous evaluation plan

It is important to acknowledge that an initial evaluation plan was developed by ARTD Consultants in January 2019. The evaluation plan used for this project is modelled on that initial plan with some amendments made to update the approach.⁵

Evaluation methodology

This evaluation used a theory-based, mixed-methods approach.

In theory-based evaluations, a program logic is used to structure the data collection and analysis to assess whether the program was implemented as expected, whether the hypothesised relationship between program activities and expected outcomes held, and what unexpected outcomes emerged.

A mixed-methods approach means there was a mix of qualitative and quantitative data, from both primary and secondary sources, and integrating these in order to answer evaluation questions.

The evaluation draws on the following key data sources:

- *Key stakeholder focus groups:* focus groups were held with Department staff (both at senior and district level) and Wungening Moort staff (both at senior and operational level)
- *Interviews with families:* Seven Aboriginal families receiving the service were interviewed
- *Internal program documentation:* Program documents and contracts setting out the core components and intended implementation approach for AISS
- *Wungening Moort administrative and outcome data:* Data from Wungening Moort’s internal database including family referral details, services provided, frequency and duration of engagement and entry and exit dates
- *Department of child protection administrative data (referred to as “ASSIST” data):* Data from the Department that includes referral information, and child protection interactions and out-of-home-care incidents before, during and after program involvement

⁵ Updates included prioritising indicators for better alignment to evaluation questions and incorporating questions that the Department subsequently included (these were included as an appendix to the initial evaluation plan but not incorporated fully into the approach).

- *AISS progress reports*: Progress reports for January 2018 to June 2020. These are six monthly reports completed by Wungening Moort and submitted to the Department in relation to delivery against contractual expectations.
- *Baseline and comparison group data*: Data contained in the Baseline Data Report by ARTD Consultants completed on 17 December 2018 (Baseline Report)
- *Department cost figures*: Figures to calculate costs as compared to other programs. Data includes average cost of child in AISS and other programs, and average cost per child in out-of-home-care.

Comparison groups used in Baseline Report

The Baseline Report considers three comparison groups as described below.

Comparison group	Description
IFS	Families in the metro area with at least one Aboriginal child aged under 16 who was the subject of an open Intensive Family Support activity on the 1 October 2016.
Pre-birth	Families who have at least one Aboriginal child who was the subject of a child protection notification dated between 1 January 2016 to 30 September 2016 and subsequently was the subject of a safety and wellbeing assessment. The child must have been unborn at the time of the child protection notification.
In-care	Families who have at least one Aboriginal child under the age of 16 who was subject to a Time Limited Order or under Provisional Protection and care on 3 October 2016.

Data considerations and limitations

This evaluation considers the whole of AISS' service period since it began. That is, the evaluation considers data from May 2018 to the end of September 2020. It is important to note, however, that throughout this period, the quality and availability of the data varies. This is largely due to the changing approach to data collection over time resulting in misalignment between data sources.

In particular, as Wungening Moort has been improving and changing its data collection and reporting approaches during AISS, the reliability and consistency of the data has been impacted.

Another challenge presented by the data is that the three key quantitative data sources (Wungening Moort administrative data, Department's ASSIST data and progress reports) do not precisely line up and each source covers a different part of the client journey. This is likely due to the fact that different data sources serve different roles and purposes.

It is also important to note that regarding the progress reports, while significant effort is used to collect data against the template very six months, the reports provide limited reliable information relating to family outcomes and is not well aligned to a theory of change. Therefore, while the reports are stable and consistent, to understand a full picture of outcomes from short to long term, the progress reports needed to be supplemented with other data sources.

The evaluation team have sought to link data together to the extent possible.

Data source	Limitations	Time period used in interim report
ASSIST	Does not provide data around service provision and does not have exit or service entry dates.	Between May 2018 and September 2020
Wungening Moort	Data collection approaches and databases were not finalised until more recently. Earlier data entry was not as consistent reducing the reliability of this data source.	Between May 2018 to 30 September 2020
Progress reports	Progress reports include data for families who have developed or are developing a case plan. Families who remained in pre-engagement and never progressed to	1 January 2018 to 30 June 2020 (progress reports are provided on a 6 monthly basis).

	<p>case plan development have not been captured in certain sections of the progress reports.</p> <p>Data on service provision limited. Data is aggregated as it was designed as a contract management and performance management tool. There is limited ability to cut the data.</p>	
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1.4. Report structure

This report is structured as follows:

- Section 1 – Background (this section).
- *Section 2 – Implementation:* Presents key findings on the extent to which AISS has been implemented as per the contract with Wungening Moort.
- Section 3 – *Outcomes:* Evidence of short to long term outcomes for families and children.
- *Section 4 – Cost-effectiveness:* Compares the cost/investment and government savings for AISS with that of other comparative programs. – to be included in next report.
- *Section 5 – Learnings:* Summarises key findings and suggests recommendations.

2. Implementation – To what extent has AISS been implemented as per the contract with Wungening Moort?

This section considers the effectiveness of AISS' implementation. It firstly reflects on the appropriateness of AISS' design process based on qualitative evidence from senior Department staff. Secondly, it summarises key elements of the contracted model before presenting key findings on whether those elements have been implemented effectively.

2.1. AISS' design process

AISS was initiated out of an acknowledgement from the Department that to create better outcomes, there is a need to partner with and build the capacity of ACCOs so that Aboriginal services could serve the unique needs of Aboriginal families alongside the Department.

“We had an aspirational intent to partner with Wungening, where the Department will do the statutory decisions and they do the family support” – Department

This presented a new way of working with the Aboriginal community, which required particular considerations in the design process.

Senior Department staff who were involved in AISS' design reported that some considerations could have been more thoroughly developed before launching the program. As they were not bedded down early enough, a lot of the design work was undertaken during implementation.

Key considerations included:

- *Needing to define the right outcomes to purchase:* The Department had a broad idea of what they wanted AISS to achieve, however, stakeholders consistently reported that overall, they struggled to identify what exactly they wanted to purchase. This made it difficult to define outcomes and expectations with sufficient clarity which affected the contract as a whole.

“We acknowledged that it may not meet with our set of outcomes, but we didn't know what good outcomes would look like” – Department

“We've been behind the eight-ball on understanding the outcomes we were looking for.” – Department

- *How ACCOs and the Department should work in partnership and the change management required:* Wungening Moort and the Department's partnership is a new way of working and a new approach to child protection. A better understanding of how that partnership needed to work effectively was required. Department staff reported that there was not enough time spent building trust and consideration of what was required to create an authentic partnership.

“We hadn't looked at what authentic partnerships look like with a community service” – Department

“Co-relationship and trust is still an issue between Moort and the Department” – Department

Furthermore, there was an underestimation of the change management required both within the Department and Wungening Moort for this new approach and way of working. As change management was not designed and embedded, districts were not ready to adopt this new approach which has caused some friction (discussed in more detail below). Stakeholders struggled to understand new roles and responsibilities and how different and new skill sets were relevant to service delivery.

“It was difficult clarifying roles and responsibilities when AISS was implemented – Intensive Family Support teams were already established vs the Wungening Moort service which wasn't” – Department

“There were challenges with how different skills were valued – qualified and with expertise versus having cultural knowledge and background for working with families – Department

- *Capacity and capability expectations for ACCOs:* The Department reported that a lot more work was needed to thoroughly assess the capacity of Wungening Moort to deliver AISS. It was therefore difficult for all stakeholders to identify what capacity gaps Wungening Moort may have had and needed support with. The Department observed that Wungening Moort struggled with the administration of the contract as they were required to grow extremely fast.

“We were not able to test Wungening’s capacity to proceed with the contract and service before awarding the contract. We assumed that Wungening Moort was ready to take on the contract” – Department

“We didn’t do work with the ACCOs. This may have supported its success. There is a lot of demand and expectation on ACCOS and many are set up to fail” – Department

It should be noted, however, that the Department has offered support to Wungening Moort (including operational management, evaluation, and contract management support) to help build their capability and capacity. It is understood that these opportunities have not always been accepted and there is no structured or strategic way of engaging in this ongoing capacity and capability building support.

2.2. Key elements of contracted AISS model

The key elements of AISS’ model are summarised below. These elements are primarily drawn from Wungening Moort’s contract with the Department and from stakeholders’ understanding of how the model was intended to run based on focus groups and interviews.

Element 1 – Place-based and trauma-informed

AISS must be grounded in place-based and trauma-informed principles.

Element 2 – Partnership and shared case work model between Wungening Moort and the Department

The Department and Wungening Moort are to work in partnership with one another to deliver effective outcomes for families. While there are no design documents defining how this partnership is meant to operate, stakeholders have emphasised that this is a fundamental concept and that the Department and Wungening Moort must complement each other to create outcomes.

Element 3 – Consortium model

Wungening Moort is to be a consortium made up of four service providers – Wungening Aboriginal Corporation, Coolabaroo Community Services, Ebenezer Aboriginal Corporation and Moorditj Koort.

Element 4 – Three key stages to creating change

The Wungening Moort model delivers service across three key stages as depicted in the figure below.

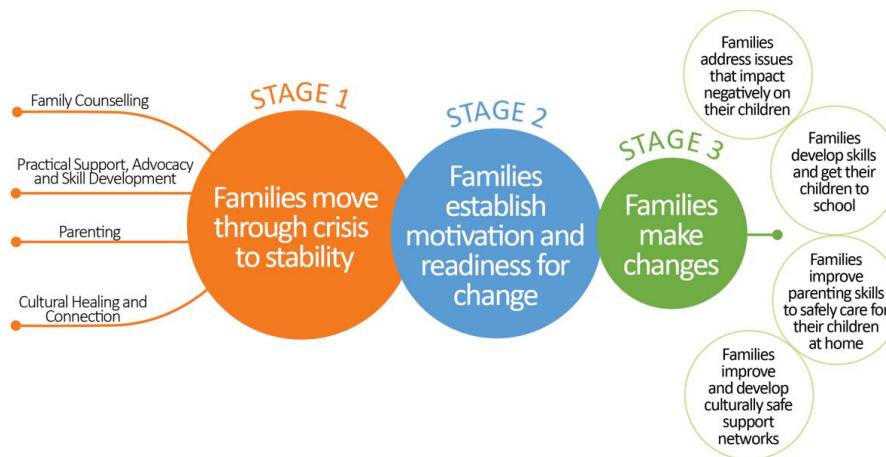


Figure 2: Three key stages of Wungening Moort model

- In stage 1, Wungening Moort focusses on connecting with the family and building a relationship. Individual issues are identified, and practical responses and activities are undertaken including beginning work on immediate and urgent needs to move families through crisis to stability.
- In stage 2, Wungening Moort introduces practical skills development, cultural healing, and therapeutic support. Parenting and practical skills begin to be developed. Part of this stage also includes advocacy support to empower families to manage their own lives and understand options available to them. The advocacy approach supports clients to interact with government (including the Department).
- In stage 3, there is further development of skills and increasing empowerment. Wungening Moort continues to track families’ progress to ensure they remain on track during this step-down period.

The expectation was that families would spend about two to three weeks in the first stage, 16 weeks in the intensive second stage and about 32 weeks in stage three.

Element 5 – Family types

AISS is intended to serve families with significant protection concerns, families with children at imminent risk of entering out of home care, and families with children in out of home care as indicated by the funnel in figure 1 above. Families fall into two streams – those at risk of having children entering out of home care but still have children at home (at risk families), and those with children in out of home care and are looking to be reunified with families (reunification families).

Element 6 – Timelines

AISS is intended to be a 12 month long service with some flexibility for extension to meet client needs.

Element 7 – Referrals, staffing model and case load

AISS receives referrals from four Department teams – State-wide Referral and Response Service (SRRS), Child Safety Team (CST), Intensive Family Support Team (IFS), and the Children in Care Team (CIC). Families may either be open or closed cases. It was later negotiated after the contract was awarded, that referrals were to be staggered such that the Department sent new referrals during certain intake periods. This was intended to assist with case load management.

The table below summarises the case status and referral criteria for each team.

Department Referral Team	Family case status and referral criteria
State-wide Referral and Response Service	Case status – closed cases Referral criteria – Vulnerable children and families, support to access multiple services, no ongoing role for Department.

Child Safety Team	<p>Case status – closed cases</p> <p>Referral criteria – Vulnerable children and families, support to access multiple services, no ongoing role for Department.</p>
Intensive Family Support Team	<p>Case status – cases remain open or are transitioning to closure</p> <p>Referral criteria – Families most at risk of child protection intervention but immediate risk to children’s safety is manageable with support.</p>
Children in Care (or Reunification) Team	<p>Case status – open cases with clear reunification goals</p> <p>Referral criteria – Families require in-home practical support to meet reunification goals.</p>

Table 1: Case status and referral criteria for Department referral teams ⁶

The contracted case load was to be 240 families in total per year (60 families per hub). It was expected that each hub was to have three senior family support workers and five family support workers. This meant that each senior family support worker’s load would be about 20 families and each family support worker’s workload would be about 12 families.

The understanding was that, as families would spend 16 weeks in intensive and the majority of time in step-down where minimal engagement was required, family support workers would be able to manage their workload throughout the year between families.

Element 8 – Capability of Wungening Moort staff

Wungening Moort staff are to be qualified, experienced, and culturally competent.

Staff are to be Aboriginal where possible, have the ability to build relationships based on trust, know how and when to refer externally to specialist services and be able to work with Aboriginal families by ‘walking the journey with families’. Staff are also required to have experience and skills working with impacts of intergenerational trauma, family and domestic violence, homelessness, and alcohol and other drug use. They must also have knowledge of external services that provide client welfare support and an ability to advocate for clients to various support agencies.

2.3. Place-based and trauma-informed

Place-based

Taking a place-based approach can be helpful in supporting people experiencing multiple and inter-related forms of disadvantage that are concentrated in a particular location and provide a platform for the delivery of a more integrated and holistic suite of services and supports.⁷

In a place-based approach, *“the characteristics of the community and the location can be brought together in an integrated person and place approach that focusses on the outcomes of people”*.⁸

There are three key aspects of AISS that makes it place-based:

- **Four hubs:** AISS is delivered across four hubs that covers all four child protection corridors. Each hub services the families and children in those locations. This makes the service accessible and allows stronger relationships to be built between the service and those communities.
- **Consortium model:** Wungening Moort is a consortium of four service providers. Each of those organisations have consolidated their presence over many years and have strong connections with local Aboriginal and broader communities. Each consortium member also has unique experience delivering services to individual child protection corridors. For example, Ebenezer has been established in the Mirrabooka/Joondalup district for over 30 years.

⁶ ‘AISS – Presentation to IFS TL’ dated July 2018.

⁷ Byron, I, Australian Institute of Family Studies (2010), ‘Place Based approaches to addressing disadvantage’, 2010.

⁸ Australian Social Inclusion Board, 2009.

- *Aboriginal staff:* About 70% of Wungening Moort staff are Aboriginal and many are from those communities in which they work.

“It’s place-based, using original and new opportunities in the four corridors” – Department

“A choice of partners is located in the corridors and therefore place-based locally.” – Department

Trauma-informed

The Australian Institute of Family Studies in collaboration with the Australian Institute of Health and Welfare produced the resource sheet – *‘Trauma-informed services and trauma-specific care for Indigenous Australian children’*⁹ – for the Closing the Gap Clearinghouse in 2013 as a way to provide evidence on ‘what works’ to close the gap in Indigenous Disadvantage.

That resource emphasises that trauma-informed services look at all aspects of its operations through a ‘trauma lens’. Importantly, every aspect of the service, from management to program delivery systems, are assessed and modified to include an understanding of how trauma affects the life of individuals seeking support and the workers delivering care. The resource provides core principles that services should adopt in order to become trauma-informed (set out in table 2).

Core values of trauma-informed services	Description
<i>1 – Understand trauma and its impact on individuals, families, and communal groups</i>	This is critical to avoid misunderstandings between staff and clients that can re-traumatise individuals and cause them to disengage from a program. Implementing trauma-informed policies and training can help promote understanding.
<i>2 – Promote safety</i>	Individuals and families who have experienced trauma require spaces in which they feel physically and emotionally safe. Creating a safe emotional environment involves making children (and families) feel welcome, providing full information about service processes (in preferred language) and being responsive and respectful of needs.
<i>3 – Ensure cultural competence</i>	Culturally competent services are respectful of, and specific to, cultural backgrounds. Culturally competent staff are aware of their own cultural attitudes and beliefs, as well as those of the individuals, families, and communities they support.
<i>4 – Support client’s control</i>	Client control consists of two important aspects. First, victims/survivors of trauma are supported to regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy. Second, service systems are set up to keep individuals (and their caregivers) well informed about all aspects of their treatment, with the individual having ample opportunities to make daily decisions and actively participate in the healing process.
<i>5 – Share power and governance</i>	Power and decision making is shared across all levels of the organisation, whether related to day-to-day decisions or the review and creation of policies and procedures. Practical means of sharing power and governance include recruiting clients to the board and involving them in the design and evaluation of programs and practices.
<i>6 – Integrate care</i>	Integrating care involves bringing together all the services and supports needed to assist individuals, families, and communities to enhance their physical, emotional, social, spiritual, and cultural wellbeing.
<i>7 – Support relationship building</i>	Safe, authentic, and positive relationships assist healing and recovery. Trauma-informed services facilitate such relationships.
<i>8 – Enable recovery</i>	Trauma-informed services empower individuals, families, and communities to take control of their own healing and recovery. They adopt a strengths-based approach, which focuses on the capabilities that individuals bring to a problem or issue.

⁹ Atkinson, J, ‘Trauma-informed services and trauma-specific care for Indigenous Australian children’, Australian Institute of Health and Welfare; Australian Institute of Family Studies, July 2013.

Table 2: Core values of trauma-informed services¹⁰

Reviewing AISS' design and implementation against the core values of trauma-informed services framework above strongly suggests that AISS is a trauma-informed service. The table below summarises a high level assessment of AISS against these core values.

Core values of trauma-informed services	Indicative AISS assessment	Explanation for rating
1 – Understand trauma and its impact on individuals, families, and communal groups	✓	A significant portion of Wungening Moort staff are Aboriginal and/or have extensive experience working in Aboriginal communities. Staff understand the impacts of, in particular, intergenerational trauma on individuals, families and community.
2 – Promote safety	✓	A significant part of AISS' service delivery happens in families' homes and in a familiar environment. Furthermore, families have consistently reported feeling safe and supported with Wungening Moort staff. Stand-alone Wungening Moort hubs staffed by Aboriginal people also promotes a safe and welcoming place for families to 'drop in'.
3 – Ensure cultural competence	✓	Wungening Moort is an Aboriginal community controlled consortium. Majority of staff are also Aboriginal or come from culturally and linguistically diverse backgrounds. This means staff and service delivery are culturally appropriate. It is also worth noting that survey responses for 131 closed case plan families shows that only 5% considered their case plans not culturally appropriate.
4 – Support client's control	✓	This core value emphasises the need to support individuals regain a sense of control and to build competencies to strengthen autonomy. A major part of AISS' service is dedicated to helping families regain control over their lives and to build their capacity to participate more fully in decision making. For example, staff help empower families to engage more fully with the Department and other agencies and they help families build skills to manage their affairs. It is also worth noting that survey responses for 131 closed case plan families showed that only 3% did not participate in the development of their case plan, 8% partially participated and 29% fully participated (noting, however, that 60% of closed case plan families indicated this question was applicable but did not respond).
5 – Share power and governance	Area for improvement	The partnership between Department and Wungening Moort can be strengthened. Roles and responsibilities, operating frameworks and the shared casework model can be better defined so that power and governance is shared across all levels of the program. This is discussed further below.
6 – Integrate care	✓	AISS is a holistic service that provides a flexible mix of educational, practical, advocacy and therapeutic supports. It also refers families to other specialist services as needed to assist families enhance their physical, emotional, social, and cultural wellbeing.
7 – Support relationship building	✓	Families have overwhelmingly reported feeling very supported in their healing and recovery journey with Wungening Moort staff. They feel understood, accepted, and listened to.
8 – Enable recovery	✓	AISS empowers families to take control of their healing and recovery. A strength-based approach is adopted and families receive capacity building and emotional support to take control over their futures.

Table 3: high level assessment of AISS against core values of trauma-informed services

¹⁰ Atkinson, J, 'Trauma-informed services and trauma-specific care for Indigenous Australian children', Australian Institute of Health and Welfare; Australian Institute of Family Studies, July 2013.

2.4. Wungening Moort and Department Partnership

This section of the report considers the extent to which the partnership between Wungening Moort and the Department has resulted in an effective, responsive, integrated and coordinated service.

The partnership is a fundamental and necessary way of working with Aboriginal families

Stakeholders from both the Department and Wungening Moort have consistently emphasised that working together and complementing one another's roles is the most effective way to create better outcomes for Aboriginal families in child protection.

The Department is acknowledged as having a statutory role whereas Wungening Moort can bring the culturally appropriate, holistic, flexible, and therapeutic approach to family services. Both are complementary to one another and necessary for better outcomes.

"It's about maintaining that perspective that we are meant to be two different models. Ours is more therapeutic and preventative and they hold a statutory role. It is a different approach and different models. They are both necessary and equally important for the safety of the children. If we can keep that perspective and awareness and mutual respect, we will have good working relationships" – Wungening Moort staff

"The Department has legislative regulations to follow – we monitor and assess. It is hard to change from this. Wungening Moort can work more holistically." – Department

Wungening Moort has endeavoured to create a positive working relationship with the Department in accordance with their contract

It is important to note that while this section comments on how Wungening Moort has addressed activities set out in the contract to promote a positive working relationship with the Department, there are more substantive and intentional improvement areas that could be undertaken to deepen the understanding and partnership between stakeholders. This is discussed further below.

Wungening Moort's contract with the Department specifies a number of activities that were intended to support a positive working relationship between the two parties. These activities included involving Department staff during service set up, monthly progress reports and open communication. Key activities are discussed in turn below:

- *Involvement of relevant Department staff during service set up phase:* Stakeholder engagement indicated that the Department and Wungening Moort worked very closely together for the first three months during the service set up and implementation phase. Wungening Moort managers emphasised that the heavy involvement from the Department and extensive support provided during this phase contributed to building a strong foundation and understanding between both parties.

"One of the things the Department did really well is that this is a new partnership, so they resourced the implementation phase to support us extremely well. We recognised that the Department was there to ensure the success of the program. They provided us with huge support. A presentation went out to the districts, there was induction and training for Wungening, they provided a really solid implementation period of three months and we had access to a substantial group of people" – Wungening Moort

- *Monthly progress reporting:* This aspect was not delivered consistently. District staff also commented that often they may not receive reports or updates on families for long periods. In some cases, this was due to family support workers having insufficient capacity to fulfil administrative requirements of monthly reporting due to families having higher needs than anticipated. In other cases, there may be no developments to report (for example, where Wungening Moort are attempting to engage with family for a number of months). It is also important to note that equally, Wungening Moort staff have identified numerous instances where district staff did not provide regular reporting on family developments from a Departmental perspective.

- *Regular reviews of service data:* Wungening Moort currently compiles service data for the Department into four separate progress reports (one for each corridor) every six months (initially the contract prescribed a monthly data review). This remains and has been a significant endeavour with the Department and Wungening Moort both investing substantial time and effort to understanding and finalising data for reporting purposes. It is understood that discussions were held early on in the project to amend the progress report to better suit AISS, however the report template has largely remained the same. Wungening Moort have also adapted to an online data collection software in 2020 in an attempt to streamline their reporting responsibilities.

It is important to acknowledge, however, that Wungening Moort and Department staff have both observed that the progress report template and processes is still lacking and not ideal. In particular, there are three key areas that have been emphasised:

- The report template does not capture adequately the outcomes families experience throughout the program. For example, the additional outcomes discussed in section three are not included such as families increasing their understanding of the child removal system and feeling more empowered to tell their story.
- The exit surveys being used as the primary tool to capture outcome data is insufficient and, in some cases, the questions are not culturally appropriate. For example, a question queries whether families feel they have increased their culturally safe support networks, however, family support workers have reported that families find this question confusing and, in some cases, may draw attention to historical trauma.
- Some key stages that have emerged since operation commenced are no longer adequately being captured by the progress report. Most particularly, the time and effort taken for families to move to case plan development is more significant than initially anticipated (pre-engagement phase is further discussed below). The progress report does not adequately capture the effort Wungening Moort use in this phase.

The reporting processes and methodology can be streamlined and improved for greater clarity and effectiveness. Reporting should always collect data that is useful and reflective of the program's inputs and outcomes. This evaluation makes a recommendation to improve reporting processes (11.2).

- *Department case manager participating in family group decision making meetings:* Where possible and appropriate, Wungening Moort endeavoured to invite the Department case manager to family group decision making meetings. It was acknowledged however, that in some cases the Department staff did not attend either due to availability (and delaying was not preferable) or if it was not appropriate for the family plan to develop at one formal meeting but rather it was being developed gradually over time as the senior family support worker, convenor and family support worker established the relationship.

There have been positive examples of where the partnership is working effectively, which is leading to better service for families and capacity building opportunities for staff

Stakeholders have reported instances where the Department and Wungening Moort have worked closely together to deliver a more integrated service for families as the two case studies below demonstrate.

Case study 1

Example of positive shared case work model: At in-take, the referral received from the Department had up to date information about the family. There was positive and open communication and information sharing between both parties with a proactive focus around moving forward with the family. Department was also forthcoming with helping find accommodation.

Positive impact on service: The up to date information on referral was beneficial as it helped Wungening Moort understand family dynamics prior to meeting with the family. Solutions could also be found to resolve imminent

concerns such as homelessness more quickly. Having open communication flow between both parties helped gain more trust with the family as it is clear all parties are working together for the safety of the children.

Case study 2

Example of positive shared case work model: It was clear at the initial meeting that the Department had already prepared the family to work with Wungening Moort. The Department and Wungening Moort also presented a united front at inter-agency meetings. There was also a feeling that risks were shared among both parties.

Positive impact on service: Created a more integrated and coordinated support. Family was also able to be progressed from pre-engagement to assessment and planning more quickly as the Department had already prepped the family to work with Wungening Moort.

In addition to creating a more seamless service, the partnership is also creating opportunities for both Department and Wungening Moort staff to build their knowledge and capacity from each other. For Department staff, some have reported an improvement in their cultural understanding and Wungening Moort have improved their understanding of the child protection system.

“Both sides are learning and there have been benefits for both sides. Wungening Moort have brought to the Department a cultural lens...Wungening Moort workers became more aware of how Department makes assessments and how they unpack issues with the family...” – Wungening Moort staff

While there have been positive examples, overall, the partnership is not operating at its full potential and there are many opportunities for improvement

Stakeholders have also reported that overall, the partnership is not being implemented as effectively as it could be. Workers from both the Department and Wungening Moort have shared a sense of frustration and noted many challenges in the relationship. Those challenges stem from numerous factors including differing levels of understanding of the intention of the program, a lack of clarity around roles and responsibility and inconsistent communications.

- *Understanding of program and partnership approach overall:* At the most fundamental level, Wungening Moort staff have reported instances where Department staff were unaware of the AISS program (despite referring on), what it is intended to do and how it serves families. Furthermore, some districts continue to adopt a traditional approach of service referral (described by some stakeholders as ‘refer and forget’) rather than embracing the partnership approach. In this way, the core partnership and shared case work model has not been implemented effectively.

“2.5 months ago, we had a case worker who had no idea about our service, and we had to tell her about it. The case worker was asking us what the program was and what we were all about” – Wungening Moort

“It was difficult to embed this way of working in Departmental practice. It works well with some individuals within Districts.” – Department

“Some districts see us as a service, so they refer and forget like we are an extension of the Department. They refer to us then they can pull back their resources and expect us just to update periodically” – Wungening Moort.

- *Clarity of roles and responsibilities:* Roles and responsibilities that are more clearly defined and better understood by all stakeholders will help streamline the service and ease frustrations between parties. It was clear from stakeholder engagement that there were some fundamental roles that Wungening Moort were contracted to deliver that district staff were not aware of. For example, as part of the contracted model, Wungening Moort were expected to deliver advocacy support which included empowering and supporting families to engage with

the Department. Contrary to this expectation, district staff members reported feeling frustrated that Wungening Moort were engaging in this manner.

“Wungening Moort staff are unclear of their role...They should be working with and for the Department not acting as advocates for the families” – Department

- *Frequent communication and updates:* There have also been numerous instances reported from both parties where critical decisions were not being shared with the other side, thereby leading to a less integrated service for families. For example, Department staff reported that on numerous occasions, they had not received regular updates on families and were therefore not informed of what was happening with families. Similarly, Wungening Moort staff reported cases where the Department had made decisions to remove children without Wungening Moort’s knowledge. This hampered their ability to support and counsel the family.

“Wungening Moort were advised by a third party that the mother had been advised that [the Department] intended to remove the unborn baby at birth. Wungening Moort had no knowledge of this decision making process” – Wungening Moort

“The shared case work model isn’t working. They don’t update us; we don’t know what’s going on. One family we had heard nothing for seven months. It’s the fault of Wungening Moort. They just need to provide the service and they aren’t” – Department

Furthermore, as this is a pilot program, there inevitably have been instances where the service has not been implemented as planned. This has led to frustrations between parties. More open communication about emerging challenges would help parties better understand why activities have not gone as expected. For example, one major stressor for district staff is the time it takes for Wungening Moort to engage with and build rapport with families. Pre-engagement time frames have been much longer than expected (this is further discussed below), which has caused tension between Wungening Moort and district staff.

“Relationship building has to be aligned with output. There is too much time wasting. All this relationship building is a furphy, they just need to get on with it” – Department

It is also important to note that stakeholder engagement also revealed differences in partnership effectiveness across districts. Some districts have more collaborative and pro-active working relationships between the Department and Wungening Moort while others have reverted to a more traditional approach of contracted service delivery. More particularly, stakeholders have noted that the success of the partnership has depended heavily on the personality types in districts. Personnel who have a commitment to do things differently and collaboratively have created stronger foundations than those who approach the relationship in a service delivery capacity.

Recommendation 1 and 2 will assist AISS in strengthening the partnership between stakeholders.

2.5. Consortium model

As noted above, Wungening Moort is a consortium made up of four separate Aboriginal Community Controlled Organisations. This consortium model was intended to reap a number of benefits according to the contract with Wungening Moort including:

- Contract relationship with four ACCOs through a lead organisation.
- Extensive Aboriginal family and community networks.
- Place based service footprint across the metropolitan area.
- Commitment to *“building capacity of ACCOs by ACCOs”*.
- A single integrated service and management structure.

Overall, stakeholder engagement has indicated a number of positive outcomes have flowed from the consortium model. For instance:

- AISS has been able to benefit from the strong local connections each of the ACCOs and their staff have with local Aboriginal people, the broader community, and services within the corridors. Each ACCO has a unique understanding of the needs and background of their local communities which contributes to a more tailored and place-based service. On a person-centred level, the staff working in those corridors are typically from those communities themselves and are therefore acutely aware of the cultural groups and context in those corridors. Wungening Moort staff have observed that this has led to a more place-based and community focussed approach.

Furthermore, the consortium approach has assisted in gaining community acceptance and buy-in of the program. Wungening Moort staff indicated that initially they felt the community was hesitant to accept AISS as a community led program due to the association with the Department but that over time, staff were able to meaningfully engage local communities to explain their role and how AISS would support families.

“Consortium members have spent a long time in these regions. They have a long term footprint. Staff are located in those areas. If we need further understanding of a community, they can provide that support...the language, how people here are thinking about that issue” – Wungening Moort

“We are made up of four ACCOs. When they work with community it is community to community. It is an unwritten connection to the community and legitimises the service in a certain way. At the beginning there was some challenge with community but clearly the community has embraced it. Our team is the community. Community healing the community. It is inherently self-determining” – Wungening Moort

It is also useful to note that should similar programs be implemented in regional areas; it is prudent to also engage with local community organisations to ensure the place-based element is maintained and respected.

- Wungening Moort were able to more efficiently refer and link families into programs operated by consortium members. For example, some families were able to be efficiently referred into Wungening Aboriginal Corporation’s ‘alcohol and other drugs’ programs as well as Wooree Miya, a refuge for women and children.
- Service delivery and management has been highly integrated and streamlined. Families and staff see Wungening Moort as one brand and one service. Oversight, administration, reporting, and service delivery are all under the Wungening Moort management team with a single operating and administrative system. This has contributed to a more consistent service that is easily navigated by families.

While there have been positive outcomes created as a result of the consortium model to date, there are also opportunities to leverage off the model further to create more capacity building opportunities and deeper relationships with individual ACCOs and the ACCO sector more broadly. To date, understandably, the majority of interactions have been with Wungening Aboriginal Corporation as the lead organisation of Wungening Moort. Moving forward there may be more opportunity to deepen the partnership and engagement with the other three individual ACCOs (recommendation 2).

2.6. Three key stages for creating change

The Wungening Moort model is based on three stages as set out above – Crisis (engagement, assessment and responding to crisis concerns), finding stability and preparing for change (building family functioning and maintenance), and change (further development and increasing empowerment).

It is important to acknowledge that the manner in which the stages were referred to by stakeholders often differed with some unaware of any pre-engagement activities being part of the service delivery at

all and others being unclear about whether assessment and planning forms part of intensive or is a stand-alone stage in and of itself. This indicates some ongoing confusion about the different stages.

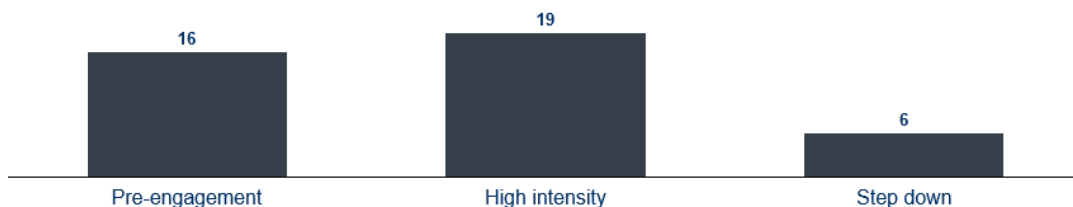
For consistency in this evaluation, the following descriptions of the three stages have been adopted.

Stage	Description of operational activities
<i>Pre-engagement</i>	Where Wungening builds rapport with client and addresses any pressing and critical issues preventing further engagement with the family such as homelessness.
<i>Intensive</i>	Where case plans are developed, and services are provided to meet case plan goals.
<i>Step-down</i>	Where Wungening Moort’s interactions reduce as families move towards independence.

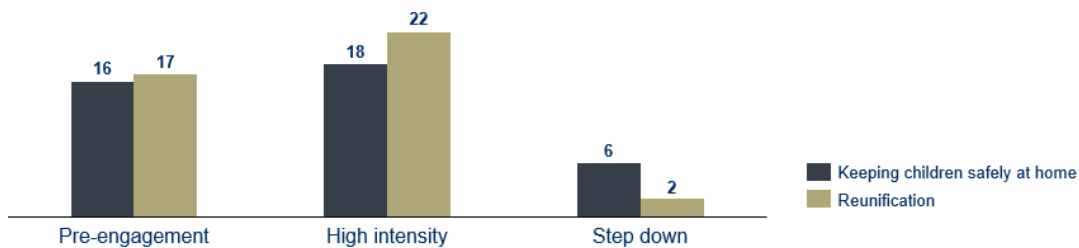
Table 4: description of operational activities at each stage

It was initially expected that the pre-engagement phase would take approximately two to three weeks, intensive would take about 16 weeks leaving families to spend the majority of their time in step-down. It is important to note that while Wungening Moot’s administrative data has been extracted to inform findings below, it should be taken as indicative only. As Wungening Moort has been evolving their data reporting, there is some inconsistency in their approaches that has affected reliability of the data. This was exacerbated by early confusion around how stages were defined.

Time spent in each stage overall (average # weeks)



Time spent in each stage by stream (average # weeks)



Time spent in each stage by referral team (average # weeks)

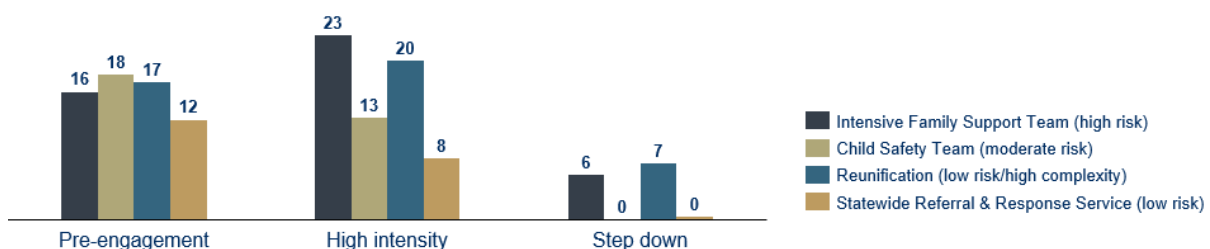


Figure 3: Average number of weeks spent in each stage¹¹

The time frames for each stage have been very different to what was initially planned. In particular, the time taken for pre-engagement has been much longer than two to three weeks, intensive support has also been slightly longer than expected, and families are spending less time in step-down.

¹¹ Wungening Moort administrative data set from 1 May 2018 to 20 October 2020.

Wungening Moort's administrative data demonstrates that on average, families spent ~16 weeks in pre-engagement, ~19 weeks in intensive and ~6 weeks in step-down as shown in figure 3 above.

Pre-engagement stage

The pre-engagement stage has taken substantially longer than initially anticipated. This stage is where Wungening Moort contact families after referrals are accepted, begin to build a trusting and safe relationship with families, identify any imminent risks or issues the families are facing, and take early action to address some of those issues to prepare the family for more intensive engagement.

Wungening Moort has emphasised that the need to build a strong, trusting, and productive relationship at the outset of the service is absolutely critical. Building this level of trust takes a significant amount of time, particularly for families from complex backgrounds with a lot of trauma, grief, and loss.

The following factors have been identified as contributing to the longer pre-engagement stage:

- For higher risk and complex cases, families are often in a state of crisis or emotional turmoil. Families feel overwhelmed by the influx of services and are rarely in a state of mind to welcome new supports into their homes, let alone engage in any planning or capacity building processes. Wungening Moort staff have often found that families are not ready to engage with them for some weeks (sometimes longer) in the beginning. It is important to note, however, that despite families seeming to be disengaged, for high risk and complex families, persistent engagement is key to building the rapport needed to eventually work with families productively.

“There were multiple times in the initial engagement period where the client was unable to participate meaningfully in the program. First there was a crisis issue, then the client said they were unwell on multiple occasions. If the service were not consistent or simply felt the client was not wanting to engage it would have been easy to close. However, through consistent, patient efforts the client engaged more meaningfully. This is important because the majority of clients who are referred are resistant to engage to some degree and it is easy to accept non-engagement” – Wungening Moort

- For lower risk families (often those referred from SRRS), as they do not have an open case with the Department, they are often reluctant to engage with Wungening Moort. Staff have reported attempting engagement with families only to have families close the door. As families are not at any risk of removal, there is no incentive or reason for them to engage.
- It often takes some time at the beginning of all engagements to explain that while Wungening Moort is working in partnership with the Department, they are not Department staff. Families are often very mistrusting of the Department and therefore it takes effort and time for Wungening Moort to explain the AISS program and how they are there to support the family.
- Families in the reunification stream where children have recently been removed are often less likely to engage early on as they are processing the grief and loss of losing their child.

Intensive stage

In the intensive stage, families are receiving a flexible mix of practical, parenting, and therapeutic services to work towards case plan goals.

On average, families are spending about 19 weeks in intensive. While this is not significantly different to the initially anticipated 16 weeks, evidence also shows that families from Reunification and IFS Teams are spending longer in this stage (23 and 20 weeks respectively). Families from these teams are higher risk with more complex needs and as a result Wungening Moort often need to spend longer on intensive support than initially scoped.

It should also be acknowledged that families may be spending longer in intensive than reported. This is because families often move from step-down back into intensive as their situation changes over time. For example, while a mother may be coping well under the program, the release of her partner from prison may cause new challenges that require more intensive support again. This is not always reflected in the reporting.

“An example of flexibility is the service intensity increasing in step-down stage. Although this case is reflected as being in step down the service provision increased in intensity due to mental health concerns that were raised regarding one of the children. It is important that the service is able to adapt to the changing needs of the client at any given time. Program intensity is and should be driven by client need not by a service delivery process.” – Wungening Moort

Step-down stage

During the step down phase, families are receiving less frequent and lighter touch engagement from Wungening Moort whereby only check-in calls are made to monitor progress.

Wungening Moort acknowledges that this phase is very important for families as it allows them an avenue to easily access a ‘safety net’ should their situation worsen at any time.

The evidence surrounding the step-down phase is mixed. Administrative data suggests that very few families are moving into step-down (only about 33 are recorded as having been in step down) and that if they do, they are spending little time there. Stakeholder engagement on the other hand suggests that step-down is taking place and that families are continuing to access Wungening Moort hubs when they need support even after exit.

The evidence does, however, suggest that as families are spending so long in pre-engagement and intensive stages, by the time families reach step-down it is likely they have almost reached the end of the provision 12 month service timeline. Families may be exited soon after entering step-down so that new families can be supported, however, families may still access Wungening Moort service after exit for some time. This may explain the low step-down numbers in the data.

Some families have also reported voluntarily exiting the service before reaching step-down as they feel they have received all the support they need after the intensive stage.

It is useful to note that data from the progress reports indicate that of the 131 closed case plans, 85 (65%) remained in AISS for less than 4 months, 24 (18%) were engaged 4 to 8 months, 15 (11%) were engaged 9 to 12 months and 7 (5%) were engaged for 13 months or more.

Recommendation 3 addresses the need to review stages and estimated timeframes for each stage. It also suggests co-developing a criterion to determine when families are ready to move onto the next stage or move to exit.

2.7. Family types being referred to AISS

AISS supports a very broad range of families from those with low needs to families with children in out of home care or at risk of entering care. The range of families is depicted in the scale below along with corresponding Departmental referral teams.

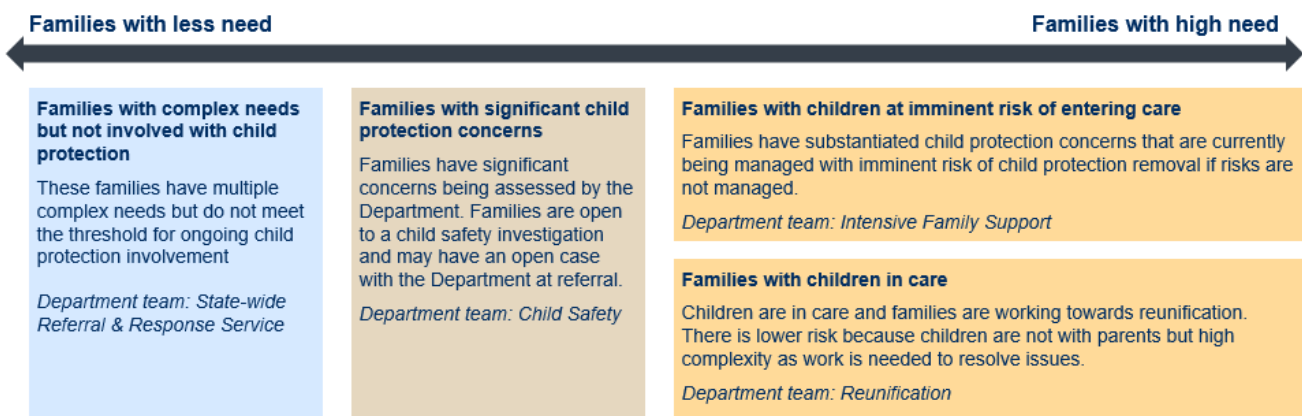


Figure 4: Range of families with varying degrees that AISS services

Data also shows that the majority of referrals have been for families at the higher needs end of the spectrum with 35% of total referrals from IFS and 29% from Reunification. 23% have come from CST for families with moderate levels of need and 11% of families from SRRS with less need.¹²

The evidence demonstrates that there are some inefficiencies and challenges at the lower and upper end of the spectrum. These are summarised in figure 5 and discussed further below.

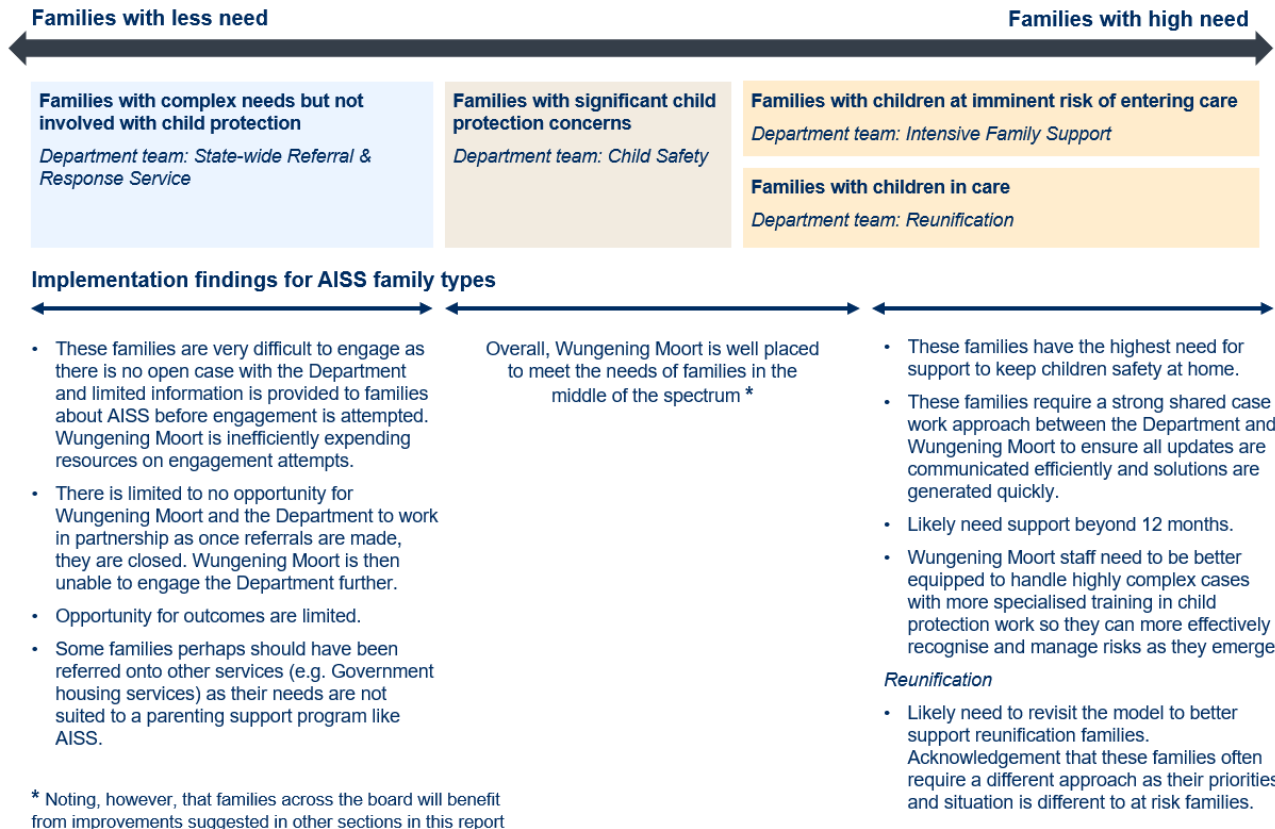


Figure 5: Implementation findings for AISS family types

Families being referred from SRRS may not be the most appropriate clients for AISS as they are very difficult to engage and the potential for outcomes is limited

SRRS families are very difficult to engage. There are two primary reasons for this. Firstly, they do not have any significant child protection concerns with the Department and do not have an open case. As a result, there is no pressing reason for them to engage with an external support agency.

Secondly, there is no, or very limited explanation provided to the family about AISS on referral, why they are being referred, how AISS can help their family and when they can expect Wungening Moort to make contact. Families are confused about why Wungening Moort is reaching out to them.

“You get referrals from [SRRS]. They are closed so the Department aren’t involved anyway. They usually don’t open the door. [The Department] needs to tell them that they have a chance to work with us. Some of them do engage.” – Wungening Moort

“[The Department] don’t communicate with the families that they are making a referral to us. They send it out and then it’s closed...In many [SRRS] cases the families had no idea they were being referred to us and they don’t want to engage with the service. Many of the pre-engagement exits are from [SRRS]” – Wungening Moort

“You rock up to the house and they don’t know who you are. [The Department] forget that we are in a partnership. They don’t tell families that they are being referred and to expect us.” – Wungening Moort

¹² Wungening Moort administrative data up to September 2020.

There have been 61 families referred from SRRS during the service period. 57 entered pre-engagement stage during which time Wungening Moort attempted to make contact and build rapport with the family. Of that number, 34 eventually moved to assessment and planning (56% of initial 61 families). Ultimately, only 11 progressed to intensive services (18% of initial 61 families).¹³

This can be compared to IFS referrals where 82% moved to assessment and planning and 42% have engaged in intensive services so far as of 30 September 2020.

Wungening Moort staff also queried why some SRRS families were being referred at all as their needs could have been more suitably addressed through other services. For example, where families had housing and transport needs but little requirement for a parenting support program like AISS.

“We take clients to appointments, but we are not a transport service. It is a holistic service...but they refer people over just for housing. They could have been referred to other places. There are other services that could be working with those families.” – Wungening Moort

Due to engagement and suitability challenges with SRRS referrals, Wungening Moort is currently spending resources inefficiently as there is limited opportunity for AISS to create positive and lasting outcomes with these families.

It is, however, important to note that despite these challenges, the SRRS cohort presents a diversionary opportunity as families are further upstream. If the right referral approach and service could be created, there may be potential to harness AISS’ services to effectively support these families before complex needs become child protection concerns with the Department.

For example, if the referral and handover process is improved such that families understand why they are being referred, the opportunity the program presents, how the program works and when they may expect Wungening Moort, families may be more open to engaging with supports earlier.

“SRRS is purposeful because it is diversionary, but the right frame needs to be there in order to do the work” – Wungening Moort

Recommendation 9 addresses the need to decide whether SRRS families are appropriate for AISS.

Families at the upper end of the spectrum have the highest need for support; there are opportunities to improve AISS’ model to better serve these families

AISS was designed as a way of diverting intensive in-home service resources to families who were most in need. This included families with children at imminent risk of entering care and those with children who were already in care. There is an acknowledgement that high need families are the type of cohort that AISS should be well equipped to support.

“AISS was a redesign of intensive in-home support services to move away from lower risk families. We wanted to divert the money back into families who were most in need...” – Department

35% of AISS clients during the service period have been from the IFS team and have high child protection risk concerns. 29% are from the Reunification team and have high complexity.

The qualitative data suggests that while there are positive outcomes occurring for these families, there are also opportunities for improvement to strengthen AISS’ ability to serve these families:

- *Parties must be prepared to work with these families for longer than 12 months:* These families have very complex needs and often come from a background of intergenerational trauma, grief, and loss. To create positive and lasting change in these families takes a substantial amount of time. The current time frame of 12 months may not be enough for some families and the model must be flexible enough to adjust accordingly.

¹³ Wungening Moort administrative data up to September 2020.

“Need to build in flexibility that some families need longer and some shorter. If you are referring for reunification process but the family is tracking really well, you might only need 12 months but if you have a complex case, 18 months may be needed or an extension...” – Department

- *These cases require a strong shared case work partnership:* These families’ circumstances are highly complex and unstable. The situation can escalate very quickly with numerous decisions being made from multiple parties in an attempt to support the family. Without a strong shared case work partnership between the Department and Wungening Moort, information is lost, and parties are not aware of critical junctures in the family’s journey. While there is a need to strengthen the partnership overall as highlighted above, it is particularly critical for these families.
- *Skill and capability of Wungening Moort staff can be strengthened to better manage high risk cases:* These families have highly volatile circumstances with complicated child protection risks that staff must be able to identify, address and manage as they emerge. To properly support these families, and ensure the safety of all involved, Wungening Moort staff should receive more specialist training in child protection work.

“[When discussing higher risk cases] Staff should be able to identify risks and manage risks as they are presented. Staff need more specialised training for child protection work” – Wungening Moort

Recommendations 1, 3 and 10 addresses these opportunities.

The AISS model needs to be improved to better support reunification families

About 20% of AISS’s case load has been from the reunification stream. While case studies have demonstrated positive results for reunification families, the Department’s quantitative data¹⁴ indicates that AISS has not been effective at reunifying children with families overall.

Below are some positive examples of how AISS has helped to reunify families.

Case study 1

Mum experienced a lot of trauma in her childhood. She grew up in a dysfunctional home and moved out at age 15 to live with an aunty for two years. Family and domestic violence was a regular occurrence. Mum states she grew up thinking that if something went wrong it was always her fault, and that she was “useless”. Mum started using meth and “lost everything”. Both her children were taken into care.

All children have been reunified. Mum achieved most of her goals (most important one included maintaining a safe home free from FDV and drug use). Mum has maintained a high standard of care for children. Mum’s parenting skills and confidence have increased substantially. Mum has established a strong support network and has a strong relationship with school.

Case study 2

Family was referred when mum was pregnant with seventh child and in prison. Four of her other children were already in care. Family had a history of emotional family domestic violence and neglect.

Department was concerned that the family had breached their safety plan and was therefore required to enact section 37 to remove the newborn child. Wungening Moort attended a meeting between the Department and the family and facilitated an outcome whereby the maternal aunty was nominated to take the newborn child. This outcome enabled the baby to remain within the family rather than with foster carers for a long period of time.

The Department’s reunification data does, however, indicate that overall, only about 11% of the total number of exited children in the service period were successfully reunified during the program. If children who were reunified soon after program exit (within a few months) were also included in the calculation, about 23% of total exited children were reunified. These figures are much lower than the in-care control group as indicated by the table below.¹⁵

¹⁴ ASSIST data for families and children up to 30 September 2020.

¹⁵ Control group data has been taken from the Baseline Report.

# of children requiring out of home care that were reunified	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
Reunified during program	19	11%	16	76.2%	2*	50%*	64	66.7%
Not reunified	158	89%	5	23.8%	2*	50%*	30	31.3%
Valid children	177	100%	21	100%	4	100%	94	100%

*These numbers are not reliable as they are based on very small cells.

Table 5: Baseline indicator 2¹⁶

It should be noted, however, that the IFS comparison group was based on a significantly different service model. IFS cases would have received prework within the Department prior to referral. Cases would also only be referred if there was a high likelihood of successful reunification. In comparison, AISS received all families without prework and regardless of likelihood of success.

It is worth noting, however, that data from progress reports have presented a slightly more optimistic picture. Of the 29 closed case plans from the reunification stream, progress reports provided that 55% of families (16 families) had children returned home when exiting the service.¹⁷

On balance, data indicates that AISS could be improved to better support reunification families.

Stakeholder engagement has identified that reunification families have been particularly challenging for the following reasons:

- *The current model is not well suited to reunification families:* Most specifically, AISS involves providing practical and parenting strategies and skills to families. Both these services are difficult to implement in reunification cases. For example, Wungening Moort often help families develop routines for school, however, it is difficult to teach parents these skills as children are not present for parents to learn in real-time. Staff have also reported that in some cases, families feel re-traumatised by these exercises. This is contrary to at risk families where children are present and practical suggestions can be implemented and learned quickly. For at risk families, there is also a motivation of preventing children from removal in the first place.

“Reunification is a specialist area...the process with reunification is different. With at risk families, there is a key issue that needs to be resolved immediately and the practical stuff is there, and the kids are there so you can provide feedback and observations. When a family doesn’t have their children, you are not going to go in and do heaps of practical stuff.” – Wungening Moort.

“Reunification is the most challenging area...it just re-traumatises them because they don’t have children.” – Wungening Moort.

- *A 12 month time frame may not be enough for reunification families:* Reunification often takes a considerable period of time and families need support even after children are brought home. There is a risk that families are being exited from the program pre-maturely as a result.

“...Challenges can take place when working to prescribed timeframes, particularly in the reunification space. Reunification takes a considerable period of time, and risks can often increase when children are reunified. It is critical that support remains consistent once the children are reunified. In this case, Wungening Moort have been actively engaged with the family for 12 months and the family remain in the intensive stage as mum needs ongoing support... – Wungening Moort.

- *Reunification cases are difficult to engage:* Families who have had children removed are difficult to engage as they are often experiencing a great deal of hopelessness, grief and loss and are not in a proactive headspace to work with Wungening Moort. Families are also often

¹⁶ Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report.

¹⁷ AISS progress reports for July 2018 to June 2020

feeling quite overwhelmed during this time with the Department prescribing safety plans and an influx of many services being referred to support them.

- *Some challenges with sharing and understanding information:* For reunification cases, the Department develops progress plans with a trajectory to reunification (referred to as written proposals). There are also frequently many relevant court documents involved. Wungening Moort staff have reported that often, critical documents are not provided from the Department at the outset which makes it difficult to understand how to target their support. Wungening Moort staff noted that at the end of last year, the Fremantle district started a team dedicated to reunification families. They have commented that that team has been very useful, and communication has improved allowing a better understanding of family trajectories and progress.

Recommendation 5 addresses opportunities to improve AISS' ability to support reunification families.

2.8. Timelines, referrals, staffing model and case load management

This section discusses AISS's 12 month service timeline, referrals, staffing model and case load management. These topics are discussed in one section as they are all factors influencing how effectively AISS's case load is currently being managed.

A 12 month service timeline does not reflect the flexibility of the model

AISS is intended to be a 12 month long service. The evidence has shown, however, that the length of time families remain in the service varies significantly with some families staying one month and others 21 months. It is therefore very difficult to prescribe an appropriate timeline and imposing an arbitrary number is creating some case load management challenges.

Most notably, some families require support for much longer than the 12 month service. While some have been extended with the Department's consent, others have been pre-maturely exited due to pressures to move families on as they approach the 12 month timeline.

16% of families spend more than 12 months in the program with the majority of those cases being reunification and IFS cases with high risk.

A better approach may be for the Department and Wungening Moort to come to a clearer understanding of when families should be moved on from the program. This may remove the pressure on the 12 month timeline and create a more flexible service built on a shared casework approach.

Referrals are presenting case load management and waitlist challenges

Referrals come from four different streams. At each hub, referrals may come from IFS, Reunification or CST. After commencement of operation, it was also agreed that referrals may also be made to any hub from the SRRS team. The proportion of SRRS referrals were to be monitored to ensure that the Department continued to refer complex IFS and Reunification cases. It was also later negotiated after the contract was awarded, that referrals were to be staggered such that the Department sent new referrals during certain intake periods. This was intended to assist with case load management.

Overall, the referral numbers for each hub by reporting period is shown below.

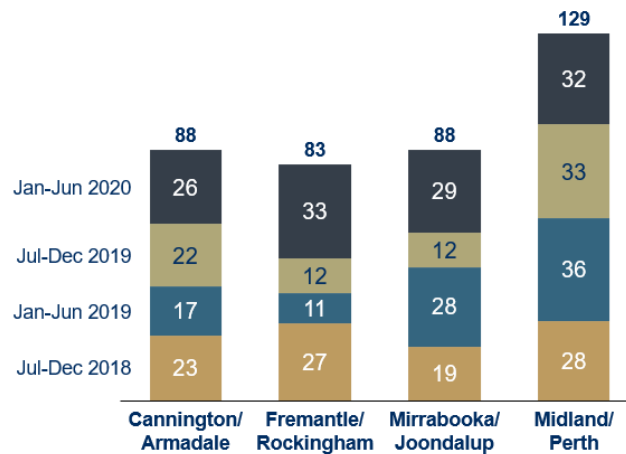


Figure 6: Referral numbers by hub and reporting period¹⁸

Overall, stakeholders have reported challenges with the referral process:

- *Referrals from multiple sources is difficult to prioritise:* Each hub may receive around 30 referrals per reporting period from multiple Departmental teams. Families referred through will have varying levels of complexity and need. The Departmental teams do not communicate, or coordinate based on hub capacity to assist in prioritising families. Wungening Moort currently work to triage referrals once they, but the process could be more efficient if there was better coordination between teams to refer families in alignment with hub capacity. The influx of referrals is also contributing to the longer wait list times for families and therefore is impacting efficiency of service delivery.
- *Long waitlists:* Due to large referral numbers, families may end up on a waitlist for some time while hubs clear capacity to take on new clients. This has negative effects on service delivery as families lose momentum if they are not accepted and engaged as soon as possible after referrals are made. In one case, a family was on the waitlist for four months.¹⁹

Case study

“The referral was initially waitlisted for a period of 4 months. This is not ideal as there tends to be a loss of momentum the longer a family is on a waitlist. Further, the cohort of families that should be referred to the service are at imminent risk of child removal, therefore, they need a service that can respond immediately to a new referral. At this point in time the Wungening Moort team were inundated with referrals from both Districts and the SRRS in the corridor and there is no guideline for how [the Department] is required to manage capacity from these three referral pathways. Further the relevant hub was already working with approximately 50 families and the average case load was 12-15 families per Senior Family Support Worker (caseloads are meant to be 10²⁰). The family had to remain on the waitlist while the service attempted to lower caseloads to a manageable level while continuing to accept high risk referrals.” – Wungening Moort

- *The staggered referral approach was not feasible:* Initially, AISS referrals were intended to take place through a staggered intake approach to assist with case load management. This, unfortunately, was not feasible as collecting and holding referrals before handing them over to Wungening Moort for set referral windows negatively impacted on families as they were delayed prompt service. As a result, referrals can now take place at any time. and there is a need to manage and prioritise on an ongoing basis.
- *Some families being referred may not be appropriate for service:* There is not a clear understanding among all relevant Department staff regarding the types of families who would

¹⁸ AISS progress reports for June 2018 to July 2020.

¹⁹ It should be noted that progress report data indicated that between January 2018 and June 2020, only two families were waitlisted. This evidence was contrary to Wungening Moort administration data, case studies and stakeholder engagement which all indicated there were many instances where families were wait listed for long periods of time.

²⁰ Note that this figure is after the adjusted staffing model whereby the senior family support workers were increased from three to four per hub.

be suitable for the program. Most notably, some families (mostly from SRRS) are lower risk and have very specific support needs that AISS is not best placed to provide. Those families perhaps should have been referred to other services, thereby freeing up resources.

“You get a referral that isn’t intense and could have been referred to housing or somewhere else. There actually isn’t intense work that we need to do with them!”– Wungening Moort

Wungening Moort have attempted to modify their approach to address some of these referral challenges and demand for the service (demand is exceeding current capacity as indicated by long wait lists). Since June 2020 they have reduced their capacity cap from 60 families per hub to 40 families per hub such that each team (made up of a senior family support worker and a normal family support worker) will only be required to manage 10 families at any one time. They have also increased efforts to frequently communicate their capacity to districts. It should be noted that as of the date of this report, there has been no formal contract variation implemented between the Department and Wungening Moort. Wungening Moort reduced the case load due to capacity issues.

Recommendation 8 addresses the opportunity to improve coordination and clarity of family engagement processes.

The staffing model has been adapted over time to adjust to emerging needs

The initial contracted staffing model was split into two areas (North and South) with six convenors, two team leaders, 20 Aboriginal family support workers (five at each corridor location) and 12 senior family support workers (three at each corridor location). Wungening Moort confirmed that at the outset, all operations and staff were located at their East Perth head office.

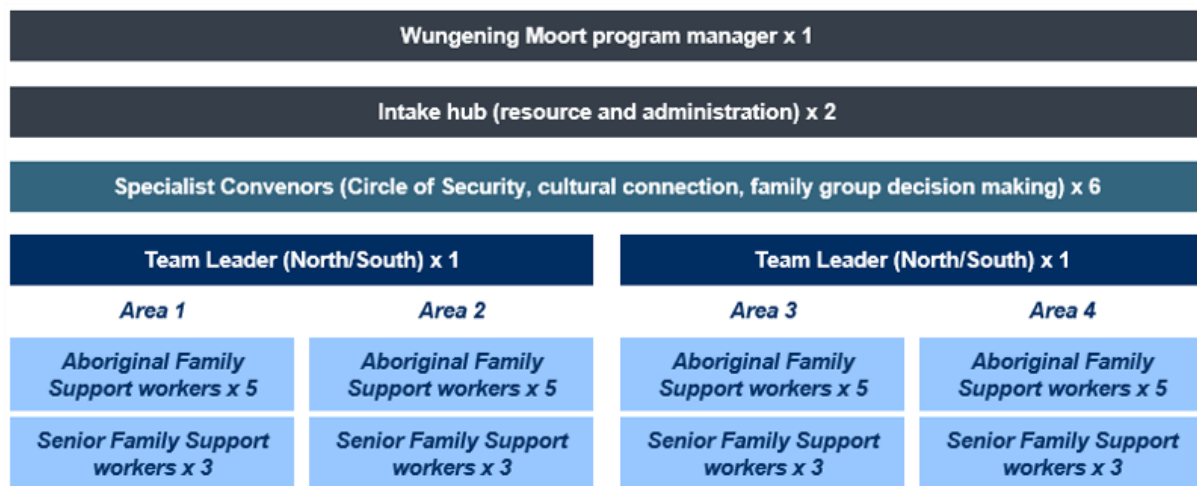


Figure 7: Initial contracted staffing model

Wungening Moort has adjusted roles and structure to better meet case load needs and evolving responsibilities of certain positions. The current structure is depicted in the image below.

Wungening Moort program manager x 1			
Intake hub (resource and administration) x 1			
Specialist convenor (Circle of Security and Cultural Healing) (covers all hubs) x 1			
Team Leader x 1 Mirrabooka	Team Leader x 1 Midland	Team Leader x 1 Armadale	Team Leader x 1 Rockingham
Family Group Decision Making Convenor x 1	Family Group Decision Making Convenor x 1	Family Group Decision Making Convenor x 1	Family Group Decision Making Convenor x 1
Aboriginal Family Support workers x 4	Aboriginal Family Support workers x 4	Aboriginal Family Support workers x 4	Aboriginal Family Support workers x 4
Senior Family Support workers x 4	Senior Family Support workers x 4	Senior Family Support workers x 4	Senior Family Support workers x 4
Administration support (part time) x 1	Administration support (part time) x 1	Administration support (part time) x 1	Administration support (part time) x 1

Figure 8: Current staffing model

Key changes and reasoning behind alterations include:

- Moving staff to establish four hubs in four locations:** As noted above, initially all staff were based in Wungening Moort’s East Perth office. Operations were also structured into two hubs (North and South). Eventually, to create a more place-based approach and in order to develop deeper relationships with district staff and local community partners, Wungening Moort established four separate hubs in four of the corridors.
- Moving from two team leaders to four:** Within the first six months of operation, Wungening Moort created two new team leader roles so there would be one team leader per hub for each of the four locations. This created better oversight and management.
- Allocated a family group decision making convenor per hub with one specialist convenor servicing all locations:** The core role of family group decision making convenors was to develop family plans. It became apparent, however, that a lot of the case plan development work was being undertaken by senior family support workers as they had built the relationship with families and understood what families desired going forward. Wungening Moort also discovered that it was jarring for families to have an independent convenor come in to develop a case plan when they had built trust and rapport with senior family support workers. The roles of the convenors became very separate and siloed. Allocating one dedicated family group decision making convenor to support family workers created better integration.

Wungening Moort has also found that there was less need for Circle of Security sessions as initially anticipated as most Aboriginal families preferred a more personalised approach (Circle of Security sessions usually involve convening a group of families). The current specialist convenor therefore supports families by providing one-on-one support with individual families. Wungening Moort management has indicated that one specialist convenor is currently sufficient. The remaining convenor position has been used to subsidise an increase in senior family support roles in each of the hubs.

- Reallocating resources to create four family support workers and four senior family support worker roles in each hub:** Initially each hub was to have five family support workers supported by three senior family support workers. The structure has been altered to create an even split of four family support workers and four senior family support workers. It was acknowledged that senior workers were undertaking more work than initially anticipated including case plan development. Furthermore, the senior family worker and family worker operate in pairs and attend and support families together (although senior worker does not attend all visits). This

'buddy' system also allowed family support workers to shadow and learn from senior workers, which provides some development opportunities.

Caseload caps have been reduced

The contracted caseload was 240 families per year in total with 60 families allocated to each of the four hubs. This means each senior family support worker would be allocated 20 families based on the initial staffing model at any one time.

As discussed above, the evidence demonstrates that this contracted case load has not been feasible for numerous reasons including the fact that families require much longer pre-engagement and intensive support and very few families actually spend time in the step-down period. This means that family support workers are supporting many more families in an intensive manner than initially thought. Some families are also staying longer than the 12 month service period. In addition to longer intensive support periods, family support workers endeavoured to continue preparing monthly reports to the Department which contributed to their workload. The expectation for monthly reports was included in the initial contract. AISS's senior program managers adjusted the case load cap in June 2020 to reflect what they feel was more manageable. As noted above, the case load has now been reduced from 60 families per hub to 40 families such that each senior family support worker manages a maximum of 10 families (based on adjusted staffing model with four senior family support workers). There has been no formal contract variation between Department and Wungening Moort to reflect reduction.

It is useful to note that Wungening Moort staff currently work in teams; that is a senior family support worker, and a family support worker are paired together. Both are involved in pre-engagement and first contact attempts. The senior worker then develops the case plan with convenor support. The family support worker undertakes the majority of practical support during intensive period with the senior worker guiding and leads the whole process. At times, the senior worker will also offer additional support as the situation requires. Wungening Moort adopted this pairing model to ensure families receive the benefit of senior worker skill as well as cultural appropriateness through the whole process (family support workers are usually Aboriginal). It also creates opportunity for family support workers to shadow and learn from senior family support workers.

Recommendation 4 addresses the opportunity to review case load expectations and how those numbers translate to and drive family outcomes.

Brokerage fees for emergency relief and services will need to be revisited

The contract includes provision for \$500 brokerage fee per family. This money is intended to pay for practical expenses such as skip bins when Wungening Moort assists families with cleaning out a house. Wungening Moort have reported that many families require practical expenses beyond the \$500. At the moment Wungening Moort have been supporting families through their own separate emergency relief fund to meet the gap. Wungening Moort reports that on average, about 80% of their clients require \$500 more than provided by the contract; that is, most families use approximately \$1000 in brokerage fees. District case support costs were also not raised as potential options being used to meet the brokerage fee gap. An appropriate brokerage amount per family will need to be agreed upon as well as the terms of use for those funds.

It should be emphasised that while AISS is not an emergency relief service, evidence has shown that many of the families, particularly high risk families with complex circumstances, do need a lot of emergency support including food vouchers or cleaning supplies. Of course, an amount will need to be agreed upon such that the appropriate balance is struck between ensuring the program is properly resourced and becoming a short term crisis relief fund.

Recommendation 7 addresses brokerage fee amounts per family.

2.9. Wungening Moort and Department staff capabilities

Wungening Moort staff

The evidence overwhelmingly confirms that Wungening Moort staff bring a substantial amount of cultural awareness and experience in working with Aboriginal families. Many are Aboriginal themselves (70% of the workforce is Aboriginal) and have a deep understanding of the 'Aboriginal way' of working (for example, how Aboriginal families make decisions, and how culture is inextricably linked to feelings of confidence as parents and as people). They also have a deep appreciation of intergenerational trauma and how those contexts impact families. These strengths in Wungening Moort's staff contribute significantly to positive outcomes.

"Wungening Moort have cultural understanding of what that person is going through and background understanding to know what is needed to help a person get through that." – Wungening Moort

"If you have Aboriginal workers leading cases, the families feel more comfortable as we have an understanding of each other, and they have trust in us as we have cultural understanding" – Wungening Moort

Wungening Moort is also able to leverage their non-Aboriginal staff members. As some Aboriginal families prefer to work with non-Aboriginal people, Wungening Moort are able to provide that option within the program. It is important to provide this choice for families.

"Some families don't want their own people working with them as well. So Wungening Moort has different cultural backgrounds. We have the flexibility to offer clients Aboriginal only or a non-indigenous person. They can request that." – Wungening Moort

Stakeholders have identified, however, some skill and knowledge gaps within the Wungening Moort workforce. To strengthen the Wungening Moort workforce, as noted above, staff require more specialist child protection training to better equip them to identify, and appropriately address and manage risks and issues as they emerge. While many workers have experience in child protection, for higher risk and complex cases, more training would be beneficial. One Wungening Moort staff described a situation where a client's partner was recently released from prison and caused a lot of damage at the client's home. She felt that if staff had the appropriate training, they may have been able to see triggers earlier and de-escalate the situation.

"We have the best intentions, and we assess when we get there...Wungening Moort staff don't always have the clinical skills and knowledge to handle these more sensitive situations." – Wungening Moort

Wungening Moort management highlighted that their staff would also benefit from more training and understanding of child removal processes within the Department. This may include how the child protection workers investigate and assess reports of child abuse or neglect, instigate legal action, and undertake safety planning. District staff at times expressed frustrations that they felt Wungening Moort were "attacking" them for doing their job and had varying levels of experience. More training in Department child protection processes would assist in bridging this gap, foster better working relationship between Wungening Moort and Department staff, and also create more consistency.

"Wungening Moort attack us for doing our jobs. The Wungening Moort staff are unclear of their role and have hugely varying experience levels" – Department

It should be acknowledged, however, that both Department and Wungening Moort staff have reported opportunities where they have been able to learn from one another and deepen their understanding of their respective processes and approaches.

Wungening Moort staff have also reported that they would benefit from a proper induction process at the beginning of their employment. That induction process would need to include a thorough explanation of the program background, goals, and intention, but also operational processes. Some staff explained that, as there was no induction process, it was challenging to learn on the job.

“There is no formal induction...no sit down to spend a week learning about the program or intensive training away from the hub that goes through the program step by step. I found that really hard. Coming from statutory role to this and having to just muddle your way through...Coming from child protection it was easier to jump in and know what was needed but not everyone does.” – Wungening Moort.

Finally, it should also be noted that stakeholders consistently reported challenges with high turnover among Wungening Moort staff. This made service delivery and relationship building for both families and district staff challenging. Families reported needing to retell their stories and Department district staff shared examples of Wungening Moort staff not attending meetings due to staff turnover issues.

It should be acknowledged, however, that high attrition among Aboriginal workers in this space is common as it is highly traumatising work and can often trigger issues for workers based on their own past experiences. Furthermore, due to the community-nature of the work, many workers may know some of these families making it difficult for them to work intimately with them in their homes.

Wungening Moort attempt to draw the right balance of providing a culturally appropriate service with Aboriginal staff and protecting their staff's wellbeing.

Department staff

The main development opportunity identified for Department staff is cultural awareness. Stakeholders consistently reported that the service would benefit from more cross-cultural awareness training for Department staff. This includes building a better understanding of impacts of intergenerational trauma, Aboriginal history, parenting in the Aboriginal context and family dynamics. Building more cultural awareness among all Department staff (including Aboriginal and non-Aboriginal) will help to create a more culturally safe service. With more cultural awareness, district case workers may take a more strength-based rather than deficit based approach which will encourage more self-determination and participation. They may also work in a way that encourages families to create their own solutions appropriate to Aboriginal context.

Although the Department's Aboriginal workers help to ensure cultural competency, they appear to be very stretched and difficult to access. More Aboriginal workers will help; however, this must be complemented with continuing to build the cultural competence of non-Aboriginal staff as they also play a critical role in creating a more culturally safe service.

Finally, it is important to acknowledge that the partnership and shared case work model has provided opportunities for Department staff to learn from Wungening Moort's cultural approaches. There appears to be evidence of Department staff increasing their cultural competence as a result.

Recommendation 10 suggests addresses the opportunity to build the capability and capacity of Wungening Moort and Department staff.

2.10. Ongoing adaptiveness of the AISS pilot

As set out in this section, there are examples of AISS successfully being implemented as contracted as well as many other cases where changes have been made to adapt to unforeseen and evolving circumstances. Over the past two years since the award of the contract, there have been numerous examples of the evolution and adaptiveness of the pilot, which has contributed to a more effective and feasible service. For example:

- After service commencement, Wungening Moort and the Department agreed to have staggered referrals via set 'referral windows' as a suggested method to manage case load. It was, however, observed that this approach meant families being negatively impacted as they were waiting for window periods to be referred to and receive service. Referrals can now be made at any time to ensure families receive prompt service.
- Recently Wungening Moort reduced their maximum capacity numbers to adapt to the complexity of cases and the unforeseen length of time required in pre-engagement. This is to ensure the quality of service was not compromised. This reduction in capacity has not yet

been formally reflected in any contract variation but is an ongoing development to adapt to the needs of families.

- The Family Support Network was also intended to be referral pathway into AISS, however, that option was removed early in program implementation as there were emerging issues associated with those families securing stable housing prior to referral. Without stable housing, families are not well set up to receive the full benefit of AISS.
- More recently, there has been a growing focus within the Department to leverage off SRRS referrals as an opportunity for early intervention. Families may be more closely considered and screened prior to referral to increase chances of families benefitting from AISS.

It is important to emphasise and acknowledge some of the many adaptations since AISS commenced and the proactive approach of all stakeholders involved in the design and delivery of the pilot to continue iterating the pilot towards a more effective service.

3. Outcomes: Has there been movement towards outcomes for families, children, and the child protection system?

3.1. Contracted and additional outcomes

Wungening Moort have been contracted to deliver four long term service outcomes. The initial evaluation plan developed by ARTD Consultants also prescribed three short term outcomes. These seven outcomes are referred to in this evaluation as ‘contracted outcomes’ (see figure 7 below).

In the short to medium term, families will learn new skills and behaviours such as budgeting, communication, and skills to manage trauma. They will also increase their understanding of children’s learning and development need, how historical issues impact children and the ‘Aboriginal way’. They will also be supported to engage in activities that bring or increase healing and wellbeing.

In long term, families will address issues that negatively impact children, develop skills to get their children to school, have improved parenting skills and develop culturally safe support networks.

Overall, children will be kept safe and diverted from the child protection system.

In addition to these contracted outcomes, stakeholder engagement has revealed four additional outcomes that are also important for families and the child protection system (orange boxes below).

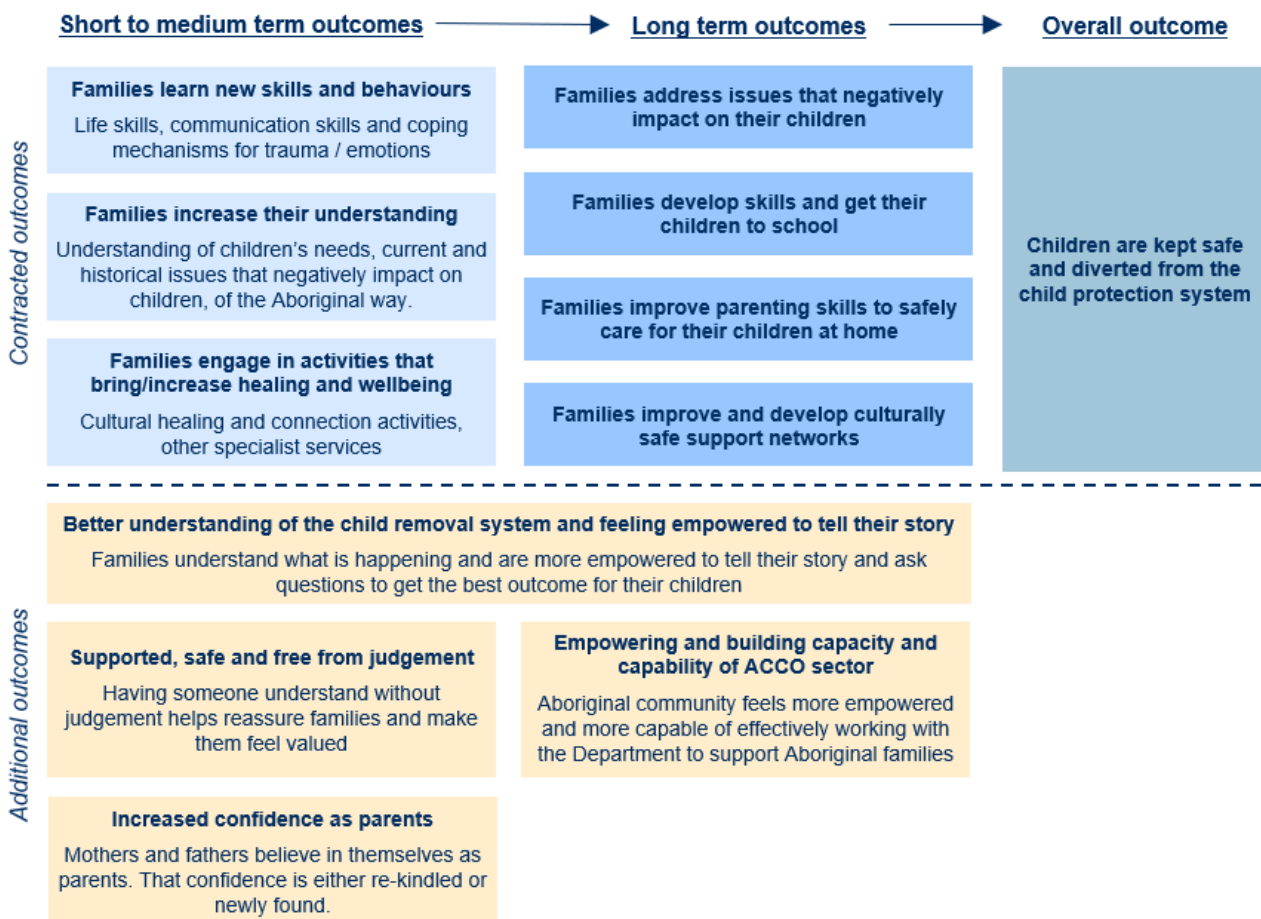


Figure 9: AISS outcomes²¹

3.2. Data used for outcomes measurement

As noted at the beginning of this report, there have been some data limitations in this evaluation. Most notably for outcomes measurement, while there have been some quantitative data collection

²¹ Wungening Moort tender response form, AISS progress reports and initial evaluation plan prepared by ARTD Consultants on 23 January 2019.

established (for example the baseline indicators and exit survey responses), for many of the short to medium term outcomes, and additional outcomes, there is no or very little quantitative data. The evaluation team have therefore supplemented the outcomes measurement with qualitative data.

Regarding the progress report data, it is particularly important to acknowledge that while a significant amount of effort is used to collect that data every six months, the reports provide limited information relating to family outcomes and is not well aligned to a theory of change. Therefore, while the reports are stable and consistent, to understand a full picture of outcomes from short to long term, the progress reports needed to be supplemented with other data sources.

The table below describes the data sources used to measure outcomes.

Short term outcome data sources	Long term outcome data sources	Overall outcome data sources
<ul style="list-style-type: none"> Qualitative data from family interviews 	<ul style="list-style-type: none"> Exit survey results from AISS progress reports Supplemented with qualitative data from family interviews 	<ul style="list-style-type: none"> Baseline Report Matching ASSIST data and Moort administrative data to extract findings for baseline indicators. Supplemented with qualitative data from family interviews

Table 6: Data sources used for outcomes measurement

3.3. Short to medium term outcomes

Families learn new skills and behaviours (contracted)

This outcome considers whether the program is helping families learn new practical skills (e.g., budgeting, cleaning, cooking), communication skills with families and other services, and developing coping mechanisms for trauma.

Where there was a need for this support, families explained that Wungening Moort assisted them with managing finances, healthy recipes for cooking, and cleaning the house. They explained that they also helped them establish routines and systems within the house to make day to day living easier and more stress free. The routines and systems also encouraged children to be involved.

“I learned about managing finances and got all bills taken out of my pay before I get it so I have no problems there anymore...They also showed me different ways to get kids involved to clean their room so they will go and do it. We have a reward system at home for pocket money. Before Wungening Moort, we had no system set up at home. We used to let kids walk around in school clothes. Half the time they didn't have clean clothes. We have systems now where kids come home and get changed. Instead of us yelling at them, we can cook something for them, so they have something before dinner.” – Family

Families also explained that AISS supported them to communicate with others including with family members, services, and the Department. After families understood (with Wungening Moort's help) why the Department were concerned about certain issues such as overcrowding or the negative influence of other peers, they were able to more clearly and forcefully explain to those people why their actions were hurting the family. For example, in one case the Department was concerned about the overcrowding in one home (there were about 20 people living in a four bedroom home). The mother was able to reduce the number of people in her home leaving only herself and her children.

“Before I had a lot of people staying with me and that's when [the Department] was on my case...it was a big step because I got everyone out that I needed to. I did it on my own. It was hard to tell my two nieces to leave...There were 14 people in a house and too much to handle in a four bedroom” – Family

Numerous families also reported that Moort helped them learn how to 'break things down' so they do not become overwhelmed. Families developed healthier coping mechanisms to manage their trauma and emotions so that things do not become unmanageable.

“They helped me learn tools to deal with things. How to identify barriers and how to overcome them. I don’t make mountains out of mole hills and am keeping things in perspective. Acknowledging my feelings doesn’t mean I am weak.” – Family

“They taught me how to take one day at a time, so I don’t burn myself out. I was getting really overwhelmed at one time and they have kept me level. Wungening Moort helped break things down into manageable things that I had on my plate and to deal with them one at a time. Helped me through what to do and what not to do” – Family

Families increase their understanding (contracted)

This outcome considers whether the program has assisted families to increase their understanding of children’s learning, development, and educational needs; and how current and historical issues may negatively impact on children.

Families reported that Wungening Moort helped them gain more direction and understanding about parenting strategies, and what children expect and need from them as parents. For example, many explained that because Wungening Moort gave them access to Circle of Security programs and in-home counselling, they were able to better understand the need for structure and consistency. Families also developed a more nuanced understanding of what their children’s needs depending on their age, gender and how they may have processed past trauma.

“Wungening Moort helped get me into Circle of Security so we could be proactive. After doing that course, we felt we have more direction. We knew what the kids were expecting from us and we could take a holistic approach so kids could be safe and do things in the right way, so they benefit from us” – Family

“I learned a lot of new things with parenting like how to approach and to go to the level of the child’s age. I used to think they are all the same. Learning different personalities, age differences, and different expectation for chores. Understanding I have boys! Learning about those things and how to be different with different kids. Approach it more in a loving way and allow them to feel comfortable and I can be truthful and honest” – Family

Some parents also explained how, because of AISS, they were more able to acknowledge and understand how past trauma was acting out and affecting their children. Learning about these triggers gave them more motivation to manage and address these triggers in order to ‘break the cycle’.

“Moort got me to counselling. I am scared I will ruin the kids’ lives, so I make sure I flip around. They help me get services and stuff to learn. It hit me – yes, I have trauma and I need to work on it because it is coming out in different ways. I have to pull up...Getting support and counselling helped. I am working on the inner me for the good of the kids. Hopefully, it works out” – Family

Families engage in activities that bring/increase healing and wellbeing (contracted)

The primary way Wungening Moort is supporting families with healing and wellbeing is through their trauma-informed and culturally safe healing sessions where staff routinely undertake counselling-like conversations with families during interactions to enable them a safe and open place for conversations and sharing in a culturally safe manner. Families have reported that this has helped them share their trauma and background which serves as a springboard for healing and has enabled staff to better understand families’ needs. Furthermore, as Wungening Moort’s staff are Aboriginal or have cultural awareness and experience, they are able to facilitate stronger connection with culture.

Case study

The Department had concerns about ongoing risk of physical abuse from the father to the children. Father was able to engage in discussions about trauma history and mental health with Wungening Moort and how he feels this may have contributed negatively towards his behaviour. Wungening Moort provided considerable psychosocial support through ‘trauma-informed cultural yarning’. During these conversations, the father shared

stories about past traumatic incidents using traditional language from several regions. These conversations comforted the client, provided relief and his presentation appeared to improve as a result.

“I am trying to get more in touch with my culture. I speak to [Moort family support worker] about it as well. Being part of Wungening Moort makes me want to go searching and look deeper down the line and find out all sorts of cool stuff. It has opened the doors for me” – Family

Number of families with a case plan and services provided/referred (from progress report data)

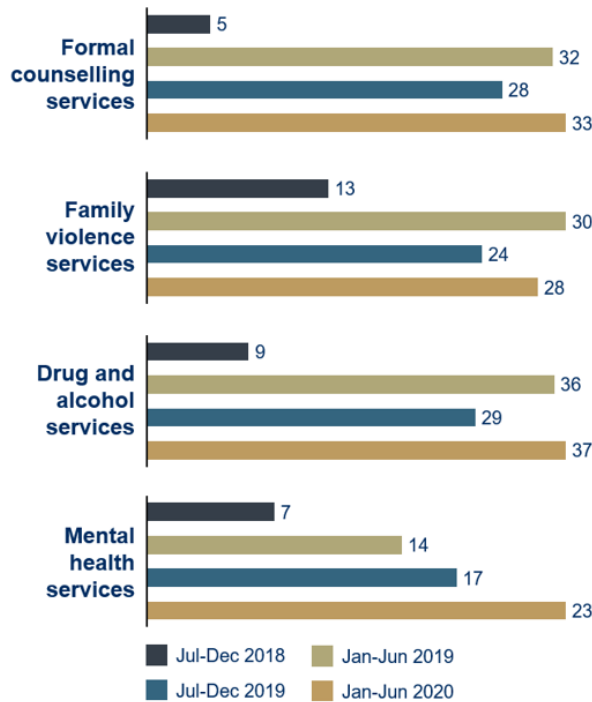


Figure 10: Number of engaged families referred to wellbeing services

In addition to providing services directly to families, Wungening Moort also refer families to external services. Figure 10 sets out the number of families with a case plan that were either directed provided with a service or referred to an external service for formal counselling, family violence, drug and alcohol or mental health.

Families consistently reported that without that assistance, they would not have been aware that these services were available to them.

Wungening Moort staff did, however, acknowledge that the service could be more intentional about cultural healing activities such as on-country trips or smoking ceremonies. While there are examples of these events, they are not a common part of the service overall. For example, staff acknowledged that the service could undertake more of these

activities including linking families back to community or Elders to receive cultural healing, undertaking a cultural program, taking families back on-country or completing genograms to help families understand where they belong.

This is consistent with comments from Department staff that they have not observed many cultural activities taking place as part of the service beyond the cultural experience of staff.

“Not once have I seen culturally healing or cultural activities. What we hoped to see would be activities in line with the case plan...this can include anything from returning to country, reconnecting with family, smoking ceremonies and cultural mentoring.” – Department

It should also be noted that according to progress report exit survey data, of the 131 closed case plans, 38 stated they fully participated in the development of their case plans (29%), 11 partially participated (8%), 4 did not participate (3%) and 78 did not respond to the question (60%).

Better understanding of the child protection removal system and feeling empowered to tell their story (additional)

Families consistently reported feeling overwhelmed, lost, and disempowered in the child protection system and in dealings with the Department. Many reported being confused about what the Department was asking of them at why. Families also felt they were unable to correct, rebut or respond to the conclusions the Department were making about their families. Some also commented that they didn’t know they could speak up during meetings with the Department.

Overwhelmingly, families reported that a positive outcome they experienced from working with Wungening Moort was learning what was possible in conversations with the Department and, more

importantly, learning that they could speak up, self-advocate and take more control over the process with the Department. Wungening Moort helped families feel more empowered to tell their story.

“I didn’t understand a lot of what they were trying to say, and I kept trying to argue...Once I dealt with Wungening Moort, they made me focus more on what I was achieving rather than what I have lost. When I walked into the room, I acknowledged my past but also what I was achieving rather than what I wasn’t doing in the first place. This is what helped the Department take a year off [the child removal]. It is good knowing that someone else is listening to what they are saying and that they can’t just say what they want, and I have to accept it...The first time I met with the Department, I walked out the door, but it made me look aggressive, but I just didn’t understand what was going on. I thought I was making it better by not staying and arguing because I didn’t want to sit there and let them tell me this and that. Moort gave me other strategies” – Family

“I struggle with self-advocating, but I can ring up Moort and they would give me suggestions. They don’t tell you what to do but they give you choices. I’m getting better at it now and I don’t need someone sitting there to get through. I like Wungening Moort because I can turn to them for suggestions, but I make my own choices. Now I don’t turn to them so much. It has empowered me to do things myself” – Family

“I haven’t seen that happen before, that you can push back to the Department. That was so good. A lot of people don’t know their power and knowledge and rights, but Wungening Moort did know. In that meeting there were things we found out that Moort mentioned that we didn’t know before. It was educating us as well...A lot of us feel threatened by the Department. I feel like when you have a supportive person with knowledge, we get further and push more and make more progress” – Family

“It made me feel stronger and more empowered. Made me realise that we are human. When [Moort worker] put them on the spot I can do them same and question and not accept everything they are telling you” – Family

This outcome should be emphasised and celebrated as it is powerful and important for the families and children themselves. It also aligns with the requirements of Aboriginal and Torres Strait Islander Child Placement Principles (Placement Principles) and what constitutes a trauma-informed service:

- The second element of the Placement Principles is partnership. This means “Aboriginal and Torres Strait Islander community representatives, external to the statutory agency, is required in all child protection decision-making, including intake, assessment, intervention, placement and care, and judicial decision-making processes”. This element has also been included as a statutory requirement under section 14 of the Children and Community Services Act 2004 (WA).
- The fourth element of the Placement Principles is participation. This means “Aboriginal and Torres Strait Islander children, parents and family members are entitled to participate in all child protection decisions affecting them regarding intervention, placement and care, including judicial decisions”. A ‘principle of self-determination’ has also been included as a statutory requirement under section 13 of the Children and Community Services Act 2004 (WA).
- As noted above in table 2, a core value of trauma informed services is supporting client’s control and enabling recovery. Both of these values speak to a need to empower families and children to participate in decision-making and to take ownership of their healing and recovery.

Supported, safe and free from judgment (additional)

Interviews with families revealed the importance of having a supported, safe, and judgment free relationship with workers. The strength of the relationship and rapport families have with their workers is a pre-cursor and springboard to further support, healing, and positive change.

In particular, families consistently emphasised that Wungening Moort’s service was strengths based and free from judgment. These qualities helped families feel valued, respected, and reassured that they can make the changes needed to be diverted away from child protection. A supported, safe, and judgment-free relationship is empowering for families.

By comparison, families noted that in dealings with the Department and other services, they typically feel the opposite. They felt interactions often involved judgment, lack compassion and are deficit based. This type of relationship was disempowering and reinforced feelings of uselessness.

Furthermore, families explained that because they were safe in their relationship, they felt more comfortable reaching out for help when their situation worsened. For example, one mother explained that after her children were reunified with her, she experienced depression but felt she was able to reach out to Wungening Moort early for help. She said that she would not have felt comfortable telling Department and asking them for help so early out of fear that they would judge her for it.

“I have never been good at asking for help. I was scared. If I told the Department I got depression, they would take my kids away because I was not focussing. Moort will help me work through it.” – Family

“I can tell my story with Moort and I don’t feel like I was being judged. I didn’t feel like they were doing everything for me. They empowered me. If I have a problem, they give me an option but at no stage did they make me feel like an idiot. That made me feel like I was going in the right direction. Some other places made me feel like I was stuck in one spot. I’m a dummy so I might as well not walk in the door. Some other counsellors just said, ‘you are a drug addict, and you need to do this’. Moort have always asked me what I want to do.” – Family

“They just kept saying I was a drug addict. When Moort was there, they were talking to me as a person and not just an addict. It made a big difference” – Family

“They don’t judge you here. They empower you to be the person you want to be.” – Family

Increased confidence as parents (additional)

Through Wungening Moort’s services including counselling, building a supportive and encouraging relationship, providing access to parenting programs such as Circle of Security and in-home support (among other things) many families reported feeling an increase in confidence in their parenting abilities. Interviews have demonstrated that Moort works with families to build up their confidence and self-esteem so they can draw on their inherent parenting skills.

It is important to note that for some families, parenting skills and confidence may be newly found. For example, parents with intergenerational trauma or who are from ‘stolen generation’ families a did not have an opportunity to learn parenting strategies from Elders. For other families, however, they may already have the parenting experience and capability, but due to unexpected trauma, grief and loss, their confidence has been lost. Wungening Moort assists those families to rekindle their confidence as parents.

The evidence demonstrates that once families gained increased confidence as parents, they were able to make better choices for their children. For example, one father was able to be strong with family members who were negatively influencing him and his children. He was able to tell them to leave and to not engage with them again.

Case study

Father was referred to Moort with concerns around neglect, drug use and emotional family domestic violence. The incident that set the father off on a destructive spiral was the recent death of his father and mother. Father explained that having the Moort worker meant he had someone to talk beyond his family (who were not a positive influence). She helped to show him that he could do it and built up his confidence.

“[Moort worker] brought me back out of my shell. I didn’t really speak to anyone other than mum and dad and my kids. I was like a hermit, but she brought be out of my shell to talk to people. I had shut shop on people and let people walk over me. It gave me confidence to speak up and say enough is enough. That was the lead up to me being able to say to family, ‘NO’...If there was no Moort, the process would have been longer, and I might not

have been able to withstand the things being thrown at me like peer pressure from family, but I stood my ground and held up. Moort supported me to take that stand"

3.4. Long term outcomes

Families address issues that negatively impact on their children (contracted)

Between July 2018 and June 2020, Wungening Moort reported through progress reports that there were 131 families with closed case plans. Information on the survey results show:

- 77% of families felt that they had partially, mostly, or fully stabilised their family environments at program exit and 77% feel confident that they can maintain a stable family environment.
- According to workers, 68% of families had over half of their issues resolved through direct service provision and 61% of families had over half of their issues resolved through referral to other services.
- According to workers, 61% of families increased their ability to access community support services with the remaining 39% remaining the same. It is important to note that 'remaining the same' would capture families who already had a good ability to access services at the beginning of the program.

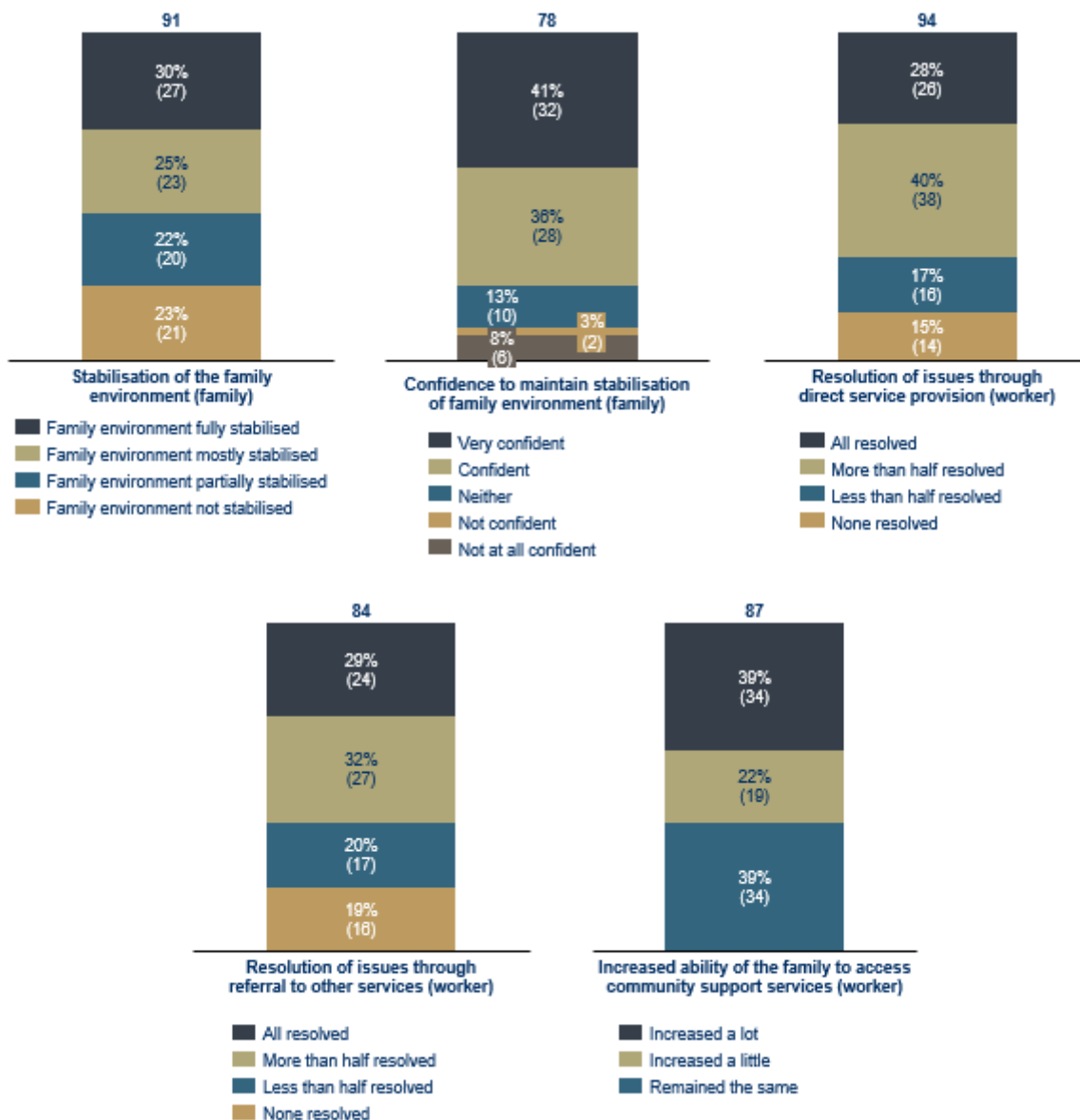


Figure 11: Survey responses relevant to families addressing issues that are negatively impacting on children (progress reports)

Another relevant indicator for this outcome is the proportion of families with closed case plans that have case plan goals achieved. The intervention group calculation for baseline indicator 17 below considers closed case plans from progress reports. Case plans with 'less than half goals achieved', 'half or more achieved', or 'all goals achieved' are considered to have 'case plan goals achieved' for the purposes of baseline indicator 17. Furthermore, of the 446 families referred between July 2018 to June 2020, 171 (38%) had a case plan (131 of those were closed and 40 families had case plans carried over to the next reporting period).

<u># of case plan goals achieved for families with closed case plans</u>	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Closed case plan goals achieved</i>	75	56%	75	61%	No data	No data	No data	No data

Table 7: Baseline indicator 17²²

The data demonstrates that the proportion of closed case plans with some goals achieved is marginally lower than the IFS control group.

Top three case plan closure reasons include goals achieved within timeframe (34% of closed cases), disengaged family (34% of closed cases) and family relocation (10% of closed cases).

It is useful to note that when Wungening Moort was queried regarding the 44% of case plans with no goals achieved, they highlighted that a large contributing factor to this figure was data collection issues. This includes issues such as the worker not closing out the goals at program exit or being unclear about when a goal is deemed to be achieved (goal terminologies can be quite broad e.g., housing, alcohol, and other drugs). It is therefore possible that the case goal completion rate could be higher than reported. This report addresses the need to improve data collection in the recommendation section.

Baseline indicator 46 also provides a relevant indicator for this outcome. Indicator 46 considers the number of cases with family domestic violence incidents reported to the Department before, during and after the program. Family domestic violence is one of the most common presenting issues for these families.

<u># of cases with FDV incidents reported to the Department</u>	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs
<i>Before</i>	1.0	730	2.6	702	1.02	118	3.33	1440
<i>During</i>	0.47	55	0.46	124	0.52	60	0.28	121
<i>After</i>	0.45	77	0.97	262	0.28	33	0.21	92

Table 8: Baseline indicator 46²³

Looking at the data overall, the intervention group (including at risk and reunification) has had less family domestic violence related child safety investigations on average per child after the program as compared to the IFS comparison group.

²² Data for intervention group from AISS progress reports between January 2018 and June 2020; data for comparison group from Baseline Report

²³ The nature of concern used for this indicator include 'family domestic violence' and 'emotional abuse – FDV'. CSI means child safety investigation; Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report.

Families develop skills and get their children to school (contracted)

Of the 131 closed case plans, around half responded to questions relating to children in school. Those survey results provide that:

- 80% of families felt confident they can maintain established school attendance routines.
- 69% of workers felt families have increased their skill in establishing those routines. The remaining 31% of families remained the same. This may mean that families already had a good ability to establish household routines or that they did not improve as expected.
- 74% of workers felt families were able to maintain more than half of their established routines.

“Wungening Moort helped with routines at home. Getting kids into a routine so they know what is expected of us. They do work in the home and visited us. They helped me get my car registered so I could get the kids to school” – Family

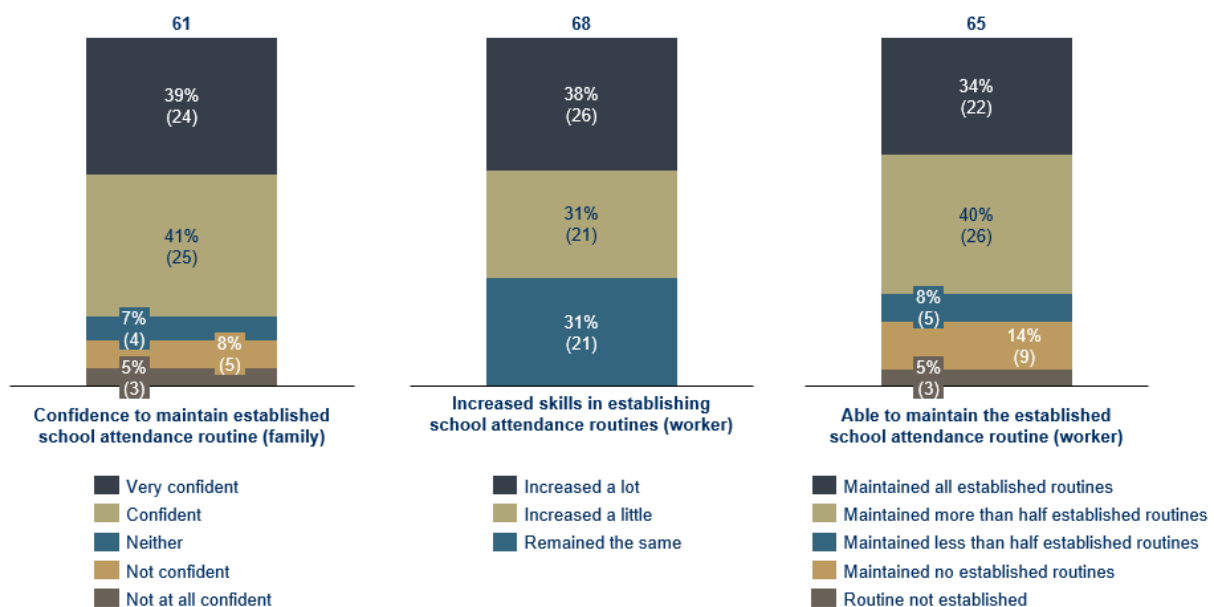


Figure 12: Survey responses relevant to families developing skills to get their children to school (progress reports)

In addition to exit surveys, average school attendance rates were also considered. On average, the school attendance rate of children who participated in AISS dropped from 64.93 at referral into program to 58.22 at program completion. It is important to acknowledge, however, that COVID had a negative impact on school attendance in 2020. Average school attendance rates for IFS and in-care comparison groups increased from 60.99 to 61.66 and 85.75 to 89.55, respectively. Of course, the comparison groups were not affected by COVID as the observation period for both pre-dated AISS.²⁴

Families improve parenting skills to safely care for their children at home (contracted)

Survey results of responding families with closed case plans and their workers provided that:

- 78% of families feel confident they were able to maintain established household routines and 71% of workers felt families had increased their skills in establishing daily household routines.
- 79% of workers observed an improvement in families’ parenting skills.
- 71% of workers felt families have increased their ability to keep children at home safely.

²⁴ Children were only included in the calculation when attendance rates were available for both the school term when they entered the program/comparison period and the term where they exited; for in-care comparison group, the comparison period end was taken as 2 October 2017; for IFS comparison group, comparison period was taken as end date of IFS activity or 12 months from the start of IFS activity (whichever was earlier); for intervention group, children who exited the service after 31 July 2020 was excluded.

These encouraging results were confirmed during stakeholder interviews. Families were able to explain how they used their increased knowledge and understanding of children's needs and experiences and parenting strategies to change how they were interacting with and caring for their children. For example, one parent explained how he used his new understanding of children's needs and mental health to address self-harming thoughts from one of his sons.

Case study

Children were removed and put into care but were reunified as part of the program. The father learned that one of the sons felt guilty and responsible as he was lying about going to school when they were removed. He believed it was his fault and was talking about self-harming. The father believes that because of the mental health courses and services he received through the program, he was able to talk to and help his son through that challenging time.

"I finished my mental health course all the things I have learned made everything easier to deal with. One of the boys felt it was his fault because he didn't want to go to school when the kids were taken. I was trying to start a business at the time, so they kept it a secret that they weren't going to school. He thought it was his fault and was talking about self-harming. I was able to deal with that. If I hadn't learned the things I learned since losing the kids, I wouldn't have known what to do"

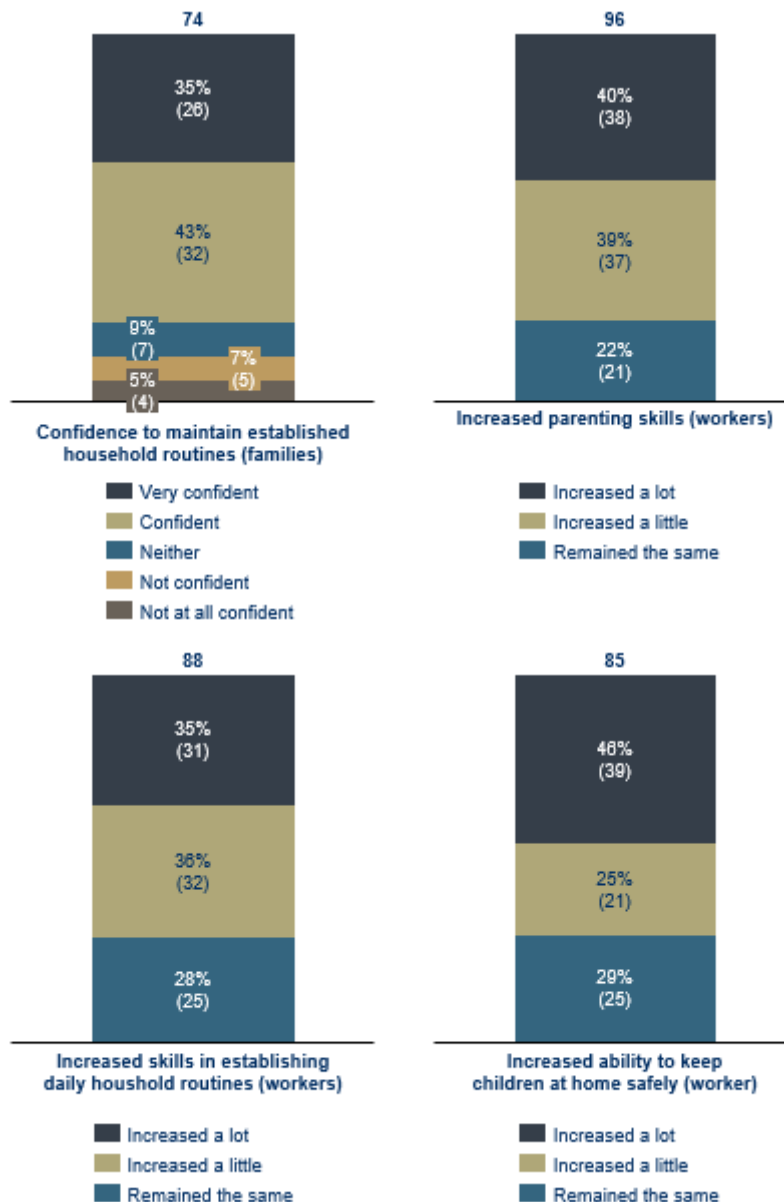


Figure 13: Survey responses relevant to families improving parenting skills to safely care for their children at home (progress reports)

Families improve and develop culturally safe support networks (contracted)

This outcome was difficult to gather data for. The evaluation team have been unable to determine a definitive finding against this outcome. When queried, stakeholders consistently expressed that the meaning behind the outcome was not clear and that the survey question asked of families at program exit was culturally inappropriate and not trauma-informed.

As a result, survey data for this outcome may not be reliable as families either did not want to respond due to feelings of discomfort or did not understand the question. For completeness, however, the exit survey data reported that only 44% of families felt their culturally safe support networks increased with the balance remaining the same.

Stakeholders felt this outcome was unclear as they were unsure whether ‘culturally safe support networks’ meant increasing family networks and connections or increasing their general accessibility to other external services.

Wungening Moort workers also observed that families were uncomfortable responding to survey questions about their family as they may have some family trauma or not know their family or their culture due to the impacts of the ‘stolen generation’ and remained reluctant to speak about this topic.

Asking Aboriginal people whether their family connections have increased can sometimes also draw attention to the disconnect from their families caused by historical trauma.

Furthermore, beyond formal services, some of these families have no suitable support networks as they feel that their friends and families are negative influences on their lives.

To the extent to which this outcome relates to increasing families' accessibility to other external services, this was addressed in the discussion above around the short to medium term outcome, 'families engage in activities that bring/increase healing and wellbeing'.

Wungening Moort are developing a Growth and Empowerment Measurement tool to better capture outcomes in the future. This tool intends to assess culturally sensitive outcomes more appropriately.

Empowering and building capacity and capability of ACCO sector (additional)

An important outcome to acknowledge is the empowerment and capacity building of the ACCO sector in Western Australia. Stakeholders consistently communicated the vital role ACCOs play in the service sector for Aboriginal families. In particular, stakeholders spoke about the importance of Aboriginal families having a choice in the market between non-Aboriginal mainstream services and Aboriginal services with the strong capability and capacity to deliver effective support.

"We strongly support the growth and development of ACCOs and the AISS service. Issues are not getting easier. We need to have some choice in the market around what kind of service families can access and there is enough space for everyone." – Department

"It is really important that there is diversity in family support so Aboriginal people have the choice of an Aboriginal service or not." – Department

While there is strong consensus around the importance of building the ACCO sector, the overall sentiment among Department staff was that the full opportunity to do so was not harnessed in AISS. The efforts and resources required to build the ACCOs capacity was not fully comprehended and acknowledged at the beginning during the design process. Senior Department staff spoke about the need to work with Wungening Moort more closely to support the success.

"There was no ACCO development...we need to develop capacity at this level so that they are able to meet standards" – Department

"We didn't do work with ACCOs...this might have supported its success...there's a lot of demand and expectations on ACCOs...many are set up to fail." – Department

"The contract with Wungening Moort was run as normal...there was no consideration of how to build the capacity of an ACCO. This was largely because of the limited time we had to procure the contract." – Department

Wungening Moort did however acknowledge that they felt AISS was a positive step towards the development of the Aboriginal service sector. They felt that having the Department support the program through funding four separate ACCOs was an empowering way to facilitate healing and self-determination within the community.

"Having the Department support this program is empowering for the community. They have backed community to be self-determining by funding four ACCOs to do this service. That in itself is part of the healing, promoting Aboriginal healing. It has a systemic effect. You fund an ACCO and empower Aboriginal staff and engage Aboriginal families on that level, so you contribute to healing. It is about giving Aboriginal people a choice. In mainstream, there is no choice" – Wungening Moort

Recommendation 2 addresses the need to reflect and learn from the partnership so far to identify new opportunities to build the ACCO service sector together going forward.

3.5. Overall outcome

The overall outcome considers the extent to which children are kept safe and diverted from the child protection because of AISS. To measure this outcome, the evaluation team have matched ASSIST data and Wungening Moort administrative data to extract findings for the intervention group for comparison with baseline indicators contained in the Baseline Report.

This section considers seven baseline indicators:²⁵

- *Families with children remaining at home*: Considers the proportion of children who have exited the service or comparison period and did not enter out of home care during that time (baseline indicator 16).
- *Families requiring out of home care who were reunified as part of program*: Considers the proportion of children in care who were reunified during the intervention or comparison period (baseline indicator 21).
- *Proportion of Departmental contacts with families before, during and following the program*: Considers the proportion of families with at least one contact resulting in a child safety investigation (substantiated or otherwise) during each time interval (baseline indicator 35).
- *Number of families with an open case with child protection within 2 months of ending program involvement*: Considers proportion of families with a new case plan open date within 2 months of exit date (baseline indicator 23).
- *Number of families with an open case with child protection within 6 months of ending program involvement*: Considers proportion of families with a new case plan open date within 6 months of exit date (baseline indicator 24).
- *Number of children in program families not subject to a substantiation of harm within 12 months of ending program involvement*: Considers children without a substantiated child safety investigation within 12 months of exit date (baseline indicator 19)
- *Number of children in program families not requiring out of home care within 12 months of ending program involvement*: Considers the proportion of children not entering a new period of care within 12 months of exit date (baseline indicator 20).

The table below summarises how AISS has performed in each.

Indicator	AISS	IFS group	Pre-birth group	In-care group
<i>Families with children remaining at home (16)</i>	88% of children remained at home	79.6% of children remained at home	79.3% of children remained at home	Not relevant ²⁶
<i>Families requiring out of home care that were reunified (21)</i>	11% of children were reunified as part of the program**	76% of children were reunified as part of the program	<i>Numbers too small to be reliable</i>	66.7% of children were reunified as part of the program
<i>Proportion of Departmental contacts with families before, during and following the program (35)</i>	Before: 92% of children During: 15% of children After: 23% of children	Before: 99.3% During: 34.8% After: 60.4%	Before: 93.1% During: 37.1% After: 25.9%	Before: 100% During: 21% After: 17.6%
<i>Number of families with an open case within 2m of program (23)</i>	1% of families had open case within 2m	7.3% of families had open case within 2m	3.5% of families had open case within 2m	1.4% of families had open case within 2m

²⁵ Data sourced from progress reports, ASSIST data and Baseline Report.

²⁶ The Baseline Report provides that 98.6% of children remained home for the in-care control group. This indicator is not, however, relevant for this indicator as the numerator considers whether there was a period of care start date on or after the intervention/comparison start date. Children in the in-care group were all already in care during the comparison period by definition.

<i>Number of families with an open case within 6m of program (24)</i>	5% of families had open case within 6m	13.7% of families had open case within 6m	8.7% of families had open case within 6m	2.3% of families had open case within 6m
<i>Number of children in program families not subject to a substantiation of harm within 12 months of program (19)</i>	73% of children had no substantiated CSI within 12m of program exit	76.3% of children had no substantiated CSI within 12m of exit	84.5% of children had no substantiated CSI within 12m of exit	94% of children had no substantiated CSI within 12m of exit
<i>Number of children in program families not requiring out of home care within 12 months of ending program involvement (20)</i>	94% of children were not placed in care within 12m	88.5% of children were not placed in care within 12m	89.7% of children were not placed in care within 12m	99.5% of children were not placed in care within 12m

Table97: Summary of AISS' performance against baseline indicators

** Regarding reunification indicator number 21, it should be noted that the IFS comparison group was based on a significantly different service model whereby IFS cases would have received prework within the Department prior to referral. Cases would also only be referred if there was a high likelihood of successful reunification. In comparison, AISS received all families without prework and regardless of likelihood of success. This impacted the success reunification for AISS families.

Overall, the evidence indicates that the first two years of the AISS program is creating positive outcomes for families and has performed well against comparison groups (primarily against IFS and pre-birth control groups). Further calculation detail on baseline indicators is provided at Appendix 2.

3.6. AISS delivering on Government Strategic Direction

This section of the report briefly considers whether and how AISS is aligned with and is delivering on federal and state government strategic directions. The table below lists four key policy directions and discusses how AISS contributes to each.

Government strategic direction	Description of direction	How AISS addresses direction
<p><i>Family Matters Roadmap (Federal)</i></p>	<p>Released in 2017, the Roadmap presents an evidence-based vision and strategies for fundamental change to policy and practice. It has four key building blocks:</p> <ol style="list-style-type: none"> 1. Access to quality, culturally safe, universal, and targeted service. 2. Aboriginal and Torres Strait Islander participation in decision making. 3. Appropriate laws, policies and practices that are culturally safe and responsive. 4. Governments and services held accountable to Aboriginal and Torres Strait Islander people. 	<ul style="list-style-type: none"> • AISS is an early intervention program dedicated to strengthening families by building on their strengths and supporting them to address parenting issues and strategies to ensure safety of children. This will contribute to longer social and economic benefits by interrupting trajectories. • AISS creates a new option in the 'market' for Aboriginal families by creating a family support service led and delivered by an Aboriginal service. • AISS is place-based and trauma-informed. • By contracting with Wungening Moort through the consortium model, AISS is an investment by government into the “<i>development of Aboriginal and Torres Strait Islander community-based representative child safety and well-being structures to develop local early intervention and prevention strategies.</i>” • A key element of AISS is the participation of Wungening Moort and Aboriginal families in all child protection decisions across family support and care arrangements through the shared case work approach. This aspect will be strengthened through recommendation 1.
<p><i>Closing the Gap (Federal)</i></p>	<p>Closing the Gap sets 16 national socio-economic targets in areas including 'families and households are safe' and multiple others around improving school attendance and learning. There are also four priority reforms:</p> <ol style="list-style-type: none"> 1. Strengthen and establish formal partnerships and shared decision-making. 2. Build the Aboriginal and Torres Strait Islander community-controlled sector. 3. Transform government organisations so they work better for Aboriginal and Torres Strait Islander people. 4. Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions. 	<ul style="list-style-type: none"> • AISS outcomes directly address the safety of families and households and school attendance. • AISS' design is grounded in a strong partnership between the Department and Wungening Moort through the shared casework model. This directly supports priority reform 1. This aspect will be further strengthened through recommendation 1. • By contracting with Wungening Moort through the consortium model, the Department is investing into and committing to building the capacity of the Aboriginal and Torres Strait Islander community-controlled sector. • AISS, particularly through a strong partnership between Wungening Moort and the Department, has the potential to continue transforming the culture and structures within government organisations. There have been examples of Department staff improving their cultural awareness by working with Wungening Moort. This aspect can be strengthened by recommendation 1 and 10. • AISS has the potential to improve how access and information is shared and used. Currently, the evaluation has identified a need to improve and strengthen the data collection, use and reporting aspect for AISS. Recommendation 11 will help address this.

<p><i>A Path Forward: Developing WA Government's Aboriginal Empowerment Strategy (WA)</i></p>	<p>A whole-of-government strategy that provides all WA Government agencies with a clear common direction, consistent logic, and shared vision for how to work better for Aboriginal people. Strategic elements include:</p> <ol style="list-style-type: none"> 1. Putting culture at the centre. 2. Bringing decisions closer to communities through empowered engagement and agreement-making. 3. Investing more in preventive initiatives. 4. Enabling Aboriginal-led solutions through better service commissioning. 5. Boosting economic opportunities across all areas of Government. 6. Building cultural understanding and respect. 	<ul style="list-style-type: none"> • AISS is grounded in cultural awareness and safety. AISS' service delivery recognises the importance of culture to people's wellbeing and resilience and places that at the centre. • AISS presents an opportunity for more decisions to be made at the local level and for enabling greater involvement of Aboriginal people in decision-making about their priorities. This can be strengthened further through recommendation 1. Wungening Moort's current efforts to bridge the gap between Aboriginal families and Departmental processes are empowering families to participate in decision-making. • AISS is a government investment into an Aboriginal-led and delivered early intervention service. • AISS presents an opportunity to build better cultural understanding and respect among all stakeholders involved.
<p><i>Aboriginal Community Controlled Organisation Strategy to 2022 (WA)</i></p>	<p>Strategy is intended to increase opportunities for ACCOs to deliver contracted child protection and early intervention and family support services to their communities. It aims to facilitate innovation in the community services sector by investing in services that support ACCO capacity building, collaboration between existing ACCOs and collaboration between ACCOs and mainstream community sector organisations.</p>	<ul style="list-style-type: none"> • AISS is an example of a direct commitment from the government to invest in opportunities for ACCOs to deliver child protection and early intervention and family support services. The focus on working in partnership through a shared casework approach contributes to capacity building and collaboration. This can be strengthened and improved through recommendation 1.

Table 10: How AISS contributes to key government strategic directions

4. Cost-effectiveness: Is AISS cost effective for Government?

This section considers the amount of government savings generated as a result of out of home care costs being avoided. In particular, it considers the number of children remaining at home (baseline indicator 16) and the number of children reunified (baseline indicator 21) as a result of AISS as compared to relevant control groups.

It should be noted that some data limitations may affect the reliability of the estimated return on investment ratios presented below. For example, the cost data provided does not reflect the specific amount of time children may have spent in AISS (as discussed above, the amount of time different families spend in the program vary) and costs of Department resources used in the shared case work model has been estimated based on intensive family support service costs.

The table below summarises the estimated return on investment ratios for AISS children as compared to intensive family support and in care control groups.

Program	Investment	Government savings	Return on investment
<i>This column describes the program</i>	<i>Column estimates government costs associated with program</i>	<i>Column estimates government savings as a result of children avoiding in care costs</i>	<i>This column estimates the return on investment i.e., government savings over investment</i>
AISS 'at risk' stream compared to IFS control group			
AISS 'at risk' stream (2.5 years of operations)	\$22.8 M	\$48.1 M	2.1
IFS control group (1 year baseline period)	\$9.6 M	\$14 M	1.5
AISS 'reunification' stream compared to in care control group			
AISS 'reunification' stream (2.5 years of operations; includes AISS and 'in care' costs)	\$17.9 M	\$1.3 M	0.1
In care control group (1 year baseline period; includes 'in care' costs)	\$6.2 M	\$4.2 M	0.7

Table 11: estimated return on investment ratios²⁷

AISS generates a higher return on investment as compared to the intensive family support control group. It should be emphasised that AISS is currently a pilot program while IFS has been operational for some years. There are therefore some efficiencies and opportunities to create more outcomes in AISS that have not yet been fully realised. Furthermore, AISS' investment costs also includes implementation and set up as the program ramps up to become fully operational. On this basis, it may be expected that the return on investment ratio for AISS may continue to improve over the coming years.



As is consistent with other findings set out above in this report regarding the effectiveness of AISS to support reunification families, AISS' return on investment is lower than the in care control group. Section 2.7 and recommendation 5 addresses in more detail how AISS may be improved to better support reunification families.

Appendix 3 provides key inputs used to generate the analysis above.

²⁷ Data for calculations obtained from multiple sources including Baseline Report, ASSIST data between 1 May 2018 and 30 September 2020, EIFFS Ministerial Slide Set Aug 2020; Wungening Moort costs data; Wungening Moort administrative data; Department of Child Protection 2016/2017 Annual Report costings for foster care arrangements; Department of Communities 2018/2019 Annual Report costings for foster care arrangements.

5. Recommendations: What are key learnings for AISS to determine the program’s appropriateness?

This section sets out key learnings and recommendations that the Department and Wungening Moort should consider to improve AISS’ effectiveness in the future. Recommendations have been grouped into six themes and include a set of high level actions.

Theme	Recommendation	Suggested high level actions
Partnership 	<p>1. <i>Strengthen the Department and Wungening Moort partnership (roles and responsibilities, mutual understanding of the program, communication)</i></p>	<p>1.1 Develop standardised background materials that explain the program; why it exists, expected outcomes, and how it works.</p> <p>1.2 Develop an operating framework that defines roles and responsibilities, processes for each stage from referral to exit, dispute resolution processes, and communication protocols.</p> <p>1.3 Undertake compulsory induction for all new district staff and Wungening Moort staff using standardised background materials and operating framework.</p> <p>1.4 Further investigate why some partnerships in districts are performing well and leverage off those learnings to improve partnerships in other areas.</p>
	<p>2. <i>Reflect and learn from the partnership so far to identify new opportunities to build the ACCO service sector together</i></p>	<p>2.1 Undertake a series of reflection sessions with Wungening Moort to learn from the partnership experience so far and identify opportunities to continue strengthening the ACCO service sector in WA.</p>
Program model design 	<p>3. <i>Review current stages and estimated timeframes for each stage and for the program overall. Estimated timing should reflect the flexibility of the model and align with family needs.</i></p>	<p>3.1 Review program documents and update phases and estimated guiding timeframes for each stage and for the program overall to reflect more realistic expectations (e.g., emphasising the need for pre-engagement planning stages and allocating appropriate time frames for this work). These timeframes should be a guide only and remain flexible. This needs to be consistently communicated to all stakeholders to avoid confusion.</p> <p>3.2 Co-develop a criterion to determine when families are ready to move onto the next stage or move to exit. This criterion will help to facilitate better agreement between Department and Wungening Moort, allow more flexibility within the program and ensure the model aligns with family needs rather than pre-determined timelines.</p>
	<p>4. <i>Review caseloads. Wungening Moort reduced their case load to preserve program quality and maximise potential to deliver outcomes</i></p>	<p>4.1 Review case load expectations and how those numbers translate to and drive family outcomes. Complexity of cases, service capacity and desired outcomes should be considered when setting any contractual performance measures such as case load expectations.</p>
	<p>5. <i>Review and modify how the service supports reunification families</i></p>	<p>5.1 Co-develop a more appropriate, targeted and coordinated approach to supporting reunification families. In particular considering what supports they need at different stages and what information must be shared early on from the Department and learning from previous reunification services.</p>
	<p>6. <i>Wungening Moort to undertake more cultural healing and connection activities</i></p>	<p>6.1 Cultural healing and connection activities could be a greater focus in service delivery, for example, smoking ceremonies, on country trips, and connection with Elders.</p>





	7. Review brokerage fee amounts per family	7.1 Department and Wungening Moort to agree on a suitable brokerage fee per family and the terms of use of those funds (there should be flexibility of use and clarity around how case support costs are utilised).
<p>Family engagement coordination</p> 	8. Improve coordination and clarity of family engagement processes from first contact to family selection to referral and beyond	<p>8.1 Co-define family engagement journey and processes from first Department contact to considerations for family selection into AISS to referral and beyond. Each stage should be well defined with considerations and approaches agreed upon. In particular:</p> <p>8.1.1. Co-develop family selection criteria and processes to ensure those selected for AISS are suitable and likely to achieve outcomes.</p> <p>8.1.2. Co-develop formal referral guidelines and processes to improve how referrals are triaged, prioritised, and managed in line with capacity.</p>
<p>Family types</p> 	9. Decide whether SRRS families are appropriate for AISS and act accordingly depending on decision	<p>9.1 Department and Wungening Moort to decide whether SRRS families should continue to be referred into AISS.</p> <p>9.2 If a decision is made to stop referring, make this clear to all referral pathways so that they are no longer included.</p> <p>If a decision is made to keep SRRS families, Wungening Moort and Department should ensure all family engagement processes are well defined for this cohort and included in recommendation 8. This will ensure that families are better informed enabling increased engagement potential and efficiencies.</p>
<p>Capability and capacity building</p> 	10. Build the capability and capacity of Department and Wungening Moort staff leveraging opportunities to learn from each other	<p>10.1 Wungening Moort staff receive more specialised child protection training and increase understanding of child protection processes overall. Wungening Moort can learn from Department.</p> <p>10.2 Department staff to receive intensive cultural awareness training. The Department can learn from Wungening Moort.</p> <p>10.3 Co-develop a “learn from each other” training program that harnesses opportunities to learn from one another.</p>
<p>Outcomes framework and reporting</p> 	11. Develop a theory of change, corresponding evaluation framework and improved outcomes reporting processes	<p>11.1 Co-develop a theory of change and corresponding evaluation framework. Outcomes should capture the full journey of change for families and be culturally appropriate. Indicators and data collection methods should also be developed.</p> <p>11.2 Critically review current reporting and data collection methodologies and tools and co-design more effective and appropriate methods and tools that are aligned with the theory of change and evaluation framework in 11.1.</p>

Table 12: AISS recommendations

Appendix 1: Stakeholder engagement

The following is a summary of the stakeholder engagement undertaken as part of this evaluation.

Focus groups conducted

- Senior Department staff x 2
- Department district staff
- Wungening Moort senior program managers
- Wungening Moort Senior Family Support Workers and Coordinators x 2

Interviews conducted

- Wungening Moort Senior Family Support Workers and Family Support Workers x 5
- Senior Department staff x 4
- Family interviews x 7

Appendix 2: Baseline indicators

Families with children remaining at home (baseline indicator 16)

This baseline indicator considers the proportion of children who have exited the service/comparison period and did not enter out of home care during that time.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Children remaining at home</i>	701	88%	215	79.6%	92	79.3%	427	98.6%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Number of case plan goals achieved for families with ongoing and closed case plans (baseline indicator 17)

This baseline indicator considers the proportion of families with case plan goals achieved. The intervention group calculation below considers ongoing and closed case plans for the period of January 2018 to June 2020 from progress reports.²⁸

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Closed case plan goals achieved</i>	75 (of 131 closed case plans)	57%	75	61%	No data	No data	No data	No data

Data source: Data for intervention group from AISS progress reports between January 2018 and June 2020; data for comparison group from Baseline Report

Number (%) of children in program families *not* subject to a substantiation of harm within 12 months of ending program involvement (baseline indicator 19)

This baseline indicator considers the number and proportion of children without a substantiated child safety investigation within 12 months of exit date.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Substantiated CSI</i>	62	27%	64	23.7%	18	15.5%	26	6%
<i>No substantiated CSI</i>	168	73%	206	76.3%	98	84.5%	407	94%
<i>Total children</i>	230	100%	270	100%	116	100%	433	100%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

²⁸ Case plans with 'less than half goals achieved', 'half or more achieved' or 'all goals achieved' are considered to have 'case plan goals achieved' for the purposes of baseline indicator 17 table.

Number (%) of children in program families *not* requiring out of home care within 12 months of ending program involvement (baseline indicator 20)

This baseline indicator considers the number and proportion of children not entering a new period of care within 12 months of exit date.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Children not placed within 12 months</i>	217	94%	239	88.5%	104	89.7%	431	99.5%
<i>Children placed within 12 months</i>	13	6%	31	11.5%	12	10.3%	2	0.5%
<i>Total children</i>	230	100%	270	100%	116	100%	433	100%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Number of children requiring out of home care that were reunified (baseline indicator 21)

This baseline indicator considers the number and proportion of children in care who were reunified during the intervention/comparison period.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Reunified during program</i>	19	11%	16	76.2%	2*	50%*	64	66.7%
<i>Not reunified</i>	158	89%	5	23.8%	2*	50%*	30	31.3%
<i>Valid children</i>	177	100%	21	100%	4	100%	96	100%

*These numbers are not reliable as they are based on very small cells.

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

It should be noted that the IFS comparison group was based on a significantly different service model. Cases would have received prework within the Department prior to referral. Cases would also only be referred if there was a high likelihood of successful reunification. In comparison, AISS received all families without prework and regardless of likelihood of success.

Number (%) of families with an open case with child protection within 2 months of ending program involvement (baseline indicator 23)

This baseline indicator considers the number and proportion of families with a new case plan open date within 2 months of exit date.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Families with open case plan within 2 months</i>	4	1%	9	7.3%	4	3.5%	3	1.4%
<i>Families with no open case plan within 2 months</i>	280	99%	115	92.7%	111	96.5%	211	98.6%
<i>Valid total</i>	284	100%	124	100%	115	100%	214	100%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Number (%) of families with an open case with child protection within 6 months of ending program involvement (baseline indicator 24)

This baseline indicator considers the number and proportion of families with a new case plan open date within 6 months of exit date.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	N	%	N	%	N	%	N	%
<i>Families with open case plan within 6 months</i>	10	5%	17	13.7%	10	8.7%	5	2.3%
<i>Families with no open case plan within 6 months</i>	206	95%	107	86.3%	105	91.3%	209	97.7%
<i>Valid total</i>	216	100%	124	100%	115	100%	216	100%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Proportion of Departmental contacts with families, before, during and following involvement in the program (baseline indicator 35)

This baseline indicator considers the proportion of families in each cohort with at least one contact resulting in a CSI (substantiated or otherwise) during each time interval.

	Intervention group (n=160)		General IFS comparison group (n=270)		Pre-birth comparison group (n=116)		In-Care comparison group (n=433)	
	# with at least one CSI	% with at least one CSI	# with at least one CSI	% with at least one CSI	# with at least one CSI	% with at least one CSI	# with at least one CSI	% with at least one CSI
<i>Children with one or more CSI before start date</i>	732	92%	268	99.3%	108	93.1%	433	100%
<i>Children with one or more CSI during intervention / comparison period</i>	117	15%	94	34.8%	43	37.1%	91	21%
<i>Children with one or more CSI after exit</i>	183	23%	163	60.4%	30	25.9%	76	17.6%

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Average number of cases with FDV incidents reported (baseline indicator 46)

This baseline indicator considers the overall rate of FDV contacts amongst children in each group before, during, and after the intervention or comparison period.

	Intervention group		General IFS comparison group		Pre-birth comparison group		In-Care comparison group	
	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs	Av. # of FDV CSIs per child in cohort	# of FDV CSIs
<i>Before</i>	1.0	730	2.6	702	1.02	118	3.33	1440
<i>During</i>	0.47	55	0.46	124	0.52	60	0.28	121
<i>After</i>	0.45	77	0.97	262	0.28	33	0.21	92

Data source: Data for intervention group from ASSIST between 1 May 2018 to 30 September 2020; data for comparison group from Baseline Report

Appendix 3: Return on investment ratios

Summary of key inputs used for return on investment ratios.

Key inputs	Number	Description/comment
Average yearly 'in care' cost for 2016/17	\$64,970	Department of Child Protection 2016/17 in care costs per day multiplied by 365 days (CEO care = \$55, foster care = \$123)
Average yearly 'in care' costs for 2018/19	\$68,620	Department of Communities 2018/19 in care costs per day multiplied by 365 days (CEO care = \$57, foster care = \$131)
Average cost per child in IFS (2019/20)	\$35,652	Department estimates that total costs for IFS in 2019/20 was \$150,559,518. Total number of children in IFS was 4,223.
Average Wungening Moort cost per child	\$14,582	Total Wungening Moort cost for the past 2.5 years of operation divided by the number of children in AISS
Average cost of AISS per child	\$32,408	Average Wungening Moort cost per child plus half of average IFS cost per child (to estimate Department cost for shared case work model)