

Deep dive  
#1

# Investing in family support services

*Has it reduced demand on the  
child protection system and  
improved outcomes?*

## Acknowledgements

The Queensland Family and Child Commission (QFCC) acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians across the lands, seas and skies where we walk, live and work.

We recognise Aboriginal and Torres Strait Islander peoples as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to their Elders past, present and emerging.

The QFCC would like to acknowledge the generous support and assistance provided to us in completing this study. In particular, we thank the participating staff members from Queensland's Family and Child Connect services, Intensive Family Support services and Family Wellbeing Services, as well as Child Safety regional leaders and other contributing staff. The people we heard from include some of the most hardworking, talented and dedicated workers in Australia. Despite the challenging but important work they do, every person we spoke to was passionate about making a difference and delivering the best services possible. We are very grateful to them for sharing their critical insights about our areas of interest in the middle of a global pandemic. We are also very grateful for the work they do to support some of Queensland's most vulnerable children, young people and their families.

## The Queensland Family and Child Commission

The QFCC is a statutory authority of the Queensland Government. Established in 2014, it oversees the child protection and family. Through awareness, advocacy and accountability, the QFCC seeks to give practical effect to the rights of all children and young people in Queensland.

## About this report series

The findings of the QFCC's evaluation of outcomes achieved through the Queensland Child Protection Reform Environment are described in a series of four reports.

Overall evaluation findings are presented in the report, *Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014–2020)*.

There are also three reports describing the results of 'deep dive' studies into areas of significant reform investment in more detail. These reports should be read in conjunction with *Measuring what matters*:

- **Deep dive #1: Investing in family support services**  
*Has it reduced demand on the child protection system and improved outcomes?*
- **Deep dive #2: Respecting the workforce**  
*How did the Queensland Child Protection Reform Environment impact the frontline Child Safety workforce?*
- **Deep dive #3: Learning from evaluations**  
*What have we learned and how has the child protection system responded?*

All links provided in the reports were correct at publication. All documents are available online via the QFCC website: [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au)

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# Executive summary

## Background

This study examined the Queensland Government's investment in Family and Child Connect, which is a community-based referral service, and Intensive Family Support services and the Aboriginal and Torres Strait Islander Family Wellbeing Services, which are family support services.

Collectively, these are 'secondary services', as distinct from the primary health and education services that are provided to everyone, and tertiary services provided to children who may need protection.<sup>a</sup>

Before Family and Child Connect was introduced in Queensland, most people reported concerns about children directly to the Department of Children, Youth Justice and Multicultural Affairs (Child Safety) or to other government agencies. The Queensland Child Protection Commission of Inquiry (the Inquiry) found that the majority of reports to Child Safety (about 80%) did not meet the threshold for a statutory response.

The intent of secondary services was that families experiencing vulnerabilities that were not causing significant harm or at risk of causing significant harm to their children could access Family and Child Connect to receive information, advice or referrals to appropriate agencies for support before their needs escalated.

Intensive Family Support services were established to provide case managed support to families at risk of coming into contact with the statutory system, to help them build their capacity to meet the safety and wellbeing needs of their children.

Aboriginal and Torres Strait Islander Family Wellbeing Services were intended to provide culturally responsive support to Aboriginal and Torres Strait Islander families who may be experiencing vulnerability. While Family Wellbeing Services are targeted to meet the needs of Aboriginal and Torres Strait Islander families, they may also provide support to non-Indigenous families in remote communities.

Providing access to effective, timely and culturally responsive services was expected to deliver positive outcomes for families by helping them safely care for and protect their children at home, and by preventing them from entering or re-entering the statutory system, reducing system demand.

## Aims and objectives

The aims and objectives of this study were to explore:

- 1 The impact of secondary services on statutory demand
- 2 Facilitators and barriers to secondary services affecting statutory demand
- 3 The impact of secondary services on outcomes for children, young people and families
- 4 Ways in which the measurement of service outcomes could be improved.

## Method

We surveyed secondary service providers and Child Safety regional leaders and analysed Child Safety administrative and performance data and procurement documentation.

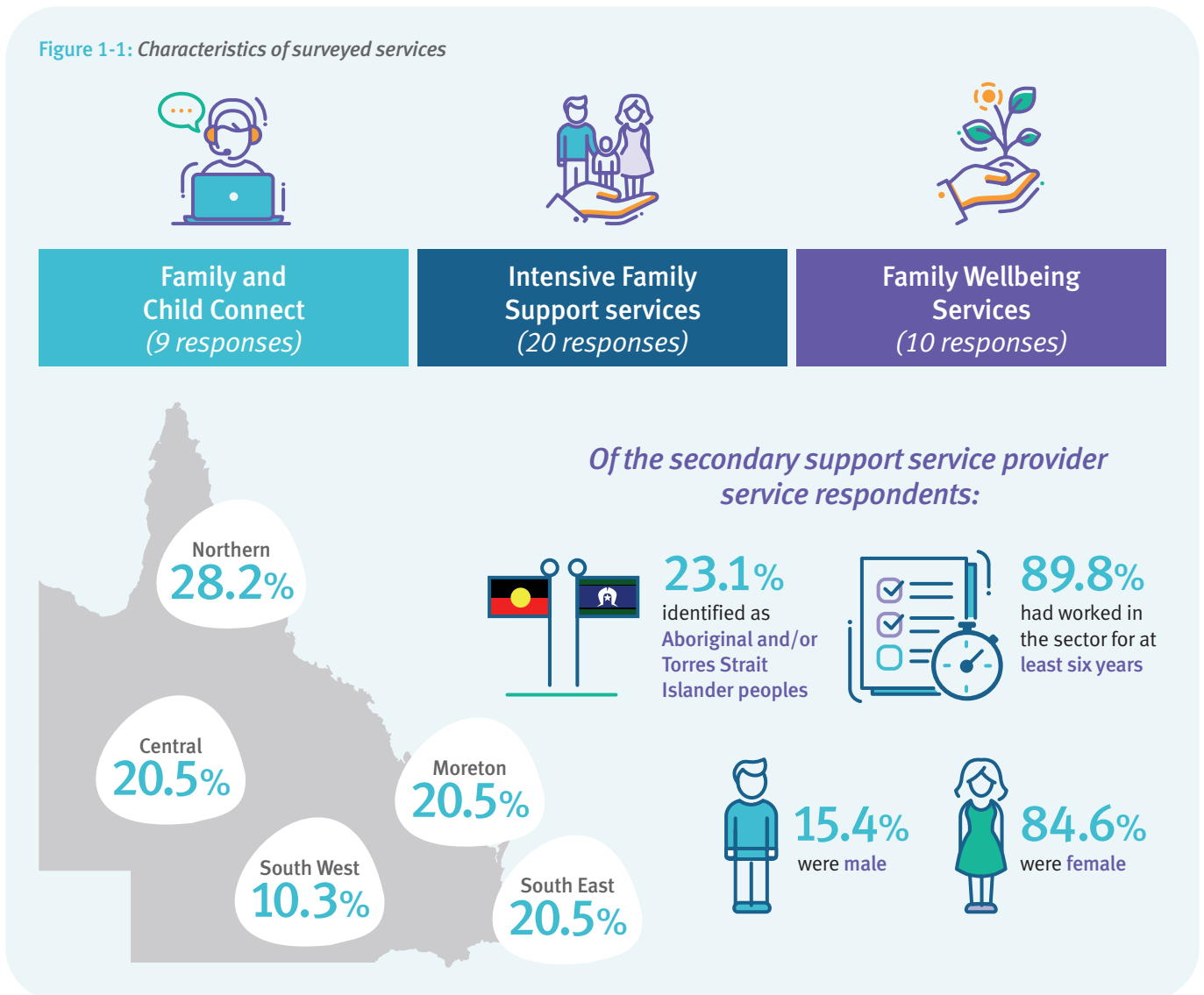
We also considered existing research and evaluations of the impact of secondary services in Queensland.

<sup>a</sup> In this report, the 'statutory system' refers to all services provided by Queensland's Department of Children, Youth Justice and Multicultural Affairs (Child Safety) to vulnerable children who are suspected to have been significantly harmed, are being significantly harmed or are at risk of being significantly harmed and do not have a parent that is willing and able to protect them. This includes intakes (which determine the most appropriate response to concerns received), assessments, case planning and out-of-home placements. The term 'statutory' is also used to refer to actions or decisions involving Child Safety. The term 'tertiary' is used to refer to intervention services targeting families within the statutory system.

## Online survey samples

Across the three service types, **39** secondary service providers completed the secondary services survey. Responses were received from nine out of a total of 17 Family and Child Connect services (52.9%), 20 out of a total of 44 Intensive Family Support services (45.5%) and 10 out of a total of 33 Family Wellbeing Services (30.3%).<sup>b,c</sup> This response rate is higher than average for an online survey.<sup>1</sup> Responses were received from at least one secondary service in each Child Safety region and provided a fairly large and representative sample to support our conclusions.

Figure 1-1: Characteristics of surveyed services



Staff from **four** Child Safety regions (of the five regions which existed at the time of the survey) completed the survey of Child Safety regional leaders. Nominated regional directors coordinated and collated the responses, but regional staff from various levels and areas of expertise contributed to each region’s response.

This study was undertaken in 2020, when there were five Child Safety regions: Central Queensland, Moreton, Northern Queensland, South East and South West. From 6 April 2021, the Department of Children, Youth Justice and Multicultural Affairs realigned the Child Safety regions, with a total of six regions now in place: Far North Queensland, North Queensland, Sunshine Coast and Central Queensland, Brisbane and Moreton Bay, South East and South West.

b A number of organisations operate secondary services in multiple locations. Where an organisation provided multiple services, it was asked to complete one survey per service. However, some respondents stated within their survey that they were providing a response on behalf of more than one Family and Child Connect, Intensive Family Support service or Family Wellbeing Service location.

c A review conducted by Nulty (2008), found an average response rate to online surveys of 33 per cent.

## Key findings

### 1. Demand for the statutory system remains high

When Child Safety receives a report regarding concerns about a child, it decides what the statutory response will be. A 'child concern report' is recorded if the concerns are not assessed to meet the threshold for a 'notification' (which will lead to an investigation and assessment). Instead, Child Safety may provide information, advice, or a referral to an appropriate support service.

Before the new secondary services were introduced, 80.7 per cent of reports to Child Safety were recorded as child concern reports—many of them relating to the types of issues that secondary services were designed to deal with. By 2019–20, despite the fact that secondary services were now available, this figure had only dropped to 79.5 per cent of reports.

The number of children entering out-of-home care (care provided outside of their family home) remained fairly steady between 2012–13 and 2017–18, with an average of 2,368 children entering per year over this period. However, the 2018–19 and 2019–20 financial years have higher numbers of children entering than in the earlier years, which may suggest an increasing trend. Children are remaining in care for longer, increasing the total number of children in out-of-home care being supported by Child Safety.<sup>2</sup>

These trends on their own do not show the full picture. It is possible that an even greater increase in the proportion of reports which were child concern reports and the number of children entering out-of-home care could have occurred had the secondary services not been established.

### 2. There are many reasons why the demand for the statutory system is not reducing, including factors outside the control of secondary services

The respondents to the two surveys proposed a number of reasons why demand on the statutory system is not reducing.

For example, mandatory reporters<sup>d</sup> continue to report concerns to Child Safety instead of, or in addition to, making a referral to the secondary system. This may be due to organisational policies about mitigating risk, to get a timelier response for families, or because reporters believe Child Safety has greater capacity to respond than the secondary system.

The number of referrals to secondary services is steadily rising. Both Child Safety regional leaders and the services themselves reported that services are struggling to respond to this increase. In addition, they reported that COVID-19 had, for a period, limited service delivery and increased economic stressors on families which has exacerbated the complexity of issues they were experiencing.

Only one in four services agreed that they can meet demand, and almost all respondents agreed that children, young people and families would benefit from increasing local service capacity.

In addition, almost every service reported that they 'sometimes' or 'often' provided support to families whose needs would be more appropriately met by the statutory system. This suggests that some families are not being appropriately directed to either secondary services or the statutory system.

Survey respondents identified that many families involved in secondary family support services have already had significant involvement in the statutory system and that these families are likely to move between secondary services and the statutory system for some time.

They also highlighted a range of factors such as:

- access to safe and affordable housing
- access to mental health treatment and alcohol and drug services
- experiences of long-term unemployment and poverty that cause or increase family vulnerability and put extra demands on the statutory system. They are outside the immediate control and influence of secondary services and Child Safety.

### 3. Not enough data is collected on the impact of secondary services on outcomes for children, young people and families

Our review of available data and survey responses from secondary service staff and Child Safety regional leaders identified the following challenges in measuring the impact of secondary services:

- Most of the data collected by secondary services for Child Safety reporting purposes focuses on outputs (for example, how many people have received assistance). Services are only required to report on a very limited set of data related to outcomes (for example, how many of the people they have seen have met their case plan goals).
- The secondary services' Advice Referrals and Case Management (ARC) database and Child Safety's Integrated Client Management System (ICMS) are not linked.<sup>e</sup> This means that, unless someone manually links the information, no one knows if a client who has attended a secondary service subsequently becomes involved with the statutory system. All regions highlighted the need to develop better ways of tracking families through the system.

Without further data on outcomes, it is difficult to draw conclusions about the impact of secondary services, either on improved outcomes for families or on demand on the statutory system.

<sup>d</sup> Certain professionals, (e.g. teachers), must make a report if they have a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

<sup>e</sup> Advice from Child Safety is that this was a departmental decision made based on the concern that clients of voluntary services may be less likely to engage with services if they were aware that Child Safety could access their information. Child Safety also advised they conduct manual linkages of a limited set of deidentified data examining the notification rates of children whose families have attended secondary support services.

#### 4. The measurement of outcomes can be improved in a number of ways.

The original procurement of secondary family support services began in 2014. Since this time, jurisdictions around Australia, including Queensland, have moved away from traditional input/output-based funding models and identified the value of using approaches focusing more on outcomes.<sup>3,4,5</sup>

There is growing awareness of the importance of procurement processes (and subsequent contractual obligations) in the implementation of family support services and of the role they can play in making sure systems focus on delivering (and proving they have delivered) outcomes.<sup>6,7</sup> Future procurement processes for secondary family services could benefit from this approach.

While most services reported that they were meeting their key performance indicators, only one-third of Family and Child Connect and Intensive Family Support services and half of Aboriginal and Torres Strait Islander Family Wellbeing Services agreed that the current indicators and reporting processes adequately assess the outcomes of their services. The indicators do not focus on family progress, and outcomes are difficult to capture in the database the secondary services use.

Child Safety regional leaders also believed that having indicators that measure outcomes would be useful. They said that having services report against meaningful measures of outcomes would enable more effective contract management—in particular in terms of identifying which services are not working well and which are delivering results.

While two-thirds of service providers agreed that selection criteria for the original procurement of secondary family support services aligned with the services needed in their region, only 29.7 per cent believed that enough community consultation had been carried out and that service requirements were adequately tailored to community needs.

Many survey respondents mentioned the importance of drawing on the expertise of local Aboriginal and Torres Strait Islander peoples, existing services and local committees<sup>f</sup> to determine how funding could enhance service delivery within communities.

They also mentioned the need to consider the large population increases that have occurred in many service locations, as well as the large distances covered by services in regional and remote locations, which mean that family support worker time is often spent on travel rather than service delivery.



## Conclusion

The government has invested a great deal of time, human and financial resources in the establishment of secondary services. Existing research, previous evaluations of these services and feedback from the participants in this study suggest services may be having a positive impact on families. Statements from a number of participants indicated that it is also possible that demand for the statutory system would have increased even more without these services.

However, there is very little data available on outcomes in terms of measurable differences for children and families and in terms of quantifiable impacts on system demand. As a result, it is not currently possible to draw strong, evidence-based conclusions about the impact of secondary services.

<sup>f</sup> For example, Regional Child, Youth and Family Committees and local level alliances.

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# 1 Introduction

## 1.1 Aims and objectives

The aims and objectives of this study were to explore:

- |  |  |  |   |
|--|--|--|---|
| 1 The impact of secondary services on statutory demand | 2 Facilitators and barriers to secondary services affecting statutory demand | 3 The impact of secondary services on outcomes for children, young people and families | 4 Ways in which the measurement of service outcomes could be improved |
|--|--|--|---|

## 1.2 Background

This study is part of the Queensland Family and Child Commission's (QFCC) evaluation of the outcomes achieved through Queensland's Child Protection Reform Environment—*Supporting Families Changing Futures*.

The program was developed in response to the recommendations of the Queensland Child Protection Commission of Inquiry (the Inquiry),<sup>8</sup> which has resulted in substantial, ongoing changes across Queensland's child protection and family support system.

Our overall evaluation findings are presented in our report *Measuring what matters: Evaluating outcomes achieved through the Queensland Child Protection Reform Environment (2014–2020)*.

This study is one of three 'deep dives' into the impact of significant government investment into specific areas of reform. It is part of the report series that should be read in conjunction with our *Measuring what matters* report.

## 1.3 Reducing demand on the statutory system by intervening early

Child Safety plays an important role in protecting children and young people who have been harmed or who are at risk of harm. Research evidence suggests, however, that for some children, contact with the statutory system can exacerbate the negative consequences of child maltreatment.<sup>9</sup>

Where the safety and wellbeing of children and young people can be assured, providing effective early support to children, young people and families experiencing vulnerability (such as family relationship or parenting difficulties) can prevent their entry to the statutory system<sup>10</sup> and more long-term demand on government-funded services.<sup>11,12</sup>

It is important to note that not all support provided to families has been shown to lead to long-term positive outcomes and that the effectiveness of many family support initiatives is unknown. Research into early intervention highlights the importance of implementing programs with demonstrated effectiveness,

or where programs have not yet been evaluated, of gathering evidence to examine their impact.<sup>13</sup>

Increasingly in Australia and internationally, government agency funding to family support providers is becoming contingent on the services' use of evidence-based programs and/or a requirement to collect data to measure the impact of their service delivery.<sup>14</sup>

Evidence-based programs are those that have been rigorously evaluated with demonstrated effectiveness.<sup>15</sup> The Australian Institute of Family Studies hosts a growing database of programs which have been implemented in an Australian context to support this.<sup>16</sup>

## 1.4 Secondary services

Starting in 2014–15, the Queensland Government invested in the establishment of:

- a community-based referral service—Family and Child Connect
- secondary family support services—Intensive Family Support services and Family Wellbeing Services—for families who, without appropriate support, would be at risk of entering the statutory system.

These services, collectively referred to as secondary services, were similar to others being established elsewhere in Australia. For example, between 2006 and 2009, Victoria rolled out a community-based intake and referral service—Child and Family Information, Referral and Support Teams (Child FIRST)—and secondary family support services—Intensive Family Services—which aimed to build the capacity and resilience of vulnerable children, young people and families.<sup>17</sup>

The services were established to provide families experiencing vulnerability with timely access to a range of supports to help them meet the safety and wellbeing needs of their children and, where appropriate, to prevent them from entering or re-entering the statutory child protection system. It was anticipated that collectively, these services would contribute to a reduction in demand on the statutory system.

## Community-based referral service: Family and Child Connect (FaCC)

The Inquiry found that one of the main contributors to the unsustainable demand being placed upon Child Safety was the number of reports being made to it regarding concerns about children.<sup>18</sup>

The Inquiry found that the majority of reports (about 80%) did not meet the threshold for a statutory response. That is, the available information indicated children were not reasonably suspected to be in need of protection, and were recorded by Child Safety as child concern reports.<sup>19</sup> Prior to the reforms, these families may have been referred to a small number of local support services.

Child Safety data indicates that, during the two years prior to the reforms, more than 100,000 child concern reports were received each year (103,771 in 2012–13 and 106,359 in 2013–14). The Inquiry found that the increasing number of reports was driven partly by the requirement for police, teachers and health professionals to report all cases of suspected harm to Child Safety (known as ‘mandatory reporting’). In 2012–13, around two-thirds of child concern reports came from these sources. This proportion dropped to 50 per cent in 2014–15 when Queensland Police Service changed their domestic and family violence reporting policy to fall in line with the consolidated reporting requirements in the amended *Child Protection Act 1999*.

As a result, one of the major areas of investment arising from the Inquiry was the establishment of Family and Child Connect, a service to which mandatory reporters and community members could report concerns that would not reach the threshold for a notification. Families can also self-refer. As noted in the original procurement documents for Family and Child Connect:

*The fundamental intent of ... Family and Child Connect is to create infrastructure which enables families under stress to access the support they need as early as possible and without involvement of the statutory child protection system. This will enable Child Safety to focus on those children who require statutory child protection interventions.*<sup>20</sup>

The service was intended for families experiencing vulnerability to be assessed and linked with local services (for example, parenting or parental mental health services) that best meet their needs. As noted in the original procurement documents, it was anticipated that its establishment would lead to a reduction in Child Safety intakes, as it would enable these families to be referred to secondary services rather than to Child Safety:

*At the time of the ... Inquiry, approximately 80 per cent of intakes were assessed as child concern reports ... With the introduction of a new referral pathway, many of these families are now likely to benefit from referral to FaCC rather than a report to Child Safety.*<sup>21</sup>

Family and Child Connect aims to conduct assessments; provide resources, information and advice; and where appropriate, to refer families to either secondary or targeted family support services.<sup>22</sup> It also supports a local level alliance of government and non-government services operating in their community.

Key findings from the independent evaluation of Family and Child Connect can be found in

Section 3.3

## Access to secondary family support services

The Inquiry further found that the high number of reports to Child Safety was also due to a lack of readily accessible family support services, meaning that vulnerable families were not getting the assistance they needed to stop them entering the statutory system.<sup>23</sup>

A range of research suggests that investment in evidence-based early intervention programs that are non-stigmatising can lead to decreases in maltreatment of children and improvements in outcomes for young adults, and ultimately prevent entry to the statutory system. Interventions with evidence of effectiveness include those promoting positive parent-child interactions, improving family functioning and helping vulnerable parents work through their own traumatic past experiences.<sup>24</sup>

The Inquiry proposed that significant investment be made in initiatives designed to provide support to families to divert them from the statutory system. In response, Intensive Family Support and Family Wellbeing Services were established across the state.

It was anticipated that the benefits of these services would include:

- highly vulnerable families receiving culturally responsive support early and being able to safely care for and protect their children at home
- fewer referrals to Child Safety
- a reduction in children entering out-of-home care.

## Intensive Family Support (IFS) services

Intensive Family Support services provide support to parents and carers who are experiencing vulnerability and who are at risk of entering or re-entering the child protection system.<sup>25</sup> The service provides tailored parenting support to build the skills and capacity of families to safely nurture and protect their children.

If an allegation of significant harm of a child is made, Child Safety will start an investigation and assessment process. In these circumstances, Intensive Family Support services can continue to support a family with whom they are already working. If, at the end of the investigation and assessment process an ongoing statutory response is deemed necessary, Child Safety immediately takes over lead case management. Intensive Family Support services are not funded to work with families to assist in reunification with their children. It can, however, provide stepdown services after a child is reunified and no longer subject to a child protection order.<sup>g</sup>

<sup>g</sup> A child protection order is made by the Childrens Court if it believes a child is in need of protection because they have been harmed or they are at an unacceptable risk of harm.

The services it provides include practical in-home support and access to specialist support (including domestic and family violence responses). Families can self-refer or, with their consent, they can be referred to Intensive Family Support by Family and Child Connect, Child Safety, police, schools and other government and non-government agencies. It is a voluntary service, and families need to provide consent to receive ongoing support from Intensive Family Support services.

Key findings from the independent evaluation of Intensive Family Support services can be found in

Section 3.3

### Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS)

Family Wellbeing Services were established to deliver culturally responsive services for all Aboriginal and Torres Strait Islander families, including those already in contact with the statutory system.<sup>26</sup> The services were developed through an extensive co-design process with Aboriginal and Torres Strait Islander stakeholders, including the Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP).

Family Wellbeing Services are delivered by local Aboriginal and Torres Strait Islander community controlled organisations, drawing on their local knowledge and expertise to create innovative solutions to support children, families and communities, emphasising healing and culture. They are designed to provide tailored, holistic and coordinated support to families to improve their social, emotional, physical and spiritual wellbeing and build their capacity to safely care for and protect their children.

Again, families can self-refer or they can be referred to Family Wellbeing Services by a range of government agencies (including Child Safety, police and schools), services delivered by non-government organisations (including Family and Child Connect and the Family Participation Program<sup>h</sup>), family members, friends, Elders and community members. While most families attending Family Wellbeing Services identify as Aboriginal and/or Torres Strait Islander peoples (92.3% in 2018–19), some non-Indigenous families also attend Family Wellbeing Services.

### Procurement of secondary services

The Inquiry recommended that, in order to promote innovative practice and cost-effective outcomes, secondary family support services should be procured from the non-government sector.<sup>27</sup> As a result, all three of the secondary services were contracted out to non-government services, including both mainstream and Aboriginal and/or Torres Strait Islander community controlled organisations.

The rollout of Family and Child Connect and Intensive Family Support services began in January 2015 and was followed by the commencement of Family Wellbeing Services in December 2016. By January 2018, 94 services were operating across Queensland. As noted in Table 1-1, more than \$100 million in funding was provided to non-government organisations for these services in the 2018–19 financial year.<sup>28</sup> In the 2014–15 financial year (prior to the commencement of these new services), Queensland's total expenditure on secondary services, delivered through the former tertiary intervention services, was \$72.5 million.<sup>29,i</sup>

Table 1-1: Number of secondary services in Queensland and associated funding

	Family and Child Connect	Intensive Family Support services	Family Wellbeing Services
Rollout timeframe	Jan 2015–Apr 2017	Jan 2015–Oct 2017	Dec 2016–Apr 2018
Number of services	17	44	33
Total funding per annum (2018–19)	\$16 million	\$52.5 million	\$33.9 million

h The Family Participation Program (FPP) enables Aboriginal and Torres Strait Islander children, young people, parents and families to participate in significant decision making processes regarding child protection matters and decisions that affect them.

i Data regarding the number of children commencing/receiving Intensive Family Support services from the 2016–17 financial year onwards is not directly comparable to earlier years. This is because the scope of Queensland's Intensive Family Support services changed from tertiary family support services to secondary family support services. Tertiary family support services may have included other family support services. Nevertheless, within the Productivity Commission's Annual Report on Government Services they are provided as an approximation of secondary service spending prior to the reforms.

# 2 Method

## 2.1 Data sources

This study drew on:

- a desktop analysis of Child Safety procurement documentation, of administrative and performance data, and of existing research and evaluations that have explored the impact of secondary services in Queensland
- online surveys completed by secondary service providers and Child Safety regional leaders.

By doing so, the study gathered information from a wide range of sources and considered the issues from several different perspectives. By drawing on existing data sources, we also avoided unnecessary duplication and burden on stakeholders.

**Table 2-1: Data sources used for the secondary services study**

Data source	Details
A desktop analysis of Child Safety procurement documentation, of administrative and performance data, and of existing research and evaluations that have explored the impact of secondary services in Queensland	<ul style="list-style-type: none"> <li>• All available procurement documentation including tender specifications, performance measures, service models and guidelines for Family and Child Connect (FaCC), Intensive Family Support (IFS) and Family Wellbeing Services (FWS) were reviewed. This information was used to explore and document current Queensland Government investment methodology and the contract management of secondary services. <a href="#">Appendix C</a> provides a list of the documentation provided and reviewed.</li> <li>• Child Safety provided administrative data on trends in child protection system performance. The data was used as background information for the study and to explore the impact of secondary family support services on demand on the statutory system. <a href="#">Appendix D</a> provides a list of the performance data sources used.</li> <li>• Findings from prior evaluations of FaCC<sup>30</sup> and IFS services<sup>31</sup> were reviewed, as well as research relating to the introduction of the services.<sup>32</sup></li> </ul>
Online surveys completed by secondary service providers and Child Safety regional leaders	<ul style="list-style-type: none"> <li>• Online surveys were developed to collect data from FaCC, IFS service and FWS providers and from Child Safety regional leaders.</li> <li>• Further details about each survey are provided in Table 2-2.</li> <li>• The survey items are presented in <a href="#">Appendix E</a> (service providers) and <a href="#">Appendix F</a> (Child Safety regional leaders).</li> </ul>

## 2.2 Online survey method

Table 2-2: *Methods used for the online surveys*

Service provider surveys	Child Safety regional leader survey
<b>Aspect of method: <i>Sample</i></b>	
<p>Senior staff from each FaCC, IFS service and FWS across Queensland were invited to participate. The target population was senior staff who were familiar with or who had been involved with the procurement and/or the ongoing contract management of secondary services.</p> <p>Responses were received from nine out of a total of 17 FaCC services (52.9%), 20 out of a total of 44 IFS services (45.5%) and 10 out of a total of 33 FWS (30.3%). Responses were received from at least one secondary service in each Child Safety region.</p> <p>The majority of respondents had at least six years experience in the sector (89.8%). Around one-quarter (23.1%) identified as Aboriginal and/or Torres Strait Islander peoples.</p>	<p>All five Child Safety regions were invited to participate. The target population was senior Child Safety staff (that is, regional director level) who were familiar with the procurement and/or the ongoing contract management of secondary services. Responses were received from four out of five regions.</p> <p>While a nominated regional director coordinated and collated the responses for each region, a variety of other staff contributed to the responses, including staff from Child Safety Service Centres and Regional Intake Services (who are commonly Child Safety's first point of contact for people with concerns about a child) and Principal Child Protection Practitioners (who are experienced practitioners employed by Child Safety and located in FaCC services to provide support, advice and guidance).</p>
<b>Aspect of method: <i>Materials</i></b>	
<p>The survey included fixed and free text response options. The FaCC survey had 42 items and the IFS and FWS surveys had 41 items exploring four main themes:</p> <ul style="list-style-type: none"> <li>• how secondary services were operating in their local area</li> <li>• experiences of service procurement</li> <li>• experiences of contract management</li> <li>• challenges faced in demonstrating the impact of their services.</li> </ul> <p>The survey was offered via an online survey, a written submission or a phone or video interview. Of the 39 responses, five provided a written submission and 34 completed the online survey.</p>	<p>The survey included fixed and free text response options. There were 60 items exploring four main themes:</p> <ul style="list-style-type: none"> <li>• how each of the three types of secondary services were operating in their local area</li> <li>• experiences of service procurement</li> <li>• experiences of contract management</li> <li>• the adequacy of existing performance measures for assessing the performance of services in their region.</li> </ul> <p>Written submissions were requested and provided by all four respondents. Phone or video interviews were offered as an alternative.</p>
<b>Aspect of method: <i>Recruitment</i></b>	
<p>A preliminary email was sent to the chief executive officer or a senior manager of each service. This was followed up with a phone call to identify the most appropriate person at each service to participate. A follow-up email was then sent with further information and an invitation to participate.</p>	<p>An email was sent to regional directors inviting them to participate in the study. QFCC staff met with regional directors to provide further information. Each regional director recruited their own staff locally to contribute to their region's response.</p>
<b>Aspect of method: <i>Ethics and consent</i></b>	
<p>Ethical clearance for the study was provided by the Townsville Hospital and Health Service Human Research Ethics Committee; LNR/2019/QTHS/51525.</p> <p>All participants were given a participant information sheet outlining the process and potential risks.</p> <p>All participants were advised that completion of the online survey and/or consultation guide would be taken to indicate informed consent to participate.</p>	

Table 2-2: *Methods used for the online surveys (continued)*

Service provider surveys	Child Safety regional leader survey
Aspect of method: <i>Analysis</i>	
<p>All quantitative (fixed text response) data was analysed using SPSS Statistics 27 (statistical software).</p> <p>All qualitative (free text response) data was analysed using NVivo Pro 12 (qualitative coding software).</p> <p>The coding structure was made up of conceptual categories mirroring the survey structure: operation of secondary services, contract management, procurement, and demonstrating impact.</p>	
Aspect of method: <i>Limitations</i>	
<p>Not all invited stakeholders participated in the study. Some declined the offer to participate, and some were unavailable. The perspectives of those who chose to participate may differ from those who did not.</p>	

# 3 Findings

## Summary of key findings

**1** Demand for the statutory system remains high.

**2** Demand will remain high until:

- there is greater clarity about where concerns about a child ought to be directed
- the secondary system has more capacity
- other factors (outside the control of secondary services) are managed.

**3** Not enough data is collected to determine the impact of secondary services on outcomes for children, young people and families.

**4** The measurement of outcomes can be improved by introducing clearer expectations and measures in procurement and contract management processes.

### 3.1 Demand for the statutory system remains high

#### *Referrals to Family and Child Connect are increasing*

As noted in the original procurement documents, it was expected that the establishment of Family and Child Connect would assist with the management of lower-level concerns that were being recorded by Child Safety as child concern reports. Child concern reports are recorded where a concern for a child has been reported but the information does not meet the threshold for a notification.<sup>33</sup>

The number of referrals to Family and Child Connect continues to steadily increase. Since 2017–18 (when all Family and Child Connect services were fully rolled out), there has been an increase from 30,303 referrals to 33,745 referrals in 2019–20 (an increase of 11.4%).

However, while demand on Family and Child Connect has been increasing, so too has demand on the statutory system. Figure 3-1 shows the number of child concern reports received by Child Safety between 2012–13 and 2019–20.

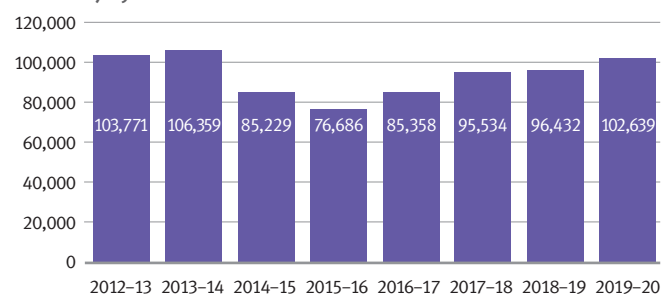
Findings from the QFCC’s first Healthcheck indicated that there was an initial drop between 2013–14 and 2015–16, which coincided with the first full year of Family and Child Connect’s operation. However, it was largely driven by a sharp reduction in reports by police<sup>j</sup> (from 41,081 reports in 2012–13 to 5,905 reports in 2015–16).<sup>34</sup> Since then, the number of child concern reports has been steadily rising.

This is consistent with findings from the audit of Victoria’s Child FIRST and secondary family support services—Intensive Family Support services (refer to Section 1.4). Between 2008–09

(when these services were fully implemented) and 2013–14, the number of referrals to Child FIRST/Intensive Family Support services steadily rose by 7.3 per cent from 62,092 to 67,510. Over the same time period, the number of reports about children being at risk of abuse and neglect made to the Victorian Department of Child Protection doubled.<sup>35</sup>

The QFCC’s second Healthcheck found that school staff are the biggest contributor to the increase in the number of child concern reports in Queensland. This trend has persisted in the years since the Healthchecks were completed. Education professionals have mandatory reporting requirements under both the *Education (General Provisions) Act 2006* (Qld) and the *Child Protection Act 1999* (Qld), which adds complexity to their reporting and referral decisions.<sup>36</sup>

**Figure 3-1:** Number of child concern reports received by Child Safety between 2012–13 and 2019–20<sup>37</sup>



<sup>j</sup> In January 2015, the Queensland Police Service revoked its administrative policy that required police to make a report to Child Safety when a child resided in a home where a domestic violence incident has occurred.

In 2017, after two police investigations into teachers failing to report harm, the Queensland Teachers' Union urged its members to 'report everything, report often and report in writing'.<sup>38</sup> Reports from school staff increased from 14,952 reports in 2016–17 to 23,715 reports in 2017–18, but we have no evidence that this was caused, or caused solely, by the union's advice to members.

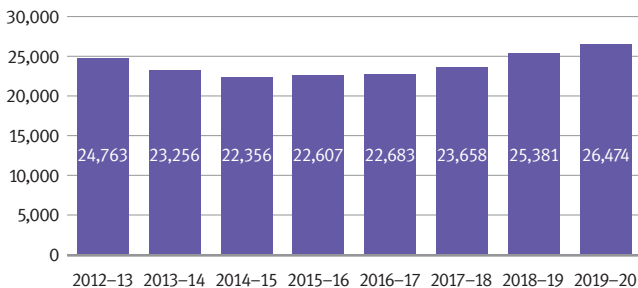
Prior to the implementation of the child protection reforms, 80.7 per cent of reports to Child Safety were child concern reports. This had only dropped to 79.5 per cent of reports by 2019–20, which indicates that, in many circumstances, issues that Family and Child Connect was originally designed to address continue to be reported to Child Safety.

**Rates of notifications and children entering out-of-home care initially remained steady but more recently, have begun to rise**

Intensive Family Support services and Family Wellbeing Services were established to ensure highly vulnerable families received support early and were able to safely care for and protect their children at home. It was anticipated this would lead to fewer referrals to Child Safety and a reduction in children entering out-of-home care.

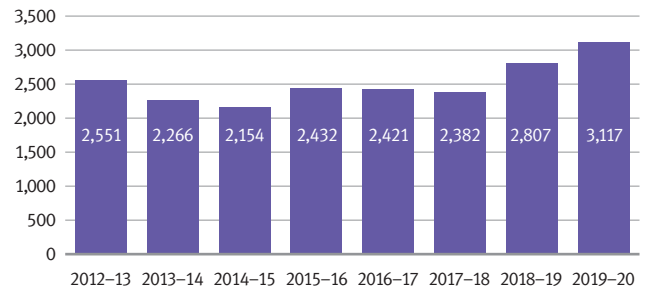
A notification is recorded when information received by Child Safety suggests a child may be in need of protection.<sup>39</sup> There was a slight (2.7%) drop in the number of notifications recorded by Child Safety between 2013–14 (the year immediately prior to the onset of the reforms and the establishment of Family and Child Connect and Intensive Family Support services), and 2015–16 (the first full year after Family and Child Connect and Intensive Family Support services began operation). Since then, however, the number has steadily increased, with 26,474 notifications in 2019–20—an increase of 17.1 per cent since 2015–16. While Figure 3-2 shows there has been some fluctuation over the reform period, the number of notifications in 2019–20 was higher than pre-reform levels.

**Figure 3-2: Number of notifications received by Child Safety between 2012–13 and 2019–20<sup>40</sup>**



A child is placed in out-of-home care when it is assessed that they are unable to remain safely in the care of their family.<sup>41</sup> As shown in Figure 3-3, the number of children entering out-of-home care remained fairly steady between 2012–13 and 2017–18, with an average of 2,368 children entering per year over this period. However, the 2018–19 and 2019–20 financial years have higher numbers of children entering than in the earlier years, which may suggest an increasing trend.

**Figure 3-3: Number of children entering out-of-home care between 2012–13 and 2019–20<sup>42</sup>**



It is possible that secondary services have affected the numbers of reports to Child Safety, and that a greater increase in child concern reports, notifications and entries to out-of-home care could have occurred if secondary services had not been established at the beginning of the reform period.

**Staff in the child protection and family support sector believe secondary services have improved outcomes for families but have not reduced demand on the statutory sector**

In 2020, the QFCC conducted a workforce survey of 761 government and non-government frontline workers in the child protection and family support sector in Queensland. Respondents were asked a number of questions relating to the impact of secondary services.<sup>43</sup>

Almost two-thirds of respondents (63%) agreed that the introduction of Intensive Family Support services and Family Wellbeing Services had improved access to early intervention services, and around half agreed that these services had improved outcomes for children, young people and families (51%) and improved families' ability to care for their children (49%).

However, only about one-quarter of respondents (27%) agreed that the introduction of these services had led to a reduction in demand on the statutory system.

## 3.2 There are many reasons why the demand for statutory services is not reducing

### *There is an ongoing lack of clarity about where concerns about a child ought to be directed*

Concerns were raised that reports are being made:

- to the statutory system instead of to Family and Child Connect
- to the statutory system as well as to Family and Child Connect.

Responses from the service provider and Child Safety regional leader surveys were consistent with the data reported in [Section 3.1](#). Only 30.8 per cent of services agreed that mandatory reporters were referring to secondary services rather than the statutory system.

Reported barriers to appropriate referrals included:

- organisational policies and procedures around mitigating risk<sup>k</sup>
- a lack of understanding of referral pathways and the types of support provided by secondary family support services
- the known lack of capacity within the secondary sector.

Table 3-1 includes illustrative quotes from service providers about barriers to appropriate referrals.

Despite the numbers in Figure 3-1, Child Safety data indicates that some mandatory reporters are referring to Family and Child Connect. In 2018–19, of the 33,680 referrals to Family and Child Connect, 13.1 per cent came from the Queensland Police Service, 9.5 per cent came from the Department of Education and 6.8 per cent came from Queensland Health. The greatest number of referrals came from Child Safety (32.1%), but many of these would have been originally reported to the department by staff from the Departments of Education and Health.

Some existing research suggests there is a perception within the sector that Family and Child Connect has been effective in directing referrals. The QFCC 2020 workforce survey<sup>44</sup> found 49 per cent of respondents agreed that the introduction of Family and Child Connect has resulted in families being more appropriately referred to secondary or tertiary services.

Child Safety regional leaders reported that there is a consistently good relationship between Family and Child Connect and Child Safety. Staff from the two agencies are generally well known to each other, communicate frequently and responsively, and collaborate well. Regional leaders reported that Family and Child Connect has a holistic view of the local service system, meaning it is effective at referring families to appropriate services. They agreed that the introduction of Family and Child Connect has contributed to families being more appropriately referred to the secondary and statutory systems.

**Table 3-1: Barriers to appropriate referrals—service provider quotes**



#### Family and Child Connect

“Organisations feel they have the responsibility to report directly to [Child Safety] and are fearful of repercussions if they do not. For example, an education union has reportedly shared stories with its members about teachers that have not reported to Child Safety and have been made legally accountable. I have conducted information sessions at schools about reporting vs referring, to later be told [by the guidance officer] that when I left the room, the Deputy Principal said, ‘forget all that—we are reporting everything’.”



#### Intensive Family Support

“Most services [are] at capacity with long waitlists [which] means that mandatory reporters will use a ‘scattergun’ approach—making referrals to multiple services—to help get a timelier response for families in need. This ties up system resources in duplicative intake and assessment processes.”



#### Family Wellbeing Services

“The barriers are not with the family. The barriers are with the mandatory reports ... It is easier for them to refer to the tertiary system because that process safeguards them from any future action if something goes wrong. We have seen a slow decline in the number of tertiary referrals coming from Education and ... Health. The majority of referrals we receive have been self-referrals.”

<sup>k</sup> The *Child Protection Act 1999* requires mandatory reporters (including teachers, doctors and nurses) to make a report to Child Safety if they form a reasonable suspicion a child has suffered, is suffering or is at an unacceptable risk of suffering harm caused by physical or sexual abuse and may not have a parent able and willing to protect them. The Queensland Child Protection Guide developed by Child Safety is an online decision support tool which has been developed to assist professionals with concerns about a child to decide whether to make a report to the statutory system or secondary services. We have heard, however, that there are widespread concerns, particularly within the government sector, about a lack of clarity regarding how and when mandatory responsibilities are discharged through non-statutory pathways.

Child Safety regional leaders stated:

FaCCs have built great [relationships] with the sector and mandatory referrer partners. They attract professional and passionate staff. They are a well-functioning team of experienced practitioners, stable staff, [who have] good relationships/partnerships with other services/agencies; [who deliver] skilled practice, particularly in the DFV [domestic and family violence] space. The local level alliance [of government and non-government agencies] components are a strength for bringing the sector together, gathering and sharing valuable information and identifying service gaps/issues.

There were mixed views across Child Safety regional leaders about whether or not Family and Child Connect has affected mandatory reporting practices. However, the identified barriers, such as concerns about risk and liability, were consistent with those identified by the secondary services. One additional identified barrier was departmental policies that require families to consent to being referred to secondary services. Child Safety regional leaders stated:

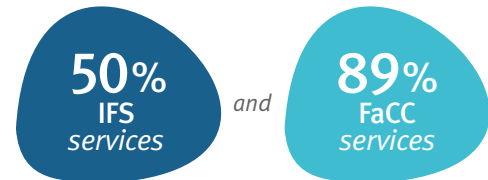
Mandatory reporters still want the department [Child Safety] to know and make the decision. They do not want to have the conversation with the family about FaCC or IFS. They have a risk aversion culture and want the Department to hold the risk.

It would be helpful for there to be targeted training with mandatory student protection training for schools to educate staff on how to have conversations with families about support and the referral pathways/processes.

[Our local] FaCC service has identified ... ongoing challenges in establishing direct referral pathways from Education Queensland (EQ) and Queensland Health, with a tendency for these referrals to go only to Child Safety or for duplicate referrals to both FaCC and Child Safety. It has been suggested in LLA [local level alliance] meetings that policy frameworks within EQ contribute to this decision making. The FaCC service has participated in school-based panels as a strategy to increase referral pathways from schools and continues to promote and encourage appropriate referrals direct to the FaCC service.

### *Services face challenges in limiting service provision to their intended target group*

The intended cohort for Family and Child Connect and Intensive Family Support services is families vulnerable to entering the statutory system. However:



reported that they 'sometimes' or 'often' provide support to families experiencing temporary stressors who may not have previously accessed government support.



reported that they 'sometimes' or 'often' provide support to families whose needs would be more appropriately met by the statutory system.

There were mixed responses across Child Safety regional leaders about whether secondary services are providing support to their intended client group. Although Family and Child Connect services reported they provided support to families whose needs were more appropriately met by the statutory system, all Child Safety regional leaders perceived they were providing support to their intended client group. However, only three out of four regions agreed this is the case for Intensive Family Support and Family Wellbeing Services. Child Safety regional leaders stated:

There are skills around selecting the right families to work with and which families should be notified to the department.

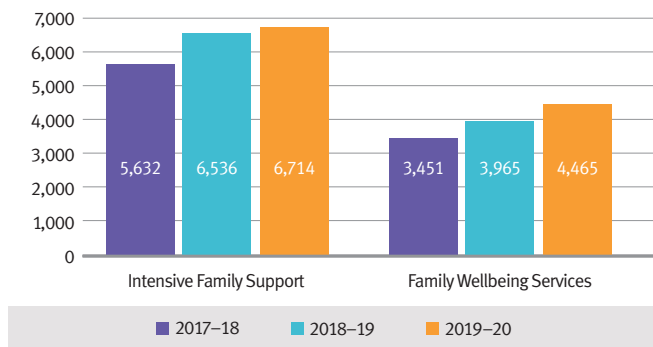
Some Family Wellbeing Services tend to 'shy away' from the families that have complex and multiple needs in preference for working with less complex families. This may be improved with more training and education.

## In most locations, demand exceeds the capacity of secondary services

Available data suggests that demand for Intensive Family Support services and Family Wellbeing Services is rising (see Figure 3-4). Between 2017–18 and 2019–20, the number of referrals to Intensive Family Support services increased by 19.2 per cent, and referrals to Family Wellbeing Services increased by 29.4 per cent as the number of services increased and as services reached full capacity.

Reports from service providers and Child Safety regional leaders indicate that services are struggling to respond to the increase.

**Figure 3-4: Number of families referred to Intensive Family Support services and Family Wellbeing Services between 2017–18 and 2019–20**



Most secondary services reported they are struggling to provide support as intended.

Only 23.7 per cent of services agreed with the statement that ‘Supply aligns with demand for my service’, and only 20.5 per cent of services agreed that ‘There is sufficient capacity within the secondary family support service sector in my region to meet Family and Child Connect referral needs’.

Common themes across the service provider surveys about factors impacting on service demand included:

- clients with increasingly complex issues are presenting to services, with many families on the borderline of requiring statutory intervention. This includes clients experiencing multiple issues such as trauma, high rates of drug use, severe mental illness, domestic and family violence, homelessness, unemployment and poverty
- COVID-19 impacted service delivery and exacerbated the complexity of issues facing clients including increased mental health and drug and alcohol issues, domestic and family violence and economic stress
- long waitlists and a lack of capacity is an issue across the whole service sector, including for:
  - support services used by Family and Child Connect for referring families—the average waitlist for some Intensive Family Support services is 12 weeks
  - specialist services for Intensive Family Support services to refer to, such as domestic and family violence, drug and alcohol and mental health services
  - stepdown services, which are intended to provide families with support to transition from Intensive Family Support services to functioning independently. This means that families need to stay with Intensive Family Support services longer to consolidate and sustain changes.

Table 3-2 includes illustrative quotes from service providers about service capacity.

Table 3-2: Service capacity issues—service provider quotes



### Family and Child Connect

“ Our FaCC service is continually over capacity and [we] receive far more referrals than we are able to manage with our funded staff numbers. The complexity of clients and the huge level of risk FaCC is carrying results in the need for multiple case reviews with PCPPs [Principal Child Protection Practitioners], specialist DFV [domestic and family violence] practitioners and information sharing with external stakeholders. This increases the workload and amount of time spent on each individual case. ”



### Intensive Family Support

“ The complexity of clients being referred is increasing over the years. Families are presenting with multiple and significant challenges, which often require intensive work over a long period of time. Families are being referred with current and high-risk violence occurring within the home, current and worrying drug use, and with various family members with diagnosed/suspected mental health or intellectual impairment. ”



### Family Wellbeing Services

“ As a culturally safe service, we [receive] a high rate ... of Aboriginal and Torres Strait Islander families self-referring. We address all levels of complexity, which makes all families with an identified need eligible for our service. With families seeking to only be serviced by us, our waiting list at a high peak period can be up to 60 families. (This roughly equates to 25% above existing capacity.) ”

Child Safety regional leaders agreed that Family and Child Connect and Intensive Family Support services, as well as Family Wellbeing Services in some regions, lack sufficient capacity and that many services are operating with long waitlists. They identified the following factors as impacting on capacity:

- large catchment sizes, meaning that staff from services often spend a lot of time travelling rather than delivering services
- the locations of many services in high growth areas, meaning they are providing support to a much larger population than they were originally funded for
- the increasing complexity of issues for which clients need support
- challenges with recruiting and retaining skilled, qualified workers
- the need to hold on to families due to the lack of services to refer on to.

Child Safety regional leaders added:

Secondary services are over capacity, with families on waitlists at times and not able to commence support immediately. The capacity of the FaCC is directly linked to the capacity in the secondary service system ... Given the geographical distance within [our] region, services often spend a lot of time just travelling, which therefore reduces the capacity for direct service delivery.

While IFS services continue to work in creative ways, there is ongoing concerns around waitlists and this has become more acute with the COVID pandemic. [There is] consistent feedback around the need to further fund and increase the staff levels of IFS services.

These comments are consistent with findings from the audit of Victoria’s Child FIRST and Intensive Family Support services. Families with low to medium needs (the intended population for early intervention services) were often missing out on services due to high levels of demand from families experiencing high levels of vulnerability.<sup>45</sup>

## Most services and Child Safety regional leaders believe an increase in local service capacity is needed

Service providers and Child Safety regional leaders told us there is a need to increase secondary service capacity in their region.

**87%**  
of service providers

agreed that children, young people and families would benefit from an increase in the capacity of local services.

Reported factors driving the need to increase capacity included that:

- Demand is huge and active holding and waitlists are constant.<sup>1</sup> Many clients meet the criteria for secondary support but are not able to access services.
- As the number of families needing support grows, greater delays occur in accessing services. Increasing capacity would enable more families timely access to services.

Table 3-3 includes illustrative quotes from service providers about the need to increase service capacity.

All Child Safety regional leaders agreed that children, young people and families in their areas would benefit from an increase in the capacity of secondary services. Child Safety regional leaders added:

*Services having waitlists impacts upon their ability to commence immediate support for families that are often at a point of crisis.*

**Table 3-3: Justification for the need to increase service capacity—service provider quotes**



### Family and Child Connect

“The vacancy rate [for secondary services] is low and sometimes there are long waiting lists for families that need support immediately. [We have] to try and find other services in the interim whilst families wait. Sometimes, because Child Safety uses IFS as a stepdown, our families are ‘triaged’ and therefore may never be eligible for support ... Our experience demonstrates that if a family is referred to an IFS and must wait for a long time to be allocated, then they just disengage and refuse to consent. These families often are re-referred to FaCC.”



### Intensive Family Support

“Increasing capacity will allow more timely access for children and families—decreasing cumulative trauma and helping to promote change. Allowing family situations to escalate into crisis is likely to increase demand on police and statutory services, increasing the cost to the community.”



### Family Wellbeing Services

“[It] impacts us as Aboriginal and Torres Strait Islander workers if we [are] unable to fully support the families because of the lack of resources.”

<sup>1</sup> According to Family and Child Connect services, ‘active holding’ involves the provision of information and advice to families while waiting for a case manager to become available. It occurs because referral demand significantly exceeds service supply and support service waitlists are very long.

## Other factors contribute to the demand on the statutory system—some beyond the control of secondary services

Secondary service providers and Child Safety regional leaders were asked whether they believed a reduction in demand on the statutory system was a realistic outcome of introducing secondary services.

Among the service providers, 44.4 per cent of Family and Child Connect respondents, 65.0 per cent of Intensive Family Support service respondents and 60.0 per cent of Family Wellbeing Services respondents agreed this was a realistic outcome given sufficient funding and service capacity.

The views of Child Safety regional leaders were mixed (one agreed, two were neutral and one disagreed).

Service providers and Child Safety regional leaders identified barriers to achieving a reduction in demand, including:

- the very limited service capacity within the secondary sector compared with the number of families experiencing significant vulnerability and requiring support. More services need to be funded and/or more funding provided to the secondary family support area to facilitate and sustain change
- the many families involved in secondary family support services who have already had significant involvement in the statutory system. It is likely these families will continue to move between the secondary and statutory systems for some time. It is important to consider the long-term nature of support required to change entrenched behaviour, and the trans-generational functioning of families/communities
- other factors, such as access to safe and affordable housing, mental health treatment and alcohol and drug services, and experiences of long-term unemployment and poverty, which are outside the control and influence of secondary services, but contribute to family vulnerability and statutory system demand.

Table 3-4 provides illustrative quotes from service providers about factors affecting statutory system demand.

**Table 3-4: Factors impacting on statutory system demand—service provider quotes**



### Family and Child Connect

“ Services and the community are far more aware of child protection and are far more educated about risks to children. This societal shift is likely to see more families reported to Child Safety as the community is starting to take more responsibility for children in their community. ”



### Intensive Family Support

“ While investment in the secondary service system is definitely valuable to families and is generating change, it is unrealistic to expect that the current investment and a 5-year implementation period will be enough to turn around many years of under-investment that has led to increasing entrenched generational dysfunction. ”

Drivers of referral to [the] tertiary system remain outside of the child protection system e.g. high unemployment, intergenerational trauma, poor education outcomes, low social housing stock. ”



### Family Wellbeing Services

“ For Aboriginal and Torres Strait Islander children, young people and families, ACCOs [Aboriginal and Torres Strait Islander community controlled organisations] have not been funded properly to provide an early intervention and prevention service. We are dealing with families that have experienced trauma which can run through five generations of a family. There needs to be culturally informed trauma policies and funding to be able to provide safe spaces for children and young people that can't go home because of family conflict. We are dealing with families that have mental health issues; therefore we need our own psychologists and counsellors. ”

**Child Safety regional leaders added:**

A number of other variables impact on tertiary system demand such as: population growth; demographic changes in population; increased observation of at-risk families (by FACC/IFS and other services) potentially leading to an increase in the number of appropriate referrals which may otherwise be missed; impact of environmental factors on family functioning and community vigilance; complexity of client circumstances (e.g. multiple factors including unemployment; mental health issues; experience of trauma; drug misuse; lack of affordable accommodation); a lack of services across the service system continuum (including universal soft entry points; prevention/early intervention services and those for increasingly complex clients) with existing services stretched to respond to the gaps in the service system; uncoordinated investment without clear expectations and outcome measures that all players understand; need for increased funding for existing services to meet current levels of demand.

We need to acknowledge that by continuing to focus exclusively on child protection services/systems, without looking at the broader social issues that result in child abuse and neglect occurring, our best efforts from a family support perspective are limited. If there were to be a focus on improving access to safe housing for families, access to mental health and AOD [alcohol and other drug] services for parents and children, access to affordable transport, schools that provide for the basic care needs of children (rather than making reports for these issues) and improved access to flexible NDIS [National Disability Insurance Scheme] supports—this would have a direct impact on the effectiveness of family support services and reduce the need for a tertiary response.

### 3.3 We do not have enough data to demonstrate whether secondary services have had a positive effect on outcomes for children and families

This section examines whether enough data and evidence is being collected to measure and monitor the impact of the government's investment in secondary services. It is acknowledged that measuring outcomes within the human services sector is complex.

The lack of data means it is challenging to determine whether the introduction of these services has improved outcomes for vulnerable families and reduced the demand on the statutory system. A number of sources of data are available for assessing services' impact and performance, but they have limitations.

The 2018 implementation and impact evaluation of Family and Child Connect noted significant limitations in data availability for assessing the impact of this service.<sup>46</sup> For example, once families were referred by Family and Child Connect to support services, it was not possible to know how long they remained engaged for, or sometimes, whether they engaged at all. The evaluation found that available data did not provide a good indication of the appropriateness or effectiveness of the referrals made, including whether they were useful to families.

A suggestion that emerged from the evaluation was that Child Safety ought to consider opportunities to enhance collection of data about families across different services to better understand pathways and outcomes for families referred to support services via Family and Child Connect. A second suggestion was that Family and Child Connect objectives and measures of effectiveness should be less focused on reducing intakes to the tertiary child protection system, and more on the service's effectiveness in linking vulnerable families with support services.

The 2018 evaluation of Intensive Family Support services used data from a manual linkage of secondary service and Child Safety databases and examined notification rates after families participated in an Intensive Family Support service.<sup>47</sup> The evaluation found notification rates<sup>m</sup> of 7 per cent for children whose families had received Intensive Family Support services within six months of exiting the Intensive Family Support service. By comparison, during the pre-reform period (October 2013 to September 2014), 12 per cent of children who had been the subject of a child concern report received a notification within six months of the original report.

The evaluation also included a survey of 104 staff employed by Intensive Family Support services, 60 per cent of whom believed that the Intensive Family Support model had been effective in reducing family entry or re-entry to the child protection system. Key evaluation conclusions were that there was an absence of robust quantitative administrative data on outcomes and that the current assessment tools being used by services did not allow them to determine whether they were making a difference for families.

#### *The importance of setting criteria and measuring outcomes for government-funded services*

It is acknowledged that measuring outcomes within the human services sector is complex. However, there is an increasing awareness and concern by researchers and across the government and non-government sectors that:

- client outcomes and expenditure across government are often not sufficiently measured or monitored<sup>48</sup>
- significant recurrent expenditure is allocated to programs that have not been evaluated.

This is despite the fact that, under the Queensland Government's *Financial Accountability Act 2009*,<sup>49</sup> Parliament is accountable to the public for the effective financial administration and management of public sector agencies. The Queensland Treasury's *Financial Accountability Handbook* (2019) states that outsourced functions should be regularly reviewed to ensure the quality of the service meets the standards required by the agency in the delivery of its services.<sup>50</sup> Jurisdictions around Australia are moving away from traditional input and output-based funding models (for example, number of clients, number of hours of service delivery) and increasingly identifying the value of using procurement approaches that focus more on outcomes.<sup>51,52</sup>

There is growing awareness of the important role procurement processes can play in the delivery of family support services in ensuring systems are outcomes focused. Procurement and contract management processes can help to ensure that the effectiveness of the programs delivered has been demonstrated by scientific research (that is, the programs are evidence based) or at least that the impact of programs being delivered by services is being adequately measured.<sup>53,54</sup>

At the Australian Government level, the Department of Social Services, which funds the 'Communities for Children' initiative, requires that services allocate at least 50 per cent of their funding to high-quality evidence-based programs.<sup>55</sup> The Queensland Government currently offers some outcomes-based contracts. For example, its 'Social Benefit Bonds' initiative involves a contract between the government and a service provider, with payments to the service provider based on the achievement of outcomes rather than outputs.<sup>56</sup> Child Safety advised that they are finalising a new performance framework for funded organisations which will include more tools to support the measurement of outcomes.

<sup>m</sup> The notification rate, as used in the Intensive Family Support services evaluation, is the proportion of intakes to Child Safety that escalate to a formal notification of suspected significant harm to a child.

## How should outcomes be measured?

An increasing number of resources are being made available to service providers (and their funding bodies) to evaluate the programs they deliver for families and children.<sup>57,58</sup> The Australian Institute of Family Studies, as part of its Expert Panel Project,<sup>59</sup> outlines some key evaluation principles:

- In order to effectively measure change, baseline (starting) assessments should be completed before children, young people and families begin a service, as well as after service delivery. Using the same assessment tools at both time points (before and after) enables the measurement of change and provides evidence for the impact of the program.
- Sufficient time needs to have elapsed and sufficient service needs to have been delivered for change to be observed.
- Services will rarely have the resources and capacity to measure everything, so it is important to prioritise assessments that measure factors likely to have been affected by service delivery.

The importance of the commissioning agency and the service provider working together to jointly develop appropriate outcomes and to develop simplified reporting processes has been highlighted.<sup>60,61</sup>

A possible follow-up in the context of measuring the longer-term outcomes of secondary service delivery could involve tracking a family's trajectory through the child protection system after successfully completing a program at a secondary service. Nearly all of our survey respondents identified the examination of these longer-term outcomes as a priority.

That said, secondary services have limited capacity to affect many of the factors that influence statutory demand such as unemployment, housing problems and department policies, so an examination of Child Safety intake data (child concern reports and notifications) on its own may not be the most effective way to evaluate the long-term effectiveness of these services.

## Services mostly collect data that focuses on outputs rather than on outcomes that relate to children or families

One source of data is information collected by the services themselves and reported to Child Safety. Services are required to report on output, throughput, client demographics and a small number of outcome measures.

Data for contract management and evaluation purposes is recorded in Child Safety's new 'Procure to Invest' system. This system was designed to manage requests for quotes, supplier evaluation, contract setup, contract management, performance reporting and payments.<sup>62</sup> While much output and throughput data is collected, very little data relating to service performance, in particular outcomes for children and families, is collected. Developing a new performance framework is a current priority for Child Safety.

Table 3-5 gives examples of the types of data collected, along with outcome measures the services are required to collect information on.<sup>63</sup> There are a number of challenges with using the outcome measures listed in Table 3-5 to determine the success of services:

- The outcomes measures are limited to broad assessments such as 'needs met' or 'case plan goals achieved,' which can be based on the quite subjective judgements of service providers.
- No data quantifying the impact of services is collected by providers from the perspective of service users (that is, children and families), making it hard for them to determine whether they are making a difference for families. At case closure, Intensive Family Support service families have the option to complete a client satisfaction survey and results are shared with providers and the governance group.
- Currently, assessments of family functioning prior to service delivery are not reported upon; only assessments of family functioning at the end of service delivery. As a result, it has not been possible to assess changes or improvements over time. It is the QFCC's understanding that in future, Child Safety intends to use the Family Assessment Summary Tool (FAST) to measure outcomes. The form that FAST reporting will take is yet to be determined. More information about the FAST can be found on [page 18](#).
- Child Safety has reported some data quality issues with the outcomes data collected by services, due to the lack of completeness of data about family composition. These are currently being addressed.<sup>64</sup>

Table 3-5: Key deliverables and performance measures for funded secondary family support services<sup>65</sup>

Output measures	Throughput measures
Number of hours/numbers of service users who have received: <ul style="list-style-type: none"> <li>• information, advice, individual advocacy, engagement and/or referral</li> <li>• case management<sup>^</sup></li> <li>• community/community centre-based development coordination and support<sup>^^</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Number of service users with cases commenced during the reporting period</li> <li>• Number of existing service users<sup>^</sup></li> <li>• Number of service users who have exited from the service<sup>^</sup></li> <li>• Number of referrals received<sup>^</sup></li> </ul>
Demographic measures	Outcome measures
Age group of children and young people attending a service  Number of service users identifying as: <ul style="list-style-type: none"> <li>• Aboriginal and/or Torres Strait Islander</li> <li>• being from culturally and linguistically diverse backgrounds</li> </ul>	<ul style="list-style-type: none"> <li>• Number of service users with cases closed as a result of the majority of identified needs being met</li> <li>• Number of service users with cases closed due to all/some/the majority of case plan goals achieved</li> <li>• Number of service users who have shown improvements in being safe and/or protected from harm</li> <li>• Number of service users with improved life skills<sup>^</sup></li> <li>• Number of service users with improved cultural identity/connectedness<sup>^^</sup></li> </ul>

<sup>^</sup> Intensive Family Support services and Family Wellbeing Services only; <sup>^^</sup> Family Wellbeing Services only

Due to data quality issues of the outcome measures listed in Table 3-5, Child Safety was only able to provide limited data. Child Safety data indicated that the ‘number and percentage of cases closed where families completing a program at a Family Wellbeing Service reported that the majority of their needs had been met’ increased from 42.7 per cent in 2017–18 to 50.5 per cent in 2018–19. For Intensive Family Support services, the rates for families completing a program with the majority of their needs met were 54.7 per cent in 2017–18 and 54.3 per cent in 2018–19.

This is consistent with findings from the audit of Victoria’s Child FIRST and secondary family support services—Intensive Family Services: that while the contractual performance of service providers was thoroughly monitored, the impact of service delivery on outcomes for families was not.<sup>66</sup>

As noted earlier, Child Safety advised that they are finalising a new performance framework for funded organisations, which will include more tools to support the measurement of outcomes. Since 2018, Intensive Family Support services have been using the FAST which identifies challenges experienced by children/young people and their families that will be the focus of their case plan.

According to Child Safety, the FAST collects detailed information about status against key domains, with clear criteria for determining ratings for each domain. It informs the decision

making around ‘case plan goals achieved’. This tool is completed with families during initial assessments and at case closure so movement in key domains over time can be assessed. The tool has been developed by the Children’s Research Centre in close collaboration with the Intensive Family Support services. FAST outcomes data was not provided to the QFCC.

In addition, in partnership with Aboriginal and Torres Strait Islander leaders, communities and organisations, Child Safety has recently developed an Aboriginal and Torres Strait Islander Child and Family Wellbeing Outcomes Framework. This tool, developed as part of the *Our Way*<sup>n</sup> strategy is intended to be used across government to identify outcomes, indicators and measures to inform investment decisions and help track progress.<sup>67</sup> It is anticipated that in the future this tool will produce important information to inform analysis of the effectiveness of services; however, outcomes data is not yet available.

Finally, when families finalise involvement with an Intensive Family Support service in Queensland, they are invited to complete a client satisfaction survey. This includes questions about qualities of the service they received including whether they were treated with respect, listened to, assisted in gaining access to support services and whether they would recommend the service to a friend. Clients are asked whether their worries have been addressed and if they faced the same worries again, if they would know what to do. Results of the survey are reported upon in six-monthly governance meetings.

<sup>n</sup> The *Our Way* generational strategy (2017–37) was launched in 2017. The strategy aims to improve life opportunities for Queensland’s vulnerable Aboriginal and Torres Strait Islander children and families by changing the way in which child protection, family support and other services work with and for Aboriginal and Torres Strait Islander children and families.

### Services face challenges in using existing tools to assess outcomes

Intensive Family Support services provided quite comprehensive feedback about the Family Assessment Summary Tool (FAST), including the following concerns:

I believe that there are more meaningful measures—I am yet to really see how FAST represents outcomes better.

Contract review meetings that reference FAST data and attempt to interpret this data to inform understanding of practice can be quite wide of the reality.

Reliance on FAST data that is obscurely calculated, provided in confusing spreadsheets and doesn't capture the full picture of work being done will not adequately enable contract managers to understand the true nature and impact of the service being delivered.

A measure that reflects impact on/improvements in a child's health/wellbeing would be recommended. A self-rated parent measure about their confidence and comfort in being a parent who can meet their child's needs, that has a pre and post measure could be a good way to look at the impact of parenting. Tools that do not rely on such a strict way to determine categories (FAST) would allow for better representation of shifts within a client's domains.

FAST data collection lacks transparency around counting rules—the data is hard to interpret, and inclusion thresholds may mean that work is not captured and does not reflect a true picture of the work being done.

Use of FAST tool in ARC [the secondary services' Advice Referrals and Case Management database] has had teething issues and has not allowed true outcomes to be reflected.

### The client management systems of Child Safety and secondary services are not linked

Some of the original procurement documentation relating to the establishment of secondary services suggested that the impact of services could be assessed by an examination of Child Safety performance data, in particular reductions in child concern reports, notifications and entries to out-of-home care. While this may give some indication of reduced demand on Child Safety, it does not provide information on outcomes for children and families who have received support through secondary services.

The ARC database used for case management by secondary services is not connected in any way to Child Safety's database ICMS, which captures data about families in contact with the statutory system. The systems have been deliberately established to be separate. The decision to have the case management systems kept separate was made by the department and was based on concern that clients of voluntary services may be less likely to engage with services if they were aware that Child Safety could access their information.

While it is possible to link the two databases manually, there are no automatic links between the two, and no way of regularly monitoring families as they travel through the secondary and statutory systems.

Consequently, unless a manual linkage is performed, it is not possible to determine whether a child who is subject to a child concern report or notification or who has entered out-of-home care has previously attended a secondary service. Similarly, if a family has attended an Intensive Family Support service or Family Wellbeing Service, there is no automatic way to see if they subsequently became involved with the statutory system.

Using Child Safety performance data on its own is not an effective way to evaluate the long-term outcomes of secondary services and nor should it be. Robust methods of determining effectiveness use multiple sources of data (incorporating both administrative data and client feedback) and include multiple perspectives rather than relying on only one source.<sup>68,69</sup> Nevertheless, being able to track families through the secondary and tertiary systems is an important priority to support the monitoring and evaluation of performance.<sup>9</sup> This issue was highlighted by Child Safety regional leaders.

Probably to get meaningful data we would need to capture the family's experience over time across a number of databases. For example, number of times [a family has a child concern report recorded] in ICMS, referral to FaCC, outcome of referral (e.g. engagement or not; referral to a service or not); if referred to a service, outcome of referral (e.g. engagement or not) and then comparative to where nil referral to FaCC ... Do we have any way of measuring/tracking if a family had contact with FaCC prior to a CP [child protection] order being taken for a child? Do we have a way of measuring where a family had lots of notifications, maybe some involvement in the CP [child protection] system and what happens for them post a FaCC/IFS intervention?

<sup>9</sup> While secondary services advise Child Safety if a referred family does not engage, the feedback from participants in this study suggests more meaningful data about the outcomes for families is needed.

While it is not possible to regularly monitor the impact of secondary services on the demand for tertiary services, Child Safety has manually linked data to conduct some analyses. Table 3-6 summarises the results of one of these exercises. Child Safety conducted this for an evaluation of Intensive Family Support services in 2018, linking client data from ARC (secondary services) and ICMS (Child Safety) databases. It examined the Child Safety intake outcomes (the percentage of children for whom there was a child concern report or a notification within six months) for two groups of children:

1. those who had been the subject of a child concern report prior to the rollout of Intensive Family Support services (October 2013–September 2014)
2. those who had exited an Intensive Family Support service with ‘most or all of their needs met’ (July–December 2016).

As Table 3-6 shows, the Child Safety linkage exercise provided preliminary evidence for the effectiveness of Intensive Family Support services.

Tables 3-7 and 3-8 summarise the results of manual linkage exercises again linking client data from the ARC (secondary services) and ICMS (Child Safety) databases. The data was provided to the QFCC via a request to Child Safety for any data that had been produced from any manual linkages of the two databases. It compared the number and percentage of children who were the subject of a notification (and therefore an investigation) within six months of exiting either an Intensive Family Support or Family Wellbeing service with most or all of their needs met with those who did not receive either service.

Child Safety provided the number of children and young people subject to a Child Concern Report who had a subsequent notification within six months as a comparison group. Table 3-7 shows this data for Aboriginal and Torres Strait Islander children and young people. Rates of subsequent contact with the statutory system were lower for children and young people who had attended either a Family Wellbeing Service or an Intensive Family Support service.

Table 3-8 shows this data for non-Aboriginal and Torres Strait Islander children and young people. Rates of subsequent contact with the statutory system were lower for children and young people who had attended an Intensive Family Support service.

While this data provides preliminary support for the effectiveness of Intensive Family Support services and Family Wellbeing Services, on both occasions it only involved a fairly short follow-up period. As mentioned earlier in this section, Child Safety has reported some quality issues with the outcomes data obtained from the secondary services (which was an important input into this linkage).

Also, the service providers have only assessed outcomes in terms of ‘needs met’ or ‘case plan goals achieved’. A more comprehensive assessment of improvements in family functioning over the course of the families’ engagement with Intensive Family Support services, including from the perspective of service users, could enhance the rigour of this exercise.

**Table 3-6:** Child concern report and notification outcomes for children experiencing vulnerability—a comparison of children who had completed an Intensive Family Support service with those who had not

	Number	% with a subsequent child concern report	% with a subsequent notification
Children who were subject to a child concern report between October 2013 and September 2014 (prior to the rollout of IFS services)	66,446	31%	12%
Children in families who had exited an IFS service with ‘most or all of their needs met’ between July and December 2016	1,360	18%	7%

**Table 3-7: Experiences of contact with the statutory system for Aboriginal and Torres Strait Islander children—a comparison of outcomes for those who have attended an Intensive Family Support service or a Family Wellbeing Service with those who have not (2019–20)**

	Number of children with a case closed and all or majority needs met and the percentage who had an investigation by Child Safety within 6 months after their service		Total number of children subject to a child concern report and the percentage with a subsequent notification within 6 months**
	FWS*	IFS	
December 2019	1,510 (8.8%)	698 (12.6%)	13,473 (21.6%)
March 2020	1,590 (7.5%)	605 (11.4%)	14,047 (21.4%)
June 2020	1,734 (8.4%)	620 (11.6%)	14,693 (20.9%)
September 2020	1,948 (7.5%)	635 (11.5%)	***
December 2020	2,010 (7.0%)	691 (10.9%)	***

\* Child Safety does not break down this variable by Aboriginal and Torres Strait Islander status. As noted previously, 92.3 per cent of families attending Family Wellbeing Services identify as Aboriginal and/or Torres Strait Islander peoples. This means that a small number of children whose results are reported in the FWS column of this table will be non-Indigenous.

\*\* This column includes children who attended IFS services and FWS as well as children who did not attend any services.

\*\*\* Data was not provided for the September 2020 and December 2020 quarters.

**Table 3-8: Experiences of contact with the statutory system for non-Aboriginal and Torres Strait Islander children—a comparison of outcomes for those who have attended an Intensive Family Support service with those who have not**

	Number of children with a case closed and all or majority needs met and the percentage who had an investigation by Child Safety within 6 months after attending an Intensive Family Support service	Total number of children subject to a child concern report and the percentage with a subsequent notification within 6 months*
December 2019	2,794 (8.3%)	48,930 (11.1%)
March 2020	2,652 (7.7%)	49,254 (11.5%)
June 2020	2,576 (8.2%)	49,757 (12.0%)
September 2020	2,546 (8.4%)	**
December 2020	2,641 (9.7%)	**

\* This column includes children who attended IFS services and FWS as well as children who did not attend any services.

\*\* Data was not provided for the September 2020 and December 2020 quarters.

### 3.4 The measurement of outcomes can be improved by introducing clearer expectations and measures in procurement and contract management processes

#### *The original procurement process for secondary services did not include a significant emphasis on measuring outcomes*

The initial procurement of Queensland's secondary services began in 2014 and was guided by the 2014 Queensland Procurement Policy.<sup>p,70,71</sup> At this time, a set of deliverables and performance measures were established for all secondary services. Services were required to report on output, throughput, client demographics and a small number of outcome measures as per Child Safety's *Families Investment Specification* (as listed in Table 3-5).

While it is universally acknowledged that measuring the outcomes of human services provision is challenging,<sup>72</sup> there would be benefit in revisiting the original deliverables and performance measures when next procuring secondary services, and to:

- identify meaningful measures to assess factors that are likely to have been affected by service delivery
- require the same assessments to be conducted before and after services are delivered.

The following paragraphs outline what was expected of the three different types of secondary services.

#### **Procurement of Family and Child Connect**

The estimated demand and consequent funding levels for Family and Child Connect were based on the total number of child concern reports received by Child Safety in the year prior to the establishment of the service. This was on the basis that many of the families who had been the subject of a child concern report would have benefited from a Family and Child Connect referral. It was estimated that statewide, Family and Child Connect would receive around 32,967 to 38,785 referrals per annum. This estimate is consistent with the actual number of referrals received by Family and Child Connect in 2018–19 (33,680).

The design of Family and Child Connect emerged from Queensland Child Protection Commission of Inquiry recommendations. The procurement documentation included comprehensive information about the services to be provided (information, assessment, referrals, active engagement and leading a local level alliance), foundation principles, cultural capability guidance and details about the Family and Child Connect model (including hours of operation, staffing and practice tools and frameworks).

#### **Procurement of Intensive Family Support services**

Intensive Family Support services were contracted to provide a set number of hours of service per annum to a set number of families (which varied per geographical location). The procurement documentation acknowledged that, since referrals would originate from multiple sources, there was potential for over-referrals or under-referrals, but that Child Safety would undertake to assist providers to resolve these situations.

As with the Family and Child Connect procurement, information was provided about the services to be offered, foundation principles and cultural capability guidance. Guidelines were also provided on the model of service delivery (one lead case manager and a case plan for each family) and the types of support services to be provided.

The procurement documentation stated that Intensive Family Support services should include personal support and development (such as parenting skills courses), clinical or therapeutic services (such as counselling or anger management), practical in-home support (such as transport to medical appointments), brokerage and links to specialist services.<sup>73</sup>

In the original procurement documents, Child Safety stated that the Intensive Family Support service model was based on the experience and evaluations of previous and existing models of service delivery to families with multiple and/or complex needs as well as on relevant research.<sup>q</sup> There were no further identified requirements within the procurement documentation for the use of evidence-based programs or interventions.

Child Safety provided feedback to the QFCC advising that they face challenges in using evidence-based programs because they:

- have generally been developed overseas and have seldom been tested in an Australian context
- need to be adapted to a Queensland context including strengthening cultural capability
- typically come with substantial implementation costs and license fees.

A small number of Intensive Family Support services has recently been trialling and evaluating the use of evidence based models of service.

p The current (2019) Queensland Procurement Policy is structured around alternative principles with different emphases, which may have led to different procurement outcomes.

q In the procurement documents, Child Safety identified a number of existing programs that had contributed to the Intensive Family Support service model including Future Directions, Referral for Active Intervention, Helping Out Families, Aboriginal and Torres Strait Islander Family Support Services and Fostering Families.

### Procurement of Family Wellbeing Services

Family Wellbeing Services were contracted to provide a set number of hours of service per annum to a set number of families (which varied per geographical location). This was based on statistical data, including community-level data on the number of families coming to the attention of Child Safety, number of Aboriginal and Torres Strait Islander families, and number of domestic violence breaches.

Child Safety would only form a Family Wellbeing Service contract with an Aboriginal and Torres Strait Islander community controlled organisation. This was to support engagement with local leadership and local knowledge and to ensure the provided service was culturally appropriate.

The planning of the procurement of Family Wellbeing Services included a Queensland-wide community consultation, a strategic design workshop, and the engagement of:

- Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSCIPP), to lead knowledge circles including families who had been involved in the child protection system. QATSCIPP is an organisation that represents the Aboriginal and Torres Strait Islander child protection and family support services sector in Queensland.
- The Healing Foundation, to lead workshops to discuss effective services for their communities. The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families.

Based on insights from the planning phase, Child Safety provided a broad description of the types of programs it was intending for the Family Wellbeing Services to deliver; however, it was left to the Aboriginal and Torres Strait Islander community controlled organisations themselves to develop their own service offering based on their assessments of the needs of their local communities.

Once contracts had been awarded, all secondary services were required to be accredited using the Human Services Quality Framework,<sup>74</sup> which is Child Safety's quality assurance framework for funded organisations.<sup>7</sup>

### Future service procurement could be enhanced by learning from the first five years of service delivery

Through the surveys, service providers and Child Safety regional leaders provided feedback on the way procurement was undertaken during the initial rollout of the services, in particular identifying some areas where future procurement of services could be improved.

Only  
30%

of the secondary services agreed there was sufficient community consultation prior to the procurement of services, and that service requirements within the procurement process were adequately tailored to community needs (32.4%).

62%

agreed that the selection criteria for procuring secondary family support services aligned with and supported services needed in their region.

Service providers considered the following elements of the procurement process to be effective:

- the initial consultations and local meetings held prior to the establishment of the services
- the co-design consultation process for Family Wellbeing Services, which validated the needs of the community and ensured services were designed with their needs in mind
- ongoing support from the Commissioning and Contract Management sections of Child Safety
- the shortlist interviews that formed part of the procurement process.

<sup>74</sup> The Human Services Quality Framework contains a set of common standards on governance and management; service access; responding to individual need; safety, wellbeing and rights; feedback, complaints and appeals; and human resources. It provides a benchmark for quality service provision. Additional service-specific guidelines were outlined in the procurement documentation.

Service providers suggested that future procurement processes should:

- consider the challenges services face in supporting the number of referrals they receive due to small teams and large catchment sizes
- note the population increases since the initial funding allocation, which have significantly increased demand for the services
- factor in the low socio-economic status of many service sites, which contributes to the number and complexity of referrals
- consider factors, such as travel time, which affect service delivery timeframes and the number of clients that can be serviced in rural and remote locations
- be aware that long engagement timeframes can be needed, particularly for Aboriginal and Torres Strait Islander clients
- set realistic service delivery timeframes for achieving long-term sustainable changes for families
- acknowledge the very limited number of other support services operating in communities, including stepdown services
- undertake more in-depth community consultations, allowing organisations to guide what is needed
- draw on the expertise of the Aboriginal and Torres Strait Islander community, Elders and existing services to determine how funding could enhance existing service delivery within communities
- recognise Aboriginal and Torres Strait Islander cultural ways and the impact of historic trauma
- gain a better understanding of the dynamics and challenges of working in remote communities
- fund additional staffing, which would enable services to build community partnerships, to employ male workers to work with male clients (to ensure culturally appropriate service delivery), to enhance existing models of case management and to deliver more services.

Child Safety leads Strategic Implementation Groups which are responsible for leading the strategic oversight of different service types. Members include chief executive officers from all organisations that deliver relevant services, peaks and partner agencies, and senior leaders from Child Safety. It is a forum for stakeholders to oversee performance across the system, including reviewing trends and emerging issues, and to inform improvements to service design, service responses and practice. This group may be well placed to support future improvements in commissioning and procurement processes.

Table 3-9 includes illustrative quotes from service providers about factors to consider in future procurement.

**Table 3-9: Factors to consider in future procurement—service provider quotes**



### Family and Child Connect

“Potentially a broader scoping exercise [is needed] to determine the specific needs and corresponding investment size for each service/region. It would be great to utilise data analysis and then speak to services and the community (wherever possible) to develop the story behind the data. This would ensure that the funding corresponds with the need, wherever possible.”



### Intensive Family Support

“Recruitment of staff is an ongoing challenge in [our area]—there is high staff turnover, and often we are needing to bring in less experienced practitioners and invest a lot of time and resources into upskilling them to be able to work with the complexity of clients that are referred.”



### Family Wellbeing Services

“Improve consultation with services, also consider well established organisations’ experience and input to understand the specific benefits and challenges around family service delivery.”

Three (of the four) Child Safety regional leaders provided a neutral response (neither agreed nor disagreed), and one leader agreed, with the following survey statements:

- There was sufficient community consultation prior to the procurement of secondary family support services in my region.
- The selection criteria for procuring secondary family support services aligned with and supported the services needed within my region.

Three Child Safety regional leaders provided a neutral response to the statement that service requirements within the procurement process were adequately tailored to the needs of their region. One leader disagreed.

They suggested improvements for future procurement practices, including having:

- better consultation with on-the-ground service providers, local level alliances and regional child, youth and family committees
- more consideration of gaps in support services operating in communities and of population increases since the initial funding allocation (which have significantly contributed to increases in service demand)
- greater involvement of the contract management team at the start of the procurement process, so it is clear what is expected of the successful supplier—including clear, measurable outcomes.

Child Safety regional leaders added:

*Considerations for the future procurement of FWS could include community consultations and co-design; procurement processes being 'time rich' to enable organisations, Elders and community to become aware of the process and be involved; location of industry briefings should be culturally appropriate and in community, rather than in small departmental meeting rooms.*

### ***While many respondents were satisfied with service criteria and contract management arrangements, some suggested improvements***

Secondary service providers were asked to provide feedback on their experiences of contract management, including data they are currently required to collect and whether or not it adequately assesses the outcomes of the work they do with children, young people and families. Child Safety regional leaders were asked a matching set of questions examining these issues from the perspective of their department.

s In addition, 42.9% of Intensive Family Support service respondents gave a neutral response to this question (neither agree nor disagree). No Family and Child Connect respondents gave a neutral response.

t The most significant change (MSC) technique involves the collection of stories of success and change from the field. The most significant stories are selected by stakeholders to illustrate project impact and outcomes and can be used to help assess program performance.

Only  
**31%**

of service providers agreed with the survey statement that 'the criteria for my service such as target clients needs to be refined'.

**15%**  
IFS

**22%**  
FaCC

**70%**  
FWS

Very few Intensive Family Support<sup>s</sup> and Family and Child Connect service providers agreed with the statement that 'improvements need to be made to current contract management processes and procedures', in contrast with Family Wellbeing Services providers.

The problems some services identified with their contract management included contract manager turnover, the need to collect more outcomes data, and high levels of paperwork requirements. Some services noted insufficient contact between contract management staff and services to share grass roots-level success stories. Evaluation methods such as the most significant change technique<sup>75</sup> could assist with capturing such outcomes.<sup>t</sup>

Child Safety regional leaders suggested that future service criteria should refine guidelines on the complexity of client needs, further define information sharing and practice collaboration requirements, and include measurable targets.

They indicated that contract management could be improved through:

- linking data across the family support (secondary) and child protection (statutory) systems, including referral pathways, notifications, and child protection orders taken out
- the inclusion of contract targets and reporting measures.

In addition to being able to track the pathways of families, Child Safety regional leaders suggested that having services report against meaningful outcomes measures would enable them to identify which services are working well and which require strengthening.

They agreed that future contracts should include clear, measurable outcomes and that services should be provided with guidance to ensure any assessments are robust and comparable across services.

## While most services are meeting their key performance indicators, service providers and Child Safety regional leaders don't believe the current indicators are adequate measures of service performance

Secondary services report on key performance indicators (KPIs) quarterly. As noted in Table 3-5, these include the number of hours of service delivery and the number of service users. Around four-fifths of secondary services reported they are meeting their KPIs. This was confirmed by Child Safety regional leaders, who said that, with the exception of one or two locations, most Family and Child Connect and Intensive Family Support services are meeting them.<sup>u</sup>

The most common reason given by both service providers and Child Safety regional leaders for services not meeting KPIs was staff turnover. Child Safety regional leaders also reported that some of their Family Wellbeing Services no longer had contracted targets, making it challenging to measure the performance of these services. Child Safety advised that in future they are planning to reintroduce targets for new Family Wellbeing Services contracts.

Only one third of Family and Child Connect services, 30 per cent of Intensive Family Support services and half of Family Wellbeing Services respondents agreed that current reporting processes and contracted KPIs are adequate for assessing the outcomes of their services.

Services reported the following challenges:

- Outcomes are difficult to measure with existing tools in ARC.
- Family and Child Connect closes a case and has no knowledge of the level of engagement and outcomes from the referral process. There is no follow-up with clients after closure and no post-engagement tool available. Beyond qualitative data, Family and Child Connect has limited capacity to assess outcomes for families.
- Current KPI measures focus on outputs and do not adequately reflect family progress and outcomes achieved. Alternative performance measures that examine outcomes as well as outputs are needed.
- Outcomes from the perspective of parents are not captured. Feedback directly from clients is needed, such as a self-rated measure with pre and post assessments, examining parents' perceptions of their ability to meet their child's needs. These could be cross-referenced with ratings on this measure by service providers.
- Outcomes for children are not assessed. Measures that focus on child health and wellbeing outcomes are needed.

Child Safety noted that the FAST has domains for both parents/carers and children and that progress for children can be assessed against definitions within the child domains, which include assessments of health and wellbeing. As mentioned earlier, however, services have been struggling with interpreting findings from the FAST, meaning that this could be an ongoing challenge for them.

Table 3-10 includes illustrative quotes from service providers about the limitations of current secondary service data collection.

**Table 3-10: Limitations of current secondary service data collection—service provider quotes**



### Family and Child Connect

“We cannot record outcomes beyond ‘family’s needs met by FaCC’ ... We do not have any other outcomes measures in ARC.”



### Intensive Family Support

“We would be interested in better understanding the correlation [between] children entering child protection and their contact with IFS services.”



### Family Wellbeing Services

“[We need to measure] progressive outcomes. [After completing initial case plan goals], some clients may receive subsequent assessments, and new case plan goals. Their [recorded] progress to that point is that there are no outcomes, despite achievements by the client to reach a number of case plan goals.”

<sup>u</sup> Child Safety advised that if funded services are not able to meet their key performance indicators, regional contract managers work with them to identify and address any barriers they may encounter.

Feedback from Child Safety regional leaders was consistent with that of secondary service providers. Both believe there is a need to improve current data collection practices, including improving measures of service impact.

Child Safety regional leaders stated:

Measures to capture interventions with families could be explored. Services indicate families report they feel they have improved life skills and feel safer and more protected from harm, however capturing this data under a KPI is challenging ... While we have quarterly service meetings and seek feedback from key stakeholders, there is no mechanism to formally track or assess service user outcomes.

Child Safety regional leaders identified that significant aspects of their work with Aboriginal and Torres Strait Islander families were not able to be adequately captured within the ARC system.

There are challenges in terms of capturing the work within the ARC system. ARC does not capture the families' story, the historic trauma and the healing activity provided by the service. It is quantitative based and does not allow for qualitative information which is more suitable to activities required to offer holistic services to support ATSI [Aboriginal and Torres Strait Islander] families.

# 4

# Conclusion

**In 2013, the Queensland Child Protection Commission of Inquiry (the Inquiry) found that Child Safety was under unsustainable demand. This was largely because of the number of reports being made to it regarding concerns about children, many of which did not require further investigation. It also found that one of the reasons for the high number of reports was the lack of readily accessible services designed to help vulnerable families get the assistance they need.**

In response, the Queensland Government established Family and Child Connect—to provide a place for people to report concerns about children—and Intensive Family Support services and Family Wellbeing Services, to provide support to families before they are involved with the statutory system (Child Safety). These initiatives aimed to improve outcomes for families, and in so doing, to reduce the load on the overworked statutory system. This study set out to assess whether they have achieved these aims.

Many factors increase pressure on families, including several that secondary services can do nothing about (for example, homelessness and unemployment). Due to the large number of families needing support, there are a number of roadblocks within the secondary system such as long waitlists to access services. This means that Family and Child Connect will often have to ‘actively hold’ families who are unable to get the help they need in a timely way, potentially putting children at greater risk of requiring a statutory response.

Intensive Family Support services report that they frequently provide support to families in crisis whose needs would be more appropriately met by the statutory system, rather than providing secondary, preventative services as intended.

There are also factors that increase the pressure on the statutory system, such as the perception of individuals and organisations that they must report any concerns about children directly to Child Safety—or to both Child Safety and Family and Child Connect. The reports Child Safety receives continue to be largely about issues the secondary services could have helped with. Until this perception is corrected, the workload will not become manageable.

Findings from this study also suggest that some improvements are needed to the ways in which secondary services have been set up. Participants in this study said that more acknowledgment needs to be given to the geographical distances they cover, the growing populations they service, and the challenges associated with some of their target groups. They also said there needs to be more consultation with frontline community groups and Aboriginal and Torres Strait Islander services and networks.

Many of those working in the secondary services and in Child Safety believe the services are improving outcomes for families and reducing demand on the statutory system.

The challenge for this study was finding evidence to substantiate those beliefs. Currently there are not enough measures in place to assess outcomes for families, and there are limited ways to assess the impact of the secondary services on the workload of statutory services.

Secondary services are all delivered by non-government agencies. They were selected through procurement processes that focused on inputs and outputs—not on outcomes. It is acknowledged that measuring outcomes within the human services sector is complex. However, there is an increasing awareness among researchers and across the government and non-government sector that the lack of data being collected about client outcomes means the impact of government expenditure on services cannot be effectively measured and monitored.<sup>76</sup> Child Safety has begun putting in place some outcomes reporting, but feedback from services indicates there is still more work to be done.

The systems used by the secondary services and Child Safety do not automatically share data. It takes a lot of manual effort to, for example, find out whether a family who has used secondary services has ended up in the statutory system (or vice versa). This is because when the secondary services were originally established, Child Safety was concerned that if families were aware that the department could access information about them, they might be deterred from seeking help. The majority of participants in this study, however, including both secondary service providers and Child Safety regional leaders, stated that having the ability to track families through the system is important for supporting monitoring and evaluation.

There is currently no requirement for secondary services to use evidence-based programs. This is of concern because the effectiveness of many family support initiatives is unknown. Trialling and adapting evidence-based programs in a Queensland context and collecting data to measure their effectiveness could contribute to the growing evidence base around effective programs and ultimately support better decision making by government.<sup>77</sup>

While implementing evidence-based programs may be more costly in the short term and requires work in making adaptations to the Queensland context, this has to be preferable to investing in programs for which effectiveness is unknown and outcomes are not monitored. Child Safety is beginning to trial some evidence-based programs but again, there is more work to be done.

The government has a tool to support the collection of more outcomes data at the systems level—its procurement and contract management processes. Future commissioning could be refined by requiring the services to conduct the same assessment before and after services are delivered (to measure change), and by ensuring the systems used by the secondary and statutory services make it easy to track progress. Similarly, updated procurement and contract management processes could be used to establish requirements that a portion of programs delivered by services be evidence-based.

It is acknowledged this that will involve a substantial overhaul of current processes and practices. However, the Queensland Government has invested heavily in the establishment of secondary services and is accountable to the public for ensuring the quality of services it has outsourced to non-government organisations meets the standards required. Currently, it cannot. In a post-COVID environment where budgets are lean, it is more important than ever that government can demonstrate that it is investing in quality services and monitoring its investments well.

Other jurisdictions around Australia and internationally are moving towards more evidence-based practices and measurement. It would be valuable for Queensland to investigate different models and approaches being adopted, implement change where appropriate and monitor and measure its progress.

Demand for the secondary system is growing, but so is demand for the statutory system. That said, it is quite possible the demand for the statutory system would be even higher if secondary services had not been introduced. Anecdotes, and the general perception of a large proportion of those we surveyed, indicate that the secondary services are making a difference, and this study saw nothing to contradict that. But if we want to be certain they are improving outcomes for children, young people and families, and that they are reducing pressure on the statutory system, we have to start measuring and reporting on the right things.

## 5

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# Appendices

## Appendix A

# Service provider responses to fixed response survey items

Survey item	FaCC—N (%) agreement (N=9)	IFS—N (%) agreement (N=20)	FWS—N (%) agreement (N=10)	Total all services N (%) agreement (N=39)
Supply aligns with demand for my service	2 (22.2%)	6 (30%)	1 (10%)	9 (23.7%)
There is sufficient capacity within the secondary family support service sector in my region to meet FaCC referral needs	0 (0%)	3 (15%)	5 (50%)	8 (20.5%)
Children, young people and families in my area would benefit from increasing the capacity of local services	8 (88.9%)	18 (90%)	8 (80%)	34 (87.2%)
Families are being appropriately directed to the secondary and tertiary systems	5 (55.6%)	14 (70%)	5 (50%)	24 (61.5%)
Mandatory reporters are referring to secondary services rather than the tertiary system, where appropriate	3 (33.3%)	4 (20%)	5 (50%)	12 (30.8%)
Overall, the FaCC model is working well for my service	N/A	13 (65%)	4 (40%)	17 (56.6%)
There was sufficient community consultation prior to the procurement of services	3 (33.3%)	7 (38.9%)*	1 (10%)	11 (29.7%)
The selection criteria for procuring secondary family support services aligned with and supported the services needed in my region	5 (55.6%)	14 (77.8%)*	4 (40%)	23 (62.2%)
Service requirements within the procurement were adequately tailored to community needs	3 (33.3%)	8 (44.4%)*	1 (10%)	12 (32.4%)
The criteria for my service such as target clients need to be refined	4 (44.4%)	5 (25%)	3 (30%)	12 (30.7%)
Improvements need to be made to current contract management processes and procedures	2 (22.2%)	3 (15%)	7 (70%)	12 (30.8%)
Our service is meeting its contracted KPIs	9 (100%)	15 (75%)	7 (70%)	31 (79.5%)
Current reporting processes and contracted KPIs are adequate for assessing the outcomes of our work	3 (33.3%)	6 (30%)	5 (50%)	14 (35.9%)
Service evaluations demonstrate improved outcomes for children, young people and families after attending my service	6 (66.7%)	15 (75%)	8 (80%)	29 (74.4%)
A reduction in tertiary system demand is a realistic outcome of introducing secondary services	4 (44.4%)	13 (65%)	6 (60%)	23 (59%)

Note: 'N'—total number surveyed; FaCC—Family and Child Connect; IFS—Intensive Family Support; FWS—Family Wellbeing Service; and KPIs—key performance indicators. \*—only 18 IFS services responded to these items.

# Child Safety regional leader responses to fixed response survey items

Survey item	Disagree	Neutral	Agree
<b>Family and Child Connect</b>			
The introduction of FaCC services in my region has resulted in families being more appropriately directed to the secondary and tertiary systems			••••
The introduction of FaCC services in my region has resulted in mandatory reporters referring to secondary services rather than the tertiary system, where appropriate	•	••	•
FaCC services in my region are providing support to their intended client group i.e. families at risk of entering the tertiary system			••••
FaCC services have sufficient capacity to effectively respond to the needs of vulnerable families in my region	•••	•	
In my region, FaCC services are meeting their KPIs			••••
In my region, FaCC services' KPIs for assessing the work they do with children, young people and families are adequate	••	••	
Overall, the FaCC model is working well for Child Safety in my region		•	•••
<b>Intensive Family Support</b>			
IFS services in my region are providing support to their intended client group i.e. families at risk of entering the tertiary system		•	•••
IFS services have sufficient capacity to effectively respond to the needs of vulnerable families in my region	•••	•	
In my region, IFS services are meeting their KPIs	•		•••
In my region, IFS services' KPIs for assessing the work they do with children, young people and families are adequate	•	•	••
Overall, the IFS model is working well for Child Safety in my region			••••
<b>Family Wellbeing Service</b>			
FWS are providing support to their intended client group		•	•••
FWS have sufficient capacity to effectively respond to Aboriginal and Torres Strait Islander families in need of family support services in my region	••		••
In my region, FWS meet their contracted KPIs	•	••	•
In my region, FWS' KPIs for assessing the outcomes of the work they do with children, young people and families are adequate	•		•••
Overall, the FWS model is working well for Child Safety in my region	•		•••

• Dots indicate a response by a regional leader.

*Continued over page...*

Note: FaCC—Family and Child Connect; IFS—Intensive Family Support; FWS—Family Wellbeing Service; and KPIs—key performance indicators.

Appendix B: Child Safety regional leader responses to fixed response survey items

Survey item	Disagree	Neutral	Agree
<b>All secondary services</b>			
Sufficient community consultation was carried out prior to the procurement of secondary family support services in my region		••••	•
The selection criteria for procuring secondary family support services aligned with and supported the services needed within my region		••••	•
Service requirements within the procurement were adequately tailored to the needs of my region (e.g. considering community size, remoteness, existing service structure)	•	••••	
Overall, improvements need to be made to current processes and procedures for the contract management of secondary services in my region	•	••	•
The criteria for secondary services such as target clients and other service guidelines need to be refined	•	••	•
The current reporting processes and service KPIs are adequate to assess service performance in my region	•	••••	
Children, young people and families in my region would benefit from increasing the capacity of secondary family support services			•••••
A reduction in tertiary system demand (e.g. number of notifications, substantiations and children in out-of-home care) is a realistic outcome of introducing secondary family support services in my region	•	••	•

• Dots indicate a response by a regional leader.

Note: KPIs—key performance indicators.

## Child Safety procurement documents reviewed

### Child Safety Outputs and Performance Measures Catalogue Version 1.1 (2018)

[www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/output-funding-reporting/archive](http://www.cyjma.qld.gov.au/about-us/our-department/funding-grants-investment/output-funding-reporting/archive)

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### Family and Child Connect

- Stages 1–3 Request for Quote
  - Service Model and Guidelines
- 

### Family Wellbeing Services

- Stages 1–5 Request for Quote
- 

### Human Services Quality Framework: Measuring Quality, Improving Services Version 8.0 (2021)

<https://www.dsdsatsip.qld.gov.au/our-work/human-services-quality-framework>

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### Intensive Family Support services

- Stages 1–5 Request for Quote
  - Stages 1–5 Tender Specifications
- 

### Outcomes Co-Design (n.d.)

[www.dsdsatsip.qld.gov.au/about-us/funding-sponsorship/outcomes-co-design](http://www.dsdsatsip.qld.gov.au/about-us/funding-sponsorship/outcomes-co-design)

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### Queensland Procurement Policy (2019)

[www.hpw.qld.gov.au/\\_\\_data/assets/pdf\\_file/0020/3377/qldprocurementpolicy.pdf](http://www.hpw.qld.gov.au/__data/assets/pdf_file/0020/3377/qldprocurementpolicy.pdf)

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## Performance data provided by Child Safety

### Intake data

- Number and source of child concern reports
- Number and source of notifications

### Family and Child Connect data

- Number and source of enquiries received
- Number and source of active engagements
- Referral response type
- Families referred to Family and Child Connect by Child Safety
- Families referred to Family and Child Connect by Child Safety who were assessed as a child concern report
- Families commencing a Family and Child Connect service by Indigenous status

### Intensive Family Support data

- Families referred to Intensive Family Support services by Child Safety
- Families referred to Intensive Family Support services by Child Safety who were assessed as a child concern report
- Families referred to an Intensive Family Support service by Indigenous status
- Families consenting to commence an Intensive Family Support service by Indigenous status

### Family Wellbeing Services data

- Families referred to Family Wellbeing Services by Child Safety
- Families referred to Family Wellbeing Services by Child Safety who were assessed as a child concern report
- Families referred to a Family Wellbeing Service by Indigenous status
- Families consenting to commence a Family Wellbeing Service by Indigenous status
- Family Wellbeing Services meeting families' needs by closure reason

## Service provider survey items

The following table lists the questions that were included in our service provider survey and the four different response types. All questions were asked of all service providers except where noted.

There were slight differences between the three service provider surveys depending on whether the questions were being asked of a Family and Child Connect, an Intensive Family Support service or a Family Wellbeing Service.

Items with no number were asked of all respondents. Items with a 1 were asked of Family and Child Connect services only; 2 were asked of Intensive Family Support service and Family Wellbeing Services providers; 3 were asked of Family and Child Connect and Family Wellbeing Service providers; 4 were asked of Family and Child Connect and Intensive Family Support service providers.

### Question

Response type: *Fixed choice responses*

- In which Child Safety region is your service based?
- What challenges typically face the children, young people and families attending your service? *(Tick all that apply.)*

<input type="checkbox"/> Parenting stress	<input type="checkbox"/> Housing insecurity
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Involvement with the youth justice system
<input type="checkbox"/> Domestic and family violence	<input type="checkbox"/> Involvement with the criminal justice system
<input type="checkbox"/> Drug and alcohol abuse	<input type="checkbox"/> Involvement with the child protection system
<input type="checkbox"/> Financial insecurity	<input type="checkbox"/> Other

## Question

Response type: 5-point scale response type (Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree)

- Supply (in terms of the number of clients you are funded to support) aligns with demand (in terms of the number of children, young people and families seeking support) for my service.
- Children, young people and families in my local area would benefit from increasing the capacity of secondary family support services.
- Based on my experience (that is, clients presenting at your service), families are being appropriately directed to the secondary and tertiary systems.
- Based on my experience (that is, clients presenting at your service), mandatory reporters are referring to secondary services rather than the tertiary system, where appropriate.
- Overall, IFS services work well in terms of meeting the needs of clients my service refers.<sup>1</sup>
- Overall, the FaCC model is working well for my service.<sup>2</sup>
- Overall, FWS work well in terms of meeting the needs of clients my service refers.<sup>1</sup>
- There is sufficient capacity within the secondary family support service sector in my region to meet FaCC referral needs.
- The criteria for my service, such as target clients and other service guidelines, need refinement.
- Service evaluations demonstrate improved outcomes for children, young people and families after attending my service e.g. reduced risk pre- and post-service.
- My service is meeting its contracted KPIs.
- Current reporting processes and contract KPIs are adequate for assessing the outcomes of the work we do with children, young people and families and the performance of our service.
- In my opinion, a reduction in tertiary system demand (e.g. number of notifications, substantiations and children in out-of-home care) is a realistic outcome of introducing secondary family support services.
- Improvements need to be made to current processes and procedures for the contract management of my service.
- There was sufficient community consultation prior to the procurement of secondary family support services in my region.
- The selection criteria for procuring secondary family support services aligned with and supported the services needed within my region.
- Service requirements within the procurement were adequately tailored to the needs of my region (e.g. considering community size, remoteness, existing service structure etc.).

Response type: 5-point scale response type (Never, Rarely, Sometimes, Often, Always)

- How often do you provide services to clients from families experiencing temporary stressors (e.g. job loss, divorce) who would usually not need assistance from government services?
- How often do you provide services to clients from families who, without help, may be at risk of coming into contact with the tertiary system?
- How often do you provide services to clients from families whose needs would be more appropriately met by the tertiary system?

Note: There were slight differences between the three service provider surveys depending on whether the questions were being asked of a Family and Child Connect, an Intensive Family Support service or a Family Wellbeing Service. Items with no number were asked of all respondents. Items with a 1 were asked of FaCC services only; 2 were asked of IFS and FWS providers; 3 were asked of FaCC and FWS providers; 4 were asked of FaCC and IFS providers.

## Question

Response type: *Free text response*

- Please provide more information about impacts on service demand e.g. issues such as the complexity of clients, number of referrals received etc.
- Children, young people and families in my local area would benefit from increasing the capacity of secondary family support services. Please describe why/why not.
- What are the barriers for families being appropriately referred to secondary family support services? How could these be overcome?
- Please describe the relationship between your service and IFS services in your local area.<sup>3</sup>
- What are the strengths and benefits of IFS services for your service?<sup>3</sup>
- What are the challenges of IFS services for your service?<sup>3</sup>
- How could IFS services be improved in your local area?<sup>3</sup>
- Please describe the relationship between your service and FaCC in your local area.<sup>2</sup>
- What are the strengths and benefits of FaCC for your service?<sup>2</sup>
- What are the challenges of FaCC for your service?<sup>2</sup>
- How could FaCC services be improved in your local area?<sup>2</sup>
- Please describe the relationship between your service and FWS in your local area.<sup>4</sup>
- What are the strengths and benefits of FWS for your service?<sup>4</sup>
- What are the challenges of FWS for your service?<sup>4</sup>
- How could FWS be improved in your local area?<sup>4</sup>
- The criteria for my service, such as target clients and other service guidelines, need refinement. If so, how?
- Service evaluations demonstrate improved outcomes for children, young people and families after attending my service e.g. reduced risk pre- and post-service. If not, what barriers does your service experience in demonstrating improved outcomes for children, young people and families attending your service?
- Please provide information about your service's contracted KPIs including outputs (e.g. number of families receiving services) and outcomes (difference in pre- and post-risk assessment levels).
- If your service is not meeting its contracted KPIs, what barriers does it experience?
- If current KPIs are not adequate, are there more meaningful measures that would better capture the outcomes of the work you undertake with children, young people and families?
- Beyond changes in service outcomes and KPIs, what have been the benefits of establishing your service for your community?
- In my opinion, a reduction in tertiary system demand (e.g. number of notifications, substantiations and children in out-of-home care) is a realistic outcome of introducing secondary family support services. If not, what do you see as barriers to achieving a reduction in tertiary system demand? Consider factors such as funding, service capacity, policies and practices etc.
- Improvements need to be made to current processes and procedures for the contract management of my service. If so, what improvements would you suggest?
- Please describe the processes or procedures that were particularly effective in the procurement of the secondary family support services (FaCC, IFS, FWS) in your region.
- Please describe the processes or procedures that could be improved for the procurement of any future secondary family support services (FaCC, IFS, FWS) in your region (e.g. community consultation, tailoring service requirements to the needs of the region).

Note: There were slight differences between the three service provider surveys depending on whether the questions were being asked of a Family and Child Connect, an Intensive Family Support service or a Family Wellbeing Service. Items with no number were asked of all respondents. Items with a 1 were asked of FaCC services only; 2 were asked of IFS and FWS providers; 3 were asked of FaCC and FWS providers; 4 were asked of FaCC and IFS providers.

# Child Safety regional leaders survey items

The following table lists the questions that were included in our Child Safety regional leader survey and the two different response types.

Question
Response type: <i>5-point scale response type (Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree).</i>
<ul style="list-style-type: none"> <li>• The introduction of FaCC services in my region has resulted in families being more appropriately directed to the secondary or tertiary systems.</li> <li>• The introduction of FaCC services in my region has resulted in mandatory reporters referring to secondary services rather than the tertiary system where appropriate.</li> <li>• FaCC services in my region are providing support to their intended client group i.e. families at risk of entering the tertiary system.</li> <li>• FaCC services have sufficient capacity to effectively respond to the needs of vulnerable families in my region.</li> <li>• In my region, FaCC services meet their contracted KPIs.</li> <li>• In my region, FaCC services' KPIs for assessing the outcomes of the work they do with children, young people and families are adequate.</li> <li>• Overall, the FaCC model is working well for DCSYW in my region.</li> <li>• IFS services in my region are providing support to their intended client group i.e. families at risk of entering the tertiary system.</li> <li>• IFS services have sufficient capacity to effectively respond to the needs of vulnerable families in my region.</li> <li>• In my region, IFS services meet their contracted KPIs.</li> <li>• In my region, IFS services' KPIs for assessing the outcomes of the work they do with children, young people and families are adequate.</li> <li>• Overall, the IFS model is working well for DCSYW in my region.</li> <li>• FWS in my region are providing support to their intended client group i.e. families at risk of entering the tertiary system.</li> <li>• FWS have sufficient capacity to effectively respond to the needs of vulnerable families in my region.</li> <li>• In my region, FWS meet their contracted KPIs.</li> <li>• In my region, FWS KPIs for assessing the outcomes of the work they do with children, young people and families are adequate.</li> <li>• Overall, the FWS model is working well for DCSYW in my region.</li> <li>• There was sufficient community consultation prior to the procurement of secondary family support services in my region.</li> <li>• The selection criteria for procuring secondary family support services aligned with and supported the services needed within my region.</li> <li>• Service requirements within the procurement were adequately tailored to the needs of my region (e.g. considering community size, remoteness, existing service structure etc.).</li> <li>• Overall, improvements need to be made around current processes and procedures for contract management for secondary family support services in my region.</li> <li>• The criteria for secondary family support services such as target clients and other service guidelines in my region need to be refined.</li> <li>• The current reporting processes and service KPIs are adequate to assess service performance in my region.</li> <li>• Children, young people and families in my region would benefit from increasing the capacity of secondary family support services.</li> <li>• A reduction in tertiary system demand (e.g. number of notifications, substantiations and children in out-of-home care) is a realistic outcome of introducing secondary family support services in my region.</li> </ul>

## Question

Response type: *Free text response*

- Please describe the relationship between Family and Child Connect (FaCC) services and the Department of Child Safety, Youth and Women (DCSYW) in your region.
- If families are not being referred to the most appropriate (secondary or tertiary) services (including referrals by mandatory reporters) in your region, what are the key barriers? Please describe any suggestions for overcoming barriers to appropriate referrals.
- If FaCC services are not providing support to their intended client groups, please provide more information about factors that may be preventing this and any suggestions for how this could be improved.
- If FaCC services do not have sufficient capacity, please provide more information about factors that may be preventing this.
- What barriers do FaCC services in your region experience in meeting their KPIs?
- Are there more meaningful measures that would better capture the outcomes of the work FaCC services undertake with children, young people and families in your region?
- What are the strengths and benefits of FaCC for DCSYW in your region?
- What are the challenges of FaCC for DCSYW in your region?
- How could FaCC services be improved in your region?
- Please describe the relationship between Intensive Family Support (IFS) services and the Department of Child Safety, Youth and Women (DCSYW) in your region.
- If IFS services are not providing support to their intended client groups, please provide more information about factors that may be preventing this and any suggestions for how this could be improved.
- If IFS services do not have sufficient capacity, please provide more information about factors that may be preventing this.
- What barriers do IFS services in your region experience in meeting their KPIs?
- Are there more meaningful measures that would better capture the outcomes of the work IFS services undertake with children, young people and families in your region?
- What are the strengths and benefits of IFS services for DCSYW in your region?
- What are the challenges of IFS services for DCSYW in your region?
- How could IFS services be improved in your region?
- Please describe the relationship between Family Wellbeing Services (FWS) and the Department of Child Safety, Youth and Women (DCSYW) in your region.
- If FWS are not providing support to their intended client groups, please provide more information about factors that may be preventing this and any suggestions for how this could be improved.
- If FWS do not have sufficient capacity, please provide more information about factors that may be preventing this.
- What barriers do FWS in your region experience in meeting their KPIs?
- Are there more meaningful measures that would better capture the outcomes of the work FWS undertake with children, young people and families in your region?
- What are the strengths and benefits of FWS for DCSYW in your region?
- What are the challenges of FWS services for DCSYW in your region?
- How could FWS services be improved in your region?
- Please describe the processes or procedures that were particularly effective in the procurement of the secondary family support services (FaCC, IFS, FWS) in your region.
- Please describe the processes or procedures that could be improved for the procurement of any future secondary family support services (FaCC, IFS, FWS) in your region (e.g. community consultation, tailoring service requirements to the needs of the region).

*Continued over page...*

Question

Response type: *Free text response (continued)*

- How could contract management be improved?
  - The criteria for secondary family support services such as target clients and other service guidelines in my region need to be refined. If so, how?
  - If current KPIs are not adequate, what additional measures would contribute to a more useful assessment of service performance?
  - Children, young people and families in my region would benefit from increasing the capacity of secondary family support services. Please describe why/why not.
  - What do you see as barriers to achieving a reduction in tertiary system demand? Consider factors such as funding, service capacity, policies and practices etc.
-

