Empowered parents and families

Evaluation of the Royalties for Regions Responsible Parenting Service Expansion Project

Department for Child Protection and Family Support

Evaluation of Royalties for Regions Responsible Parenting Service Expansion Project

September 2014

pwc

This report contains an evaluation of the Responsible Parenting Service (RPS) Expansion Project for the Department for Child Protection and Family Support (the Department) in accordance with the agreement dated 18 October 2013 between the Department and PricewaterhouseCoopers (PwC).

This report is not intended to be utilised or relied upon by any organisation, or its employees, other than the Department, nor is it to be used for any purpose other than that articulated in the agreement above. Accordingly, PwC accepts no responsibility in any way whatsoever for the use of this report by any other persons or for any other purpose.

PwC has prepared this report primarily based on information collected from literature reviews, RPS stakeholder consultation and data provided by the Department. PwC has not sought any independent confirmation of the reliability, accuracy or completeness of this information. It should not be construed that PwC has carried out any form of audit of the information which has been relied upon. Accordingly, whilst the statements made in this report are given in good faith, PwC accepts no responsibility for any errors in the information provided by the Department, nor the effect of any such errors on our analysis, suggestions or report.

Executive summary

Responsible Parenting Services (RPS) are delivered as part of the Department for Child Protection and Family Support (the Department) service area three, services which *support families and individuals at risk or in crisis to manage their lives and keep themselves and their families safe.*

RPS includes the two services Parent Support and Best Beginnings, both of which are targeted to the most 'at-risk' and 'hard to reach' families in Western Australia – those considered by health and welfare professionals as most in need of services, but least likely to access them. These include families who do not normally come forward to ask for assistance, or who may have difficulties in working with other services.

Under a Memorandum of Understanding (MOU) with the Department of Regional Development and Lands (DRD), the Department receives Royalties for Regions (RfR) funding for the delivery of RPS in the Murchison, Goldfields, Great Southern, Pilbara, South West and Wheatbelt for the period 2010 - 14 (the RPS Expansion Project).

Evaluation of the RPS Expansion Project is a requirement of the funding agreement with the DRD. It is also required to assist in the development of an evidence base that will inform a business case for further funding upon the expiration of the Royalties for Regions funding in 2015.

Evaluation
Activity summary

RPS has rapidly increased in scale across the expansion regions. Referral and case activity levels for both Best Beginnings and Parent Support have grown significantly before stabilisation in 2014. From 1 July 2011 to 30 June 2014, the Department has supported 238 Best Beginnings clients and opened 1,124 Parent Support cases. Of particular significance is the considerable proportion of clients identified as Aboriginal (32% of Best Beginnings clients and 61% of Parent Support clients), aligning with the RPS target client group, particularly in regional areas.[1]

Rates of referral conversion to service provision are high (particularly for Parent Support) demonstrating the ability of the services to effectively engage a hard to reach client group that is unlikely to seek assistance.

Districts have progressively addressed the significant staffing challenges associated with providing quality service delivery in remote locations. Actual workforces for both Parent Support and Best Beginnings have been maintained above 80% of established positions within the 2014 calendar year. The ability to employ from local communities, and offer Aboriginal and (to a lesser reported extent) male case workers and service support staff has varied across sites, with implications for ease of client engagement. More generally, RPS staff across sites reported a desire for greater access to training to allow them to effectively identify and respond to complex client situations they were facing, including clients with mental health issues and foetal alcohol syndrome.

Successful staffing outcomes also include the recruitment and retention of Aboriginal team members. A higher proportion of Aboriginal staff are employed to deliver the services

---

[1] Best Beginnings is a two-year service, which relative to the shorter duration Parent Support service limits the number of participating clients.

relative to the overall Departmental staffing profile and they are less likely to leave than Aboriginal staff employed in other service areas.

Client base and RPS service model

RPS provides family support in both secondary and tertiary service provision areas, with clients being at least at risk or vulnerable to child maltreatment, and with needs requiring a targeted support response. Clients are often facing a range of complex issues, and risk factors including intergenerational trauma, which represent significant challenges in supporting sustainable change leading to positive outcomes. Service teams work with clients with culturally specific family structures, who may be transient.

The Parent Support and Best Beginnings service models are built around elements needed to support this client group. As home visiting services, service teams go to where the families are. A focus on capacity building works to empower families and develop an increased sense of personal agency (a belief in their own capacity to effect change). Caseworkers strive to establish non-threatening relationships with clients, and adapt general service structures (grounded in developmental and evidence based theory) to meet local community needs. The intra and interagency collaboration required for successful delivery of RPS provides the foundation to offer wrap around support for clients and enhances government agency capability to meet the needs of families in the community.

Positioning of RPS within the Department aligns with its core purpose and role and provides the following benefits:

- The services provide staff with the opportunity to support clients where child protection interventions are not appropriate, but significant risks have been identified and need to be managed.

- Information sharing is supported between child protection and RPS teams, allowing clients to receive targeted services from each in a coordinated fashion, while providing for rapid escalation where needed to minimise the risk of adverse child/family outcomes.

- The resources of multiple agencies are accessed for the client, providing an integrated and holistic service tailored to the needs of the family.

General consensus among stakeholders is that the community funded and community sector organisation (CSO) sector in some regional areas lacks sufficient scale, breadth of expertise, connectivity and credibility with other agencies and communities to effectively deliver RPS.

Service integrity

Maintaining the integrity of the services while operating in remote locations and maintaining responsiveness to local needs can be another challenge for districts. Caseworkers are generally supportive of service tools and frameworks (significant use of Responsible Parenting Agreements for Parent Support is an example of this – 93% of service provisions are linked with RPA records), and express confidence in being able to adapt their key concepts to achieve service objectives. The challenge faced by staff is to progress beyond practical family assistance and logistical support activities (which assist in building engagement, meet the immediate needs of the family and are a stepping stone to larger outcomes) to facilitating capacity building with clients. This can be particularly challenging for Parent Support given the shorter service duration, and where broader support staff, including Parent Visitor and Youth and Family Support Workers, may not be readily accessible.

Significant opportunity for improvement exists in terms of enhancing the completion and consistency of documentation of service outcomes, and data linkages. Significant gaps in outcomes data represent a challenge for quantitative evaluation and demonstration of service benefits. While it is recognised that current reporting tools may not be appropriate for direct deployment with clients in all situations, staff have the flexibility to adapt their content into

more suitable formats and approaches. While flexibility exists, the tools' content and frameworks provide RPS with the structure needed to maintain service integrity, and the evidence base necessary to support measurement of service outcomes. Opportunities exist to increase staff compliance with service reporting, but also to enhance the functionality and usability of service recording systems such as ASSIST. The qualitative evidence suggests that a more complete data set would support conclusions as to the positive impact of RPS.[2]

Service outcomes

Evaluation consultation with service delivery teams, other Department and interagency stakeholders suggests the services are having real, positive impacts.

Reported outcomes for Best Beginnings clients include an increased understanding and interest in child developmental factors, and the development of a more confident, open parenting approach including greater connectivity with the community and support services. It was observed that participation in Best Beginnings supported better child health and development outcomes, and in some cases children directly avoided being taken into care (with only one Best Beginning child coming into care during the 2014 financial year). Quantitative analysis identifies a reduction in risk factors for clients participating in the service, including ambivalence towards their pregnancy, unstable housing, social isolation and family violence.

Parent Support stakeholders outlined cases of improved parental empowerment and family relationships, increased school attendance and reduced interaction with statutory child protection and juvenile justice services. Given the service client base, sustainability of service changes will likely remain an ongoing challenge but case evidence reports that real improvements can be maintained, and can extend within the family beyond the child who was the subject of the initial referral. Over 80% of parents participating in the service achieved some or significant changes as a result of the service and only 5 children from Parent Support families entered into care.

Collaboration and cooperation

RPS has played a key role in improving intra and interagency collaboration within the expansion regions, supporting a more integrated approach to wrap around service provision for vulnerable families.

RPS workers share information with colleagues in other Department teams, providing a more holistic and integrated approach to case management and client support, while reducing risk to the Department of adverse family and/or child outcomes.

RPS has broken down interagency communication barriers, enhanced shared understanding of support capabilities and resourcing constraints and cut red tape. Collaboration with youth justice is particularly strong, with co-location of Parent Support workers with their justice colleagues strengthening understanding of the services, assisting client engagement and resulting in a more integrated, holistic approach to supporting client families. Relationships do require ongoing effort to maintain, and relationships with some health agencies represent opportunities for improvement, but the only consistent, largely unresolved difficulty noted across districts was engagement with the Aboriginal Medical Service, where embedded perceptions of the Department's child protection focus have been difficult to shift.

Benefits for regional communities

RPS services in regional Western Australia allow people outside the metropolitan area to access comparable services to those available to families in the metropolitan area, who also

---

[2] It should be recognised that these data recording issues will result in the true rate of completions being underrepresented and that clients may not finish the service for reasons that are unrelated to the service itself such as moving to another town or community.

have access to a more extensive range of supporting services provided by CSOs. For vulnerable, hard-to-reach clients in the six regional areas there is generally no comparable alternative to the services.

Cessation of RPS services in the expansion districts would be anticipated to lead to a deterioration of client outcomes in areas including family function, child development, child and adult health and child education, with attendant increases in costs to both the public and the families involved. Workloads for child protection and juvenile justice teams would be expected to increase as family outcomes would deteriorate without the support RPS can provide. Interagency collaboration would be reduced, and relationships between vulnerable, hard to reach groups and government support service providers in these communities would be eroded. Effectively, the Department would be constrained in its ability to meet its objectives under service area three, to *support families and individuals at risk or in crisis to manage their lives and keep themselves and their families safe.*

In addition, to improving the equity of service delivery in regional Western Australia, regional communities have benefited from improved outcomes for mothers and babies, reducing current and future demands on government and CSO services, reduced the risk of criminal and anti-social behaviour, improved school attendance, enhanced collaboration between agencies based in the communities in which RPS operates and created employment opportunities for Aboriginal and non-Aboriginal community members.

Cost benefit analysis

It is generally accepted that the Best Beginnings and Parent Support services function to keep children out of care, and therefore avoid direct child protection and care costs that would otherwise be borne by Government. Economic analysis suggests this may be in the region of $1.95 in savings for every one dollar in cost for RPS.

If the analysis of 'avoided' costs is broadened to include both costs to the public and client participants, a reasonable estimate is that every dollar spent on Best Beginnings may generate a saving of up to $7.22 for regional Western Australia, while every dollar spent on Parent Support may result in a saving of up to $3.85 for regional Western Australia.

The benefits of the RPS expansion are likely to greatly exceed the costs of providing the services, considering not only the significant potential for direct cost savings, but also the long term benefits associated with reducing the lifetime costs of child abuse and neglect in regional Western Australia.

It is estimated to cost an average of $7,309 for every Best Beginnings client and $15,469 for every referred Parent Support client.

Contents

Contents

1   Introduction

1.1   Responsible Parenting Services

The Department for Child Protection and Family Support (the Department) delivers Responsible Parenting Services (RPS) as part of its service area three, which aims to '*support families and individuals at risk or in crisis to manage their lives and keep themselves and their families safe*'. It includes two services—Parent Support and Best Beginnings—which are targeted to the most at-risk and hard to reach families in Western Australia.

These include families who do not normally come forward to ask for assistance, or who may have had difficulties in working with other services. RPS provides support to families by increasing parental capacity to safely care for their children, reducing the need for child protection intervention or entry into the juvenile justice system.

1.1.1   Parent Support

The Parent Support service is a six month home visiting service that is designed to engage and assist parents of school aged children (up to 18 years old) who are involved in criminal and/or antisocial activities, in conjunction with truanting behaviour. The service was developed to address community concern about children displaying these behaviours, as the need was identified for parents to be supported to take responsibility for, and respond to their children's behaviour.

Parents are assisted to develop parenting skills, build confidence and take control of their children's criminal and antisocial behaviour. Following engagement in the service, the Parent Support worker develops a Responsible Parenting Agreement (RPA) with the parents. The RPA serves as a case plan, identifying the family goals and outlining the roles and responsibilities of the parents, Parent Support worker and any other persons or agencies involved.

The Parent Support service also works closely with the Department of Corrective Services. A co-located model exists, where a Parent Support Case Worker is placed with juvenile justice services in each of the regions.

1.1.2   Best Beginnings

Best Beginnings is an early-intervention home visiting service aimed at improving infant/parent attachment, health and wellbeing; parenting skills and positive behaviour; family functioning; social connectedness and linkages with the community. The service accepts mothers referred antenatally or before the baby is three months old, and works with them until the baby is two years of age.

The service is provided to parents with specific risk factors that make their child vulnerable to poor attachment, developmental delay and poor life outcomes. These risk factors include depression/anxiety; being under 20 years of age; experiencing financial stress; being a single parent; experiencing domestic violence; low education level; and being socially isolated.

Best Beginnings is designed to enable parents to make positive changes in the lives, and to provide a secure and nurturing environment for their child. The Department provides Best Beginnings in partnership with the Department of Health, but in regional areas the service is delivered by the Department.

1.2   Royalties for Regions expansion project

In 2010, Government allocated an initial amount of $27.925 million to the Department, through the Royalties for Regions Community Services Fund (RfR), to expand RPS into six country districts, including:

- Murchison

- Goldfields

- Great Southern

- Pilbara

- South West

- Wheatbelt.

The funding initial funding was over four budget years commencing from 2010-11, and provided for 75 additional full-time equivalent (FTE) positions across the country districts by 2012-13.An additional $6.441 million was approved in October 2013 to continue the expansion project through to 30 June 2015.

A Memorandum of Understanding (MOU) was established with the Department of Regional Development and Lands (now the Department of Regional Development), which sets out how the funding and FTE allocation is applied over the initial four years and the subsequent fifth year. The original MOU allocated the funding to achieve a staggered implementation of services, with each district receiving its first funding allocation either in 2010-11, 2011-12 or 2012-13.

However, due to unexpended funding accrued from delays in implementation, the funding was reallocated for immediate implementation of the services in all districts. The implementation is now complete, with RPS teams now operational in all six districts.

Prior to receiving the RfR funding, the Department delivered RPS only in the Perth metropolitan, Peel and Kimberly regions. The expansion of these services into regional areas through the RfR funding provides much needed services, as in some regional areas these are the only secondary family support services available to families.

1.3   Evaluation commitments

The MOU required the Department to prepare and submit a mid-term review of the RPS expansion project to the Department of Regional Development (DRD) by 30 June 2012, outlining the current status and process of implementation. This review concluded that despite some challenges in recruiting qualified staff to remote district offices, the RPS regional expansion had been successfully implemented.

In addition, the MOU requires that after four years the Department must undertake a full evaluation of the impact of the delivery of the RPS services in the expansion regions, and the extent to which they have met their key performance indicators.

The overarching purpose of the evaluation is to document:

- Lessons from the implementation experience of the six regions who have established the Best Beginnings and Parent Support services

- How, and the extent to which, participation in the services has resulted in improved outcomes for participating families and their children, including reductions in their propensity to:

  - Come into care or contact with the child protection functions of the Department

  - Interact with other government service areas (eg the juvenile justice system).

- The cost of providing the services through the regional sites and any savings due to any reduction in the propensities of clients and/or their children to come into care or contact with the child protection functions of the Department and/or other services provided by government agencies (eg youth justice, health, mental health)

- Improvements in collaboration and coordination between CFPS, other government agencies and not-for-profit sector service providers.

Parent Support and Best Beginnings services that are not funded through RfR will not be considered in the evaluation.

Since the RfR funding ceases in June 2015, the results of the evaluation are expected to provide an important evidence base for a recurrent funding submission to Cabinet through the Department of Treasury.

2 Principles of best practice for parental home visiting programs

2.1 Context

Any evaluation of the RPS is best undertaken with an awareness and understanding of the theoretical principles, frameworks and case evidence regarding parental home visiting and support programs delivered in other jurisdictions. This understanding not only serves to illustrate the context which has informed the design, implementation and ongoing delivery of the RPS, but also highlights recurrent themes, issues critical success factors which have been considered throughout the evaluation process. These elements are outlined in the following sections.

2.2 Theories informing practice

It has been observed that theories of child development should be a central element in social work training, but the subject is often quickly passed over and soon forgotten[3].

Within early childhood development casework practice, resilience theory and strengths-based approaches predominate and are used frequently in practice[4].

2.2.1 Infant mental health and attachment theory

Today, there is broad acceptance of how critical a child's early years are for their childhood development, health and education outcomes. The phase from birth to the age of three is critical for brain development in children, as it "sets the base for competence and coping skills that will affect learning, behaviour and health throughout life"[5].

Much of infant mental health work focusses on the impact of major environmental factors in influencing a child's development, including the importance of preventing mental health problems and related-developmental vulnerabilities by ensuring infants and young children have quality early relationships and experiences.

Some of the major environmental factors influencing an infant or young child's social and emotional wellbeing include:

- Secure attachment between infant and caregiver

- Sound maternal and perinatal health

- Adequate nutrition

---

[3] UK Department for Education, 2011, Safeguarding Children Across Services: Messages from research on identifying and responding to child maltreatment.

[4] NSW Department of Community Services, 2009, *Effective strategies and interventions for adolescents in a child protection context*

[5] McCain, M., & Mustard, J.F., 1999, *Reversing the real brain drain: Early years study, Final report*, Government of Ontario Children's Secretariat, available from: http://www.children.gov.on.ca/htdocs/English/index.aspx, [accessed 26 May 2014], p.1.

- Knowledgeable, skilled and competent caregivers who have access to support services and networks[6].

Several of these factors are linked through attachment theory, which was formulated in the late 1950s. Attachment theory states that a child's first relationship will have profound effects on their subsequent development. A caregiver who is reliable, available and responsive to an infant's needs forms the basis for secure attachment, which supports positive socio-emotional development outcomes, including self-esteem development, the ability to regulate stress and distress, and the formation of other relationships[7].

The innate need for infants to attach is so strong that an infant will even develop an emotional connection with inconsistent and insensitive caregivers if optimal care is unavailable. This can result in an insecure attachment outcome for the child, which has been demonstrated to predict future development problems including learning delays, relationship dysfunction, difficulties expressing emotion and mental health issues including psychopathology in adolescence[8].

The quality of the infant/caregiver relationship and the interactions between parent and child in these formative years are therefore critical to a child's development, and can have a significant impact on developmental outcomes.

2.2.2   Resilience theory

Resilience theory is a recent theoretical approach that guides work with children, young people and families. Resilience is broadly understood as positive adaptation in circumstances where difficulties – personal, familial or environmental – are so extreme that we would expect a person's cognitive or functional abilities to be impaired.

Michael Ungar (2005) argues that resilience is much more than the internal capacities or behaviours that one has to counter adversity. He states that "there is growing evidence that resilience is as much dependent on the structural conditions, relationships and access to social justice that children experience than to any individual capacities[9]".

Resilience research has the potential to provide a theoretical understanding of how caseworkers in home-based learning programs can assist parents in overcoming the cycles of abuse, poverty and failure that may have characterised their family's lives. Home-based learning programs have the potential to build resilience in parents and their children by providing them with the support to overcome adverse circumstances and have access to safe and positive learning environments. However, at present the evidence about risk and protective factors, outcomes for children and young people, and what constitutes resilience remains limited.

2.2.3   Strengths-based approaches

Utilising a strengths-based approach is consistently favoured in the literature as an approach to working with children, young people and families. While resilience theory has advanced insights into the relationship between risk and protective factors, strengths-based approaches provide a way of identifying and fostering resilience in young people, focusing on

---

6 Department of Health & Ageing, 2000, *Promotion, prevention and early intervention for mental health: a monograph*, Canberra, Australia: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-p-prommon, [accessed 26 May 2014], p. 74.

7 Western Australian Council of Social Services (WACOSS), 2013, *Integrating services to support the mental health of infants & young children: Developing the concepts*, WACOSS, Perth, Western Australia, p. 14.

8 Ibid., p.16.

9 Ungar, M. 2005, Resilience among Children in Child Welfare, Corrections, Mental Health and educational Settings: Recommendations for Service, *Child & Youth Care Forum, 34(6)*, December 2005.

what is important and not what is urgent. Strengths-based perspectives developed as a way to value individuals as 'experts' in their own lives and experience, able to find solutions to life challenges.

Strengths-based practice is based on the belief that even people with the most entrenched problems and adversities have inner resources that can help them develop. In essence, strengths-based approach offers a different language to describe children's and families' difficulties and struggles.

> *"You emancipate and empower them. It's their terms, their conditions, and their kids come first. The program allows parents to identify that their children are their responsibility, and it does empower them to step up."*
>
> *– Senior Case Worker, Parent Support*

2.3 Academic evidence of the effectiveness of home visiting programs

The majority of home visiting programs delivered in Australia and internationally are early intervention services aimed at supporting antenatal women or mothers with young children.

An early intervention approach reflects the importance of children's development during the first years of life, the significant role of parents in shaping children's early years and the subsequent impact of these years on the health and development of the child. With increasing recognition of the importance of early intervention, government policies are moving toward home visiting services as a preventative intervention strategy[10].

One of the key barriers to vulnerable families accessing services is that many find it difficult to relate to the formal service system and are alienated by practices others find acceptable[11]. Home visiting program models seek to combat this by engaging at risk or vulnerable groups in society through the delivery of services in their home environments.

The literature identifies two broad approaches to the types of service delivered by home visiting. These are:

1   **Professional model**: home visitors are trained and/or have professional qualifications specific to their respective roles. Their training ensures they have extensive knowledge of the issues pertinent to the target group.

2   **Partnership model**: home visiting programs are delivered by para-professionals or volunteer home visitors whose expertise is gained from life experience and personal social skills. Programs often encourage mothers to come up with their own solutions through the supportive 'friendship' of a home visitor.

The majority of academic studies focus on the 'professional model' of home visiting programs [12] These studies generally support home visiting programs by providing evidence of several benefits for participants, including:

---

10 McDonald, M., Moore, T.G. and Goldfeld, S. 2012, *Sustained home visiting for vulnerable families and children: A literature review of effective programs*. Prepared for Australian Research Alliance for Children and Youth. Parkville, Victoria: The Royal Children's Hospital Centre for Community Child Health, Murdoch Childrens Research Institute.

11 Ibid.

12 Department of Communities (WA), 2012, Parenting WA Home Visiting Literature review.

- Making services more accessible by bringing them into the home rather than requiring families to seek out services within the community

- Providing home visitors with an opportunity to observe the environment in which families live, and to develop tailored advice and services to meet the specific needs of families

- Building trusted, individual relationships with families that may not be possible with other types of intervention.

The Australian Institute of Family Studies (2006) evaluated the effectiveness of twelve home visiting programs in Australia, Canada and the United States. Out of these evaluations, the common benefits associated with each were:

- Fewer incidents of child maltreatment

- Enhanced parental knowledge and parenting skills

- Improvements in children's cognitive and social development

- Increased linking of parents to health care and other services.[13]

In order to address the gap in research about the effectiveness of the 'partnership model' of home visiting, Shelley Peacock et al (2013) systematically reviewed the effectiveness of para-professional home visiting programs on developmental and health outcomes of young children from disadvantaged families.

This study concluded that home visiting programs delivered within the partnership model have a marginal impact on improving the lives of socially high-risk children who live in disadvantaged families. Specifically, Peacock et al (2013) found that home visiting programs based on the partnership model:

- Can result in developmental benefits in relation to cognition and problem behaviours (however, this is less consistent with respect to language skills)

- Can help to prevent child abuse, particularly when the intervention is initiated prenatally

- Can reduce the incidence of low birth weights and health problems in older children, and increase the incidence of appropriate weight gain in early childhood.

In addition, parental home visiting programs delivered under either model may have a positive effect in preventing at risk children from engaging in criminal behaviour. A study undertaken by the Australian Institute of Criminology (2011) exploring the intergenerational transfer of criminality noted that the effect of a parent with a criminal history on a child's propensity to offend is influenced by a range of environmental factors.

These factors include poor parental supervision, harsh and inconsistent discipline, large family size and living in a neighbourhood with a high crime rate and/or a high level of socioeconomic disadvantage. The study concluded that intervention programs targeted to criminal parents with a focus on improving parenting practices and family functioning could play an important role in addressing environmental risk factors, and thus act as a potential

---

13 Australian Institute of Family Studies, 2006, The effectiveness of parent education and home visiting child maltreatment prevention programs, *Child Abuse Prevention Issues, No 24 (Autumn 2006)*.

circuit breaker of the intergenerational transfer of criminality between parents and their children[14].

Regardless of whether home visiting programs are delivered in accordance with the professional model or the partnership model, the benefits associated with these programs are closely linked with attachment theory in early childhood development. Home visiting programs aim to provide children with the best possible start in life by assisting parents and families to develop secure attachments with their children. These programs seek to ensure that children, in the context of their families and communities, are provided with the foundation to develop to the best of their potential[15].

2.4 Similar home visiting programs delivered in other jurisdictions

2.4.1 Home Interaction Program for Parents and Youngsters (Australia-wide)

The Home Interaction Program for Parents and Youngsters (HIPPY) is a two year home-based parenting and early childhood learning program delivered across Australia that empowers parents and carers to be their child's first teacher. The program builds the confidence and skills of parents and carers to create a positive learning environment to prepare their child for school. The program also offers some parents and carers a supported pathway to employment and local community leadership.

Parents and their children enrol in the program in the year before the child commences formal school and participate for two years. The program activities are designed to be integrated into the daily life of the family. The first year of the program provides children with activities which support pre-literacy and pre-numeracy skills. The second year extends these activities and provides parents with additional information about children's learning and development.

Each program location is staffed by a tertiary qualified coordinator and a team of home tutors. The home tutors are usually past or current parents participating in the program who live in the local community. Home tutors are paid employees and receive training and support from the coordinator.

Home tutors schedule regular visits with parents to work through the program activities in the family's home. Parents are also encouraged to participate in regular parent group meetings. Role-play is the usual method used by home tutors to facilitate the understanding of the parents about how to do the activities[16].

2.4.2 Families as First Teachers – Indigenous Parenting Support Service (Northern Territory)

Families as First Teachers – Indigenous Parent Support Services (FaFT-IPSS) is an early learning and family support program, delivered in the Northern Territory and Queensland, for remote Aboriginal families and children prior to school entry (0-3 years). The program aims to engage families and communities to ensure their children have the best start in life.

The FaFT-IPSS program utilises home visits to build family knowledge of child development and early learning through active engagement in quality early childhood education and

---

[14] Australian Institute of Criminology, 2011, Crime families: Gender and the intergenerational transfer of criminal tendencies, *Trends & issues in crime and criminal justice, No. 414 (May 2011)*.

[15] Ibid.

[16] Australian Government – Department of Education, 2012, *Home Interaction Program for Parents and Youngsters*.

family support strategies. The program addresses key factors that promote optimum development, such as parental knowledge of early childhood learning and development, parenting skills, health, hygiene, nutrition and how families function.

A range of professionals including teachers, social workers, health and childcare professionals are employed in the program. This means there is an integrated services approach to supporting families and the program can work in collaboration with other agencies. Strong partnerships with health services, shires, schools and other agencies are critical for the success of the program.

The FaFT-IPSS program provides resources, a community consultation framework and key strategies to assist in the development and delivery of each program. The resources include a professional Family Educator, a skilled Indigenous Family Liaison position, Playgroup Leaders, a vehicle and funding for establishment and equipment. The project team consists of a manager, regional coordinators, a project coordinator and administrative assistants. This team supports the development and implementation of the program at each site[17].

2.4.3   Variety of home visiting programs in the United States

Home visiting programs have been around in the United States since the 1970s, and are currently implemented in at least 40 states[18]. Table 1 provides some examples of the different home visiting models available in the United States.

---

17 Australian Institute of Family Studies, 2012, Aboriginal and Torres Strait Islander Promising Practice Profiles. *Families as First Teachers – Indigenous Parenting Support Services Program (NT)*.

18 University of Wisconsin, 2014, Early childhood home visiting programs, *What Works for Health, Population Health Institute*, January 2014.

Table 1:   Examples of home visiting models implemented in the United States

Program	Description
Healthy Families America	A nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. It is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues.
Home Instruction for Parents of Preschool Youngsters	An evidenced-based program that works with families in the home to support parents in their critical role as their child's first and most important teacher.
Nurse-Family Partnership	This program seeks to transform the lives of vulnerable first-time mums and their babies. Through ongoing home visits from registered nurses, low-income, first-time mums receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. This program developed from a model designed by David Olds from 1977[19] and is noted by the Department as having shaped the Best Beginnings service.
Child First	An innovative, home-based early childhood intervention, embedded in a system of care. Child First works with the most vulnerable young children (prenatal through age five years) and families to decrease serious emotional disturbance, developmental and learning problems, and abuse and neglect.
Parents as Teachers	An evidence-based home visiting model providing a broad context of parenting education and family support, and building protective factors, especially for those families in vulnerable situations.

2.5   Best practice elements of home visiting programs in Aboriginal communities

The literature identifies a number of best practice elements that home visiting programs in Aboriginal communities should adopt[20] [21]. These include:

- a focus on family – a holistic view involving working with parents, extended family and children as appropriate for each family;

- designing home visiting models to be goal-oriented with a focus on teaching specific skills;

- providing regular home visits over a long period of time to build trust-based relationships;

---

[19] Goodman, A. 2006, The Story of David Olds and the Nurse Home Visiting Program, Grants Results Special Report, Robert Wood Johnson Foundation, available: http://www.rwjf.org/content/dam/farm/reports/program_results_reports/2006/rwjf13780, [accessed 26 May 2014].

20 Australian Government, 2011, *Early childhood and education services for Indigenous children prior to starting school*, Closing the Gap Clearinghouse.

21 Australian Institute of Family Services, 2006, The effectiveness of parent education and home visiting child maltreatment prevention programs, *Child Abuse Prevention Issues, No 24 (Autumn 2006)*.

- recruiting highly qualified and/or trained staff that have a high degree of cultural competence and are experienced in dealing with vulnerable families and complex risks;

- allowing sufficient time for staff to establish relationships with parents and families, and work through behavioural and cognitive changes;

- the ability for staff to be flexible to meet the diverse needs of families (eg assist with transportation); and

- ensuring that staff have adequate support (eg professional development) and have manageable caseloads (eg no more than 15 to 20 cases per home visitor).

In addition to these best practice principles, the Australian Institute of Family Studies (2014) identifies common flaws in the implementation of home visiting programs in Aboriginal communities[22]. These are:

- implementing programs that discount Aboriginal people's knowledge of what is best for them or about their parenting, teaching or care of their children;

- assuming that programs which are successful with non-Aboriginal people will always be successful with Aboriginal people;

- expecting that one program relevant to an Aboriginal community can be applied to all Aboriginal communities with little adaptation to suit the local needs of each community; and

- excluding good quality evaluation mechanisms that measure program success in terms of child and family outcomes.

The child and family literature indicates that a caseworker's personal attributes and skill are crucial to the formation of an effective relationship. For example, participants in a UK Government Caseworkers Study described three key elements of the relationship between caseworkers and young people that will facilitate the engagement of the young person in services. These elements are:

1   commitment to the young person;

2   connection with, and an interest in the young person; and

3   providing continuity of caseworker[23].

Caseworkers should have the ability to:

- apply technical understanding of family, child development and parenting to educate and support children and families throughout the case management process;

- apply appropriate child-friendly attitudes through care and treatment;

- apply appropriate communication techniques to engage with children of all levels

---

22 Australian Institute of Family Studies, 2014, *Review of early childhood parenting, education and health intervention programs for Indigenous children and families in Australia*, Issues paper no. 8, Closing the Gap Clearinghouse.
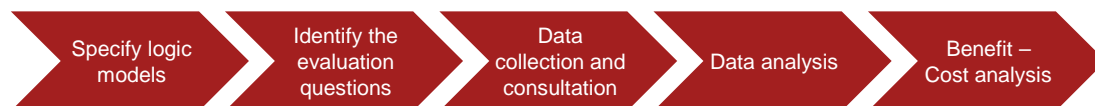
23 UK Department for Education, 2011,ibid.

- adhere to/adapt case management procedures such as: informed consent/assent, confidentiality protocols, assessing immediate needs and mobilising appropriate early intervention services

- take decisive, appropriate action where needed

- identify strengths of the child and family

- establish clear roles, expectations and boundaries – although this contrasts with the views of those from Aboriginal and Torres Strait Islander populations, where self-disclosure and 'storytelling' is a necessary building block in the helping relationship; and

- support parents and families by developing practical strategies to assist them in achieving their goals.

3 *Methodology*

Figure 1 provides a summary of the methodology that we have adopted for this project. The individual components of the methodology are discussed in more detail below.
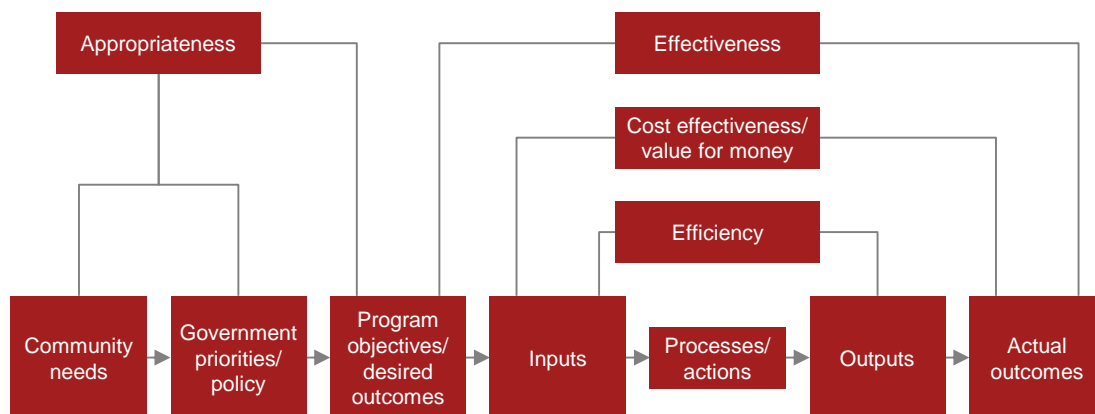
Figure 1: Project methodology

Specify logic models → Identify the evaluation questions → Data collection and consultation → Data analysis → Benefit – Cost analysis

3.1   Specify the logic models for the services

Figure 2 presents a general framework for the assessment of policy initiatives.

Figure 2: An overview of policy assessment

Performance audits and evaluations are ultimately concerned with the effectiveness of a policy initiative, with the assumption being made that the question of appropriateness—the extent to which community needs and the resulting government priorities are being addressed—is not subject to review.

To help inform the design of the evaluation, a logic model for each service was developed. The logic models specify how the service uses inputs to facilitate actions that generate service outputs, which result in the desired outcomes. The general components of the logic models are shown in Figure 3.

Figure 3: High-level service logic

Program objectives/ desired outcomes → Inputs → Processes/ actions → Outputs → Actual outcomes

Our development of the logic models was informed by:

- Discussions with the Evaluation Steering Committee and the Department's nominated project officer;

- A review of service documentation, including documentation relating to the Metropolitan and Peel services;

- A scan of evaluations of similar services undertaken in other jurisdictions; and

- Workshops involving individuals with responsibility for governance and delivery of the Best Beginnings and Parent Support services.

3.2 Key evaluation questions

3.2.1 Key question criteria

Based on the relationships identified within the logic models, we then identified the key evaluation questions to be addressed in subsequent research. As the Department's requirements included elements of both summative (outcome) and formative (process) evaluation, it was necessary to develop questions that reflected both aspects of an appraisal.

In consultation with the Evaluation Steering Committee, questions were selected for use in the evaluation taking into account:

- The importance of a question to service staff and key stakeholders, including any questions specified in the MOU with DRD;

- The identified service objectives and outcomes;

- Future service needs, including any contribution to improvements in the service; and

- The ability to answer a question given timeframes, budget, the stage of the service and data availability.

3.2.2 Key questions

The key evaluation questions (KEQs) agreed with the Department were:

KEQ1 -What are the key lessons from the implementation experience at each site?

KEQ2 – Has participation in the services resulted in improved outcomes for children, parents and the sector?

KEQ3 – How have the services led to improved interagency cooperation and collaboration?

KEQ4 – Do the Responsible Parenting Services implementing in the regions under the funding agreement with the Department of Regional Development offer value for money and net benefits?

3.3 Consultation

The general stakeholder consultation process was as follows:

- Agreed the list of stakeholders to be consulted and the method of consultation for each (eg one-on-one interviews, video or teleconference and/or group discussion)

- Confirmed the protocols for contacting stakeholders to seek their participation with the Department, where the Department undertook to advise stakeholders that we will be contacting them

- Agreed the structured interview format for each groups of stakeholders

- Scheduled site visits, meetings and video-conferences with stakeholders

- Provided stakeholders with advance notice of the topics for discussion

- Conducted the consultations

- Drafted initial documentation of discussions, and clarified points as required stakeholders

- Finalised the documentation of discussions.

A broad based consultation program was developed to ensure that the way in which local conditions have influenced both project implementation and outcomes was understood. The evaluation team visited each region to consult with regional RPS teams, as it was felt that this represented the greatest value in terms of understanding how local context influenced the operations of services and outcomes. These site visits were augmented with video-conferencing and teleconferencing for other key stakeholders, including district youth justice officers, the Western Australian Police, health agencies, and main referrers.

This approach reflected the challenges of coordinating meetings with multiple stakeholders at each expansion site and also helped to ensure that the evaluation team had the necessary appreciation of local factors, while controlling travel and accommodation costs.

We conducted the site visits with semi-structured interviews. Questions were developed ahead of the visits and were based on the key evaluation and supporting subsidiary questions.

The results of our consultations have been reported as a summary of discussions linked to the key evaluation questions. We have noted whether an identified issue has been raised by multiple stakeholders or appears to be restricted to a particular instance or specific location. Where relevant, we have also identified other evidence that confirms the views expressed by stakeholders.

The evaluation did not seek information directly from service clients. This was a specific requirement of the methodology requested by the Department, reflecting the vulnerable nature of the client families.

We appreciate that the challenges being addressed by RPS involve sensitive issues for both the Department and the communities involved. Our reporting of stakeholder consultations maintains respect for these sensitivities, and does not attribute comments to specific individuals or identify the communities involved.

This report includes illustrative case studies which have been de-identified, and where individual comments have been provided to illustrate key themes, approval has been sought and received from the relevant individual.

3.4 Data collection and analysis

3.4.1 Quantitative data collection

We collected quantitative data that is relevant to the assessment of input use, processes, outputs and outcomes identified in the logic models developed, along with data required to meet the performance reporting requirements of the MOU.

The collection of data involved:

- Establishing a data request log, documenting the data requested and the reasons why it was required

- In consultation with the relevant internal and external stakeholders, identifying the relevant data and understanding the basis and the method of its collection.

An examination of the data for quality assurance purposes prior to its use in analysis. Note that this examination did not constitute an audit, and responsibility for the accuracy of the data provided by the Department for Child Protection and Family Support used in this evaluation remains with the Department. An initial analysis of available data was undertaken prior to consultations with stakeholders. This allowed identification and addressing of gaps in the available data prior to a final data request and analysis process, and informed areas for further data collection work in subsequent iterations of the services.

3.4.2 Data analysis

The analysis of data collected was informed by the project logic and key evaluation questions developed at the start of the project. This analysis involved an initial round of data analysis, which included a comparative analysis across the six regions of service actions and outputs, including:

- Client referrals and the number of clients

- The complexity of clients referred to the service

- Staff employed.

The purpose of this initial analysis was to ensure that the evaluation team had an understanding of this data, including the basis for its collection and any gaps that exist. In addition, the first round of data analysis assisted the team in identifying differences across the regions that needed to be further explored during consultation with the Department's regional RPS teams.

A second round of data analysis was undertaken that:

- Consolidated and analysed available data for the evaluation period

- Identified data constraints and acknowledged where these have had an impact on evaluation analysis

- Assessed data on project activity volumes, outcomes and the performance criteria identified in the MOU with DRD.

The analysis of outcomes data was originally planned to compare outcomes for three groups of parents and children, being those referred to RPS who:

- Are participating in the services, and, where relevant have completed the service

- Participated but then withdrew

- Did not participate in the service.

In practice, it was difficult to achieve the quasi-experimental design outlined above due to the absence of evidence on outcomes for participants who withdrew, or clients who chose not to participate in the service.

Data records in general were often incomplete for service outcomes, even for participants who did complete the service. Our evaluation has noted where service outcome and output measures have not been analysed due to insufficient data availability. In addition, data recording practice in the ASSIST system was often inconsistent – as an example, analysis of the age of clients was not practicable due to data records potentially applying to parents, children or other family members. Linking of service provision records with referral data was

also inconsistent and incomplete, restricting the ability to assess yearly service conversion rates, or analyse relationships between referral data and service outcomes.

> *The Department operates RPS teams across Leonara/Laverton, Esperance and Kalgoorlie in the Goldfields district. The Kalgoorlie Best Beginnings service in the Goldfields is the only RPS service in the district not funded by Royalties for Regions (RfR), and should therefore ideally be excluded from evaluation analysis.*
>
> *The Department does not currently have the capability to separately identify individual Best Beginnings cases relating to the Kalgoorlie site, and as such established reporting to Executive and Department for Regional Development presents data at a consolidated Goldfields district level.*
>
> *Evaluation analysis therefore presents findings including Best Beginnings activity and outcomes for the consolidated Goldfields district. Activity levels will therefore be overstated to the extent it includes activity data for the Kalgoorlie site. Financial costs are appropriately captured as finance systems record only activity related to RfR funded sites, however output unit costs will be understated due to the use of overstated volume measures in their calculation*

3.5   Benefit-Cost analysis

In addition to the analysis of quantitative and qualitative data identified above, we undertook a BCA using the following framework:

- Identified a base case cost against which we could compare a benefit-cost ratio associated with the RPS, recognising that in the absence of RPS the issues that the Best Beginnings and Parent Support services seek to address would still exist and result in costs for Government

- Identified the costs associated with the base case scenario

- Identified the number of clients who can access the service when the service is operating at full capacity, as this was the appropriate basis for the BCA

- Identified the quantifiable benefits under the base case scenario

- Determined the appropriate appraisal length and discount rate required to determine the net present value of benefits and costs

- Provided a comprehensive and robust justification for qualitative benefits resulting from the services.

The Benefit-Cost Analysis is supplemented by an assessment of the bankable savings to Government resulting from the services. The process we have used for arriving at this estimate is as follows:

- Identified a small set of pathways through which participants in RPS may otherwise progress in the absence of an effective RPS intervention

- Specified the average cost associated with each pathway using information from either the Department or external stakeholders

- Using outcomes data, validated where possible by reference to findings from other evaluations, derived an estimate of the reduction in the propensity to enter an alternative pathway as a result of an RPS intervention;

- Using information on client numbers, estimated the future savings for government from reduced demand for other services as a result of participation in the RPS services.

4 Implementation experience

## 4.1 Principles of effective implementation

It is well recognised that effective implementation and change management is a key factor in the success or failure of an initiative. Well defined approaches to implementation are becoming increasingly important in determining service outcomes.

Leadership, communication, consistent learning, service and output measurement, involvement of key stakeholders, and sustainability are integral to effective implementation of services and related change management processes.

Figure 4: Principles of effective implementation
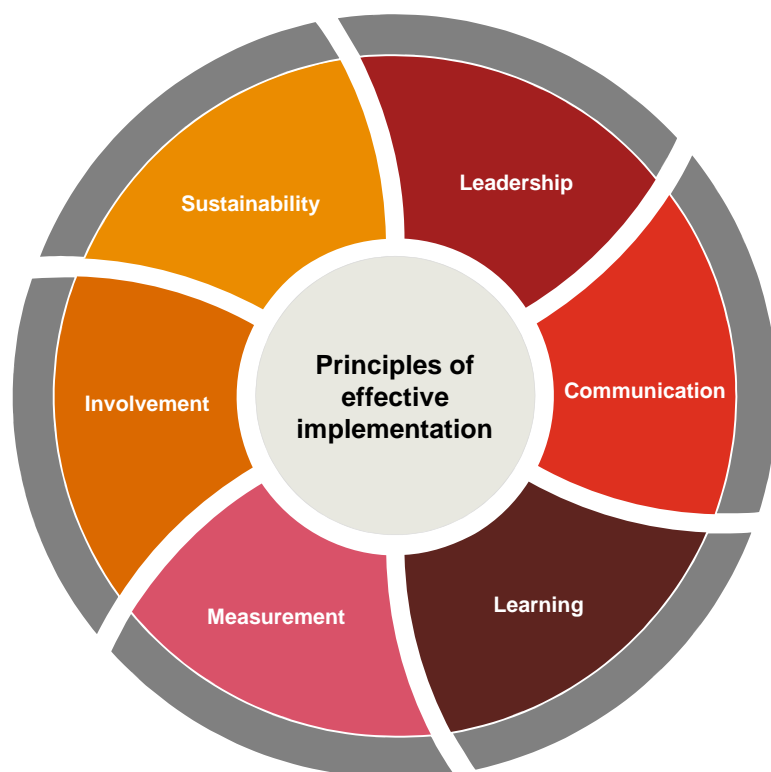
4.2 Initial implementation timeline

The MOU initially allocated funding to regions incrementally to achieve a staggered implementation of services to the regions, commencing with the Murchison and Great Southern districts in 2010-11, followed by the Pilbara and Goldfields in 2011-12, and finally the Wheatbelt and South West in 2012-13. Delays in development caused by natural disasters and workforce recruitment challenges resulted in unexpended funding. This funding was

reallocated for the immediate implementation in all districts, and as at the mid-term review date of 30 June 2012, all of the expansion districts had operational RPS teams.

Some challenges were encountered during the first year of implementation of the MOU, resulting in the establishment of a reference group to provide governance, direction and targets for implementation. Under this arrangement, significant progress has been made in filling vacant positions and implementing referral to the services.

Both internal and external reviews of the Parent Support service were conducted in 2011, resulting in a refocus of the service to the target groups. The reviews also led to strengthened relationships and coordinated case management between the Department and the Department of Corrective Services, Western Australia Police and the Department of Education.

The RfR funding for the expansion project was also provisionally extended until 2014-15, with the Department to request the funding during the 2014-15 RfR Budget process. Recurrent funding from the consolidated fund will be requested during the 2015-16 Budget process.

4.3 *Implementation themes*

4.3.1 *Recruitment*

The recruitment of qualified staff to service delivery positions has been difficult for many of the district offices. The RPS workforce operates in regional and in some cases remote locations, and like other employers in these areas, the Department faces the challenge of candidates being concerned with the isolation of such positions. Furthermore, RPS service delivery staff are working with hard to engage, vulnerable families facing a range of complex social and emotional issues. In addition to the appropriate skills and qualifications, employees must possess significant personal resilience and an embedded commitment to the role to effectively provide families with the support they require. Finding the right mix of these elements in a potential employee is not easy, however, many positions have been filled through strategic recruitment processes.

For positions that have been advertised as specified calling, non-specified calling staff have been considered where appropriate applicants are unavailable, rather than running an additional round of advertising that would result in further cost and delay. Interstate and international recruitment has also been used, including at least one position filled by an applicant from the United Kingdom. Consultation with service staff did however note the client engagement advantage in maintaining a local workforce, particularly in relation to the most remote communities. In the Pilbara for example, varying levels of service success have been linked to the ability to employ local staff, able to effectively engage the local community and foster the development of support, trust and respect between staff, community members and clients.

Many locations shared a strong focus on the recruitment and retention of Aboriginal staff. As at 30 June 2014, there were 9.5 Aboriginal FTE within RPS, or 14% of the total workforce[24]. Although this percentage is greater than the overall average for the Department (8%[25]), there remain opportunities to increase the employment of Aboriginal people in the RPS teams. This is particularly true in the Pilbara where the majority of clients are Aboriginal, yet there is only one Aboriginal FTE as at 30 June 2014 (although it is noted that hiring from within the local community has assisted with engagement in this district). Service sites commented that a workforce comprised of Aboriginal and non-Aboriginal practitioners provided an important choice to consumers of the service, and promoted a culturally responsive and safe environment. Preference for an Aboriginal or non-Aboriginal RPS team member was

---

[24] Data sourced from CPFS HR and Governance.

[25] Data sourced from CPFS HR and Governance, excludes casual employees.

identified as a key enabler (or barrier if consumer preference was not met) to engaging certain families.

Whilst the commitment to recruiting Aboriginal staff presented a potential service strength, it also presented a challenge. In some communities there are a relatively small number of appropriately experienced Aboriginal candidates. This challenge was addressed through concerted investment and alternative recruitment processes.

Whilst adhering to merit and equity standards, services invested in strategies such as:

- Offering support with the application, for example, building capability to write a CV

- Advertising vacant positions on several occasions

- Targeted communication about vacant positions to the Aboriginal community

- Promotion of existing staff to free up entry level positions for less experienced candidates

- Appointing staff on short term contracts to trial suitability to the position

- Robust training and professional development

Some feedback was received that relatively unqualified staff had struggled with the demanding and complex nature of the work. This highlights the ongoing need to balance recruitment challenges with adherence to quality standards, and the important role of training and development. As an example, service leadership staff noted the training and support needed for Best Beginnings implementation was greater than that for Parent Support. In contrast to Parent Support, child protection qualifications are not required for Best Beginnings so there was a need to recruit a workforce who understood both child protection (without necessarily having been formally trained in the area) and also early childhood development theory and key milestones. More generally, RPS staff across sites reported a desire for greater access to training to allow them to effectively identify and respond to complex client situations they were facing, including clients with mental health issues and foetal alcohol syndrome.

In addition to maintaining appropriate levels of Aboriginal staff, some sites also noted the importance of appropriate numbers of male staff for the Parent Support service. Male staff were identified as being important in being able to engage with single fathers, and also with male children within the family. This was particularly apparent when working with Aboriginal families, with several Parent Support workers noting their female gender was a barrier to engagement with the male child. Greater service engagement may therefore be possible if the Parent Support worker was able to draw upon resources including male youth engagement or Parent Visitor staff members.

As a consequence of recruitment challenges, established positions had remained vacant well after the service had formally commenced in several locations. Many regions noted there were still ongoing vacancies across RPS. The staff vacancy rate for Best Beginnings roles was greater than 30% prior to the December 2013 quarter, while the rate for Parent Support was above 20% prior to the March 2013 quarter. Both the Pilbara and Murchison regions experienced vacancy rates of 100% at times during the expansion implementation, which may be expected to have had a disruptive impact upon service delivery capability. Furthermore, an inability to sustain a service offering consistently at sites erodes community and referral pathway agency confidence in the service, increasing the challenges for future engagement. As at June 2014, the Goldfields had the highest vacancy rate of 28% for Best Beginnings (though this comprised a shortfall of only 0.7 FTE) and the Murchison had the highest for Parent Support at 38%.

Figure 5: RPS workforce complement

Best Beginnings actual FTE vs established positions (%)
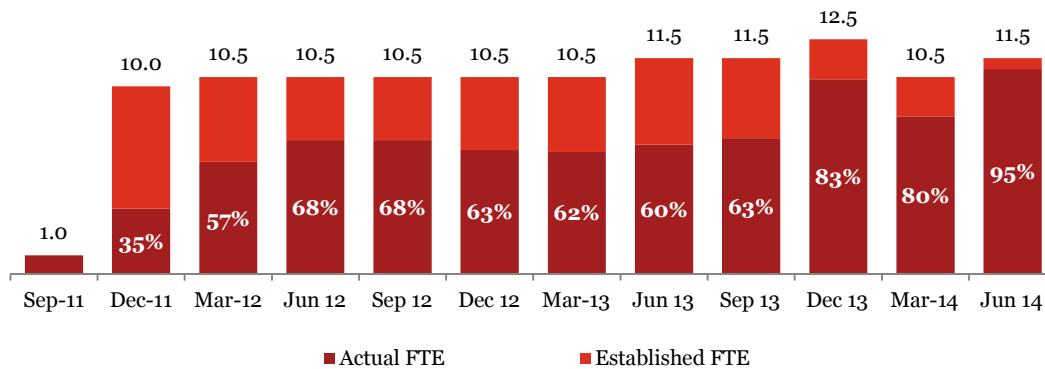
Parent Support actual FTE vs established positions (%)
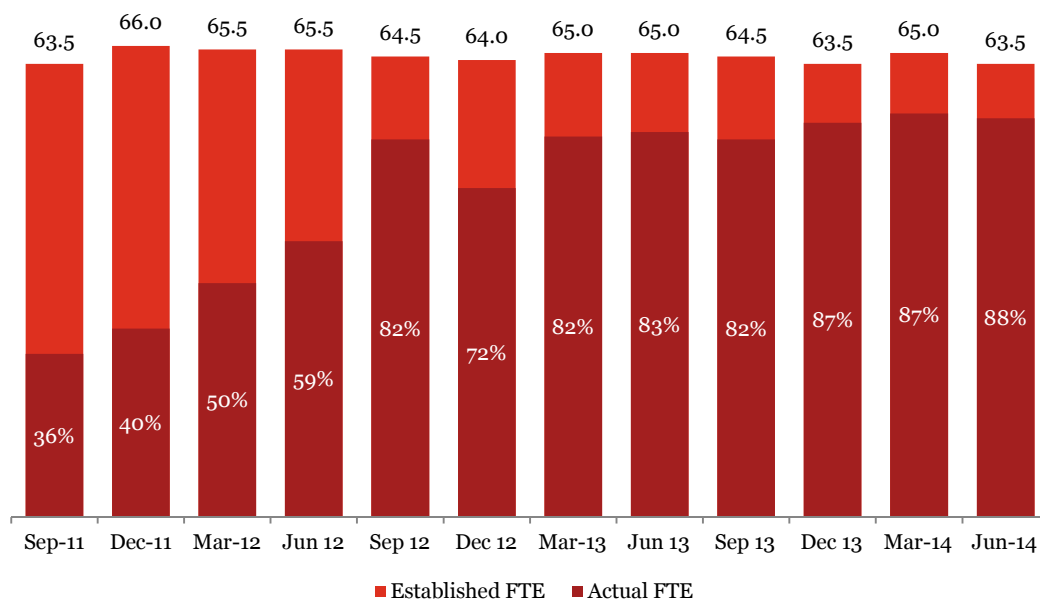
Despite the impact that staffing challenges had on implementation, many sites maintained that the additional time required to appoint a diverse and experienced workforce was worth the investment and absolutely necessary in order to optimise service delivery outcomes. An example of this may be seen for Parent Support in the Goldfields. Following an initial recruitment round which resulted in the filling of a single Parent Visitor role, a short term senior project officer role was created to focus on the RPS recruitment effort. This proactive approach worked well with the Goldfields moving from an 84% vacancy rate in the December 2011 quarter to 0% by March 2014. Where sites encountered a sustained inability to fill an established role, the decision was sometimes taken to convert the role to another within the RPS structure – maximising the availability of services while recognising resource constraints.

4.3.2   Leadership and workforce

Through consultation with service providers, 'leadership' was identified as a key enabler that had allowed the service sites to overcome workforce recruitment and capability challenges. It is well documented in management literature that different styles of leadership have a significant impact on the outcomes of an innovation and levels of resistance. Organisations with effective implementation processes have a clear vision of the intents and the purposes of change with sponsorship from the top[26]. Further, research results indicate that the best organisations state that their leaders inspire confidence in the change, create clarity among employees, and foster a sense of community[27].

In line with research on best practice approaches to implementation, service sites spoke positively of the level of the support and supervision that is provided by those in leadership roles. Site consultations supported the Department's findings from the RPS mid-term review on the importance of the Assistant District Director (ADD) role, which provides line management and 'on-the-ground' leadership for RPS teams. District offices that have experienced difficulty in recruiting for this position have also experienced some delays in establishing the RPS team.

The importance of leadership roles extends beyond the initial establishment of the RPS teams. The ADD and Team Leader roles were in particular viewed as critical in providing the support, flexibility and proactive drive to address implementation challenges. Whilst some departmental staff may not have oversight of the day-to day business of the services, there was an overarching sense of support being provided. These leadership roles were also seen as instrumental in supporting a consistent understanding of the service objectives and processes within teams, but also within the broader Department. Peer support and collaboration was also seen as a key strength of effective service implementation and an enabler to retaining staff.

The passion staff have for their work was evident during consultation, and attempts to foster a positive working environment within RPS teams appear to be having results. RPS voluntary turnover results for both 2011-12 and 2012-13 were below Department averages for country services (2011-12: 9.5% (RPS), 14.3% (Country Services); 2012-13: 10.9% (RPS), 12.4% (Country Services))[28].

It was noted across all districts that the ADD role had expanded beyond RPS implementation and operation, to include broader responsibility for Service Area Three. This is seen as a natural progression of the role as implementation efforts have progressed. Satellite locations did however suggest that greater contact with their Team Leader would be desirable. The Team Leader role is central to effective supervision, promoting reflective practice, and general professional support, particularly given the complexities of the tasks which the service teams commonly undertake. It was widely acknowledged that staff in smaller and more isolated communities require regular engagement with service leadership staff, and that this could be strengthened.

The stakeholder commentary on aspects of the service delivery that could be strengthened reflects notable professional maturity. Service staff were able to reflect on individual and team performance, identify lessons learnt, and embrace opportunities for enhancement. Many service locations actively seek feedback from families on the performance of the service and the extent to which their needs are being met. This is a value enhancement feedback loop that aligns with consumer-centric service design.

The positive and professional workforce culture that was observed could be attributed to implementation procedures such as a thorough induction process. Often the first month in a

---

26 Merrell, P. 2012, 'Effective Change Management', Management Services.

27 Ibid.

28 Analysis based on data provided by CPFS HR and Governance.

new role is spent undergoing an induction program. This experience is then complemented by ongoing training and professional development. It was also noted during site visits that staff relatively new to their role were carrying significantly lighter caseloads than their more experienced colleagues, allowing them time to properly embed their understanding of service requirements. This commitment to consistent learning aligns with the principles of effective implementation as shown in Figure 1.

4.3.3 Establishing a shared understanding of the service purpose and objectives

Another common implementation theme was addressing the challenge of differing perceptions and expectations of the RPS, within the Department as well as among clients and partner agencies/referring bodies. The service leadership group stressed the importance of establishing and maintaining a shared understanding of the services and their objectives. Communication with the view of common understanding is another of the principles of effective implementation shown in Figure 1. The recognition of the implementation challenge, and the need to clearly define the purpose and objectives of the RPS to staff and stakeholders, arose from the realisation that the services were being implemented differently across locations. Moreover, some stakeholder believed that the services were being implemented in such a way that they did not align with the service guidelines. One example of differing perceptions was in relation to the target client group and the proportion of families who were in need of crisis management relative to those who could benefit from early intervention and prevention.

> *"There was a fairly good internal response to RPS, although some initially thought it could be used for reunification and Child Protection monitoring"*
>
> *— Implementation project team member*

A persistent theme across implementation site consultation was that service teams felt the referral criteria and nature of the Parent Support service encouraged working with families whose children were in their mid-teens. These children were seen as having behavioural issues that were likely to be strongly established. Workers viewed the service as being less effective for these families than if they had been able to 'get in early' with younger children and effect more sustained outcomes. While the extent of this 're-focus' on older children was felt to vary across sites, of particular interest was that:

- some staff had been interpreting the eligibility criteria as including a requirement that children had to have been charged to meet the 'criminal behaviour' eligibility criteria, which was not the case;

- some staff noted that the interpretation of anti-social behaviour 'in the community' could not refer to incidents in school; and

- some service team staff and Team Leaders felt that there was flexibility in interpretation of the criteria to include 'having the potential' to be exhibiting anti-social or criminal behaviour, but only where there was no waiting list for the service.

The eligibility requirements for Parent Support specify that the service works with 'hard to reach' parents of school aged children up to 18 years of age, with no specific identification of any age band within that cohort[29]. However, the secondary to tertiary nature of the Parent Support service means that families most in need of the service may include referred children who are more likely to be in their teens, with established patterns of adverse behaviour –a

---

[29] Department for Child Protection and Family Support (2013), Case Work Practice Manual, available:
http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/04ParentSupport-Eligibility,ReferralandIntake.aspx.

significant driver for the parents needing the assistance that Parent Support provides. Discussion with Team Leaders and Assistant District Directors generally indicated confidence that the criteria were being applied in line with the Department's instructions, however it is suggested that communication within teams may not always provide the appropriate level of clarity to individual staff.

While consultations indicated a unified understanding within teams that RPS are not crisis intervention services, there is opportunity to further focus on the capability building objectives of the services. Many service workers saw their role as one of 'walking alongside' their client, in alignment with the non-directive nature of support they provide. It was noted that providing practical family assistance and logistical support (such as dropping kids at school and providing transport for the parents) was a key means of building rapport with families. However, the challenge faced by many workers was how to move the relationship beyond this point, once trust had been established and the immediate needs of the family addressed, and into genuine capacity building to effect sustainable change. This was an issue compounded by the lack of available Parent Visitor, or supporting Youth Engagement Officer staff in some locations. If available, these staff can provide practical, hands on support to allow the Parent Support Case Worker to concentrate on establishing the structure of the service. This was an issue also raised by several external stakeholders, who were keen to see the service visibly extend beyond this logistical support function.

During consultations, most staff were clear that the client for delivery of RPS is the parent or caregiver, notwithstanding that, for Parent Support, it is the child who generates the service referral. This is important as it focusses the service on working to develop the client's parenting capability and capacity, in the context of the referred child, rather than encouraging a short term response. This focus was not always reflected in case documentation in ASSIST, where 'client' data often referred to the child involved in the service. In addition to raising challenges for service data analysis, this may reflect a subconscious focus on the individual child relationship rather than building the parenting skills set – several staff noted during consultations that they felt they were unable to work with the client in relation to their other children due to time and resourcing constraints. The service tool set does not specifically restrict this – as an example the Responsible Parenting Agreement supports identification of agreed actions across multiple children within a family.

Service leadership staff acknowledged that it is inevitable that services will be implemented differently across locations, and that this is often necessary in order to ensure responsiveness to individual community's needs. Districts reported that the following responses had proved effective in developing a consistent understanding within the Department of the nature and purpose of RPS:

- Structured internal communications and briefing sessions informing key intra agency contacts of service purpose, referral criteria and target client cohort

- Team building and regular communication within and across RPS teams including sharing success stories

- Information sharing between RPS and other Department teams (including structured case conferencing)

- District wide communication forums and service leadership focus on striking the appropriate balance between local responsiveness and service consistency

The ongoing challenge is in maintaining adherence to the core principles and practices which provide RPS its identity, and striking the balance between responsiveness and consistency so that clients can come to expect quality of service regardless of the community in which they are located.

Figure 6: The need for localism and consistency to co-exist

Localism and community responsiveness

High quality service delivery

Consistency and assurance

> *"What RPS gives is a clearly defined program with a clear framework so we deal with our family support work as rigorously as we do with our Child Protection work"*
>
> *– District Director*

4.3.4   Engaging hard to reach families

Disadvantage has a negative impact upon family functioning and child development[30]. The chronic stress associated with poverty, for example, can impact upon an adult's parenting capacity[31]. Children growing up in poverty are more likely to experience learning disabilities and developmental delay[32].

Research demonstrates that involvement in high quality early childhood and parenting support programs can alleviate some of the negative impacts of disadvantage on young children and families[33]. However, service providers can find it challenging to engage families from disadvantaged backgrounds[34].

Below are suggested building blocks for engaging hard to reach families:

- Go to where families are

- Promote and deliver services in a non-stigmatising and non-threatening way

- Employ strategies that empower families

- Develop relationships.[35]

---

30 Brooks-Gunn, J. and Duncan, G., 1997, The effects of poverty on children. *The Future of Children*, 7(2), 55–71.

31 Centre for Community Child Health, 2009, *The Impact of poverty on early childhood development* (Policy Brief No. 14). Melbourne: Centre for Community Child Health.

32 Brooks-Gunn, J. and Duncan, G. 1997, Ibid.

33 Gross, D., Fogg, L., Webster-Stratton, C., Garvey, C., Julion, W., & Grady, J., 2003, Parent training of toddlers in day care in low income urban communities. *Journal of Consulting and Clinical Psychology, 71*(2), 267–278.

34 Cortis, N., Katz, I., & Patulny, R., 2009, *Engaging hard-to-reach families and children* (Occasional Paper No. 26). Canberra: Department of Families, Housing, Community Services and Indigenous Affairs.

35 McDonald M., 2010, *Are disadvantaged families "hard to reach"?* Communities and Families Clearinghouse Australia.

Figure 7: Building blocks for engaging hard to reach families
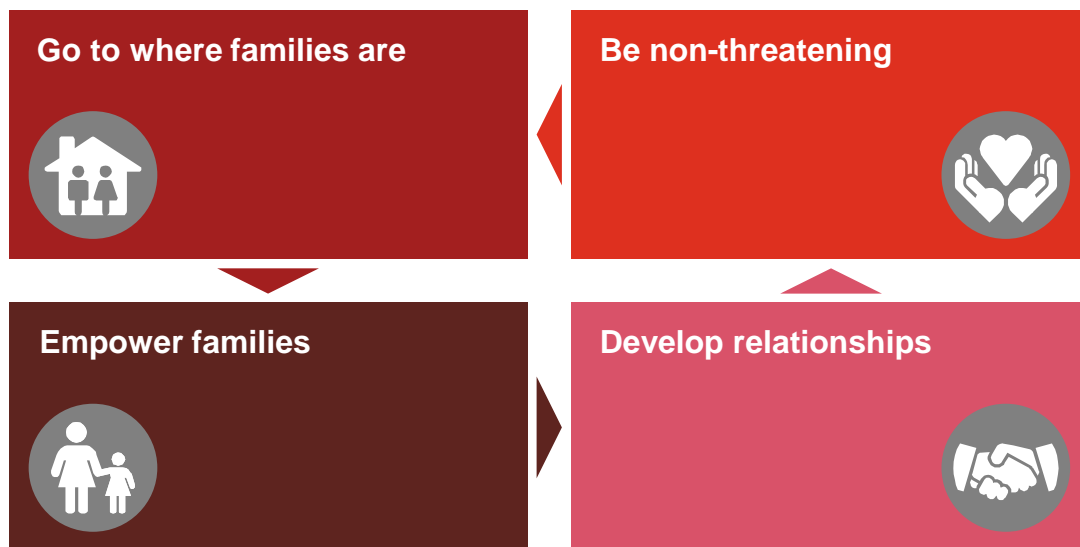
Stakeholder consultation indicated that RPS has strong alignment with the building blocks for engaging hard to reach families. The services have a strong home visiting component, have as their objective a focus on building capability rather than dependence, rely on strong relationships, and have a workforce that specialises in informal communication for learning and development. These strengths are an indicator of the services' potential to effectively engage hard to reach families and produce positive outcomes.

This is not to suggest that the engagement with families has been free from challenge. RPS staff noted that issues such as trans-generational trauma have significantly diminished their clients' ability to parent. This results in the services starting at a very basic level and it can take some time before any momentum is gained and improvements seen. Although the services are not mandated child protection interventions, RPS teams, particularly in relation to Parent Support, demonstrate considerable persistence and patience in seeking to engage families. Service staff outlined a number of actions taken as part of the critical investment in relationships necessary to make any progress with families:

- Repeated visits to families, even when faced with verbal abuse and non-attendance

- Being available to meet with parents at short notice, at a number of locations (including coffee shops, parks etc.)

- Focus on relationship building (i.e. not discussing paperwork, tools etc. in initial sessions)

- Active, inclusive involvement of all family members in service discussions

- Assisting with small general tasks including feeding pets and picking up children and bringing them home from sport etc.

Case teams did demonstrate an awareness of the need to monitor and manage engagement attempts to ensure an appropriate balance between persistence and productive effort. A team conference approach is used to prioritise efforts and maximise the effectiveness of engagement approaches. After a sustained period of investment, if families are still unwilling to engage, a case conference may be held to decide if that family should continue as a client. Consultations indicated that this option is only rarely needed, and where the decision is made that the family is no longer to be regarded as a client, they able to re-engage at a time when they are more ready and able to engage with the service in the future.

> *"I spoke to one of my clients for six months through a wooden door. Then, one day, she opened the door..."*
>
> *– Case Worker, Parent Support*

Despite starting at a basic level, service teams try to maintain focus on building capacity rather than dependence. They do this through specific tools and resources which families can keep, and which empower them to make decisions as they transverse through the service. The Parent Support Responsible Parenting Agreements (RPAs) are one such tool. Case workers note that RPAs can help focus parents on how to achieve their goals, promote responsibility, and afford parents the opportunity to celebrate their progress. Their use was widespread, with 93% of Parent Support cases (1,048 out of 1,124 cases) found to be linked with RPA records in ASSIST.

While staff recognised the need for frameworks and tools to assist in consistency of service provision, many noted that the tools were not appropriate for direct use with clients. This was a view most frequently held when dealing with Aboriginal clients (where illiteracy, a lack of appropriate work space and different cultural values can all act as barriers), and some tools have already been adapted for specific use with Aboriginal families. The tools were therefore sometimes viewed as a necessary compliance element of the service, rather than themselves providing a strong contribution to service outcomes.

The affiliation with child protection was seen as a service strength in some regards (the considerable benefits of RPS being within the Department are explored in the next section), but it can also be a barrier to engaging with hard to reach families. Part of how this challenge is overcome is by clear marketing and communication that RPS is a positive, non-directive service rather than a statutory intervention. It was seen as important for RPS to develop an independent identity, separate from child protection. This is necessary in order to engage the most at risk families, and maintain the integrity of the positive and supportive nature of the service. RPS staff are not dishonest about their affiliation with the Department and their duty of care responsibilities; however they do make a clear distinction about the purpose and objectives of the service.

An example of the dual nature of this affiliation may be seen in the issue of RPS service staff location. In Kalgoorlie, the RPS teams are deliberately based off-site from the main CPFS office, due to historically negative community associations of the main office with government welfare activities. The off-site location provides the RPS teams with ability to offer clients a 'safe' environment to assist in engagement. In other regions, including more remote areas, expansion sites have made the decision to operate RPS teams from the same location as the broader CPFS staff. This may make it easier for RPS and child protection teams to share information and provide an integrated support network for clients, and helps connect staff by reducing employee feelings of isolation but presents challenges in securing client engagement.

4.4   Integration of RPS within the Department

Family support services are delivered to communities by the Department and a range of funded community sector agencies and non-government organisations, across a continuum of primary, secondary and tertiary services.

Primary, or universal, programs target an entire population in order to provide support and preventative education and communication – effectively responding to issues before they occur. Secondary, or targeted, interventions respond to the needs of families who are at risk of child maltreatment or other adverse outcomes. The emphasis is on alleviating identified problems and risk factors, and preventing escalation of issues. Tertiary responses are

provided in instances where child maltreatment has already occurred, and seek to reduce the long term effects of the maltreatment, as well as prevent its recurrence[36].

RPS straddles both secondary and tertiary service provision, with clients being at least at risk or vulnerable to child maltreatment, and with needs requiring a targeted support response. Integration of the Parent Support and Best Beginnings services within the Department allows for a more comprehensive approach to the support of target families. RPS staff can work closely with other child protection staff, sharing information and coordinating support activities to result in improved outcomes for clients, and reduced risk in management of cases. The services also provide the Department with the confidence and flexibility to make referrals into RPS for high risk clients who may be border-line for statutory intake and investigation. Absent this option, an increase in statutory intervention activities would be expected, which may not be in the best interests of families.

Positioning of the RPS within the Department aligns with the core purpose and role of the agency. While other agencies have significant roles to play in providing support to Best Beginnings and Parent Support services, their involvement is more targeted to particular elements of service support and may more efficiently be provided under the Department's administration of the broader support. Youth justice stakeholders in particular noted that removal of the services would likely increase their workload.

Non-government and community funded organisations have a critical role to play in meeting the support needs of families; however they tend to lack the resources and connectivity to provide comprehensive support to the hardest to reach and those most at risk. This sustainability and scale of capability is critical to establishing sustainability for RPS activities. This is necessary to successfully establish credibility with potential clients who do not typically have high levels of trust and engagement with support services. The persistence of RPS teams in attempting to engage clients is another critical success factor which consultation suggested would not be as strong outside the Department. Staff identified the value in being able to refer clients to these non-government organisations to provide specific targeted support (for example around accommodation solutions), however in many cases the efficient and effective engagement with these services was only possible after progress had been made within Best Beginnings or Parent Support service delivery.

The challenge for Best Beginnings is that engagement with community stakeholders is often not as good as Parent Support at this point in time and as such, several stakeholders appear to have misunderstood the complexity of the service's clients and its holistic model, concluding that it could effectively be delivered externally to the Department.

It is unlikely that RPS in its current form would be able to be effectively and efficiently delivered from outside the Department. While other agencies and organisations may be able to provide support for families in relation to some issues, coverage would not be complete. The integration of services and support networks which RPS offers, and which is critical for secondary and tertiary service provision for hard to reach clients, would be significantly diminished. This would be expected to result in an increase in adverse outcomes for families and children, increased workload for government agencies including juvenile justice, police (and ultimately the Department in its statutory functions), and an erosion of community trust in government support services. Further details on specific outcomes likely to be foregone are explored in section five of this evaluation.

4.5   Activity summary

Demand for RPS is an indicator that the services are appropriate responses for determined needs in the community.

---

36 Hunter, C. 2011, *Defining the public health model for the child welfare services context,* National Child Protection Clearinghouse.

4.5.1   Demand for Best Beginnings (referrals)

There have been a total of 364 Best Beginnings referrals under the expansion implementation project from 2011 to 30 June 2014. Referral volumes increased substantially in the initial years of implementation (as the Department established strong referral pathways through communications and marketing activities) before a 15% decline in 2014.

Figure 8: Best Beginnings referrals

Best Beginning referrals
(Number of referrals)

■ ATSI   ■ Not ATSI
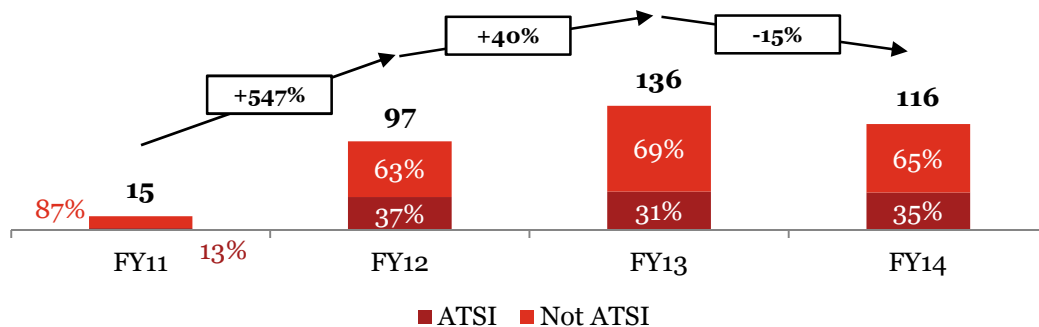
Source: CPFS ASSIST database.

Since implementation, the Goldfields district has provided the most referrals with 110 (30%) of the total. The decline in 2014 referrals was driven by significant decreases in the Goldfields (35%) and South West (51%) districts. Service coverage of the Goldfields region had contracted in 2014 (at the time of consultation a previous service to Laverton/Leonora was being covered by Kalgoorlie staff, who were also covering the Esperance locality during staff maternity leave). Consultations indicated that a reduction in service from the Collie site may have contributed to the observed reduction in the South West. Pilbara referral networks are developing, but have been restricted by staffing challenges and difficulties engaging with health services – only two health services referrals were recorded representing 1% of total health services referrals.

Figure 9: Best Beginnings referrals by district (Number of referrals)
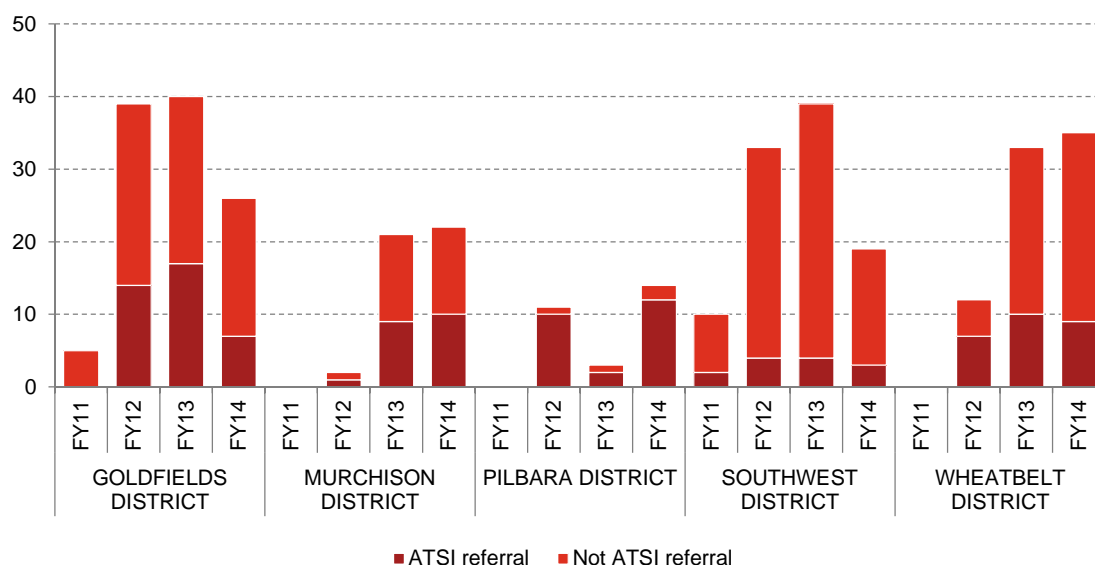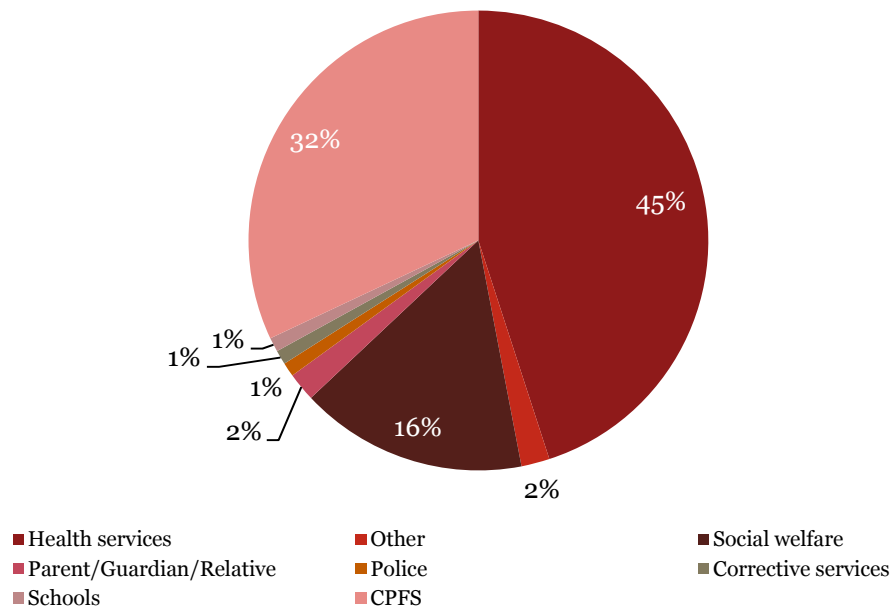

Source: CPFS ASSIST database.

Aboriginal clients comprise 33% of the service referrals, with yearly percentages between 2012 and 2014 ranging from 31 to 37%[37]. This lower level of Aboriginal share in referrals (compared to Parent Support) is the result of a number of factors. A significant majority of referrals from the Pilbara region are for Aboriginal clients (86%) however the Pilbara has experienced significant staffing and engagement challenges regarding the Best Beginnings service and provides the smallest number of referrals of all the expansion regions. The percentage of Aboriginal referrals for Best Beginnings is however typically lower across all regions when compared to the Parent Support service, which may be due to:

- an increased reliance on health agencies for referrals, coupled with a reluctance on behalf of Aboriginal health services to refer into the service (due to negative association with the child protection functions of the Department; and

- the longer service duration for Best Beginnings may act as an additional barrier for referring agencies who may be reluctant to refer Aboriginal clients who they do not believe will reside in the same location for the required time.

During site consultations, case teams advised that referrals into the Best Beginnings service commonly came from health services (including maternal and child health nurses and hospitals), the Department (CPFS), community corrections and self-referrals. ASSIST data supports the concentration of referral sources with health services (45%) and CPFS (32%) combining for 77% of all referrals. The main exception to this general pattern is the Pilbara, where only 7% of referrals are from health agencies, consistent with site consultation feedback on the difficulty of establishing relationships with these stakeholders. The demonstrated ability of the Department itself to refer clients into the service is an important element of directing support services to communities in need.

---

[37] Percentages reflect records positively identified as Aboriginal – records were this was not recorded or unknown are included as 'non-ATSI' – as such the Aboriginal % identified are likely to be conservative. This approach has been maintained throughout the evaluation in service entry, completion and outcomes analysis for both Best Beginnings and Parent Support.

**Figure 10: Best Beginnings referral sources (% of total referrals)**

Source: CPFS ASSIST database.

Site teams identified a strong desire to obtain as many antenatal referrals as possible, as it was seen to be easier to establish stronger engagement around the service prior to the birth. Antenatal referrals into the service have increased from 14% in FY2012 to 28% in FY2014 and suggest an increasing ability of referral pathways to quickly identify at risk families and individual who would benefit from the service.

4.5.2 Demand for Parent Support (referrals)

From 2011 to 30 June 2014, there have been 1,313 referrals for the Parent Support service in the expansion regions. Referral numbers increased rapidly following the expansion implementation project, before stabilising in FY2014.

**Figure 11: Parent Support referrals (Number of referrals)**
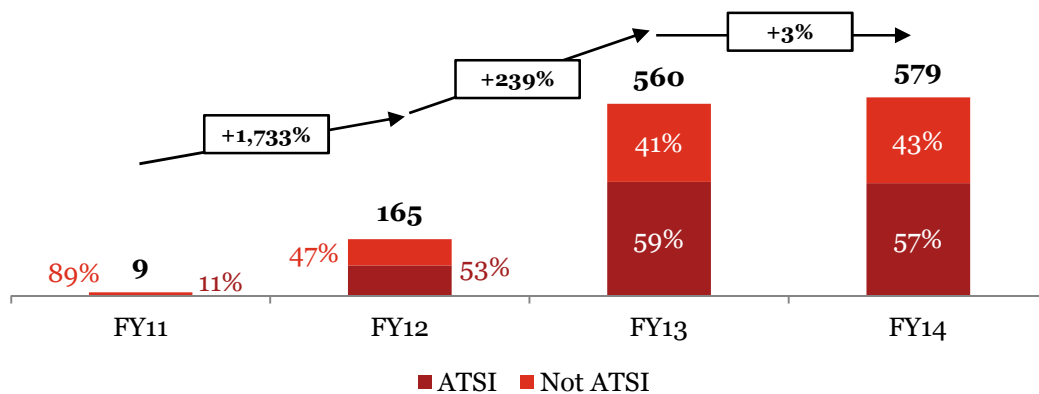
Source: CPFS ASSIST database.

The Pilbara region has provided the greatest source of referrals with 326 (25% of the total). The South West and Great Southern regions have provided the least referrals, combining for 224 (17% of the total).

Ongoing referral growth into 2014 has also been driven by the Pilbara, which recorded a 38.7% growth rate in 2014 and with 165 (28% of the FY14 total) was the largest referral region (total referrals excluding the Pilbara for 2014 actually decreased by 6.4%). The Wheatbelt, Murchison and Goldfields districts each recorded over 100 Parent Support referrals for 2014, while the Great Southern and South West regions recorded less than 50 each.
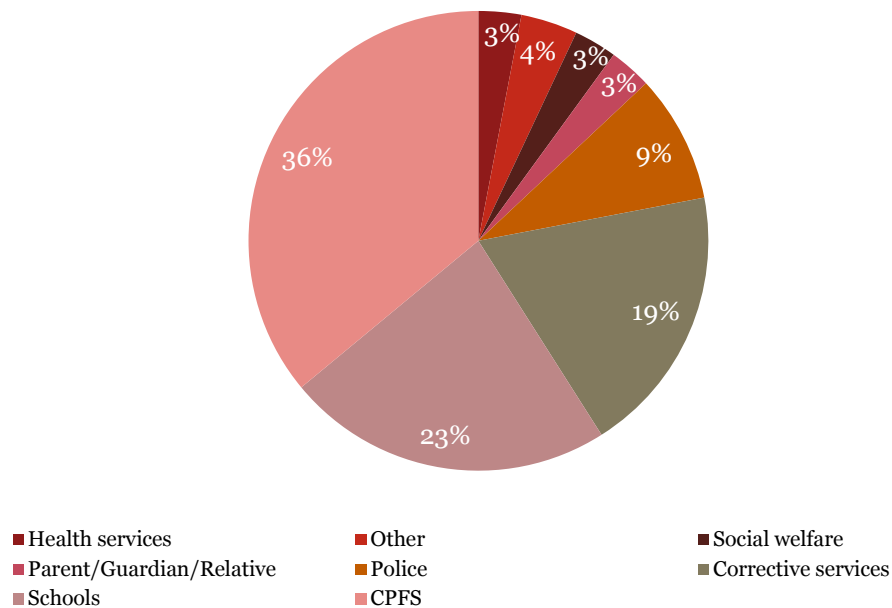
Figure 12:   Parent Support referrals by district (Number of referrals)
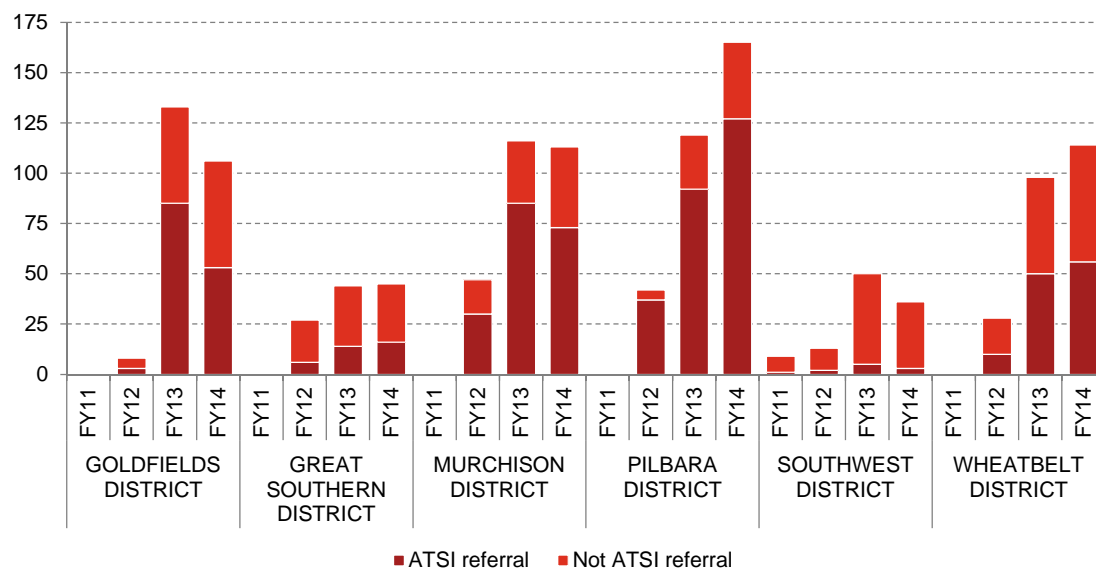
Source: CPFS ASSIST database.

Since 2011, 57% of referrals to the service have been for Aboriginal families, and yearly percentages (once significant scale was reached in 2012) have remained relatively stable between 53 – 59% of total referrals. The Pilbara provides the largest contribution to the numbers of Aboriginal referrals, with 79% of all referrals from this region being for Aboriginal families. These results demonstrate the ability of the service to identify and successfully target the Aboriginal client cohort.

Figure 13: **Parent Support referral sources (% of total referrals)**

Legend:
- Health services
- Other
- Social welfare
- Parent/Guardian/Relative
- Police
- Corrective services
- Schools
- CPFS
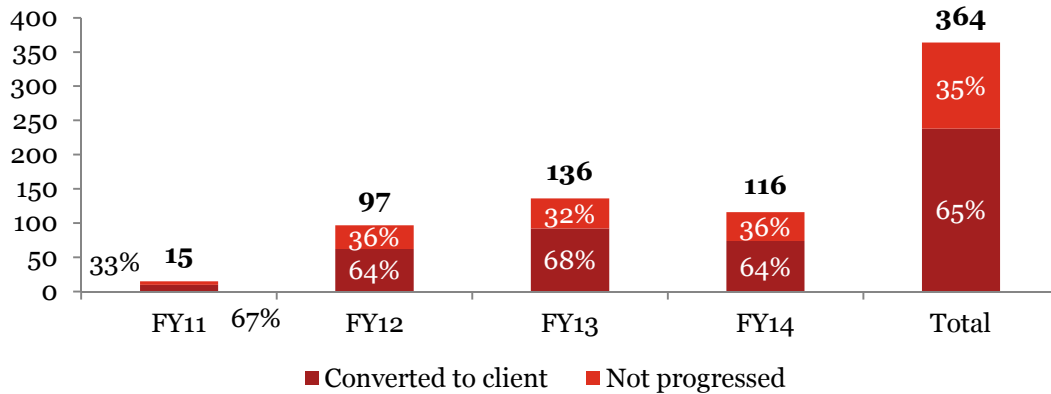
Source: CPFS ASSIST database.

The nature of the Parent Support referral criteria is such that schools, police and youth justice agencies provide significant referral pathways into the service (681 referrals collectively representing 52%). This was particularly evident in the Goldfields, where corrective services, police and schools pathways totalled 173 referrals (70% of all Goldfields referrals). These strong external referral pathways demonstrate the collaborative nature of the service, but as was the case for Best Beginnings, the high proportion of CPFS sourced referrals for Parent Support also illustrates the value of RPS delivery through the Department. CPFS has provided 36% of total service referrals, reflecting an important ability to identify hard to reach families in need of the service.

4.5.3 *Best Beginnings referral conversion and service completion*

The conversion rate for Best Beginnings has averaged 65% across the service. A lower conversion rate than that for Parent Support may be expected as Best Beginnings is a more extensive (long term) service, with potentially less immediate external impetus to participate (for example, direct interaction with justice systems).

In addition, the conversion rate is likely to be understated due to referrals that were for families who did not meet the eligibility criteria, particularly during the start-up phase of the service when referring agencies understanding of the criteria was evolving.

Figure 14:   Best Beginnings conversion of referrals (% of total referrals)
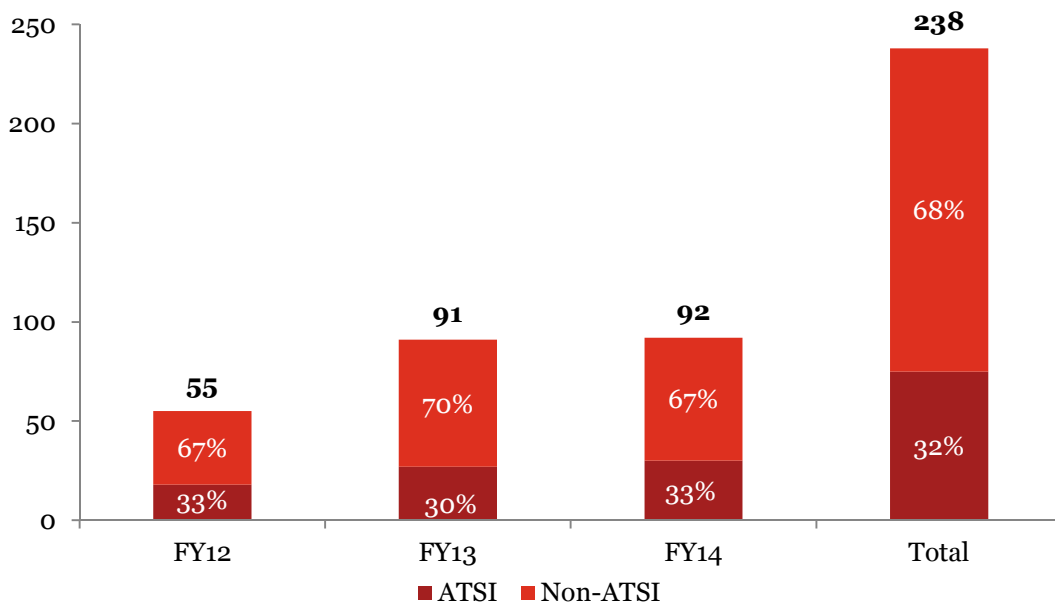

Source: CPFS ASSIST database.

The Murchison had the highest conversion rate throughout the expansion period at 82%. The Goldfields experienced conversion difficulties averaging 48% conversion success with Aboriginal referrals averaging 34% conversion.

Overall, Aboriginal referrals were 5% less likely to convert than non-Aboriginal referrals. It was noted during site consultations that young Aboriginal girls were often reluctant to engage with Best Beginnings due to extreme shyness and a perception of deep shame associated with their pregnancy. The results noted for the Goldfields suggest that this conversion differential can vary significantly across districts.

The numbers of Best Beginnings service provisions, or cases, commenced is noted below. As expected, patterns for relative activity levels across individual sites, and Aboriginal client percentages generally follow trends noted in referral characteristics and conversion rates.

Figure 15:   Best Beginnings new service provisions by year
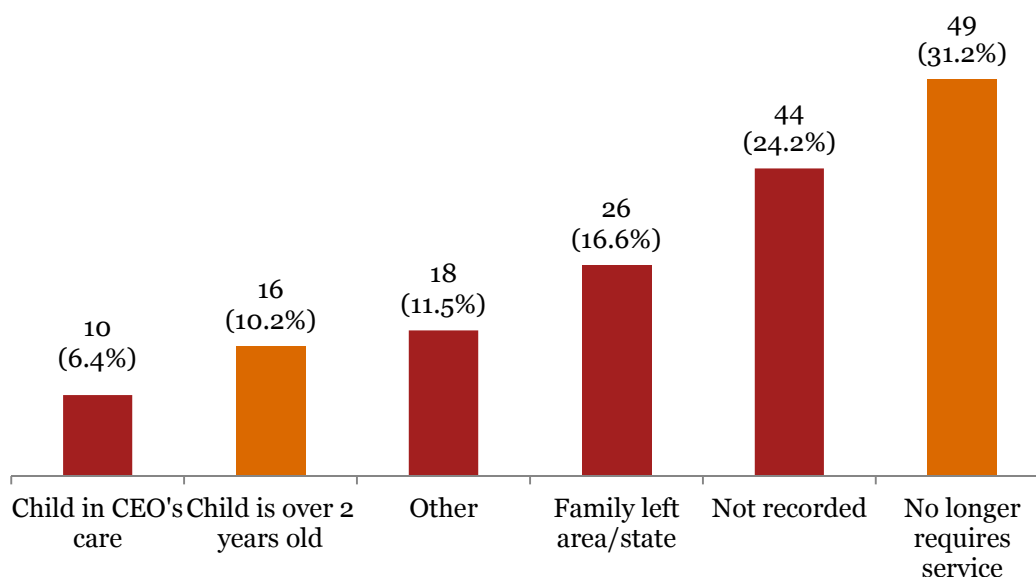

Source: CPFS ASSIST database.

Figure 16:   Best Beginnings new service provisions by district and year
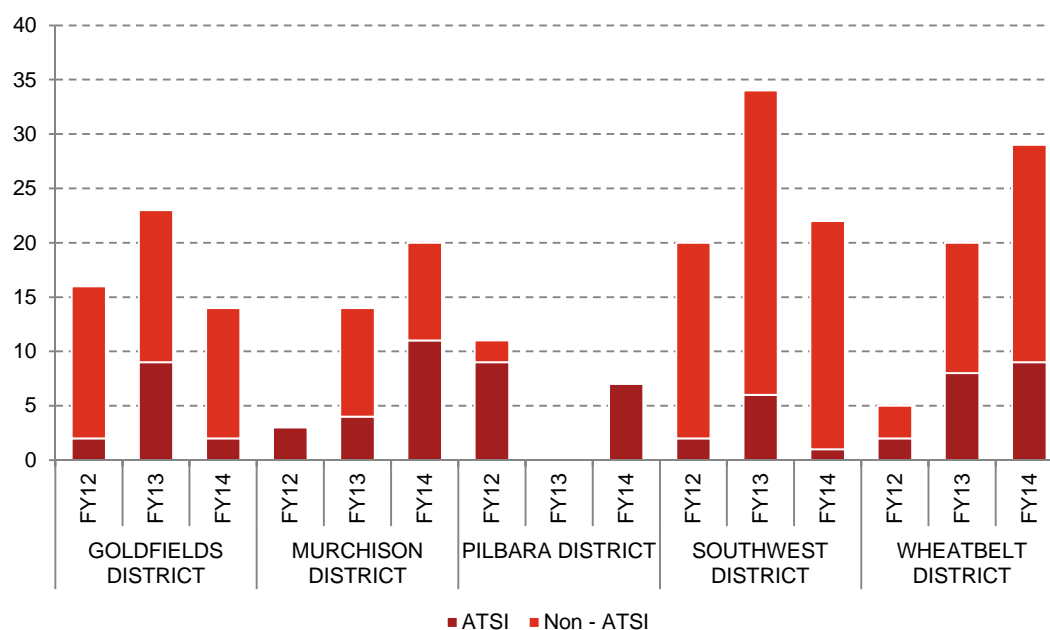
Source: CPFS ASSIST database.

The greatest number of service commencements has occurred in the South West district, with its 76 services comprising 32% of the expansion district totals.

The challenges for RPS engagement extend beyond the initial conversion of the service referral. There are a number of factors which may impact upon a client's progress through and ultimate ability to 'complete' the services. Changes in family circumstance (including the child leaving the family, or a change in caregiver roles), and family relocation may result in a client not completing the service. Staff may cease the service if they are unable to effectively engage beyond conversion, or client consent is rescinded subsequent to the service commencement. Gaps in the data records concerning reasons for participants exiting the service also provide a challenge for assessing service progress.

For Best Beginnings, service completions have been assessed as those clients who exited the service with a recorded reason that their child reached the age of two years, or that they were assessed as no longer requiring the service. A significant number of clients (24%) did not have an exit reason recorded against their details in ASSIST. Given the structured, time bound nature of this service, it has been assumed that clients in this group, whose participation in the service was equal to or greater than two years, may be assumed to represent service completions. Cases with an end date up to and including 30 June 2014 were included in analysis.

Figure 17: **Best Beginnings case completions**

Source: CPFS ASSIST database.

41.4% of Best Beginnings participants completed the service under these definitions (shaded orange). This represents 65 of the 157 clients who have exited the service. Over half (55%) of Best Beginning clients with recorded exit reasons may be assessed as having completed the service. This completion and continued engagement rate is comparable to service participation recorded for the Healthy Families services noted in section two of this evaluation, where approximately 50 – 60% of clients remain in the program beyond the first year[38]. This result is also comparable to studied attrition rates in the Nurse-Family Partnership program (which is recognised as having shaped the Best Beginnings service), which have noted attrition of approximately 50% at one year, and between 60-70% at two years[39].

For those families for which a reason is provided for completion only 10 clients, 6.4% of the total, exited the service because the child was placed in the care of the CEO.

The high proportion of 'not recorded' makes further interpretation difficult. Aboriginal participants are 7% less likely to complete programs than non-Aboriginal participants.

There are 81 active cases as at 30 June 2014 and the average case duration is 246 days. The Pilbara has the longest average duration at 465 days and the Murchison the shortest at 148 days[40].

---

[38] See for example Healthy Families evaluations and reports at:
http://www.promisingpractices.net/program.asp?programid=147;
http://www.ihsnet.org/files/files/2011_healthy_families_steuben_annual_service_review.pdf;
http://www.npcresearch.com/Files/Healthy_Start~Healthy_Families_Oregon_Evaluation_Report_2011-12.pdf.

[39] O'Brien, R. A., Moritz, P., Luckey, D. W., McClatchey, M. W., Ingoldsby, E. M. and Olds, D. L., 2012, *Mixed methods analysis of participant attrition in the Nurse-Family Partnership,* NIH Public Access Author Manuscript, available: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3596156/.

40 Average case duration has been calculated after exclusion of six service provision IDs which had the same start and end date in ASSIST. Five of these records have been excluded from all client volume analysis as they did not return any records on other Best Beginnings related tools. The record that did include assessment results has been retained for the purposes of volume analysis.

4.5.4 *Parent Support referral conversion and service completion*

Analysis of conversion rates for Parent Support was restricted by system and data constraints which prevented the direct linking of referral data and client data for the service, and analysis of referral conversion on a yearly basis. The conversion result presented should be recognised as providing the *lower limit* for the actual conversion rate[41].

Figure 18:   Parent Support conversion of referrals (% of total referrals)
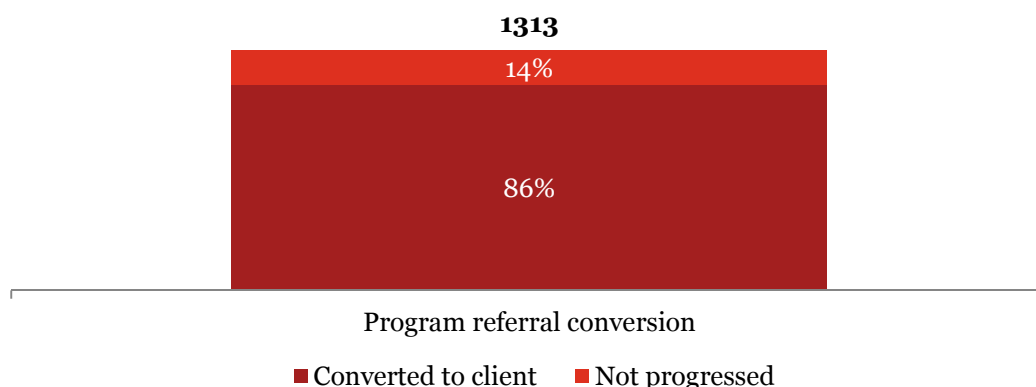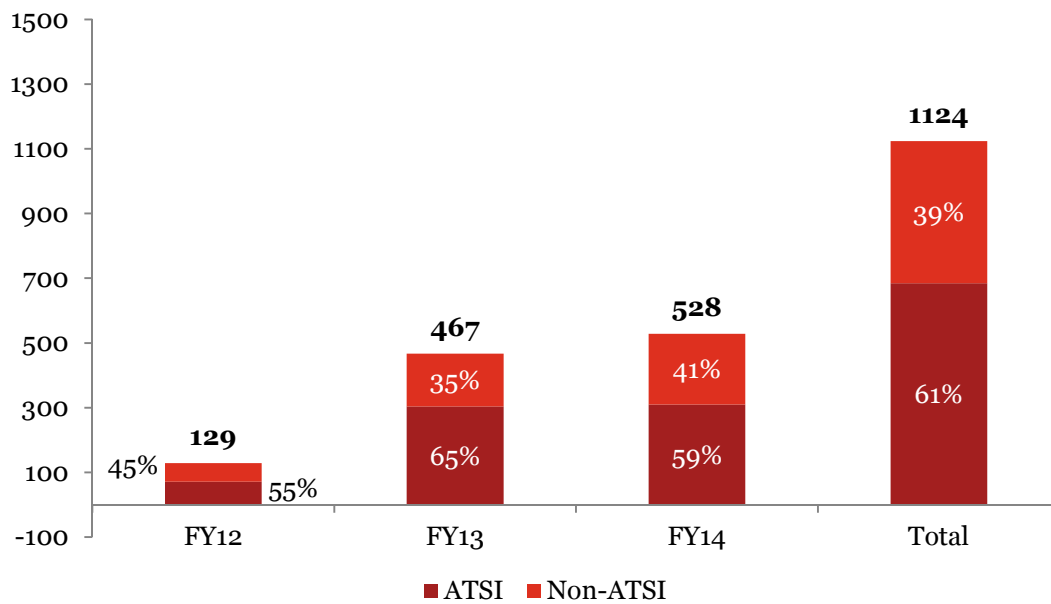

Source: CPFS ASSIST database.

Despite these data constraints, the presented conversion rate for Parent Support is strong with 86% of referrals converted to clients. Non-Aboriginal referrals are 14% less likely to convert than Aboriginal referrals.

Although no reasons for non-conversion of Best Beginnings referrals were extracted from ASSIST, the Parent Support data noted 61 instances where the referral criterion were not met, while another 10 records indicated the referee had elected to accept alternative services. This provides quantitative support to anecdotal evidence that actual client engagement related conversion rates for the service may approach 100% for some districts.

Service commencement data for Parent Support also generally follows the trends noted in referral data, with the Pilbara recording the most service commencements (272 representing 24% of the total).

---

[41] Individual service provision system identifiers in ASSIST do not align one for one with referral identifiers – multiple referral identifiers can be attached to a single or multiple service provision or client identifiers. Evaluation analysis h is based on the total discrete identified client records with a unique service provision identifier as a percentage of the number of referrals recorded in ASSIST. The actual conversion rate is likely to be higher than that noted due to the potential for multiple referral identifiers to exist for a single potential service provision. For example a referral for the same client from both a school and juvenile justice could generate two referrals, but only ever record one service provision. Although the ratio of service provision to referrals would be 50% under the analysis approach adopted, the effective conversion is 100%.

Figure 19:   Parent Support new service provisions by year

Source: CPFS ASSIST database.

Figure 20:   Parent Support new service provisions by district and year
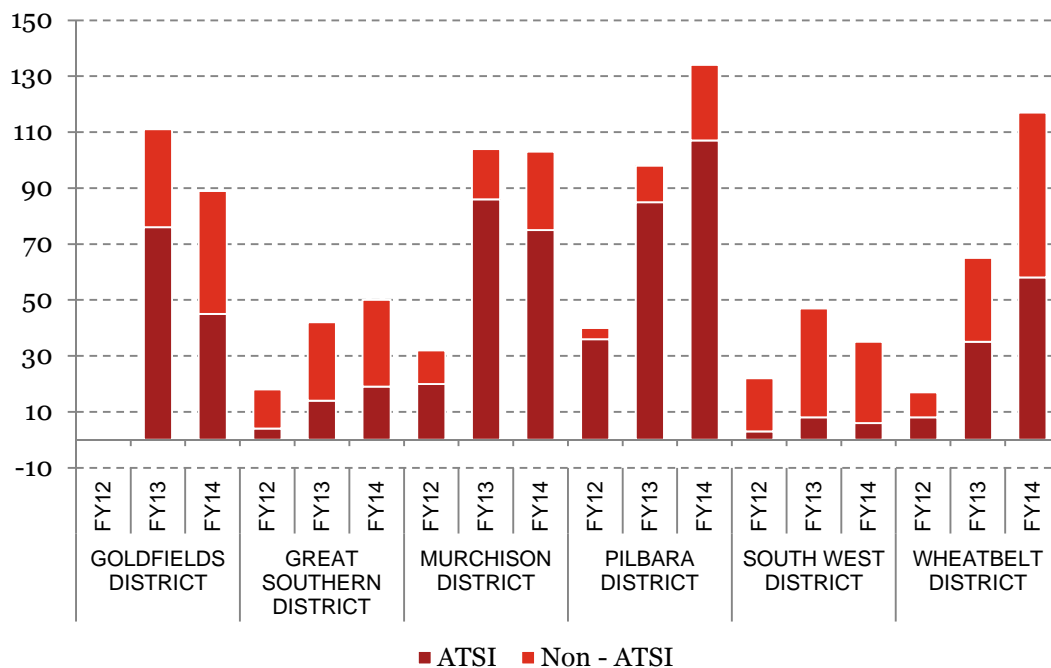
Source: CPFS ASSIST database.

A Parent Support completion has been defined as comprising a service which has either been formally signed off as complete (by being allocated an outcome measure relating to the changes made by parents), or which has a duration of at least six months between commencement and exit date (given that Parent Support is nominally a six month service, and that case workers are instructed to enter a commencement date as representing the start of engagement with the service). Again, cases with an end date up to and including 30 June 2014 were included in analysis.

Figure 21: **Parent Support case completions**
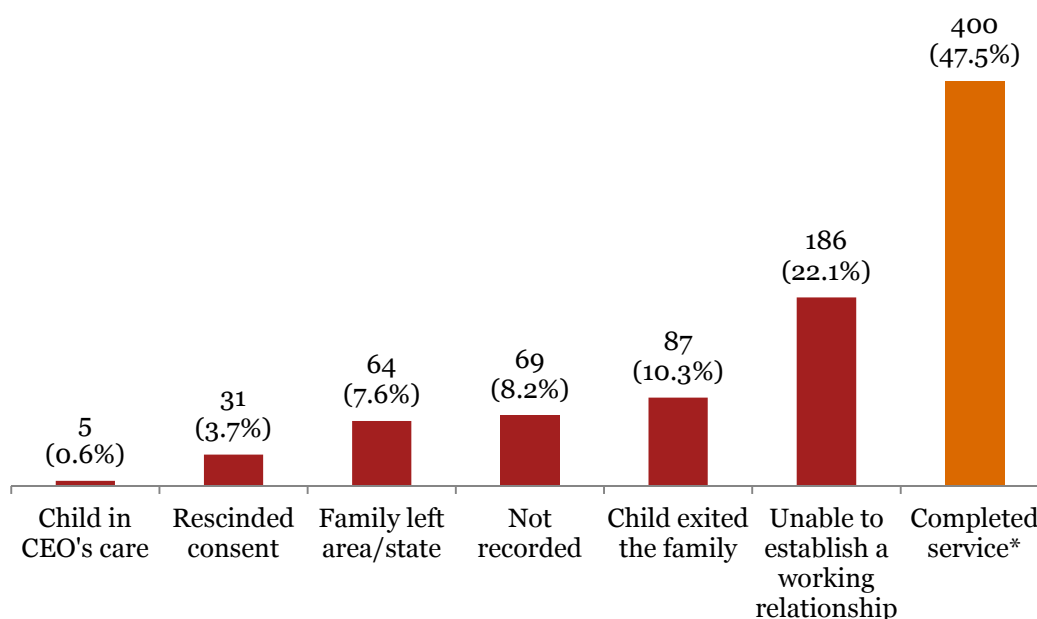
Source: CPFS ASSIST database.

47.5% of Parent Support participants completed the service (shaded orange). This represents 400 of the 842 clients who have exited the service. This is an encouraging result when it is considered that another 18% of participants ceased the service due to changes in family circumstances (child leaving the family or the family leaving the area) – factors largely outside the influence of the Department. Service teams advised that RPS services are still provided in some instances for these clients (albeit from a different district). The relatively high proportion of clients who either rescind consent or do not establish a working relationship with the service is reflective of the hard to engage nature of the client cohort, but nonetheless represents an opportunity for future improvement for the Department. Aboriginal participants are 4% less likely to complete programs than non-Aboriginal participants. The Southwest has a significantly higher completion rate at 62%.

There are 282 active cases as at 30 June 2014 and the average duration of service over the expansion period has been 161 days[42]. The South West has the longest average duration at 238 days and the Wheatbelt the shortest at 138 days.

4.5.5 RPS waiting lists and case loads

During consultation sites reported that there were occasionally backlogs for referrals, and that some locations currently have a waiting list for the services. Whilst waiting lists can occur in instances where the service does not have a full staffing complement, they can also be an indicator of strong demand.

Despite any waiting list, service staff are reluctant to move clients through RPS more quickly. The value of the service is adequate time to holistically support families. Service staff commented that given the hard to reach target client group, they often spend significant upfront investment in building trust and meaningful engagement with families.

As a further point to service demand and waiting lists, there is a lack of concrete definition around target caseloads for RPS. Child protection worker case allocation is set at an upper

---

42 This average duration has been calculated after excluding nine service provision records with a duration of <1 day. Although these service provision IDs have been validated by the Department (through linking with a Responsible Parenting Agreement record) and are therefore included in analysis of client volumes, service entry and exit dates are the same on ASSIST.

limit of 15 cases per full time equivalent (FTE) with exceptional circumstances allowing for a maximum ratio of 18 cases per worker[43]. Given the intensive, direct contact nature of RPS, service staff believe that the general case load targets are too ambitious and could negatively impact on staff wellbeing. Workers are required to demonstrate significant persistence in seeking to establish relationships with hard to reach clients, who may be unreliable in keeping appointments. This has particularly significant implications when service visits may comprise travelling for several hours to reach remote communities and locations. It was felt that by giving priority to the wellbeing of the staff through a more conservative case load, the integrity of the service and the quality of service would be maintained or strengthened. This position is reflected in the relatively lower caseloads provided to new staff.

The figures below indicate the average case load for case carrying FTE staff for each service over the evaluation period. RPS caseload targets have been the subject of some discretion among districts, however consultation during this evaluation indicated that 12 cases per FTE for Parent Support was seen as a sustainable level, with Best Beginnings sustainable loads being slightly lower on average due to factors such as the weekly visiting during the immediate post-natal phase of the service. Given the variable nature of service duration and engagement for both services, average FTE loads should be viewed with some caution – discussions with service teams indicated that workloads can spike and dip during relatively short time periods[44]. Ultimately, district leadership staff are best placed to determine appropriate limits for individual circumstances.

Figure 22:   Best Beginnings – Case load per actual case-carrying FTE
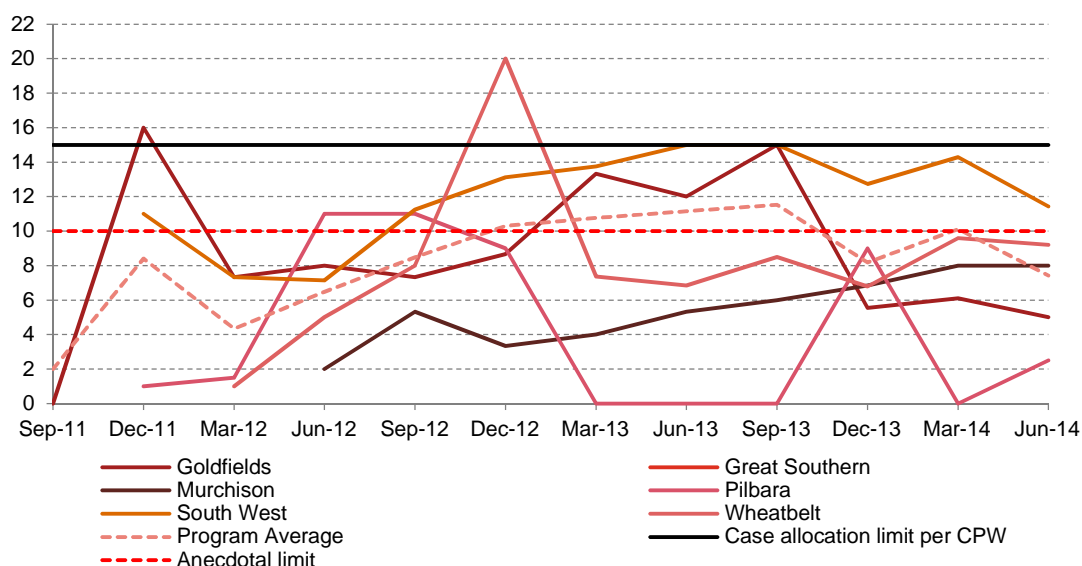
Source: Analysis based on data from CPFS ASSIST database and CPFS HR and Governance.

With the exception of the Pilbara, and most recently the Goldfields, districts are operating around the anecdotal Best Beginnings sustainable case load level limit of 10 cases per FTE. The greater volatility in case load within districts (compared with Parent Support) may be attributed to the lower and more variable staffing levels during implementation for the Best

---

43 Department for Child Protection and Family Support (2013), Case Work Practice Manual, available: http://manuals.dcp.wa.gov.au/manuals/cpm/Pages/05WorkloadManagement.aspx. Practice set in accordance with a 2008 WA Industrial Relations Commission Order

44 In constructing the FTE case load analysis active case workload volume was drawn direct from the ASSIST database at the time of the evaluation. CPFS is aware that the active cases measures obtained will not match submissions to CPFS Executive, due to delays in entering caseload data during reporting cycles. Case carrying FTE positions used in calculations include Child Protection Workers, Case Workers and Best Beginnings Officers. FTE and active caseload are as at the final day of each noted quarter.

Beginnings service. The Pilbara district for example had several periods where Best Beginnings case carrying resource vacancy was 100%.

Figure 23:   Parent Support – Case load per actual case-carrying FTE

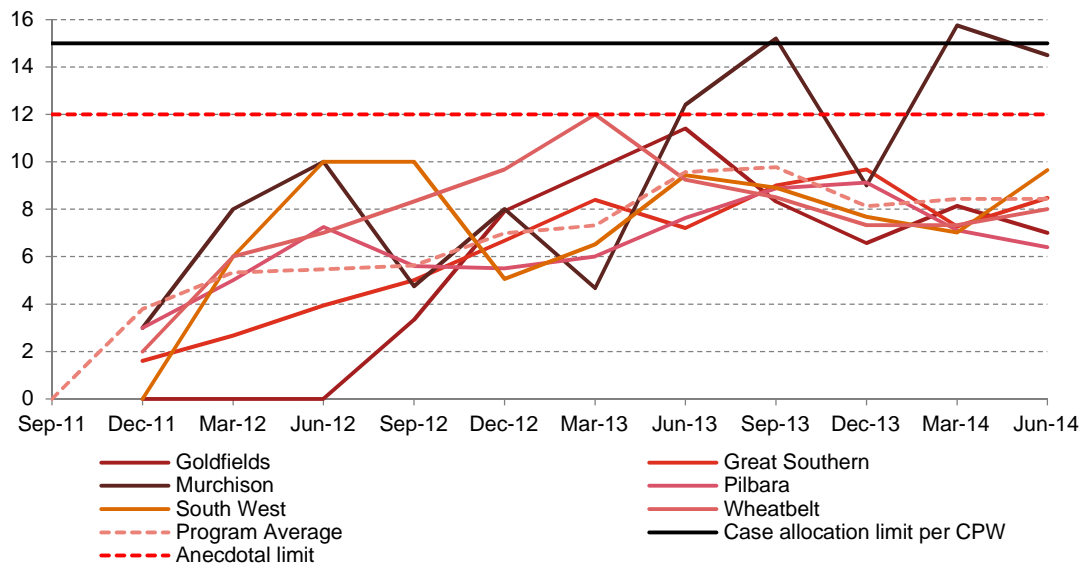Source: Analysis based on data from CPFS ASSIST database and CPFS HR and Governance.

Average Parent Support caseloads across districts have been consistently maintained below the sustainable limits identified. For 2013-14 the Murchison district has maintained the highest case load of all districts. In June 2014, the Great Southern District has the lowest number of actual case-carrying FTEs and accordingly on average also has the lowest number of active cases (18 compared to the average of 33.1).

While analysis suggests both services may have opportunity to potentially increase capacity if case volume levels can be planned for and managed, activity measures demonstrate that RPS have answered a previously unmet community demand; a positive, capacity building service that celebrates parenting strengths.

5 Improved outcomes for children, parents and the sector

5.1 Best Beginnings

Key evaluation question

Has participation in the programs resulted in improved outcomes for children, parents and the sector?

In terms of the vulnerability experienced by the parents who are clients of the Best Beginnings service, staff commented that low socio-economic status, mental health, low educational attainment, drug and alcohol misuse, lack of access to transport, and family violence were all common issues being faced.

Analysis of client risk factors at entry into the service confirms that Best Beginnings provides support to the most at-risk families in regional Western Australia. Families entering the program were facing low income and financial stress 89.7% and 83.7% of the time respectively. Depression and social isolation were other significant risk factors present at entry in 71.8% and 68.4% of assessments.

Figure 24:   Best beginnings – Percentage of risk factors present at service entry[45]
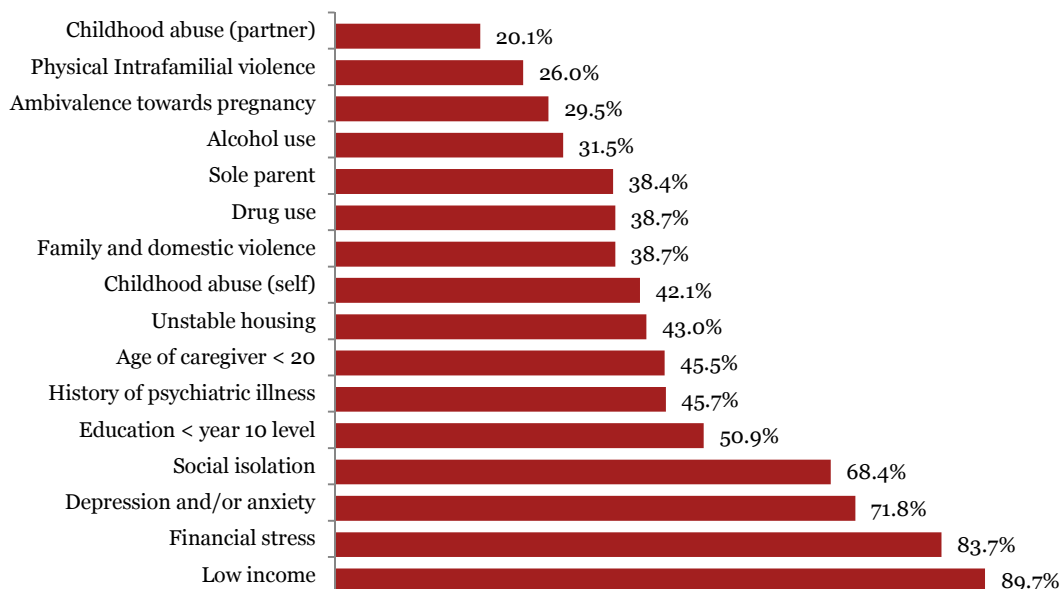
Source: CPFS ASSIST database.

---

45 Percentages represent the proportion of records where a risk factor was identified as present at entry, based on records for individual risk factors for individual clients.

Clients include families who do not normally come forward to ask for assistance, or who may have had difficulties in working with other services. They may also have an embedded mistrust of government or support organisations

Thus, the service has a significant focus on building confidence and self-esteem, fostering connection to culture and community, emotional and financial empowerment, budgeting, health and nutrition, and cooking. Best Beginnings Officers teach this content through informal communication, facilitating access to other relevant services, and modelling positive parenting behaviours.

Low-levels of literacy pose a challenge to effectively conveying material and teaching skills to parents. To address this challenge, the workers tailor their delivery depending on the literacy level of the parents. In instances of low-literacy the workers use more pictorial aides, and repeat messaging back to people to test for understanding.

The professional maturity and commitment to innovation within the workforce has already been noted and is key to delivering strong service outcomes. For example, when the Best Beginnings Officers go into the home and there are numerous adults there, the worker focuses on building relationships with all of the adults. This is important in terms of building a support network around the mother and the child. Particularly in Aboriginal families, it is important that everyone feels included. The approach consciously employed by the staff fosters shared ownership of responsibility over the child's safety; an important protective factor.

As suggested by the risk factors present at service entry, the trauma experienced by families typically engaged with the service is profound. The service focuses on early intervention to try and address the associated impacts of trauma. One way in which the service aims to achieve better parenting and family function outcomes is through greater attachment between parents and children. Attachment is closely related to mental health and post-natal depression. There is often shame attached to these issues particularly within the Aboriginal community. The service aims to break down some of this shame through Aboriginal specific resources. For example, one location use a DVD where Aboriginal women speak about how they felt when they had post-natal depression. This dialogue allows women to hear their own voice and recognise similar feelings.

In relation to learning and development outcomes, Best Beginnings practitioners had observed many positive changes in parents and children.

5.1.1 Outcomes for children

Positive outcomes for children were particularly noticeable in families who had older children as well who had not been engaged with the service. Best Beginnings Officers commented that significant developmental differences could be seen between siblings in such instances.

The following outcomes for children engaged with the Best Beginnings services were reported by service staff:

- Increased breastfeeding rates

- Self-regulation – being able to self-soothe

- Positive socialisation with other children

- Positive transition to other early childhood services such as playgroup

- Less likely to require early child intervention services such as speech pathology, audiology, physiotherapy etc.

- Reduced anxiety caused by parental distress and unaddressed mental health needs

- Increased immunisation rates.

To evidence this development and share children's progress with their parents, some staff video-record children demonstrating key developmental milestones.

Quantification of positive outcomes for children under the Best Beginnings service is challenging due in part to relatively poor rates of completion for service tools and measures.

The Best Beginnings Matrix is used to assess a child's wellbeing with reference to the nature of the child and carer's relationship and environment across six dimensions of child wellbeing, carer wellbeing and family function and social connectivity. Comparative information for matrix scores at entry and exit of the service was only available for 26 clients, or 17% of clients who had exited the service. There is evidence that improvements across elements of the matrix have been achieved, especially when it may be considered that concerns over child protection interventions may drive participants to over-rate themselves at service commencement, even if subconsciously. Of the active clients as at 30 June 2014 who have been in the program longer than 6 months, 58.8% had six month review scores assigned, with results indicating a similar, though reduced, pattern of improvement.

Figure 25:   Best Beginnings Matrix results

Best Beginnings Matrix – Entry & Exit results
(Average scores for completed services)
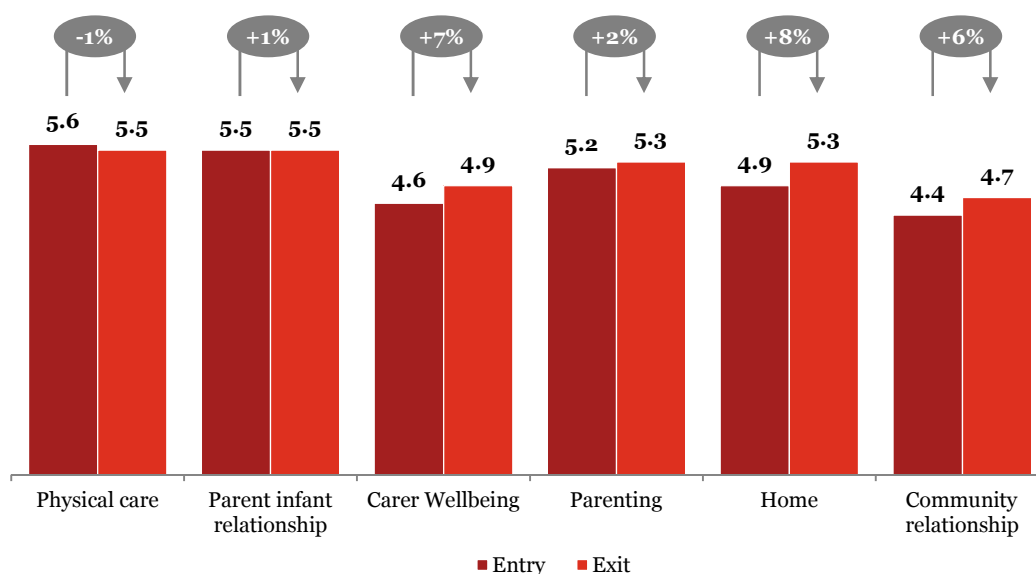
**Best Beginnings Matrix – Entry & 6 month results
(Average scores for incomplete services)**
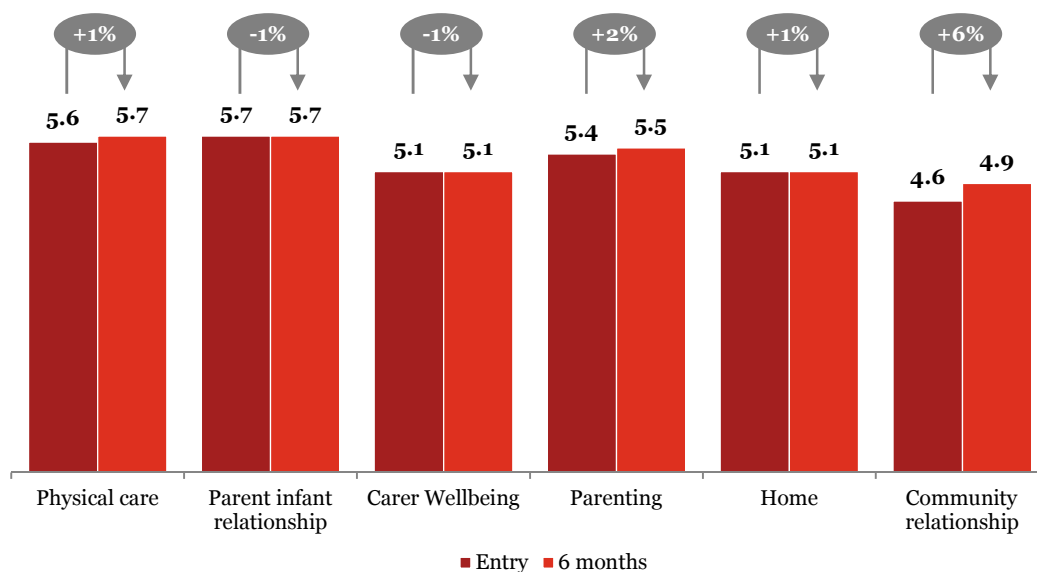
Source: CPFS ASSIST database.

The Best Beginnings service also includes the capacity to assess child development through the Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional screening tools, however documented completion rates of less than 10% and inconsistencies in data recording prevented these measures being considered in this evaluation.

Although Best Beginnings Officers reported improved immunisation rates among the children of service clients, the ASSIST data for immunisation at service exit is incomplete. Only 36% of service exits included documented immunisation status. Of these children, 75% were recorded as being fully immunised, with another 23% noted as partially immunised.

During site consultations staff noted several instances where the improvements in parenting engagement, family function and care for the child noted during the Best Beginnings service was a direct factor in preventing a child coming into care. Figure 26 shows the number of children aged 0 – 2 years entering the care of the CEO since June 2009. Although the figure shows an increase, this is largely driven by the South West district, and there are many factors which may influence the numbers of children coming into care, including population growth, workforce changes (including increased capacity within the child protection workforce) and changes in government policy. In FY2014, there was only one case where a child exited the Best Beginnings service to be taken directly into care – an improvement from 2012 where 4 children were removed from the service in this manner.

Figure 26:   Number of Children 0 – 2 entering a period of care
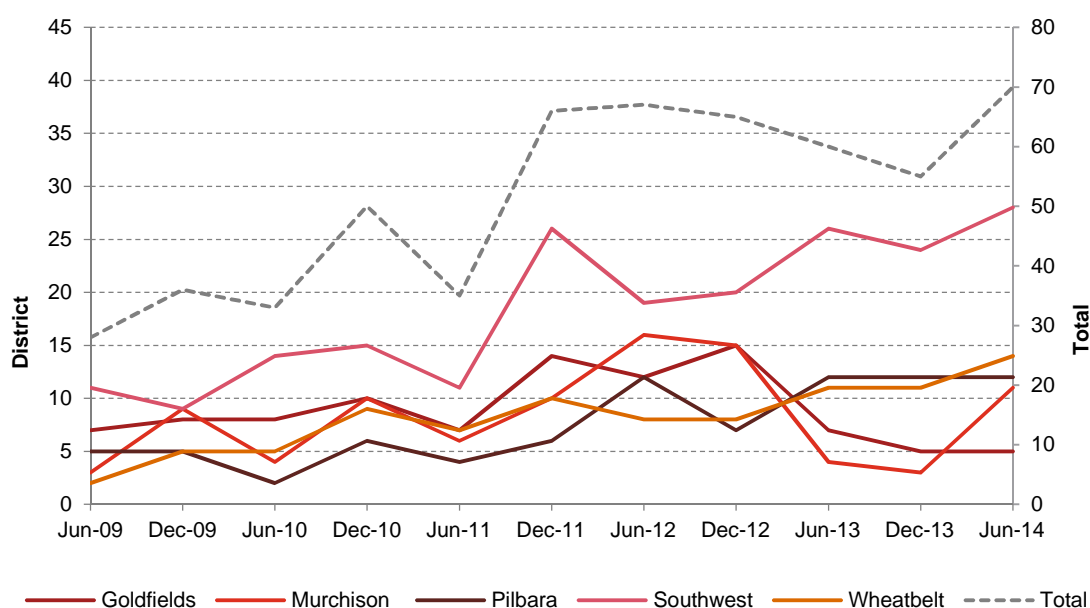
Source: CPFS.

5.1.2   Outcomes for parents

Stakeholders confirmed that like children, positive outcomes had been produced for parents engaged with the Best Beginnings service. There were two main enablers that were attributed to the positive outcomes observed in both parents and their children:

• Sustained participation

• Advocacy

Stakeholder commented that many service participants often have sustained engagement and do not chose to exist the service prematurely. If parents do disengage from the service it is generally due to the family moving to another community or a change in primary caregiver responsibility (per Figure 17, 16% of recorded service exits are due to the family leaving the area/state). Service staff attributed the sustained engagement to factors such as the service being one of the first occasions where parents felt like their parenting efforts were valued.

Related to sustained engagement, and another enabler that has produced positive outcomes, is the advocacy relationship which staff often have with parents. Some Best Beginnings Officers act as an advocate supporting parents when engaging with other services such as Centrelink and the Department of Housing. The advocacy helps to build greater trust in the relationship between the officer and the parent- contributing to sustained engagement with the service.

There were three main outcomes for parents spoken of consistently across service locations:

• Increased confidence, with parents 'opening up' more to caseworkers as well as developing trust in their own capabilities. This was also reflected in an increased sense of personal agency, and recognition of their own ability to affect positive change

• Increased resilience, supported by a greater connectivity to their community and support services when needed

• Improved interest in and understanding of child development and child safety

Research suggests that effective parenting services involve teaching parents skills that enable them to become independent problem solvers[46]. As a parenting service is time limited, parents need to become independent problem solvers so they trust their own judgment and become less reliant on others in carrying out basic parenting responsibilities. Self-sufficient parents have the resilience, resourcefulness, knowledge, and skills to parent with confidence[47]. Increased confidence and problem solving was signalled as a common positive outcome of the Best Beginnings service. A common example that was provided was the confidence to independently attend appointments relevant to their and their child's health and wellbeing; a particularly significant outcome for hard to reach families.

Anna was referred to the program from hospital, following the birth of twins in which one baby died. Anna was living with her partner and an older child in a house with no power at the time of the birth. She had a lot of anger towards another government agency whom she blamed for the death of her child, and there were concerns that without help she had the potential to harm herself or her child.

Best Beginnings provided initial support in arranging emergency housing for Anna and her family, and providing a point of contact for her with other government support services. Anna struggled with depression, and the Best Beginnings Officer (the Officer) provided support for her during a relatively short period of time when it was necessary for the baby to be taken into care, including providing contact with appropriate mental health support services.

When the baby was back in Anna's care, the Officer, through the 'Seeing is Believing' tool, demonstrated the importance of tone of voice, and physical touch in establishing relationships and attachment with Anna's children. This included footage of Anna speaking harshly and smacking the older child, providing her with greater self-awareness of her actions. From a position of trust, the Officer was able to provide reassurance to Anna as to the health of her new baby.

Today, the child is 2 years old and remains in Anna's care. Anna has subsequently had another child which is also in her care. She is much more aware of, and able to draw upon as needed the support services available to her, and is a strong voice in her local community against mistreatment of children.

Increased resilience was another observed outcome of the Best Beginnings service, and one which research identifies as an important outcome of any effective parenting program. Resilience is supported through the strengths-based approach to program delivery. For example, through conversation, staff will identify a parent's strengths and record these. The Best Beginnings Officer keeps a copy of the strengths sheet and the parent keeps a copy. During an episode of crisis, the officer engages in a dialogue along the lines of, 'things aren't going well at the moment, but what things *do* you do well? Those are your strengths.' The officer will ask questions such as, 'how can you use those strengths now?' 'How can those strengths help you get through this?' One officer explained that she brings the strengths sheet with her when performing an advocacy role - sitting with the parent during an engagement with another service provider. If the parent starts to get anxious or lose self-control, the officer will point to one of the parent's strengths from the sheet as a reminder of their strengths and to empower the parent in that stressful situation. The focus on strengths is an enabler to moving through crisis which in turn helps to increase resilience.

---

46 Sanders, M., 1999, *Triple P- Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy to the prevention of behaviour and emotional problems in children*, Clinical Child and Family Psychology Review Vol 2, No 2.

47 Ibid.

This resilience is critical given the vulnerable nature of service clients as identified in entry risk profiles. Evidence suggests that participation in the service coincides with the removal of identified risk factors. Improvement is most likely in pregnancy ambivalence, unstable housing and social isolation factors, which are key areas of focus for service support.

Figure 27:   Movement in risk factors[48]

**Best Beginnings net movement in risk factors
(% of cases with movements recorded)**
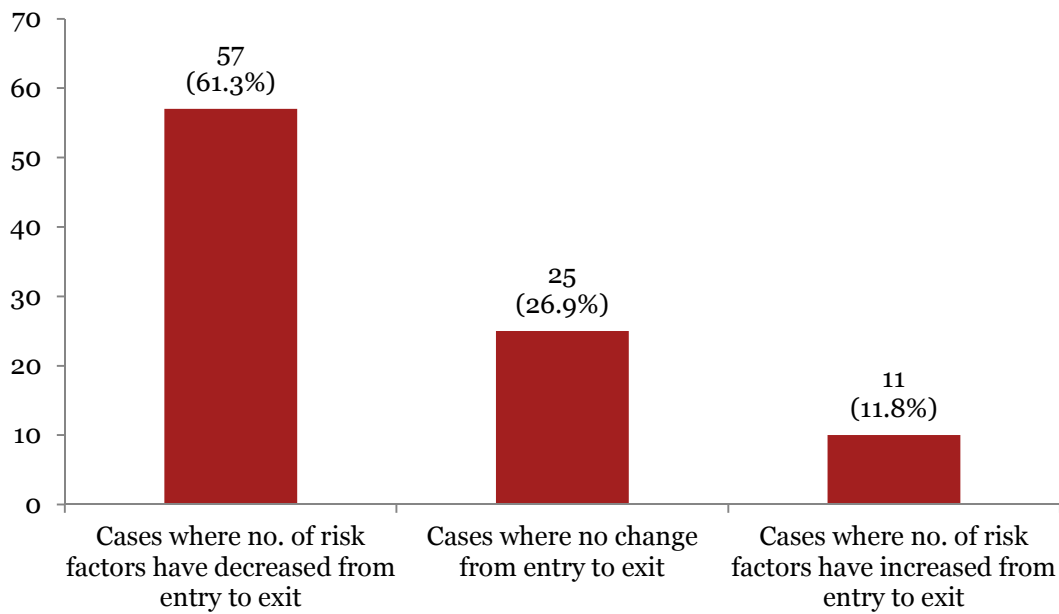
Source: CPFS ASSIST database.

---

48 Based on analysis of 93 of the 157 cases exiting the service with comparable records for at least one of the risk factors listed in the figure. Note that analysis excluded risk factors deemed completely outside the influence of the service, including Age of caregiver <20,Childhood Abuse (self), Childhood Abuse (partner) and History of psychiatric illness.

Figure 28:   Best Beginnings risk factor removal

Best Beginnings cases where risk factor removed
**   (% of cases where a risk factor, when recorded at entry, was recorded**
**   as absent at exit)**
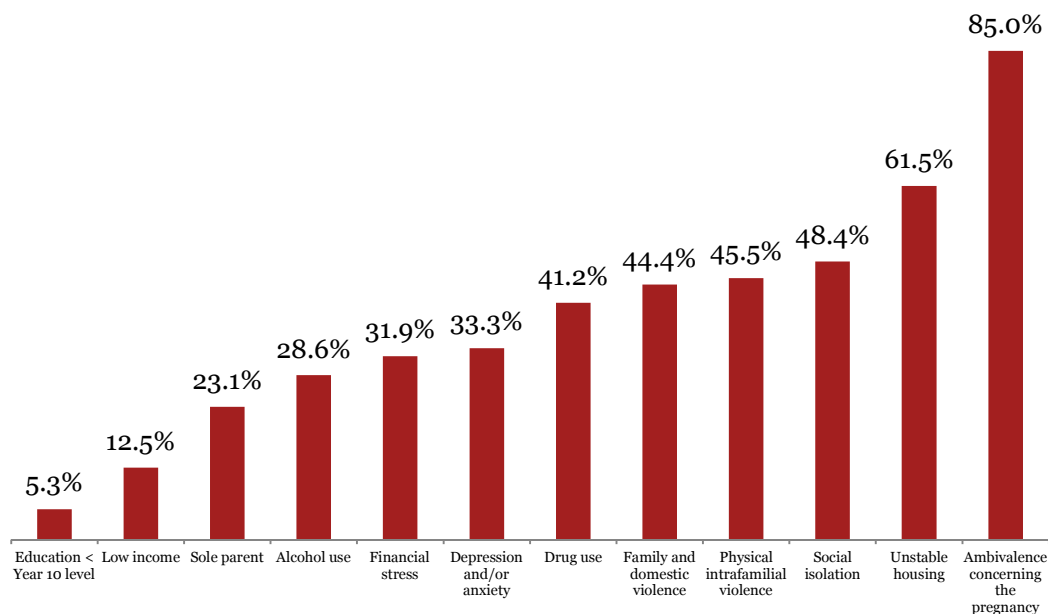
Increased understanding of child health and safety amongst parents is a further outcome delivered by the Best Beginnings service. An example of this is increased awareness of Sudden Infant Death Syndrome (SIDS), and its associated risk factors. Staff reported that they felt confident delivering information about SIDS and safe sleeping to parents, and that they regularly receive professional development in the topic. Workers said that they often ask to observe children sleeping as part of the SIDS prevention teaching and learning process; this allowed them to clearly reiterate key messages. Due to co-sleeping being common in the Aboriginal community, the Best Beginnings service has used brokerage funds in some locations to buy cots that can attach to the side of the bed. This style of cot helps parents feel like they are co-sleeping, but the infant has their own space. Purchasing the alternative cots is an example of Best Beginning's culturally responsive service delivery.

The service includes a SIDS assessment tool which assesses the presence of SIDS risk factors for the client's child. Completion rates as documented in ASSIST are only 29% (based on the number of clients with service duration exceeding six months) and of the 41 records, six clients showed an improvement in score, while three recorded a negative change.

Tegan, 16, was referred to Best Beginnings during the antenatal period of her pregnancy. When referred, she was living with her 15 year old partner Jake, and Jake's mother Sharon, who had an acquired brain injury. Neither Tegan nor Jake were engaged with school, with Jake's criminal activity having already led to a Parent Support referral.

Sharon did not want Tegan living with her; the Parent Support team was receiving numerous phone calls a week from Sharon asking them to assist in getting her off the property. Jake and Tegan had moved into a shed on the property which had holes in the wall, no power or running water. Tegan's family were spread across the region and not supportive of her pregnancy. The CPFS duty/intake team opened a case around concerns of living arrangements, the age of the parents-to-be and family histories of violence and neglect.

The Best Beginnings Officer (the Officer) built rapport with Jake and Tegan by supporting them to re-engage with school, attend antenatal medical appointments and encouraging Tegan to take care of herself throughout the pregnancy.

The Best Beginnings team established interagency and support network meetings in response to the young couples' needs, including sourcing STAY (Short Term Accommodation for Youth) and Flexible Learning (school support). STAY accessed housing for the young couple through Community Housing Limited enabling them to move into the property just prior to birth of the baby.

When baby was born, the Officer supported and encouraged Sharon to visit in hospital, and since then friction between Tegan and Sharon has dissipated and Sharon is involved in all of their lives on a daily basis. The Officer has printed copies of photos of baby and them as a family taken during visits which are proudly displayed within the couple's home

The Officer organised a visiting roster so that the young parents received one visit per day by an agency. An email group was established for feedback daily from whichever agency visited the family. 'Seeing is Believing' was used at all visits, with the Officer spending time with the young parents playing the recording back, supporting the young parents to learn baby's cues and how she was communicating her needs to them.

Interagency meetings continued monthly with Duty and Intake Assessment closing when baby was five months old.

Best Beginnings and STAY are still in constant communication. The Officer is currently supporting Tegan to gain her Drivers Licence, which will give the couple ability to access programs within the community without relying on public transport. The couple take the baby to baby gym at PCYC weekly and plan to enrol the baby in swimming lessons in the fourth term of school.

Tegan and Jake are still enrolled at school, attending twice a week and are able to take the baby with them. The Officer recently showed couple to make home-made baby food and the service provided a blender to the couple to support this.

5.2 Parent Support

Case workers commented that many of the young people they work with come from single-parent families where there is an absence of male role models – this evaluation has already noted the value male case workers and support staff can provide in these cases. Workers were keen to convey that most of the parents engaged with the service are trying their best, and want the best for their children. However, they commonly struggle to put structures in place to curb their child's anti-social behaviour and/or criminal activity. For Aboriginal families, the young person may have already undergone their initiation into adulthood, and therefore while regarded as a child under Western Australian law (and the Parent Support

service), may be considered an adult within the community. This represents additional challenges in terms of how the parent may engage with and direct their 'child'.

Much like Best Beginnings, Parent Support is largely delivered in the client's home. This mode of delivery aligns with the aforementioned building blocks to effectively engaging hard to reach families. Within the home, case workers collaborate with parents to develop structures such as house rules, mutual respect, setting clear expectations of their children, building up the relationship between the child and the parent, helping parents with supervision strategies, and explaining rights and responsibilities to children and adolescents.

5.2.1 Outcomes for parents and their children

> *Parent Support was offered to the Smith family, as the eldest son Ryan (16, and born under a previous relationship) had poor school attendance and was showing violence towards his mother. The family had emigrated to Australia and with the father away for work for long periods, Mrs Smith was struggling with isolation and raising four children aged between six and 16.*
>
> *For the first two or three visits, Mrs. Smith would cry for hours, unable to cope. As the Parent Support Worker (the Worker) established rapport, they were able to talk about her relationship with Ryan, and how they expressed their feelings towards each other. Mrs. Smith was supported in receiving domestic violence counselling and support from Relationships Australia. The Worker had a long session with Ryan and discussed how he expressed his emotions and need for love, and how they could be channelled into avenues other than violence. Parent Support arranged for a gym pass for Mrs. Smith and Ryan to spend quality time together.*
>
> *By the end of the service, Ryan's school attendance had increased to 100%. He had topped his maths class, obtained a job at McDonalds and used the money from it to pay for damage he had inflicted to the family home. His relationship with his half-siblings from Mrs. Smith's current relationship had improved, and his relationship with his mother had progressed to the extent that they would openly communicate their love for each other, and he was trusted to stay overnight at friends' houses. Mrs. Smith is more confident in her parenting ability, and Mr. Smith has also become more engaged in the family relationship.*

Stakeholders have observed a range of benefits for parents and their children as a result of engagement with the service. These outcomes include:

- Improved relationships between young people and their parents

- Parents report feeling more in control and empowered

- Healthier family function

- Enhanced social and emotional wellbeing in parents and young people

- Parents have an increased ability to set and achieve goals

- An increased sense of hope and optimism for the future for parents and young people

- Increased attendance at school

- Young people have reduced contact with the criminal justice system

- Young people and parents have improved relationships with other service providers/government agencies

- Young people and parents have a better understanding of how and where to seek help if required

- Families have greater connection to their community, and a wrap-around support network

Lara was a single mother with a 12 year old son Mike who had been truant from school for a year. Mike had no criminal activity, but his mother was concerned that she often did not know where he was. He was also displaying anti-social behaviour in the home to the extent that Lara had called Western Australia Police to intervene.

The Youth Justice Officer brought the Parent Support Worker (the Worker) to Lara's home to discuss and introduce the service. Lara was initially reluctant, having already tried 'this and that' to improve Mike's behaviour, but agreed to try the service, with the school being actively involved as well. The Worker helped Lara to develop appropriate response strategies for Mike's behaviour, including the use of reward frameworks such as referral to participation in school camps.

Mike returned to school where his attendance has been sustained between 60 - 70%. Lara feels more confident and empowered in her parenting of Mike, and their relationship has improved significantly, as she and Mike have spent more quality time together. Mike is no longer wandering the streets at night.

A recurring theme in evaluation consultation has been the challenge in building sustainable outcomes through RPS, which are intended to be capacity building. Feedback received was consistently positive in terms of outcomes achieved during service engagement, however many stakeholders commented that longer term changes were more difficult to achieve. Over 80% of recorded referral outcomes indicated clients had made some or significant changes, although opportunity exists to increase assessment rates – only 29% of service exits had outcomes documented.

Figure 29:   Parent Support service outcomes
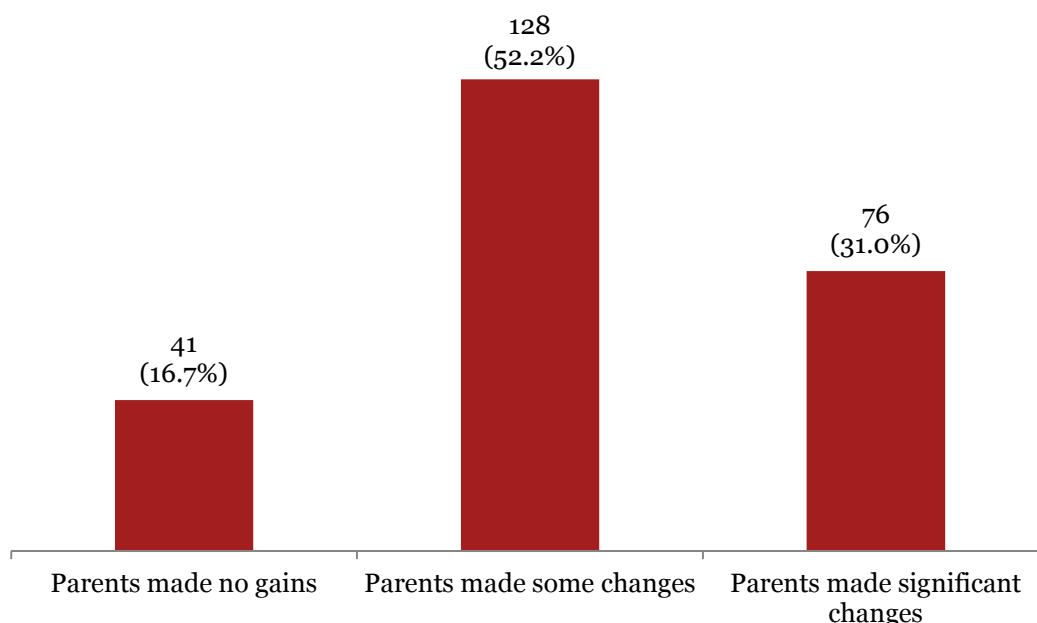
Source: CPFS ASSIST database.

The strongest result noted was among non-Aboriginal clients in the Murchison district, 100% of whom made some or significant changes in the service, while the Great Southern district recorded the lowest incidence of clients making changes (60%). Evidence suggests that the

longer a client remained engaged in the service, the more likely they were to make at least some changes –those that spent longer than the average 161 days with Parent Support were 4% more likely to make some changes and 9% more likely to make significant changes.

Given these sustainability challenges, a significant amount of re-referral may be expected from the service, and stakeholders accepted that anywhere between 10 – 50% of clients may be re-referred. Re-referral does not necessarily indicate a failure of the service however, as the often transitory nature of family location and caregiver responsibility for the families can result in multiple referrals being required to establish the required service engagement.

ASSIST data is not presently structured so as to allow reliable analysis of re-referral incidence, including the examination of the referral circumstances, and this is an area where further work is required to support a more comprehensive evidence base for service outcomes.

Other service tools used to measure outcomes include matrices which measure the child's behaviour (Child Behaviour Matrix), and elements of the child's environment including their home, family relationship with the community, physical care, supervision, love relationships and behavioural boundaries (Child Environment Matrix). The Child Behaviour Matrix is a compulsory tool for use in the service, with case workers required to enter the data into ASSIST.

Child behaviour was seen to have improved through increases in average matrix scores shown below. Clients receive an automatic benchmark score of one on entry into the service to reflect the behaviour for which the child is referred, with a maximum score of six reflecting a 'perfect' behaviour situation. Comparable records were available for 49% of total clients who had exited the service, which show an average improvement of 1.70 between service commencement and conclusion. Improvements were most marked within the South West and Wheatbelt districts, with average increases of 2.51 and 2.34 points respectively. Aboriginal clients returned an improvement 0.7 points lower than non-Aboriginal clients between initial score and conclusion score. Clients who had been in the program longer than the average duration of 161 days had an average conclusion score that was 1.16 points higher than clients with a length of participation less than 161 days.

Figure 30: **Parent Support Child Behaviour Matrix results (Average score out of six)**
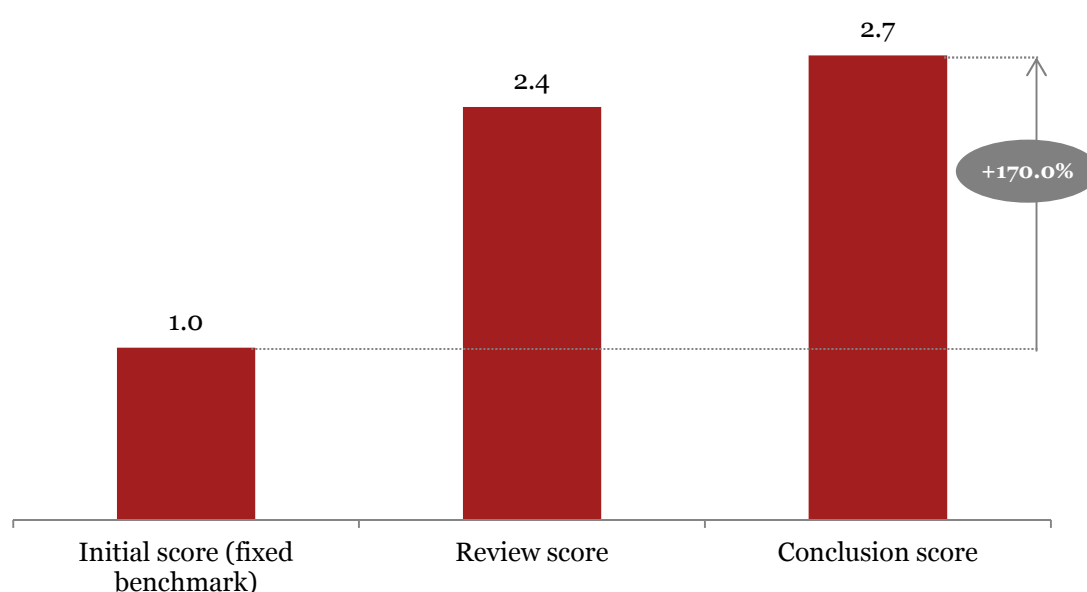
Source: CPFS ASSIST database.

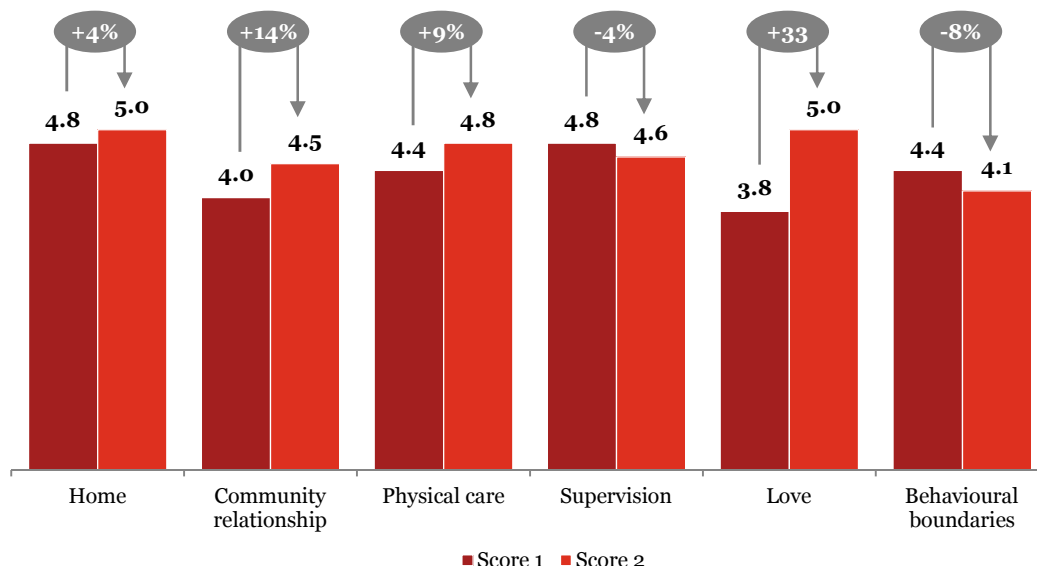Completion rates for the non-compulsory Child Environment Matrix were lower, with comparable records existing for only 12.2% of clients who had exited the service.

Figure 31:   Parent Support Child Environment Matrix results (Average score out of six)

Source: CPFS ASSIST database.

It should be noted that the Aboriginal version of the Child Environment Matrix does not include a behavioural boundaries domain. Given the high proportion of Aboriginal clients accessing the service there may be data quality issues for the supervision and behavioural boundaries domains reflecting recording errors when entering the data into ASSIST.

Improvement was noted in four of the six categories with a loving parent/child relationship and the relationship with the community seeing the greatest improvement, and providing evidence of the improved family and community relationships developed through the service. Scores on supervision and behavioural boundaries measures deteriorated during the service. This conflicts with expectations given Child Behaviour Matrix results, but reflects the challenges faced by these families in establishing long term structures to support behavioural change.

The Parent Support service also includes optional Parent Wellbeing Matrices, and a child strengths and difficulties questionnaire (SDQ) that may be used to assess service outcomes. Comparable Parent Wellbeing matrix records existed for 1.2% of clients exiting the service, while comparable SDQ data was available for only 6% of service exits. As such, the evaluation did not consider these measures.

Similar to consultations regarding Best Beginnings, Parent Support staff across districts noted that the improvements in parenting skills, confidence, family function and child behaviour achieved through the Parent Support service were direct factors in preventing a child coming into care.

The numbers of children aged 3 – 11 and 12 – 17 coming into care since June 2009 are presented below. Both age groups show an upward trend through to June 2014. Although the multiple (previously noted) factors which can influence this number are outside the scope of this report, the fact that only five service exits were recorded as a result of children commencing a period of care for the evaluation period suggests that the service is able to prevent an escalation of family issues to the point that statutory intervention is required. It is

also noted that the evaluation period has coincided with a general increase in the number of children coming into care across the state – from 879 in FY2011, to 1,107 in FY2013, an increase of 26%[49]. The number of all children entering into a period of care between 0 – 17 across the expansion districts during this time period has also increased by 26%[50]. Anecdotally, staff noted that the period between the RPS service catchment ages (ages two through to eight) represents a risk due to the lack of an equivalent service support structure. Between FY2011 and FY2013, the number of children in this age group entering a period of care across the expansion districts was marginally higher at 28%.

Figure 32: Children entering a period of care

Children 3 – 11 years entering a period of care (Number of children)

---
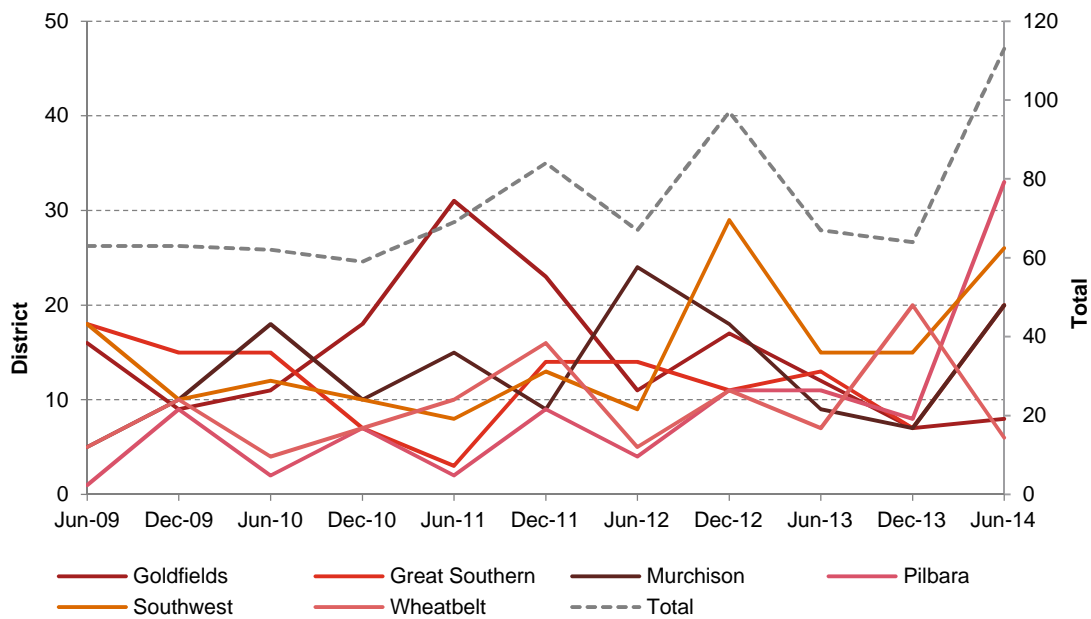
[49] Australian Institute of Health and Welfare, 2014, Child protection Australia: 2012–13. Child Welfare series no.58. Cat. no.CWS 49. Canberra: AIHW.

[50] Based on data from ASSIST as included in Figure 32, consolidated into financial year totals.

Children 12 – 17 years entering a period of care
(Number of children)

Source: CPFS.

Despite data limitations, and the challenges involved in dealing with complex, entrenched issues within the relatively short time frame of the Parent Support service, case evidence does suggest clients are benefitting from participation. One consultation stakeholder commented that even within family dysfunction there is function; almost everyone has a zone of proximal development that allows for some level of growth. The Parent Support service aims to optimise this potential development.

5.3 The capacity to measure change
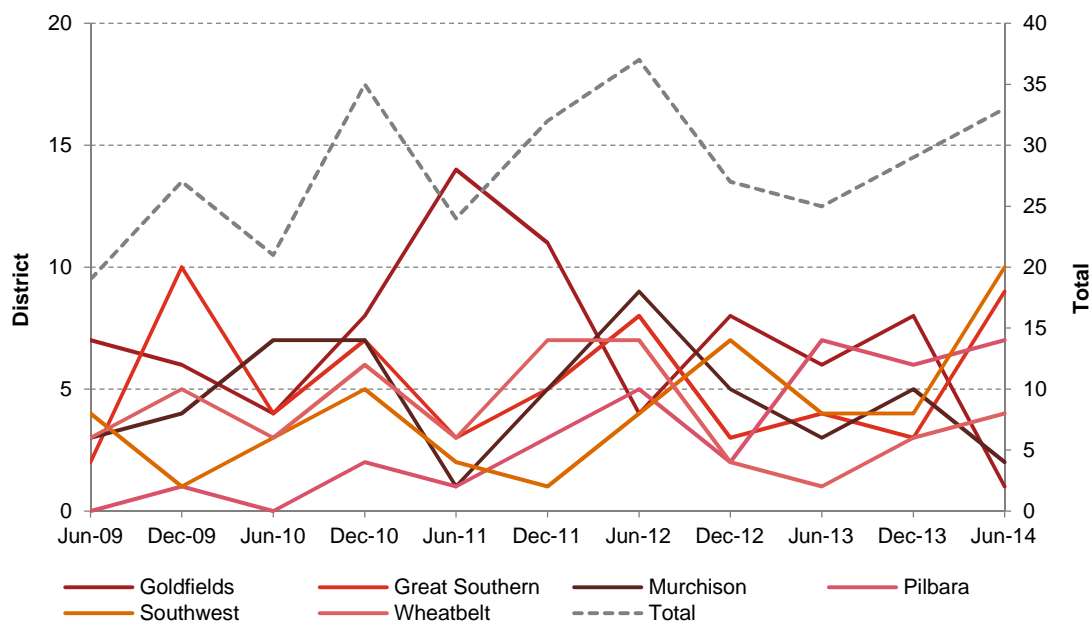
Effective service implementation is somewhat dependent on the ability to measure the impact being created. Service staff commented that their current data collection tool does not adequately capture the strengths of the service. The data capture is one-dimensional and static, and it was felt that the case notes is where the true value of the services is demonstrated.

Part of the issue is the limitation of the system (and the need to maintain client confidentiality), but there are also capacity and compliance issues with RPS staff. For example, some service leadership staff said there were staff who do not fill out key documentation correctly and/or do not update their case notes on a regular basis. This is due in part to difficulties workers face in using the tools in their current form in direct interactions with clients. While staff have the flexibility to adapt the form and content of service tools and frameworks, documentation may be regarded as a lower order priority and therefore left incomplete. This report has noted the poor completion rates for service outcome tools and measures: Essentially, RPS staff adherence with their obligations to properly record their work is an opportunity for significant improvement.

Within RPS there is also a lack of established follow up procedures to provide an indication of the sustainability of service changes, above and beyond 'negative' indicators such as subsequent interaction with child protection services or youth justice agencies. Informal networks such as mothers' groups provide limited ability to monitor outcomes – a more pro-active approach such as check-ins six months after service completion may be more beneficial.

Sub-optimal measurement of change is a common challenge faced by human service delivery agencies. Given that consumer-centric service design and reflective practice were identified as service strengths, future improvements to data collection and measuring change may want

to consider formally embedding a system stewardship approach. A system stewardship approach is a value enhancement feedback loop in consumer centric service design. Active consumer participation is an enabler for continuous quality improvement in delivery of person and family centred care. Practically, active consumer participation can be facilitated through a system stewardship approach.

A system stewardship approach acknowledges that in an environment of decentralisation and more complex policy problems, sophisticated analysis is required to assess system design options. A system stewardship approach argues that policy makers/drivers need to see themselves less as sitting on top of a delivery chain and more as stewards of systems with multiple actors and decision makers – whose choices will determine how policy is realised. This is an ideological and structural shift from controlling a delivery chain, to formulating specific plans to achieve outcomes and create the conditions in which performance will improve[51]. The figure below is a model to shape system dynamics.

Figure 33: **System stewardship approach to creating and measuring impact**
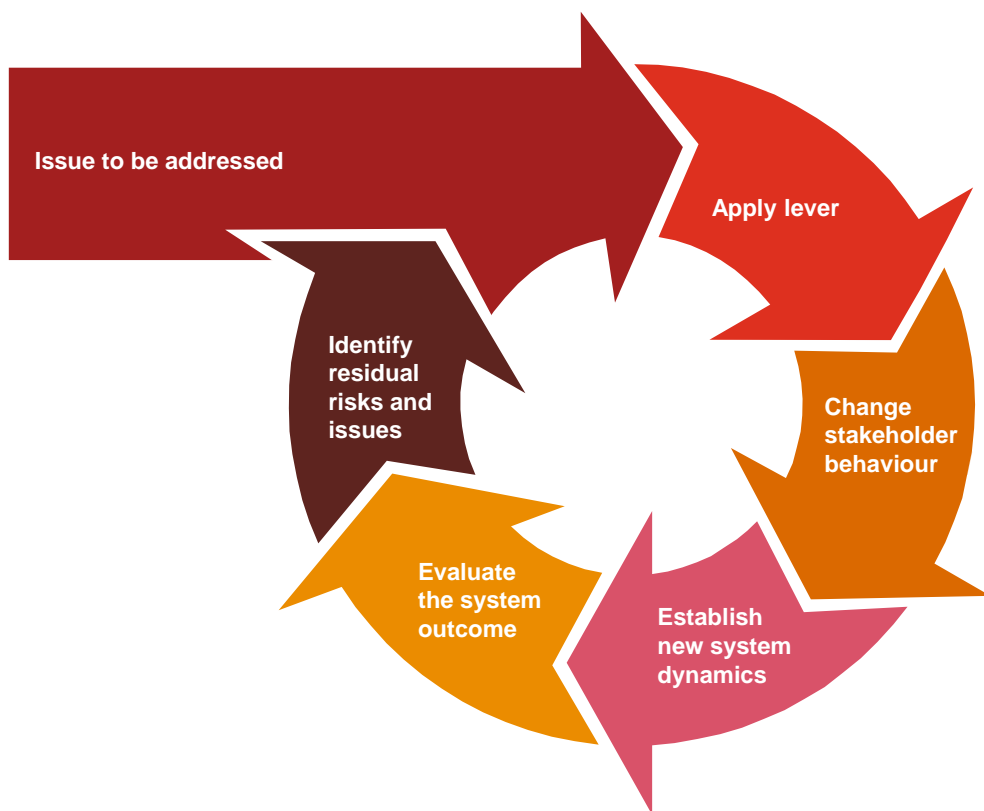
The system stewardship approach can filter down to the way in which service providers also seek feedback from their consumers in order to deliver real value. At an organisational culture level, this approach requires the Department, and service providers to embed the 'mindset' of reflective practice into their operational core business. As previously stated, this culture already appears to exist in the services we consulted with, and is a strength that could be leveraged to better understand impact and measure change.

---

51 2010, UK Prime Minister David Cameron's speech to Civil Service Live, 8 July 2010.

6 Collaboration and partnerships

6.1 Marketing and promotion

Key evaluation question

How have the programs led to improved inter-agency cooperation and collaboration?

Effective communication to all stakeholders is vital in the initial stages of developing change mechanisms and in subsequent implementation[52]. The RPS sites recognised that marketing and promotion was a core component of the localised implementation process. Sites believed themselves to be proactive in their marketing and communication (reflected in the rapid increase in referrals during the expansion project), however, they still experienced some challenges in gaining traction with other agencies. It took time to clearly outline the purpose of the service and the target client group. The services do have a focus on early intervention, and stakeholders often question this in favour of families in crisis and the perceived greater level of need that should be addressed. Furthermore, initial perceptions of RPS as more closely aligned with the child protection duties of the Department initially reduced engagement, as other agencies and individuals within them were concerned that closer association with the Department, given its historical reputation, would tarnish their community relationships.

> *"We expected to deal with certain challenges in being perceived as just another welfare service, but we didn't expect to have to sell RPS so hard to other agencies…"*
>
> **– Team Leader, RPS**

District responses to these challenges included structured communications and briefing sessions to inform key interagency contacts of service purpose and target client groups. Both within the Department and amongst external stakeholders, Parent Support was perceived as more comprehensive in its communications, with more formal roadshows and initiation of contact with key stakeholders. The Best Beginnings roll-outs were seen as being on a smaller scale and less advanced (in part due to recruitment and retention challenges). Although service staff acknowledged the value in formal engagement and communications plans, these were viewed as being very much works in progress in some regions.

The impacts of these differences in development were noted by the evaluation team during the consultation process. Identification of appropriate external stakeholders for consultation regarding the Best Beginnings service was in some cases more difficult than the process for Parent Support. Contacts provided by RPS teams at times also included outdated information, or were for people who had limited or no knowledge of or involvement with the service. To some extent, this may have reflected specific challenges in engaging particular agencies despite considerable effort being invested in attempts to build relationships and the relatively high rates of turnover experienced in rural and remote locations.

---

52 Kanter, R., M., Stein, B., A. and Jick, T.,D., 1992, *The Challenge of Organizational Change: How Companies Experience it and Leaders Guide it*. New York: Free Press.

6.2 Collaboration between RPS and other CPFS services

In relation to intra-agency collaboration, RPS staff commented that the infrastructure and support afforded to them, due to being part of the Department, is very valuable. It was generally reported that there are positive, collaborative relationships between RPS and the child protection function of the Department. The service case workers, in particular, commented that they benefit from the relationship with child protection because the communication enables them to better understand their operating environment from a 'systems-view'. The case conferencing using the Signs of Safety Child Protection Practice Framework between service staff and child protection also allows both service areas to form a more comprehensive understanding of a family and their needs. As an example, one district reported an instance where a Parent Support case had been opened for a family, and then closed after completion. Shortly thereafter the family came to the attention of the child protection team. Child protection and Parent Support case workers were able to work together to quickly identify that a housing concern was the main issue behind the deterioration in the family's circumstances. The Parent Support team was then able to contact the Department of Housing, gain an understanding of the issue and support the family in its resolution, avoiding further, unnecessary involvement from child protection.

In instances where a child protection or child safety issue is present, the intra-agency collaboration allows the delivery of targeted services in the most efficient manner. One team can work on addressing the specific child safety concern in view, while the RPS team can provide support and capacity building around parenting, wellbeing and attachment as relevant, and support general engagement with other services able to meet the holistic needs of the family. Service staff commented that the partnership fosters innovation, and creative problem solving.

An example of interaction between CPFS services is the involvement of Best Beginnings clients with the pre-birth planning process that is used where there is a assessed risk of harm to a baby. The purpose of the process is to ensure that safety planning with the family and key partner agencies is done at an early stage. A number of families have participated in both services at RfR funded sites, illustrating the complexity of the families that Best Beginnings works with and the relatively high risk that children from these families may come into the care of the CEO.

The appropriate sharing of information between teams is critical to realising the benefits of this collaboration, and a number of system limitations were raised during consultation which have the potential to constrain outcomes:

- Sites needing to establish manual reporting sheets for referrals and service FTE due to a lack of confidence in central system data

- An inability to tag Parent Support Case Workers to child protection files without impacting workload measures

- Youth Family Support Workers being unable to edit ASSIST data (reducing the currency of file information) – it was noted in consultation that there are plans to address this in 2014-15.

Furthermore, in spite of the noted positive aspects of intra-agency collaboration, staff at several sites noted that they did not believe RPS were appropriately valued within the Department itself. Several RPS staff commented that the services, and the staff working within them, were seen as concerned with the 'softer' elements of the Department's functions. This has the potential to cause friction, particularly in relation to shared resources (availability of cars for service delivery was an issue raised by several teams), and the perception of 'reappropriation' or direction of service allocated funds to other areas.

6.3 Collaboration between RPS and external services

Increasing coordination and collaboration between agencies has played an important role in developing referral pathways and delivering a seamless service to families. Following the RfR funding for the expansion project a need was recognised to increase the level of engagement with the Department of Corrective Services in providing Parent Support services to the shared client group of families with youths displaying antisocial and criminal behaviours. A co-located model was established, where a Parent Support Case Worker is placed with local juvenile justice services in each of the districts (for at least a couple of days a week). This model supports the identification of young people of concern to both agencies and the local community, and enables a planned response.

All service sites consulted spoke positively of this arrangement, and their relationship with juvenile justice teams. It was reported as common for the Parent Support Case Worker and relevant juvenile justice worker to employ a coordinated case management and case conferencing approach. While it was common for case planning and initial engagement to be undertaken together (including joint attendance at early parent and child meetings), shorter engagement cycles for youth justice reduced collaboration in the later parts of the delivery of the Parent Support service. This was not reported to be a consistent barrier to service delivery.

> *"RPS has had an excellent impact on interagency operations. It has broken down barriers, enhanced shared understanding of resourcing constraints and cut red tape..."*
>
> *— Youth Justice Manager, Department of Corrective Services*

Other methods have been used to increase interagency coordination and collaboration, including with the Department of Education and Western Australian Police. Co-location at schools was noted in one instance as having a positive impact on the responsiveness of service engagement. Launch presentations, interagency meetings, brochures for referrers and other information have also been provided for this purpose. Increased interagency interaction has resulted in agencies having a greater understanding of the nature of the services they provide, and the underlying processes and resources available.

In addition to the benefits of interagency collaboration during service delivery, districts have reported on the significant benefits of collaboration during the period of initial client engagement in the RPS. Service teams reported that client engagement approaches were more likely to be successful where the referring agency had clearly communicated the referral to the client, and engaged with the client to introduce the RPS worker. Several external stakeholders did note that opportunities exist for the Department to maintain and improve its feedback loops to referring agencies with regards to the progress and status of referral assessment and client engagement.

Interagency cooperation and coordinated service delivery can enable multifaceted, ongoing interventions capable of delivering the necessary care and support that is crucial to enhance the wellbeing of families. Service delivery coordination represents a means of facilitating referrals and cooperation between services to provide more widespread service access. Benefits include more efficient use of resources and improved service outcomes. The stakeholders consulted saw service coordination, and the consequential wrap-around support provided to families, as a key RPS strength.

RPS staff spoke positively of the relationships they have established with related service providers in the communities in which they are located. In particular, critical to service success are strong relationships between Best Beginnings and the health sector, and Parent Support and juvenile justice teams and schools. For Parent Support, the noted agencies indicated that they value the services and appreciated the relationship with the Department.

Relationships with the health agencies tended to be less developed. Several sites noted that some health agencies viewed Best Beginnings as competing with or duplicating their own programs (a view which was echoed in direct consultation with health stakeholders in some regions). As we have noted elsewhere in this report, engagement may have been made more difficult due to an incorrect perception of the target client group of Best Beginnings and the nature of the service that was to be provided to clients. Engagement with Aboriginal health services (e.g. the Aboriginal Medical Service) was also viewed as an ongoing area of challenge, due to entrenched views and the association of RPS with the child protection function of the Department.

In addition to the benefits realised by other agencies, including improved engagement with clients and more efficient use of agency resources, the interagency cooperation delivers value throughout the consumer journey; referrals, specialist support to address areas of concern, and sustained support beyond their exit from RPS. The service staff encourage families to maintain connection with other relevant agencies, and will often include other workers involved in the family's life within the case plan. This type of collaboration provides the further benefit of fostering mutual accountability. Parent Support Case Workers noted that joint agency involvement in Responsible Parenting Agreements clarified responsibilities and helped service providers and families hold each other to account. Case workers also noted that the collaboration between agencies led to more responsive interagency dealings and communications, ultimately allowing more efficient service delivery to clients.

All regions consulted had in place regular, structured interagency forums to coordinate planning, support and service provision to communities based on identification of high risk and vulnerable families and individuals (including monthly Kids at Risk and Child Safety sessions). For example, the Parent Support team in the Great Southern hosts fortnightly meetings with the Western Australian Police, the Department of Corrective Services and the Department of Education. This 'Parent Support Coordinated Service Response Group' meets to identify children, young people and families who are of concern to all agencies and who would benefit from RPS.

For Best Beginnings, districts reported fortnightly meetings with health stakeholders, with attendees including case teams, psychologists and community health nurses. Once again, sharing of information within this group allows for the effective identification and response to family and community needs, and the linking of clients with required services and support.

While individual agency commitment to and participation in such forums was noted to vary, Department staff and external stakeholders noted the positive contribution RPS makes in terms of providing a more complete picture of a families circumstances, and assessing appropriate responses. The non-directive nature and strong relationships Best Beginnings and Parent Support are able to develop with families allows teams to speak from a position of client trust and provide information and insight into family circumstances which other agencies may not be aware of, improving service delivery.

Similar meeting structures were noted for all expansion sites, however in some instances turnover in agency staff and varying agency resources had resulted in these meetings being deferred. An area for ongoing attention is making sure that agencies remain as integrated as possible in relation to service provision. One of the noted benefits of the interagency collaboration driven by RPS is the reduced burden of engagement on clients, but there have been instances where duplication of agency approaches has been reported as causing frustration for families.

A layering of relationships throughout agencies (i.e. at manager, team leader and case worker and officer levels) was described as key to maintaining these networks, particularly through minimising the disruption caused by staff turnover. These individual relationships also support the development of more informal collaboration networks. For example, an interviewed RPS team member noted an instance where police attended a domestic disturbance for a RPS family, and became aware that the client contact was moving to another town in the district. Passing this information on to the relevant RPS case team

allowed for contact to be maintained with that family, and smooth continuation of service provision.

As families connect with relevant agencies, they are building knowledge and capacity that empowers them. This assists families to understand what services they are entitled to seek, now and into the future. The RPS teams often act in an advocacy role for clients in their dealings with other agencies, and operating from a position of trust service teams are able to effectively introduce clients to previously unknown agencies and support services. This is of particular importance to the hard to engage client cohort who may not have awareness or engagement with other support providers. Clients can build enhanced trust for general agency services and personnel, and develop a wrap-around support network to directly enable some of the outcomes described in the previous section.

The related service providers consulted supported the view of RPS service staff. The service providers spoke of the benefits of the interagency collaboration, and reported that it is often driven by, or at least actively contributed to, by the RPS staff. *Youth Connection*s program providers (who work with young people at risk of disengaging or who are already disengaged from education , family and/or the community) commented that they often case plan with Parent Support Case Workers, and collectively problem solve. Many agencies consulted saw their service offering as complementary to RPS, and believed that greater value was delivered to families as a result of the collaboration. An example of this is joint family visits undertaken by youth justice staff and Parent Support workers. The Parent Support worker can focus on building parenting skills and strategies with the parent, while the youth justice worker engages directly with the child – allowing family relationship building to occur from two perspectives. The value of this collaboration is particularly marked where the RPS worker has established a strong relationship with a family, who then are more likely to trust and engage with other service providers if they have been sourced from this trusted relationship. This enhancement of general community relationships with support service providers is an indirect benefit of the RPS expansion. These enhanced relationships take time to build with the hard to reach and vulnerable families within these districts however, and are easily eroded. Any cessation of the RPS may be expected to contribute to a subsequent reversal of progress in this area.

7 Benefits for Regional Western Australia

7.1 Objectives of Royalties for Regions

Royalties for Regions funding seeks to improve services to regional communities and provide people living in those communities with expanded opportunities. Funding proposals are assessed against six principles:

- Building capacity in regional communities

- Retaining benefits in regional communities

- Improving services to regional communities

- Attaining sustainability

- Expanding opportunity

- Growing prosperity.

The RPS services delivered in six regions across Western Australia are generating outcomes against several of these principles and this chapter of the report consolidates outcomes documented elsewhere in the report against these principles.

7.2 Improving services to regional communities

RPS provides family support in both secondary and tertiary service provision areas, with clients being at least at risk or vulnerable to child maltreatment, and with needs requiring a targeted support response. Clients are often facing a range of complex issues, and risk factors including intergenerational trauma, which represent significant challenges in supporting sustainable change leading to positive outcomes. Service teams work with clients with culturally specific family structures, who may be transient.

RPS services in regional Western Australia allow people outside the metropolitan area to access comparable services to those available to families in the metropolitan area, who also have access to a more extensive range of supporting services provided by CSOs. For vulnerable, hard-to-reach clients in the six regional areas there is generally no comparable alternative to the services.

Since commencement, the Royalty for Regions funded Responsible Parenting Services have supported 238 families through Best Beginnings and 1,124 Parent Support clients. Around a third of all Best Beginnings and two-thirds of all Parent Support clients to date have been Aboriginal.

The Parent Support and Best Beginnings service models are built around elements needed to support this client group. As home visiting services, service teams go to where the families are. A focus on capacity building works to empower families and develop an increased sense of personal agency (a belief in their own capacity to effect change).

For the communities in which those families live, the benefits of RPS have included:

- improved outcomes for mothers and their babies, including at risk children being supported in meeting early childhood development milestones; and

- reduced risks associated with:

  – juvenile offending;

  – anti-social behaviour;

  – school non-attendance; and

  – children having to be taken into the care of the CEO.

7.3   Building capacity in regional communities

Parent Support and Best Beginnings caseworkers strive to establish non-threatening relationships with clients, and adapt general service structures (grounded in developmental and evidence based theory) to meet local community needs. The intra and interagency collaboration required for successful delivery of RPS provides the foundation to offer wrap around support for clients and enhances government agency capability to meet the needs of families in regional communities.

RPS workers share information with colleagues in other Department teams, providing a more holistic and integrated approach to case management and client support, while reducing risk to the Department of adverse family and/or child outcomes.

RPS has broken down interagency communication barriers, enhanced shared understanding of support capabilities and resourcing constraints and cut red tape. Collaboration with youth justice is particularly strong, with co-location of Parent Support workers with their justice colleagues strengthening understanding of the services, assisting client engagement and resulting in a more integrated, holistic approach to supporting client families. Relationships do require ongoing effort to maintain, and relationships with some health agencies represent opportunities for improvement, but the only consistent, largely unresolved difficulty noted across districts was engagement with the Aboriginal Medical Service, where embedded perceptions of the Department's child protection focus have been difficult to shift.

For regional communities that do not have access to the same range of government and CSO provided services, there is generally no comparable alternative to RPS.

7.4   Expanding opportunities

The RPS has created employment opportunities for both Aboriginal and non-Aboriginal members of regional communities. Districts have progressively addressed the significant staffing challenges associated with providing quality service delivery in remote locations.

In total, the RPS services have resulted in the creation of around 75 FTE in regional communities and the actual workforces for both Parent Support and Best Beginnings have been maintained above 80% of established positions within the 2014 calendar year.

As of 30 June 2014, Aboriginal staff comprised 14% of the RPS workforce, above the overall average for the Department of 8%. Aboriginal staff employed to deliver the services are also less likely to leave than Aboriginal staff employed in other service areas of the Department.

Regions have adopted specific strategies to help ensure that local Aboriginal candidates are able to access employment opportunities, including:

- offering support with the application, for example, building capability to write a CV;

- advertising vacant positions on several occasions;

- targeted communication about vacant positions to the Aboriginal community;

- promotion of existing staff to free up entry level positions for less experienced candidates;

- appointing staff on short term contracts to trial suitability to the position; and

- robust training and professional development.

8 Financial and economic evaluation

8.1 Value for money – quality early childhood programs

There is an established body of literature which shows that birth to age five is a critical time in human development, as early life experiences set neurological and biological pathways that can have life-long impacts on health, learning and behaviour[53]. Developmental gaps open up early, are predictive of future life outcomes, and are more difficult and costly to close later in life[54]. Some challenging later-life outcomes that have their roots in early childhood include[55]:

- Poor literacy

- Aggressive and antisocial behaviour

- Mental health problems

- Family violence

- Welfare dependency

- Crime

- Obesity

- Substance abuse

The cost to society in terms of lost productivity and attempts to ameliorate these problems is greater than the cost of early childhood intervention. Investment in early years programs that target developmentally vulnerable children and their parents or caretaker(s) is realistically estimated to return a benefit to society of as much as $4 for every $1 spent[56]. Thus, human capital investment in the early years has been described as a 'win-win' policy, with no social or economic trade-off. It is described as a macro-policy that simultaneously enhances both economic competitiveness and social cohesion[57] [58].

Early childhood education and care has the potential to reduce public spending and raise economic activity, along with its benefits to other outcomes[59]. Quantifying potential

---

53 Baxter, J. & Hand, K., 2013, *Access to early childhood education in Australia*, *Research Report No. 24 (April 2013)*, Australian Institute of Family Studies.

54 Ibid.

55 Oberklaid, F., 2007, Brain development and the life course: The importance of the early caretaking environment, *Putting Children First, 24,* 8-11.

56 Duncan, G. J., Ludwig, J., & Magnuson, K. A., 2007, Reducing poverty through preschool interventions. The Future of Children, 17(2), 143-160.

57 Esping-Anderson, G., 2009, *The incomplete revolution: Adapting to women's new roles*. Cambridge: Polity.

58 Heckman, J., & Masterov, D. V., 2007, The productivity argument for investing in young children. *Review of Agricultural Economics, 29*, 446-493.

59 UK National Audit Office, 2013, Early action: landscape review, National Audit Office: London.

economic and financial benefits is particularly important in an era of budget constraint, when Government departments are being asked to provide increasingly robust justification of the return on investment that new initiatives will deliver.

In 2010, the OECD analysed the link between cognitive skills, educational attainment, and economic growth. It found that, if cognitive skills could be improved even slightly through early intervention, there would be a resulting improvement in educational attainment scores of 15-year-olds in Australia, and predicted that this could result in GDP growth of between $2.2-$2.8 billion per year[60].

There are a range of studies examining the impacts of specific early childhood programs on individual and social outcomes.[61]Perhaps the most well-known of these research endeavours are the *Abecedarian Study* and the *Perry Preschool Study*. These studies employed randomised trials with children between (3 and 4 years of age) by dividing them into two control groups – one group where children participate in quality early childhood programs prior to formal schooling and another where children do not.

Although they adopted different approaches, each of these studies concluded that children who engage in quality early childhood programs prior to formal schooling receive a number of benefits compared to children who do not. For example, the *Abecedarian Study* found that the children who were engaged in a program not only learnt faster and spoke more fluently, but they also had better intellectual quotient (IQ) scores than their peers. Similarly, the *Perry Preschool Study* found that children who engage in quality early childhood programs prior to formal schooling received benefits well into adulthood compared to those that do not. These included:

- a higher level of educational attainment;

- higher incomes; and

- less likelihood of serving time in prison.

The findings of this research are reinforced by the recent works of the Nobel Prize winning economist, Dr James Heckman, who demonstrated that early investment in childhood education produces the greatest returns to human capital[62].

8.2 *Value for money- early intervention for young people*

While literature studies examining the effectiveness of early intervention programs targeted at infancy and early childhood may be established, there is an increasing broadening of the concept of 'early intervention' to include key early stages of developmental pathways, such as the transition from childhood to adolescence. While early childhood experiences can have a profound impact on later life outcomes, programs targeting these later key developmental periods provide support to vulnerable young people who:

a) experienced problems during early childhood but did not receive an intervention;

b) received an intervention during early childhood but continue to experience problems; or

---

60 Organisation of Economic Co-operation and Development, 2010, *The High Cost of Low Educational Performance: The Long-Run Economic Impact of Improving PISA Outcomes*

61 Sparling, J., 1972, The Carolina Abecedarian Project, Frank Porter Graham Child Development Institute; Highscope Perry Preschool Study, (2005), *Lifetime Effects: The HighScope Perry Preschool Study Through Age 40;* Baxter, J. & Hand, K. (2013), etc

62 The Heckman Equation Project, n.d., *The Heckman equation*, http://www.smartbeginnings.org/Portals/5/PDFs/Research/HeckmanEquation.pdf

c)   have only begun to experience problems during this development transition.

International research has indicated that school aged intervention can alleviate the effects of adverse childhood experiences[63]. Failing to ensure that troubled youth receive appropriate, timely treatment for family, mental health, or substance use problems increases the chances that they will struggle academically, drop out of school, get into trouble with the law, and enter the corrections or child welfare system, incurring significant financial and human costs in the process[64]. Processing youth through the youth justice system has been found to exceed the cost of effective early intervention programs, and furthermore does not result in increased public safety[65]. US research has suggested that the average cost for one youth who quits school and becomes significantly involved in drug and criminal activities approximates $2 million[66].

Parenting programs represent one of the key means to provide support during these transition periods. The transition from late childhood to early adolescence represents a time of significant change in parents' relationships with their children. In early adolescence, it is normal for children to disengage and distance themselves from their parents and to become more dependent on their relationships with peers. This disengagement and the resulting changes in the parent-child relationship may present a significant challenge for parents and may lead to disruptions in the family. In addition, rates of child problem behaviour, including substance use and delinquency, may rise during this transition period[67].

Research has identified a number of parenting practices that operate as risk and protective factors for adaptive and maladaptive adolescent outcomes. Protective factors include a warm, nurturing and supportive relationship with the child, positive discipline methods and the provision of monitoring and supervision[68].

Effective parenting programs have been found to have positive impacts including[69]:

• Prevention of alcohol and substance use among adolescents

• Reduction of delinquency

• Reduction of adolescent risk behaviours

• Improved child behaviour

• Improvements in home safety

• Improved family function

• Improvement in parental health and well-being

---

63 Hosking, G. & Walsh, I., 2010, *International Experiences of Early Intervention for Children, Young People and Their Families, 2010*, The Wave Trust.

64 Aos S, Lieb R., Mayfield, J., Miller M, & Pennucci A., 2004, Benefits and costs of prevention and early intervention programs for youth Olympia; Washington State Institute for Public Policy.

65 Youth Intervention Programs Association, 2011, About the Youth Intervention Program, available: http://www.mnyipa.org/site/c.8hKQI8MFIeI0E/b.6743365/k.7E9/About_the_Youth_Intervention_Program_ YIP.htm.

66 Ibid

67 Tully L., 2007, Early intervention strategies for children and young people 8 to 14 years, NSW Department of Community Services.

68 Ibid.

69 Mulvaney et al., 2013, Parenting interventions for the prevention of unintentional injuries in childhood (Review), The Cochrane Collaboration; Lindsay et al., 2011, Parenting Early Intervention Programme Evaluation, Department for Education; Tully L., 2007, ibid.

- Improved parental confidence

- Improved parental engagement (reduced laxness and over-reactivity)

The positive effects noted above have been demonstrated to have the potential to extend beyond the duration of the program.

There is limited research evidence on parenting education programs developed specifically for Aboriginal families in Australia. Preliminary evidence suggests early intervention parenting programs may be effective in reducing problem and risk behaviour among Aboriginal children at home and school, and in increasing parental confidence. Home visiting programs benefit young children by improving socioeconomic and cognitive outcomes and reducing the frequency of and potential for abuse. Short-term improvements found include more positive parent–child interactions, better quality home environments, reduced postnatal depression scores, and improved perception of the parenting role[70].

Research into the impacts of early youth intervention programs on individual and social outcomes continues, with ongoing focus on addressing outcomes such as child development, family relationships, safety and physical wellbeing, parent-child relationship and basic child care, as a means of reducing the cyclical needs deprivation experienced by some families and communities[71].

8.3 Benefit Cost Analysis – Responsible Parenting Services

8.3.1 Analysis framework and reference points

In principle, a Benefit Cost Analysis of parenting programs could take into account the benefits in terms of reductions in future demands placed upon government funded health, education, income support, child protection and criminal justice systems. It could also take into account future increases in economic output through improved employment outcomes.

In practice, defining an appropriate counterfactual that specifies what would have happened in the absence of a particular intervention is challenging due to the complexity of the issues faced by the service clients. Furthermore, due to the relatively short time period over which the services have operated, there is insufficient longitudinal data available for a definitive fact base to support this analysis.

Published studies that draw on large cohorts subject to follow up post program, identify three sources of avoided costs associated with parent education programs where reductions in child abuse are one outcome from the program. These are:

- benefits to the public, primarily made up of savings to the child welfare system, but also savings in other public systems in which maltreated children are at risk of becoming involved, and increased tax income when these children grow up and become taxpayers earning higher wages than if they had been maltreated;

- tangible avoided costs to victims (such as medical care, mental health care); and

- intangible avoided costs to victims (such as reduced quality of life associated with maltreatment).

---

70 Mildon, R. and Polimeni, M., 2012, Parenting in the early years: effectiveness of parenting support programs for Indigenous families, Australian Institute of Family Studies.

71 Wade et al., 2012, An analysis of the evidence for parenting interventions in Australia, Parenting Research Centre.

In the case of the Chicago Child-Parent Centre (CPC) program the value of these avoided costs was estimated at US$10.83 per dollar of program expenditure, withUS$7.20 being avoided public cost[72].

Rigorous meta-analysis of programs undertaken by the Washington State Institute for Public Policy (WSIPP) for family based programs that aim to improve outcomes in early childhood or at-risk youth suggest that the benefit cost ratio estimated for the CPC program is not an outlier[73]. Significant benefits in terms of avoided cost, benefiting both the public and the individual can be achieved by these programs.

In the case of parenting programs at the early childhood stage, benefit-cost ratios range between 14.7 and 0.27. The higher benefit-cost ratios are observed in structured programs targeted at at-risk parents and children (particularly where an initial child protection referral is involved) that deliver parent education over several domains for an extended period.

Benefit-cost ratios for family based services delivered where children and youths are at risk of or are offending range between 18.45 and 2.30. The higher ratios are delivered by programs that focus on reducing family risk factors and increasing protective behaviours.

A service targeted at juveniles who had not yet spent time in a correctional facility, Coordination of Services, shares a number of service design elements with Parent Support. This program has an assessed benefit-cost of 16.0, around which a quarter is comprised of public benefit in the form of avoided costs associated with future offending.

8.3.2   RPS output unit costing

The Department has established RPS specific cost centres to monitor service related costs. After adjusting to an accrual basis to provide for a cost more reflective of ongoing operations, evaluated costs from implementation for RPS in Royalty for Regions areas are as follows:

Table 2:   RPS Costs

Program Expansion	Program Expansion FY2011 – FY2014			FY2014		
Cost	Best Beginnings ($)	Parent Support ($)	RPS ($)	Best Beginnings ($)	Parent Support ($)	RPS ($)
Accommo-dation[74]	287,391	1,852,699	**2,140,090**	76,858	495,474	**572,332**
Grants & Subsidies	55,828	217,594	**273,422**	38,416	123,263	**161,678**
Other Employee Benefits	131,964	3,917,892	**4,049,856**	58,941	1,513,531	**1,572,472**

---

72 O'Connor, C., 2010, Child abuse and neglect prevention: What is it and how do we know when it works? *What will it take: Investing in Wisconsin's future by keeping kids safe today*, Madison, WI: Wisconsin Children's Trust Fund and Wisconsin Council on Children and Families, available at: http://jjcdev.com/~ctf/files/CTF_brief_1_abuse_neglect.pdf.

73 Refer to the Benefit Cost Results published by the Washington State Institute for Public Policy, available at: http://www.wsipp.wa.gov/BenefitCost?topicId=.

74 The Department allocated accommodation costs to RPS teams for 2013-14 following specific identification of accommodation expenses with individual site teams. For prior years, total 2013-14 accommodation expense has been de-escalated based on Perth Housing Index figures from the Australian Bureau of Statistics. Note that despite the use of accrual costing for this analysis, depreciation is not allocated to RPS costs through this method.

Program Expansion	Program Expansion FY2011 – FY2014			FY2014		
Other Expenses	37,119	817,497	**854,617**	19,208	361,884	**381,092**
Salary Expenses	1,535,250	13,856,610	**15,391,860**	590,548	5,674,802	**6,265,349**
Supplies and Services	70,973	1,415,670	**1,486,642**	38,459	622,447	**660,905**
Total Direct Costs	**2,118,525**	**22,077,961**	**24,196,486**	**822,429**	**8,791,400**	**9,613,829**
General Costs Allocated[75]	81,631	529,860	**611,490**	25,470	165,322	**190,792**
Total RPS Allocated Costs	**2,200,156**	**22,607,821**	**24,807,977**	**847,899**	**8,956,722**	**9,804,621**

Source: PwC analysis based on CPFS financial data.

When considered against measures of service activity for RPS, output level costing is derived as per Table 3. Costing has been calculated for the average cost per referral to the service by allocating the total cost of the service across the relevant activity measure – note that specific costs are not allocated to a part of the intake-service-completion process, and therefore the unit costs presented below do not reflect the only the cost of activities undertaken by RPS during the referral phase only. Given the non-directive nature of the services, the hard to reach nature of clients, and our observation above that completions are likely understated relative to their true level we believe that this is the most appropriate method for measuring cost per client for Best Beginnings and Parent Support.

Note that costing based on FY14 data is considered the most representative of an ongoing, operational state for the Best Beginning and Parent Support services as it excludes costs associated with setting up the services in each region, including initial recruitment of staff.

---

75   To support comparability with avoided costs during cost benefit analysis, costing of RPS includes an allocation for generic corporate and district level costs such as payroll and policy functions, with allocation made on a proportionate basis according to established FTE. These costs were then allocated between Best Beginnings and Parent Support functions based on actual FTE shares. Allocations for FY10-11 were made on a proportionate basis of FY11-12 allocations, based on relative direct RPS costs for these two years to recognise significant lower levels of RPS activity.

Table 3: RPS Output costing

Program Expansion	Per Referral ($)	
	Best Beginnings	**Parent Support**
Output Measure	364	1,313
Direct RPS Costs	5,820	16,815
Total Allocated Services Cost	6,044	17,218

FY2014	Per Referral ($)	
Cost	**Best Beginnings**	**Parent Support**
Output Measure	116	579
Direct RPS Costs	7,090	15,184
Total Allocated Services Cost	7,309	15,469

On this basis, the cost for referral to Best Beginnings is estimated to be $7,309, while the average cost per referral for Parent Support clients is estimated to be $15,469.

8.3.3 RPS Benefit cost analysis detail

The cost of RPS should be assessed in the context of unit costs for government funded services which RPS clients may otherwise require or come into contact with. This would include the costs of alternate child protection intervention. As part of this evaluation regional RPS teams were asked to estimate the number of child protection cases that would otherwise have been opened were it not for the intervention of RPS. Teams also assessed the number of children who would likely have entered a period of care were it not for the Best Beginnings or Parent Support services. These assessments were made with reference to the 2013-14 financial year.

It is estimated that in FY2014 the Best Beginnings and Parent Support services may have resulted in the avoidance of $19.1 million in direct child protection costs, comprising of $18.1m in costs associated with children being placed in care, and $1.0 million relating to opening, processing and managing child protection cases.

Further detail on these estimates is presented below:

Table 4: Avoided costs of children in care

FY2014	Best Beginnings	Parent Support	RPS	Basis
Estimate of children who would otherwise have been taken into care	18	98	116	Estimate based on consultation with case teams
Average length of time in care	1,100 days			Calculation based on CPFS 2012-13 annual report[76]
Daily cost of care per child	$194			CPFS 2012-13 annual report
Gross Avoided cost	$3,841,200	$20,913,200	$24,754,400	
Adjusted avoided cost	$2,880,900	$15,684,900	$18,565,800	Reduced by 25% to reflect potential for re-referral, entry into care in subsequent period
Adjusted avoided cost NPV[77]	**$2,810,587**	**$15,302,086**	**$18,112,673**	

---

[76] Department for Child Protection and Family Support, 2013, *Annual Report 2012-2013*.

[77] NPV analysis was performed assuming a standard discount rate of 2.5% consistent with public sector wage inflation rates forecast by WA Treasury.

Table 5: Avoided costs of child protection casework

FY2014	Best Beginnings	Parent Support	RPS	Basis
Estimate of family child protection cases otherwise opened	29	159	189	Estimate based on consultation with case teams
Average cost per case	$6,825			CPFS 2012-13 annual report
Gross Avoided cost	$197,925	$1,085,175	$1,283,100	
Adjusted avoided cost	**$148,444**	**$813,881**	**$962,325**	Reduced by 25% to reflect potential for re-referral, subsequent case work

Effectively, this analysis estimates that for every dollar spent on RPS across the district sites in 2013-14, up to $1.95 in direct alternate child protection costs may have been avoided.

Table 6: Summary child protection costs avoided

FY2014	Best Beginnings	Parent Support	RPS
Fully allocated RPS cost (A)	$847,899	$8,956,722	$9,804,621
Direct child protection costs avoided (B)	$2,959,031	$16,115,967	$19,074,988
Net direct child protection cost/(saving)	**($2,111,132)**	**($7,159,245)**	**($9,270,377)**
Saving per $ of RPS cost (B)/(A)	**$3.49**	**$1.80**	**$1.95**

The above table represents avoided costs associated with direct intervention, including the period of care. Economic research has demonstrated the additional costs associated with leaving a period of care – a Victorian study placed a conservative estimate of this cost for state governments at approximately $740,000 per person leaving care[78]. This cost was associated with subsequent outcomes relating to housing, the justice system and corrective services, police, drug and alcohol services, mental health, health, employment, and lost GST revenue.

Best Beginnings has a benefit-cost ratio of 3.49, taking into account only the avoided costs associated with child protection. Over eight programs sharing comparable features for which

---

[78] Raman, S., Inder, B., & Forbes, C., 2005, *Investing for success: The economics of supporting young people leaving care*. Melbourne: Centre for Excellence in Child and Family Welfare.

the WSIPP provides benefit-cost ratios based on meta-analysis of evaluations, the ratio of participant to public benefits ranges between 1.07 and 2.41 with an average of 1.91. Using the lower end of this range, it would not be unreasonable to expect that the addition of participant benefits would increase the benefit-cost ratio to around 7.22[79].

Another direct impact expected of the Parent Support service is a reduction in interaction with the justice sector – given the service criteria of referred child involvement in anti-social or criminal behaviour. An estimation of the potential scale of direct cost savings through diversion of young people away from the justice sector is provided below. It has been assumed that the number of youths entering under supervision orders but for the intervention of the Parent Support service is half the number of children who may otherwise have ended up in out of home care. Note that this estimate does not include the reduction in case work costs associated with the judicial process up to supervision or detention.

Table 7: Estimate of avoided youth justice supervision costs

FY2014		Basis
Estimation of children otherwise under juvenile supervision	49	PwC assumption based on 50% of case team estimates for children who otherwise would have been taken into care
% of supervision in the community	85%	Youth Justice in Australia 2012-13[80]
% of supervision in detention	15%	Youth Justice in Australia 2012-13
Average duration of juvenile justice supervision (days)	180	Youth Justice in Australia 2012-13
Avoided supervision days in community	7,497	
Avoided supervision days in detention	1,323	
Cost per day Community supervision Detention	 $81 $645	Department of Corrective Services Annual Report, 2012-13
Avoided supervision cost Community Detention Gross Total	 $607,257 $853,335 $1,460,592	
Adjusted avoided justice supervision costs	**$1,095,444**	Reduced by 25% to reflect potential for re-referral, subsequent offending

Anticipated savings from reduced requirement for supervision orders as a result of Parent Support services is therefore estimated at $1.1 million per year.

---

[79] Calculated as 3.49 + (1.07) x 3.49 = 7.22.

[80] Australian Institute of Health and Welfare, 2014, Youth justice in Australia 2012–13. Bulletin no. 120, Cat. no. AUS 179. Canberra: AIHW

Taking into account the avoided costs for child protection, juvenile justice and participants, the benefit cost ratio for Parent Support could be expected to be around 3.85[81]. However, it is worth noting that due to the high cost to the public of offending and the resulting cost of police investigation, prosecution and interaction with the corrections system the programs examined by WSIPP generally yield a greater benefit for the public than for the participant. These benefits are not able to be fully reflected in the analysis presented here due to the risk of double-counting participant benefits that may result from the combination of improved child welfare and reduced interaction with the juvenile justice system.

8.3.4 RPS Benefit cost analysis conclusion

In summary, the evaluated saving per dollar of RPS cost is estimated at $7.22 for Best Beginnings, and $3.85 for Parent Support.

Table 8: Summary evaluated saving per $ of RPS cost

FY2014	Best Beginnings	Parent Support
Direct child protection saving per $ of RPS cost (public benefit)	3.49	1.80
Participant to Public benefit cost ratio	1.07	1.07
Estimated participant and public benefit per $ cost	7.22	3.73
Avoided justice supervision costs per $ of Parent Support costs	-	0.12
Evaluated Saving per $ of RPS cost	**$7.22**	**$3.85**

Quantification of additional, less direct benefits is more difficult given the complex nature of issues facing clients for RPS, and the fact that there may be multiple drivers and causes behind subsequent interaction with government services, and contribution to broader, societal costs. As an example, the cost of child and adolescent acute mental health services is approximately $2,022 per day[82]. While it may be expected that RPS may work towards building resilience and improved mental health outcomes for families including children, there is insufficient data at this point to directly link the services to a quantifiable reduction in demand for these services.

Taylor et al[83] estimate that the total lifetime cost of child abuse and neglect in WA (excluding burden of disease and expenditure on government care and prevention) for children experiencing such abuse in one year is approximately $673 million per year, costs spread across areas such as crime, educational assistance, productivity losses in survivors and also relating to abuse fatalities, and deadweight losses. A previous study commissioned by the Department indicates that this may equate to a whole of life cost of approximately $97,000 per child[84].

---

[81] Calculated as 1.80 + (1.07) x 1.80 = 3.73 + 0.12 (justice supervision costs avoided) = 3.85.

82 Australian Institute of Health and Welfare, 2012, Mental Health Services in Australia 2011-12, available: https://mhsa.aihw.gov.au/resources/expenditure/specialised-mh-services/.

83 Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L., 2008, ibid.

84 KPMG, 2013, Evaluation of the Armadale Family Support Network Final Evaluation Report, Western Australian Department for Child Protection and Family Support.
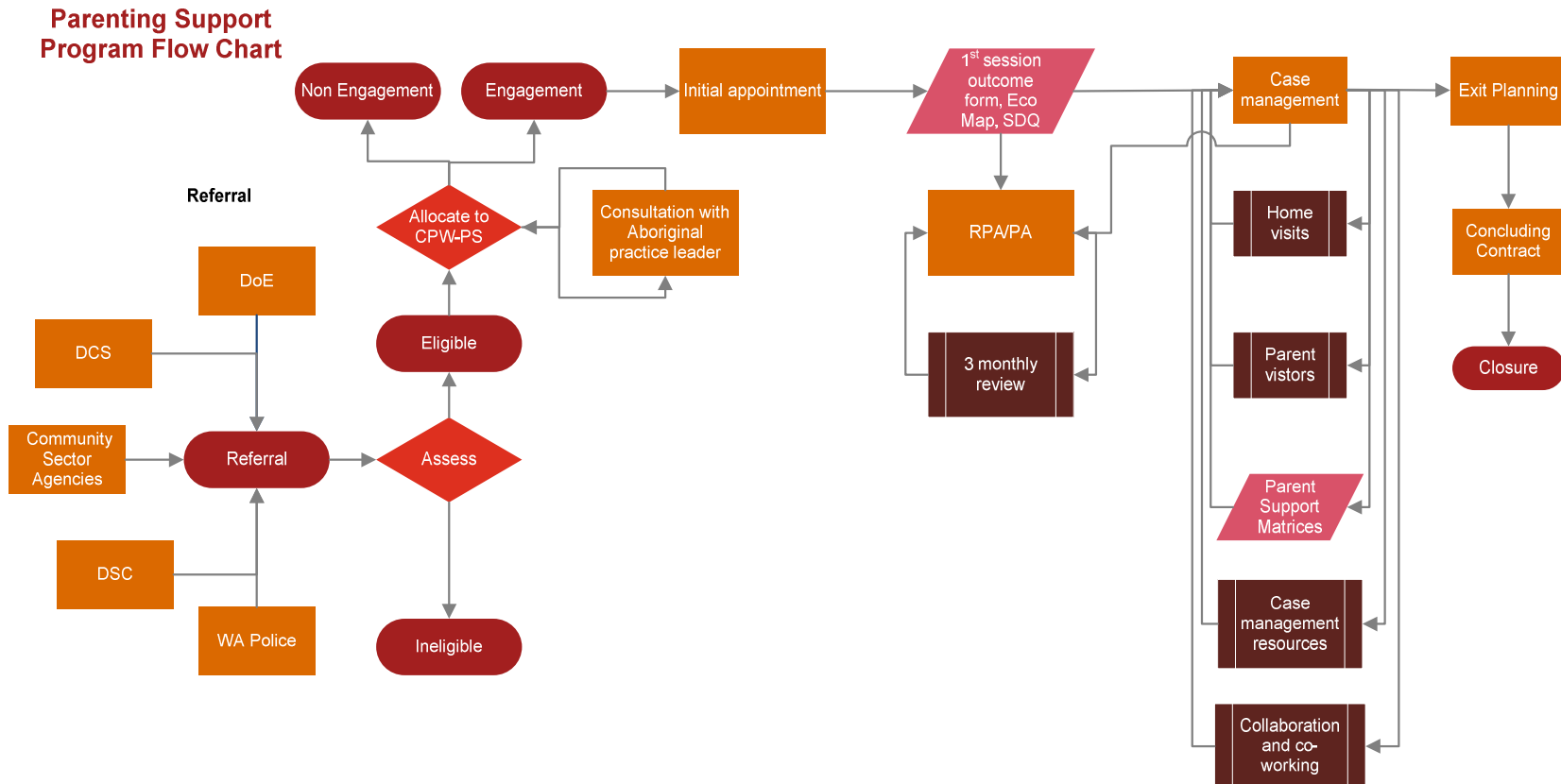
It is clear therefore that the benefits associated with RPS extend beyond the qualitative improvements noted in this evaluation, and are likely to exceed the estimates of relatively direct cost benefits which may be reasonably calculated.

Appendices

Appendix A RPS process maps

Parenting Support Program Flow Chart

Best Beginnings Program Flow Chart

Referral

Intake Assessment of Referral

Other health agencies

DoH

CPFS

Referral

Community Sector Agencies

DCP

Family & Self Referral

Waitlisted

Accepted

Team Conference

Pending

Service Declined

Allocated home visitor visits the family

Participation

Parents unsuited

Parents decline

Agreement to Participate

BBM

Antenatal/ engagement

BBM, ASQ, ASQ SE, EPDS

Closure

First 6 months

BBM, ASQ, ASQ SE, EPDS, SIDS

Closure

Second 6 months

BBM, ASQ, ASQ SE, EPDS

Closure

Second year

BBM, ASQ, ASQ SE, EPDS

Closure

BBM, ASQ, ASQ SE, EPDS, SIDS

Closure

Family linked to appropriate community services and supports

Considerations at Referral
1. level of priority
2. Parents capacity to benefit from the service
3. Team workload, capacity of the worker and opportunities for debriefing

www.pwc.com.au