SUBMISSION TO

COMMUNITY DEVELOPMENT AND JUSTICE STANDING COMMITTEE

INQUIRY INTO COLLABORATIVE APPROACHES IN GOVERNMENT
also known as 'Joined-Up Government'

STRONG FAMILIES Monitoring Group

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Contact Person:

STRONG FAMILIES

The Strong Families approach recognises that the problems experienced by many families are complex and inter-linked, and that these problems can not be solved by one agency alone, or by agencies working in isolation. It also recognises that there are many barriers to bringing about coordinated and collaborative services for families with complex needs.

Strong Families is a practical approach to help overcome these barriers. It provides a mechanism to bring about the integration of case management planning and service delivery to families who are experiencing complex social problems and receiving services from multiple agencies.

The initiative aims to support and build the capacity for coordination and collaboration between agencies, bring about simplified and streamlined processes for families when dealing with multiple service providers and improve outcomes for families. Agencies also potentially benefit from more effective and efficient use of resources.

BACKGROUND

Strong Families was initiated on a pilot basis in Midland and Albany in late 2000. The pilot phase was funded through individual agency contributions.

In 2002 the Gordon Inquiry identified issues of a lack of agency coordination and the absence of a lead 'coordinating' agency in relation to the circumstances which led to establishment of the Inquiry, and recommended the expansion of the Strong Families program.

As a result, the Government committed to a statewide expansion of the program through the introduction of a further ten Coordinators, to bring the total number of Coordinators to twelve.

Although Strong Families is a universal program, Aboriginal families are a priority target group.

PROGRAM OUTCOMES

- Benefits for families result from the process and are identified;

- The capacity of agencies to collaborate and provide coordinated; integrated services to families is increased;

- The case management approach brings agencies and families together as partners to address matters of mutual concern.

THE STRONG FAMILIES PROCESS

Strong Families is a planning and coordination process for consenting families who are receiving services from a number of agencies and where it is considered that the application of a more formal coordination process will assist in better achieving the desired outcomes for the family.

A Strong Families meeting is attended by agency representatives and family members. Where appropriate, children or young people may attend. A neutral facilitator chairs the meeting, ensuring the main issues are identified and a corresponding action plan developed.

A lead agency worker is also identified as the central point of contact for agencies and family members in relation to the plan. Review meetings are then held at appropriate intervals.

The criteria for participation in Strong Families is:

- Family with children under the age of 18 years.
- Complex social issues.
- Two or more agencies are involved (or should be involved) with the family.
- Family consent to the process and for information to be shared between specified agencies and individuals.
- Optimal family participation.
- A period of more formal coordination is likely to make a positive difference to the outcome of the case.

Strong Families meetings take place on the basis of explicit written consent for the process to occur and for information to be shared between specified agencies. This consent is gained through a process of engagement which informs the family about the process, its benefits, the implications of sharing information and their rights. This engagement process also helps to prepare the family for their participation in the meeting.

The Strong Families meeting is attended by agency representatives and family members. Where appropriate, children or young people may attend. A neutral facilitator chairs the meeting, ensuring that relevant information is shared, mutual goals identified and a corresponding action plan developed.

At the conclusion of the meeting one agency agrees to take on the lead agency role and the worker is nominated as the lead agency worker.

The lead agency worker does not carry out the work of other agencies. Depending on the complexity of family's situation, their role is to:

- Provide a primary point of contact and communication for agencies and families in relation to the plan;
- Monitor progress of the plan;
- Where necessary, coordinate the actions agreed by the agencies to ensure the effective operation of the plan;
- Assess the impact of changes in circumstance on the plan; and
- In conjunction with the Coordinator, initiate review or closure meetings as required.

Following the initial meeting, review meetings are held at appropriate intervals. The date for the next review is set at the conclusion of each meeting, although where circumstances change, a review meeting may be called earlier than originally scheduled.

Review meetings enable the case management team and families to assess the progress of the plan and make any adjustments that are necessary. The review meeting also provides an important accountability measure to ensure that agencies fulfil their agreed commitments.

The Strong Families model requires a clear point of closure for the process through a closure meeting.

The primary reasons for Strong Families closure are:

- Goals for family substantially achieved, or
- Agencies are now working together effectively and no further need for additional coordination through Strong Families.
- Significant changes in the family's circumstances rendered the plan inoperable.
- Family withdraws their cooperation or consent.

There are limited circumstances where a closure meeting is not held and in these cases closure is communicated in writing to all participants including family members.

MANAGEMENT

Strong Families is an interagency initiative. While the Department for Child Protection is the agency responsible for overall administration, the program is conducted as an interagency initiative in which all the key stakeholders have a strong sense of ownership.

A State-wide Monitoring Group of senior representatives from the main participating agencies oversees State-wide implementation and progress. Regional Management Groups provide leadership and support for the Coordinators and are responsible for the implementation of Strong Families locally.

A Strong Families Partnership Agreement (See attachment A) establishes the level of commitment and cooperative working relationship between the parties, necessary to facilitate the requirements of the Strong Families Program.

LOCATION OF COORDINATORS

Six Coordinators are based in the metropolitan area, with the regional areas being serviced by Coordinators located in Albany, Bunbury, Northam, Kalgoorlie, Geraldton, Roebourne, Kununurra and Broome.

STATISTICAL INFORMATION

Between January 1st 2004 and December 31st 2007;

- 752 families were involved in Strong Families.
- 433 families were Aboriginal and/or Torres Strait Islander.
- 3,854 Strong Families meetings were held.
- 3,661 individual agency representatives were involved in 1 or more Strong Families processes.
- Families involved in Strong Families present with numerous issues the most prevalent issues have been Parenting, Family Relationships, School Attendance, Financial Difficulties and School Behaviour.

Further statistical information is available upon request.

STRONG FAMILIES AND INTERAGENCY COLLABORATION

The Successes (see Strong Families Evaluation Report Stage 3 p.32 – 35)
1. Strong Families is successfully achieving interagency collaboration and is facilitating:
- better information sharing
- improved coordination and cooperation between agencies
- greater understanding of agency roles and responsibilities
- coordination of service delivery and resource sharing
- improved working relationship between government and non-government agencies
- improved relationship between families and government agencies
- collaborative case management between agencies
- cross-sectoral and collaborative governance at both the strategies and regional levels
- community-based partnerships between agencies, service providers and families at the local level

2. There has been an increasing commitment to Strong Families amongst front line workers, team leaders and managers. This increasing motivation to participate demonstrates a willingness amongst front line workers to engage in collaborative practices that extends beyond policy rhetoric.

3. The collaborative practice brought about by Strong Families has enhanced the quality of services and benefited participating organisations.

4. The non-government agencies are making a major contribution to Strong Families.

5. The strength of Strong Families is that agencies collaborate to achieve outcomes for families.

Factors contributing to Success
The following information has been gleaned from Strong Families Coordinator Reports (provided on a quarterly basis) and Strong Families Evaluation Report Stage 3.

1. Outcomes for families are being achieved with both families and agencies seeing the benefits. (Strong Families Evaluation Report Stage 3 p.11 – 19)

2. Independent facilitation that is action orientation and solution focussed. This includes the development of action plans that clearly articulate what, how, who and by when.

3. Agency Commitment. This refers to agencies who are prepared to be involved in Strong Families and appropriate staff attend meetings consistently. Commitment also involves a preparedness to share information and to work in a cooperative and collaborative way. (Strong Families Evaluation Report Stage 3 p.20)

4. Agencies doing what they say they will. Agency staff that after committing to actions then follow up and complete these actions. (Strong Families Evaluation Report Stage 3 p.21)

5. Specific role and responsibility of Strong Families Coordinator in negotiating and organising meeting dates and venues and preparing the family and agencies for the Strong Families process.

6. Fostering of a culture where the family is being treated with respect and being listened to. Strong Families has been demonstrated to have a positive effect for Aboriginal and Non-Aboriginal families.

Strong Families for Aboriginal people can provide and support a valuing process that addresses the negative racial history of individuals. (Strong Families Evaluation Report Stage 3 p.21, 30)

7. The development of local (regional) protocols in relation to agency practice with Strong Families.

8. The active and ongoing support of Regional Management Groups, individual Managers, Team Leaders and Supervisors.

The Challenges

1. Barriers to successful collaboration exist within government. They include fluctuating management and agency commitment, changing government policy and priorities, lack of information and awareness about Strong Families, organisational culture, resource limitations, agency structure and systems and professional attitudes and assumptions. (see Strong Families Evaluation Report Stage 3 p.35 – 40)

2. Across government commitment to whole of government approaches and interagency collaboration models like Strong Families appears to have waned somewhat or been overtaken by other priorities. The demise of the Human Services Directors General Group which was central to the governance of Strong Families has had some impact on agencies' commitment of Strong Families. (see Strong Families Evaluation Report Stage 3 p.72 - 73)

Strategies to Address Challenges

In July 2007 the Strong Families Monitoring Group developed an action plan to implement the recommendations of the Evaluation Report aimed at improving collaborative practice. To date
-   Commitment to Strong Families has been reinvigorated through a revised Strong Families Partnership Agreement.
-   14 Strong Families Coordinator positions have been made permanent.
-   A State-wide Strong Families Program Framework has been developed.
-   A Strong Families website is under development to increase knowledge and understanding of Strong Families amongst agencies, communities and families.
-   A reporting link between the Monitoring Group and Regional Management Groups is under establishment.
-   At the Monitoring Group meeting held on 12/10/07 it was endorsed that 'Agencies including DCP, DHW, WAPS, DET, DCS, DOH that deal with families who have complex needs recognise that Strong Families is a priority within their core business'.
-   State-wide uniform protocols in relation Strong Families practice continue to be reviewed, developed and defined.

The Ford Review and the Strong Families Evaluation Report Stage 3 recommended that Strong families be expanded.

EVALUATION OF THE

STRONG*families* PROGRAM

STAGE THREE

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May 2007

SOCIAL SYSTEMS
& EVALUATION

STRONG*families* Evaluation Stage 3 Report

CONTENTS

Rosemary Cant, Darrell Henry, Colin Penter

STRONG*families* **Evaluation Stage 3 Report**

Rosemary Cant, Darrell Henry, Colin Penter

EXECUTIVE SUMMARY

STRONG*families* is a whole of government approach to case management that the Government expects will:

- increase the capacity of agencies to collaborate and provide coordinated, integrated services to families

- implement a case management approach that draws agencies and families together as partners to address issues of mutual concern

- bring about benefits for families as a result of the process (Government of Western Australia 2002, p. 17).

The approach is a planning and coordinating process for consenting families who are receiving services from two or more agencies and it is considered that a formalized interagency approach will help the family to achieve desired outcomes. There are fourteen STRONG*families sites* across Western Australia each with its own Coordinator whose role is to promote coordination and collaboration between agencies in their work with families.

The program grew out of a pilot project in Midland and the Great Southern regions of Western Australia. The pilot project was evaluated in 2002 and the outcomes were promising enough for the 2002 Gordon Inquiry (Gordon, Hallahan and Henry 2002) to recommend its wider implementation. The Government agreed with this recommendation and committed $6.64 million over 4.25 years to enable the program to be implemented statewide.

The program has been evaluated in three stages between 2004 and 2007. This third and final evaluation report draws on the findings of the two preceding stages as well as on Stage 3 interviews with family members, agency participants, management group members, Department for Community Development District Managers and members of the Monitoring Group and on analysis of data from the STRONG*families* database.

Between 1 July 2004 and 30 June 2006 526 families were referred to STRONG*families* of which 413 progressed to become cases although about 6% closed before any meetings were held. Slightly over half the cases were Aboriginal families and a few families were reported to be from culturally and linguistically diverse communities. A majority of families were headed by a single parent (58%), most lived in rental accommodation (63%) but 14% were homeless and for 71% Centrelink payments were their sole source of income. On average five issues were identified for each family with parenting and family relationships, school issues, accommodation risk or homelessness and financial difficulties the most common. Some 1558 meetings were held in the period, an average of four meetings per case.

Findings

STRONG*families* is successfully engaging families experiencing multiple problems and suffering from serious social disadvantage. Family members have felt listened to and had

their needs heard through the STRONG*families* process and most have benefited; some very significantly.

Analysis of cases and interviews with families and stakeholders suggest that STRONG*families* is contributing to five overlapping categories of outcomes for families:

- Category 1: Capacity of family is enhanced and strengthened.

- Category 2: Increased engagement with services (in the short-term and longer term).

- Category 3: Short-term improvement or resolution of the presenting issues and improvement of family's current and immediate circumstances.

- Category 4: Acceptance/recognition by the family of the need for longer term change in underlying contributing factors and action/progress is being made towards change in underlying/contributing factors.

- Category 5: Long-term improvements in parent's and/or child's wellbeing.

The program appears to work equally well with Aboriginal and non-Aboriginal families. There are no families for whom STRONG*families* is prima facie unsuitable. Rather the success of STRONG*families* appears related to some common factors mostly under control of participating agencies including:

- agency commitment to the STRONG*families* process including regular meeting attendance by appropriate staff, preparedness to share information and to work collaboratively with family members and other agencies

- family commitment to attend meetings and follow through on agreed actions

- agencies honoring commitments made in STRONG*families* meetings

- treating families with respect and listening to their needs and wishes

- family friendly meeting venues

- access to services that meet families' needs

- continuing to work with families while progress is being made and/or until a case has stabilised.

STRONG*families* is an important vehicle for interagency collaboration and is achieving a high level of interagency collaboration, particularly among workers on the ground. The benefits for participating organizations include better communication and information sharing, improved processes, stronger relationships, greater capacity to respond to local needs and more efficient use of resources.

As the lead agency[1], the Department for Community Development (now the Department for Child Protection) is the agency on which STRONG*families* makes the most demands.

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[1] The Department for Community Development is the designated lead agency for the program as a whole. It is not necessarily the lead agency for particular cases – that role can be filled by any government or non-government agency.

It makes 25% of referrals to STRONG*families* and attends 59% of meetings, more than any other agency but in this phase of the evaluation there has been evidence that workload and other pressures and staffing constraints have impacted to an extent on districts' capacity to fully engage with the program and the Department has been the object of some criticism from both families and other agencies.

For all agencies sustaining commitment to STRONG*families* continues to be a challenge, particularly in the face of new interagency models, resource constraints, workload pressure and changing agency priorities. Agencies are busy and participation in STRONG*families* can fluctuate. The effectiveness of STRONG*families* continues to be limited by a 'silo' mentality within agencies and there is still a tendency to view issues as the responsibility of one agency rather than accept shared responsibility to address problems.

Across government commitment to whole of government approaches and interagency collaboration models like STRONG*families* appears to have waned somewhat or been overtaken by other priorities. The demise of the Human Services Directors General Group which was central to the governance of STRONG*families* has had some impact on agencies' commitment to STRONG*families.* There are also question marks about the effectiveness of the Monitoring Group in providing strategic direction to the program although recent moves to make the Group more strategic should assist. Links between the Monitoring Group which has State-wide strategic responsibility for STRONG*families* and local management groups with responsibility managing the program regionally are virtually non-existent. A new Partnership Agreement is needed to revitalize interagency collaboration and to ensure a sustainable future for STRONG*families.*

Cultural security remains an issue for STRONG*families.* Its original expansion from two pilot sites to a State-wide program was a Gordon recommendation and 57% of its active client group is Aboriginal. Despite this STRONG*families* does not have formalized management priorities, core ethos and vision, or protocols that are cultural specific. The proportion of Coordinators who are Aboriginal has decreased over time.

The Ford Review Report (2007) recommended that the STRONG*families* program be ongoing and expanded across Western Australia with the Coordinator positions becoming permanent positions. The findings of Stages 1, 2 and 3 of the evaluation fully justify this recommendation. However, to ensure that STRONG*families* remains an effective vehicle for interagency collaboration and partnership with families the Evaluators believe across Government commitment for STRONG*families* needs to be re-invigorated, the cultural security of the program strengthened and a Program Framework and State-wide protocols developed. The lack of in-reach by STRONG*families* into culturally and linguistically diverse communities requires addressing.

RECOMMENDATIONS

The following recommendations are made, in the light of the above findings:

STRONG*families* Evaluation Stage 3 Report

1. The STRONG*families* program should continue and be expanded in line with the recommendations of the Ford Review. Expansion should take into account the need to increase the proportion of Aboriginal Coordinators and provide more adequate coverage state-wide. Options could include:

   a. Aboriginal and non Aboriginal Coordinators in each Region

   b. locating coordinators in additional population centres in rural and regional areas

   c. ensuring each metropolitan District has at least one Coordinator

2. Across government commitment to STRONG*families* should be reinvigorated through a revised Partnership Agreement which has the following elements:

   a. Retain the ultimate responsibility for the success of STRONG*families* with Directors General and require that they provide leadership and direction to ensure full agency commitment, cooperation and involvement in the operation of STRONG*families.*

   b. Strengthen the role of the Monitoring Group to set strategic directions, oversee and guide the ongoing operation, monitoring and evaluation of the program by stronger Terms of Reference.

   c. Require agencies ensure their representatives on the Monitoring Group are able speak for their agency and to influence its operational policies, practices and decision-making and that they attend regularly.

   d. Outline the responsibilities of the lead agency and of other parties to the Agreement.

   e. Make explicit the funding arrangements for the program.

   f. Restate the commitment to regional managers groups in each STRONG*families* location with Terms of Reference similar to those in the original partnership agreement.

   g. Identify reporting requirements for each tier in the Governance structure.

3. Agencies such as the Department for Child Protection, Department of Housing and Works, Western Australia Police, Department of Education and Training, Corrective Services and Department of Health, which deal with families who have multiple disadvantages and complex needs, should recognize involvement in STRONG*families* as core business.

4. The initial Active Aging Strategy funding submission should be used as the model for funding STRONG*families.* The lead agency should be supported by all STRONG*families* partners to submit a budget proposal on their behalf. The budget proposal should include discretionary funds for use with families at the regional local level.

5. A State-wide Program Framework should be developed for STRONG*families* to guide program operations and provide consistency in practice across all sites. The framework should ensure that the active participation of families is the essential element of the Strong Families program.

6. State-wide uniform protocols should be developed for working with families with complex needs. Protocols would provide guidance to minimise variance in practice at the local level on issues such as preparatory meetings with families, increasing the time a case stays open and working over the long-term with families. The protocols should focus on enabling families to participate as true partners in the process and recognise that chronic multiple disadvantage will usually require long-term engagement.

7. Within the context of the Program Framework and State-wide protocols the cultural security of the STRONG*families* program as a whole should be strengthened through:

   a. formal protocols and practice guidelines for working with Aboriginal families

   b. maintaining the Aboriginal staff ratio at least at the level is was when the program was implemented statewide (that is, one third)

   c. the establishment of regional Aboriginal reference-learning groups to improve practice and to support Coordinators

   d. intensive training for new Coordinators in working with Aboriginal families including Aboriginal people from relevant regions

   e. making maintenance of cultural security a core principle for STRONG*families.*

8. That at the local level the STRONG*families* program should build a level of ownership and stewardship by Aboriginal community people. This could include:

   a. employing more Aboriginal Coordinators and involving Aboriginal people in the selection of Coordinators

   b. supporting families to bring Aboriginal support people to meetings

   c. involving Aboriginal representatives in the management of Strong Families

   d. involving more Aboriginal workers from mainstream agencies and more Aboriginal agencies in STRONG*families*

   e. involving community leaders as advocates and supporters for the program and families

   f. seeking advice and guidance from key Aboriginal community members.

9. The data show that Strong Families has minimal or no in-reach into established and newly emerging culturally and linguistically diverse communities. Policies and strategies to address this limitation should be explored as a priority.

10. Suggestions for Improvement from the Stage 1 and 2 Evaluation Reports have not been repeated in this Report as they have been accepted by the Monitoring Group, however the Monitoring Group Action plan to implement these suggestions should be reactivated as they remain current.

CHAPTER 1: INTRODUCTION

STRONG*families* is a planning and coordinating process for consenting families who are receiving services from two or more agencies and it is considered that a formalized interagency approach will help the family to achieve desired outcomes. There are fourteen STRONG*families* across Western Australia each with its own Coordinator whose role is to promote coordination and collaboration between agencies in their work with families.

It is a whole of government approach to interagency case management that the Government expects will:

- increase the capacity of agencies to collaborate and provide coordinated, integrated services to families

- implement a case management approach that draws agencies and families together as partners to address issues of mutual concern

- bring about benefits for families as a result of the process (Government of Western Australia 2002, p 17).

THE ORIGINS OF STRONG*FAMILIES*

STRONG*families* grew out of a pilot project in Midland and the Great Southern regions of Western Australia. The pilot projects were evaluated in 2002 and the outcomes were promising enough for the 2002 Gordon Inquiry (Gordon, Hallahan and Henry 2002) to recommend its wider implementation. The Government agreed with this recommendation and committed $6.64 million over 4.25 years to enable the program to be implemented statewide.

The Government's response to the Gordon Inquiry noted the Inquiry had identified that thirteen agencies had been providing services to Susan Taylor and that individual agencies were not aware of all the services being provided by each other and there was 'a lack of clarity as to who was the 'lead coordinating agency'' (Government of Western Australia 2002, p. 17). The Government's response concluded that:

> It is important that workers from different agencies come together to address the complex issues evident in the lives of many children and families in need (ibid, p.17).

The specific outcome of the STRONG*families* model was to be 'a unified case plan that identifies each agencies' roles and responsibilities and a lead agency worker to oversee the plan' (ibid, p. 17).

The vehicle through which STRONG*families* works is the STRONG*families* meeting which takes place on the basis the written consent from the family for the process to occur and for information to be shared between specified agencies. A Coordinator works with agencies to convene the meetings which are chaired by a neutral facilitator, usually the Coordinator, to ensure that relevant information is shared, mutual goals identified and a corresponding action plan developed. Either prior to the initial meeting or at its conclusion an agency agrees to take on the lead agency role. Following the initial

meeting, review meetings are held at appropriate intervals to assess the progress of the plan and to make any necessary adjustments. The STRONG*families* process requires a closure meeting to be held except in certain, limited, circumstances.

The overall responsibility for the management of STRONG*families* is shared by agencies that are signatories to the STRONG*families* Partnership Agreement: Department for Community Development – now Department for Child Protection (DCD), Western Australia Police Service, Department of Justice, Department of Education and Training, Department of Housing and Works, Department of Health and Disability Services Commission. Oversight of the program is achieved through a governance framework involving the Human Services Directors General's Group, a Monitoring Group and regional managers' Groups (Partnership Agreement 2004). The Department for Community Development has responsibility for the administration of the STRONG*families* program.

INTERAGENCY COLLABORATION – A THEORETICAL UNDEPINNING OF STRONG*FAMILIES*

STRONG*families* is a an interagency collaborative model. Its early development was strongly influenced by the New Zealand 'Strengthening Families' program designed to enhance life outcomes for children and families at risk through collaborative service delivery between the health, education and welfare sectors.

Collaboration is a commonly used terms which is often not defined and is at times used interchangeably with coordination (Hallett & Birchall 1992, Morrison 1998). Most definitions of collaboration refer to some kind of joint activity.

> The idea that by working together agencies can produce an additive component (something more than the sum of their parts is important...) (Hallett & Birchall 1992).

> ...shared work in relation to a client. This may include participating in a joint case conference, conducting a joint home visit or developing a joint case plan (Darlington et al 2005, p. 1088).

Demonstrating the effectiveness of interagency collaboration in enhancing outcomes for individuals and families is difficult because improvements are methodologically difficult to measure (Hallett & Birchall 1992). An exploratory study of 'Strengthening Families' (Minstry of Social Policy 2001) found among other things that it:

> ...provided some hope and a morale boost to families who were frustrated in finding a service to meet their needs ... a greater likelihood of identifying a family's actual problems and needs accurately ... [and] provided families with a greater sense of optimism, as long as some essential services were delivered (p. 5).

The available evidence suggests that collaboration can enhance the quality of services and does benefit participating organizations. This includes better communication and information sharing, improved processes, stronger relationships, greater capacity to respond to local needs and more efficient use of resources (Penter & Other-Gee 2001, Ministry of Social Development 2003).

There is an increasing body of knowledge about factors that contribute to success in interagency collaboration (Johnson et al 2003, Majumdar 2006, Walker 2006). Some of

these include:

- acknowledgement of the need for collaboration

- clarity of vision, purpose and goals

- adequate level of pre-planning

- establishment of clear and robust structures and processes

- provision of adequate resources such as money, time, people

- skilled Coordinator or convener

- strong leadership from decision makers

- minimizing of 'turf issues'

- commitment and ownership by stakeholders and partners to the collaboration

- continuity of commitment and participation by all key stakeholders

- communication, sharing and exchange of information

- development and maintenance of trust and respect for others.

A STAGED EVALUATION

STRONG*families* has been evaluated in three stages between 2004 and 2007. A report on the first stage of the evaluation was presented to the Monitoring Committee in May 2005. It focused primarily on implementation and process issues but also provided a provisional assessment of program effectiveness. Program effectiveness was assessed as promising and appropriate to a program at the mid-implementation stage. The report made a number of suggestions for quality improvement.

The Stage 2 evaluation report, presented to the Monitoring Committee in June 2006 found that STRONG*families* was effective for those families that engaged with the process and for most agencies. For some family members STRONG*families* had been life changing. It was clear that STRONG*families* has enabled engaged families to achieve outcomes that were important to them through working in partnership with agencies and through agencies working in partnership with one another – the central premise of STRONG*families.*

Agency staff who had been involved with STRONG*families* meetings confirmed that STRONG*families* had benefited families in terms of real help with their issues, better service coordination and greater responsiveness to their needs. There were also benefits for the agencies, particularly around being more aware of what other agencies do, information sharing, listening to families and being more aware of families' needs.

Suggestions for quality improvement made in the first and second evaluation reports can be found at Appendix 1.

The current report deals with the third stage of the evaluation which commenced in July 2006.

STRONG*families* Evaluation Stage 3 Report

During the first stage of the evaluation there were twelve STRONG*families* sites statewide; now there are fourteen sites:

- Great Southern
- East Kimberley
- West Kimberley
- South West
- Goldfields
- Wheatbelt
- Pilbara.

- South East Metropolitan -Cannington
- South East Metropolitan - Armadale
- Fremantle
- North West Metroplitan
- North East/Central Metropolitan
- Gascoyne/Murchison
- South Metropolitan/Peel

EVALUATION OBJECTIVES

The objectives of the STRONG*families* evaluation are to:

1. evaluate the impact and effectiveness of the STRONG*families* program in achieving its three core objectives, namely:

   a. to bring about benefits for families as a result of the process;

   b. to increase the capacity of agencies to collaborate and provide coordinated, integrated services to families; and

   c. implement a case management approach that brings agencies and families together as partners to address issues of mutual concern.

2. relate program activities/practice to outcomes and identify any unintended consequences.

3. benchmark the program in relation to similar inter-state and international programs and recognized best practice.

4. provide analysis of the effectiveness of the model of implementation.

5. inform practice as the program develops.

EVALUATION METHODOLOGY FOR STAGE 3

Stage 3 of the STRONG*families* evaluation has built on the previous two stages. There were four main foci for this stage: outcomes for all families, the suitability of STRONG*families* as a program for Aboriginal families, interagency collaboration and management and governance. As with previous stages a multi-methods approach has been used with triangulation wherever possible.

Interviews

In this stage as in previous stages extensive use was made of interviews with key stakeholders – families, agency representatives, DCD managers and members of regional management groups, including STRONG*families* management groups and regional management forums, the Gordon Project Team and members present and past of the *STRONGfamilies* Monitoring Group.

Interviews with families

A stratified random sample selection was made in September 2006 of 50 families and some substitutes who had attended at least one STRONG*families* meeting and whose cases were now closed. The sample consisted 50% Aboriginal and 50% non-Aboriginal families. Only families from those sites whose current Coordinator had been 'in post' for a substantial period of time were selected.

This approach partly worked. Coordinators were only able to contact a few of the families in the sample within a reasonable timeframe. Coordinators were then asked to select families with similar characteristics to those originally selected but again insufficient families were able to be contacted. Finally Coordinators from all sites were asked to approach any family who had attended at least one STRONG*families* meeting and whose case was closed. In the end the Evaluators were able to interview 45 family members.

Each of the Evaluators has interviewed families using a narrative approach and an interview checklist. Some families were interviewed face-to-face and others over the telephone depending on families' preferences and practicalities.

Interviews with agencies

Those agency representatives were selected for interview had been involved in STRONG*families* meetings with families interviewed for this stage of the evaluation. Again an interview checklist was used and questions focused on how well STRONG*families* worked for the family concerned and for the agency. Evaluators endeavored to interview at least one agency representative per family. Most interviews were done over the telephone.

Interviews with Coordinators

All Coordinators were interviewed about the processes and outcomes for families interviewed for the evaluation, how well they considered STRONG*families* was working and any issues they were experiencing.

Interviews with DCD District Managers and members of regional management groups

Interviews were conducted with all contactable DCD District Managers and the chairpersons of regional management groups for each site to obtain their perspectives on STRONG*families* and to identify any issues of concern to them. Most of the interviews were done over the telephone.

Interviews with Monitoring Group members and members of the Gordon Project Team

Nine present and past members of the Monitoring Group who had been regular meeting attendees and members of the Gordon Project Team were interviewed in person. The interviews focused on management and governance issues.

Data Analysis

Data from the STRONG*families* database for the period 1 July 2004 to 30 June 2006

were provided to the evaluators in unit record form. These data were analysed using SPSS using standard statistical methods.

Qualitative data recorded in the database on benefits to families were analysed using a very simple thematic approach.

Document analysis

A range of program documentation has been analysed in the course of the STRONG*families* evaluation. In this stage particular attention was given to the STRONG*families* Partnership Agreement and to the Progress Reports for the period 1 July to 30 September 2006.

Literature review

A substantial literature review was carried out in Stage 1 and has been used to inform each stage of the evaluation. The literature review was sourced from books, refereed journals and reports. It particularly focused on the recent literature. The literature review identified and analysed relevant national and international programs to inform the evaluation about what STRONG*families* could be expected to achieve, how to measure its effectiveness and what data could be collected to do so.

 A copy of the literature review from Stage 1 may be found at Appendix 5.

CONTEXT OF THE STAGE 3 EVALUATION

Stage 3 of the evaluation coincided with a period of turmoil for the Department for Community Development, the STRONG*families* lead agency. Following a series of articles in the West Australian newspaper in August 2006 after a Coroner's inquest into the death of 11 month old Wade Scales and the release of two major reports relating to children in out of home care the Government instigated a review of the Department for Community Development by Ms Prudence Ford. Workload issues were also a major concern for Departmental staff at this time.

CHAPTER 2: THE FAMILIES, THEIR PERCEPTIONS OF THE *STRONGFAMILIES* PROCESS AND THE OUTCOMES

The findings in this chapter are based on interviews with 45 family members and with agency representatives and Coordinators involved with those families from all regions except the Goldfields and East Kimberley. These interview data are supplemented by data from the STRONG*families* database to give a fuller picture.

In Stage 2 of the evaluation all but one of the 33 family members interviewed or who responded to a questionnaire considered that STRONG*families* meetings had been helpful to themselves and their families and that it was a very good process which they would recommend to other families. The Stage 2 report noted that

> For some of the interviewees STRONG*families* had been life changing and their stories were moving to hear.

Interviews with family members and others in Stage 3 have confirmed these earlier findings.

FAMILIES HAVE MULTIPLE DISADVANTAGES

In the two years 1 July 2004 to 30 June 2006 526 families were referred to STRONG*families*, 413 of these progressed to become cases in the period[2] although about 6% were closed before any meetings were held. Slightly over half of the cases (57%) were Aboriginal families. On average there were three children in the families worked with by STRONG*families* (range 0 – 12).

The STRONG*families* database shows that the program is dealing with families experiencing multiple disadvantages. While the database provided to the evaluation does not record any of the families as coming from refugee or culturally and linguistically diverse communities, Coordinators advise that a few families from these communities have participated.

A majority of families (55%) were headed by a single female parent while only 30% involved a couple with children. A small percentage (3%) of families was headed by a single male parent. Very few families (9%) owned their own home, most (63%) were in rental accommodation, usually public housing, and 14% were homeless. Centrelink payments were the sole source of income for 71% of families and a partial source for another 8%. Only 11% of families received their income from employment[3].

Although both Aboriginal and non-Aboriginal families were multiply disadvantaged,

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[2] No decision had yet been made on 23 referrals.

[3] The figures for accommodation and source of income exclude a small percentage where there was no record or the value 'other' was recorded.

Aboriginal families were significantly worse off in terms of accommodation and source of income. Centrelink benefits were the sole source of income for 90% of Aboriginal families, 70% were in public housing, and 23% were homeless. Over a quarter of Aboriginal single parent families were homeless.

On average five issues were identified for each family (range 1 – 18). Parenting and family relationships were the most common issues identified by families or agencies, followed closely by school attendance and school behaviour, accommodation risk/homeless and financial difficulties. For those families who were homeless it is reasonable to assume that this was the primary issue and would have compounded all other problems the family may have been experiencing.

FAMILIES VIEW *STRONGFAMILIES* AS A GOOD PROCESS

With very few exceptions family members interviewed considered that STRONG*families* was a good process that had helped them and their families. They almost invariably stated that the Coordinator had done a good job even when, as was sometimes the case, they were critical of some of the agencies involved, for example:

> [Coordinator] was brilliant, absolutely brilliant. I was pleased at how many [agencies] were there because my own efforts had no response. DCD and Mental Health just kept fobbing me off.

Coordinators were generally seen as someone who took a personal interest in their case after, for some families, long and unsatisfactory dealings with individual service providers. Family members felt that they had been treated with respect in the meetings and that the STRONG*families* process had ensured that they were listened to, were able to talk about their needs and to convey their understanding about what help was needed.

The following account of her experience with STRONG*families* by a young woman who had been struggling for three years to care for her three siblings, now aged six, ten and eleven years, after their parents had died and who had who had been homeless for much of the time was typical of the sorts of comments made by many interviewees.

> I was treated with respect. For the first time I had people sit down and listen to my needs and the kids' needs (Interviewee).

Nearly all family members interviewed believed that STRONG*families* would be helpful to other families in their situation and would recommend it to them.

FAMILY ENGAGEMENT OR LACK THEREOF

Over 80% of referrals progress to become cases. Referrals do not progress for a range of reasons, some to do with families and some to do with agencies. For the 63 referrals that were not progressed on which there was sufficient information provided in the database for analysis the following themes were identified:

- STRONG*families* was either not required or no longer necessary (24%)

- the referral was considered to be inappropriate e.g. only one agency involved, a lack of understanding about STRONG*families* by the referral agent (24%)

- the family or a key individual in the family was unwilling to engage (21%)

- the family moved or family circumstances changed (11%)

- the family was unable to be contacted (10%)

- other e.g. illness of Coordinator, withdrawal of referral agency, too much happening for the family, referral to another Coordinator (11%).

About 6% of cases closed before the first meeting could be held. The closure reasons in the database were change to family circumstance 29%, family withdrew 25%, family moved 17% and other 29%.

Twenty-one percent of cases met but closed after less than four meetings (mean number of meetings 1.8) where the reason for closure was other than 'normal closure'. Of these 40% closed because the family withdrew, 28% because of a change in family circumstances, 19% because the family moved and 12% for other reasons.

Coordinators recorded comments on family involvement in 26 of the cases in which families withdrew. In about 30% of these families all or some of the family members were engaged with STRONG*families* at least initially. For example:

> The mother was fully engaged in the process and gained in confidence in communicating her wishes at each meeting. Several attempts were made to engage the father in the process but these attempts failed.

Where families did not engage with STRONG*families* there appeared to be a range of possible reasons but no obvious common themes. Inferred reasons included change in family circumstance (separation, imprisonment), discomfort with the process (feeling intimidated, inability to find a suitable venue), lack of services, frustration with the lack of agency accountability and binge drinking. Some of the comments did not allow any assessment of families' level of engagement.

In most of the cases in which families withdrew agency participation appears to have been good, although in one case queuing by DCD may have been an issue.

The evaluation was unable to systematically explore through interviews the failure of some families to engage with STRONG*families* because Coordinators were generally unable to contact such families for interview. Of those family members interviewed who had not engaged one held a negative view about STRONG*families* based on a negative view of service providers in general and DCD in particular. She saw agencies as being unable to understand and relate well to Aboriginal families and had had many dealings with DCD where she believed the Department had not acted well in removing children. Another had been prepared to engage but withdrew after DCD did not fulfill its commitment to arrange respite as agreed in the initial STRONG*families* meeting.

Cancelled meetings

About 20% of meetings are cancelled. Coordinators do not record the reason for meetings being cancelled therefore all that can be said is that significantly[4] more meetings are cancelled when the family is Aboriginal and that two regions (North East and Central Metropolitan and Gascoyne/Murchison) have a higher percentage of cancelled meetings, particularly with Aboriginal families, than other regions. There have been some changes in the ways that Coordinators collect data about open cases[5] and this is likely to have had some impact on the reporting of cancelled meetings.

The number and proportion of cancelled meetings is not a particularly informative or helpful measure. The reasons meetings are canceled are complicated. Within the context of the program's goals there is a significant difference between meetings that are cancelled for good reasons and then rescheduled to enable outcomes to be achieved for families, and meetings that perhaps should not have been cancelled or that are cancelled and not rescheduled. There is also a difference between the types of meeting cancelled, for example, whether it is an initial meeting after an inappropriate referral, a review meeting or a critical meeting for the family. Sometimes the issues are resolved between the referral and the initial meeting and there is no longer any need to meet.

The evaluation was unable to systematically explore with families or agencies the reasons why meetings are cancelled and the Evaluators are only able to speculate on other possible reasons.

The families who participate in STRONG*families* have multiple issues to deal with and these can make it difficult for them to attend. Some families are transient and move around considerably and/or forget appointments. Some families cancel meetings at the last minute because of other more pressing circumstances such as family deaths, funerals, family matters, court appearances, lack of transport, distance to travel, family crises, other appointments etc. Other times families agree to participate in STRONG*families* but may not be ready to participate or they may change their mind at the last minute and fail to turn up to meetings.

Sometimes the cancellation of meetings is the result of agency reasons. Meetings may be cancelled because a number of key agency representatives are unavailable or unable to attend and the family and Coordinator may feel it is best not to proceed. Sometimes agency representatives fail to diarize meetings or forget meetings.

In complex cases where a large number of meetings take place, cancelled meetings have to be seen in the context of the family's progress over time. Across the lifespan

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[4] P<0.001 Chi-square.

[5] Until 2006 different Coordinators defined an 'open case' in different ways with the result that Coordinators may have recorded some meetings as cancelled meetings whilst other Coordinators would not have recorded those meetings as cancelled meetings.

of a long open case the number of cancelled meetings may be higher.

OUTCOMES FOR FAMILIES

Two hundred and thirteen referred cases were closed in the period July 1 2004 to June 30 2006. A third were normal closures, most of the remainder closed for reasons to do with the family. The family withdrew in a quarter of the cases. The mean number of meetings for active closed cases (cases in which at least one meeting had been held) was four meetings.

Varied but generally positive outcomes

The outcomes for families from STRONG*families* are quite varied. For a proportion of families the outcomes have been significant, but other families report fewer tangible outcomes of note although the importance of some of the less tangible outcomes for family functioning should not be underestimated. As one agency representative pointed out the process itself is very therapeutic for some families.

Coordinators recorded information on benefits to the family in 54% of closed cases. Analysis of these data[6] indicates that where information on benefits to the family was recorded the benefits were substantial in 57% of cases, irrespective of the reason for closure. For example a Coordinator recorded the following benefits for one family (a normal closure):

> 1) Family secured and is maintaining a successful Homeswest tenancy. 2) Improved school attendance and behaviour of all children. 3) Maintaining stable financial situation as a result of sorting out Centrelink payments.

In a further 26% of cases some limited or less tangible benefits, mostly to do with the family feeling 'heard' or improved relationships with agencies, were observed by Coordinators as illustrated by the following note:

> Mother expressed view that at last agencies were listening to her after ignoring her situation for so long (her words). However, grandchildren were reluctant/unwilling to cooperate with action plans, making progress difficult. (Family Withdrew).

Only in 17% of cases in which data about benefits to families on closure were available were no benefits of any kind noted.

A similar pattern was found in interviews with family members although the proportion of cases in which no benefits could be identified was smaller, possibly due to selection bias or to family members having different perceptions than the Coordinators.

Categories of outcomes

Analysis of cases and interviews with families and stakeholders suggest that STRONG*families* is contributing to five categories of outcomes for families.

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[6]　　This assessment is of necessity somewhat subjective as it is dependent upon the amount of detail provided by the Coordinator.

- Category 1: Capacity of family is enhanced and strengthened.

- Category 2: Increased engagement with services (in the short-term and longer term).

- Category 3: short-term improvement or resolution of the presenting issues and improvement of family's current and immediate circumstances.

- Category 4: Acceptance/recognition by the family of the need for longer term change in underlying contributing factors and action/progress is being made towards change in underlying/contributing factors.

- Category 5: Long-term improvements in parent's and/or child's wellbeing.

For particular families the STRONG*families* process can contribute to outcomes in a number of categories. Evidence would suggest that STRONG*families* is generally successful in achieving outcomes in Categories 1 to 3 with most families, moderately successful in achieving Category 4 outcomes with a proportion of families and is having some limited success with a proportion of families in achieving Category 5 outcomes. However, there are also a proportion of families where the evidence would suggest that STRONG*families* is unable to deliver outcomes beyond Category 2/3.

Category 1: Family capacity is enhanced and strengthened

Family members, particularly mothers, commented about STRONG*families* lifting their self-esteem and confidence from what has often been a very low base to a point at which they have felt able to assert themselves with agencies and to cope with the day-to-day vicissitudes of very difficult family situations. Examples from interviews include:

- parents' competence is enhanced and parent is coping better

- parents' self esteem, confidence and sense of personal power is enhanced

- trust in agencies and workers is increased

- family as a whole is functioning better

- parents are more independent and willing to assume responsibility

- capacity to discipline children, set limits and control behaviour is enhanced.

Case examples

In the first case example only limited practical assistance was provided, what changed as a result of STRONG*families* was the mother's own ability to cope with an serious and ongoing family problem.

A young primary school child with a disability who was violent toward mother and had other behaviour problems was the reason the case was referred to STRONG*families*. Three other children in the family also have disabilities. Mother had tried to get help for the subject child but could not get suitable referrals and felt no one wanted to listen. She felt like she was knocking her head against a brick wall.

The STRONG*families* brought key agencies together and the process of putting the issues onto a whiteboard led to everything coming out into the open. Mother felt agencies involved with

> STRONG*families* did listen and this was helpful. The main thing for her was that people accepted what she was saying. The problem is still there but mother feels she is now handling it. She said that STRONG*families* had helped her to be stronger in herself and to look at things differently. She also felt that she was 'no longer fighting the child and professionals'.

> The father also attended when possible and appreciated that simple English without jargon was used in the meetings as he has a literacy problem. Mother is now attending counselling, which had been suggested by STRONG*families* but not taken up immediately by the mother because she had felt she could cope. She has also organized to have one day a week for herself.

In the second case example a mother reported major changes in her attitude to agencies, particularly the Department of Community Development, as a result of the STRONG*families* process.

> A mother with a serious mental health problem who is a parent to young children was referred to STRONG*families* as a result of concern from agencies, including DCD, about the children's wellbeing during a mental health crisis. STRONG*families* brought together key government and non-government agencies to support the mother and children during the mental health crisis. As a result the mother felt supported by agencies and cited that support as critical in stabilizing her health and assisting her recovery. She said:

>> I needed those people around me… I did not realize I had that much support. To see them all there I was really grateful.

> The mother appreciated the ways that agencies had assisted her and her family. Speaking about the Action Plan she said:

>> I was in such a mess and it was all laid out in point form and I could see what was happening.

> The mother reported that as a result of STRONG *families* she felt more favorably about agencies, particularly DCD and now recognized that they could assist her family.

Category 2: Engagement with services (in the short-term and longer term) is more productive and beneficial for family

STRONG*families* has enabled agencies to engage more effectively with families and with one another. An immediate benefit for families is that all agencies are in one place, appointments can be coordinated, information has only to be provided once and each agency has an understanding of what other agencies are doing or can offer. In this environment a fuller understanding of a family's issues has led to better decision-making and often speedy resolution of critical problems such as homelessness and the prompt provision of counselling and other services. Examples from interviews include:

- families and parents having to spend less time engaging with agencies individually because all the agencies are in one place

- agencies gaining a fuller understanding of the families' needs, motivations and intent leading to a better family/agency relationship and more appropriate decision-making

- families receiving a consistent message from agencies

- parents not having to tell their story over and over

- parents having greater control over engaging with services

- support and services are being provided and accessed more

- families/parents/children are more confident and willing to engage with services over time and in the future

- services provided or agencies involved that have not previously had contact with family.

Case examples

The first three case examples come from Aboriginal families in a north country region, the fourth example is from a non-Aboriginal family living in a small country town in another region. These cases are representative of Aboriginal and non-Aboriginal cases with similar issues in other parts of the State.

Case example one:

> The Department of Housing and Works was particularly helpful and responsive when a family was able to demonstrate genuine difficulties and a clear picture of the family member's issues was conveyed through the process of STRONG*families*. Without the understanding and the clear picture that emerged from the discussions between the family and agency workers the Department would not generally have been able to make a positive assessment of the family in terms of housing. In several similar cases without this level of understanding families would have been evicted and become homeless. Further, in several cases the Department of Housing and Works has been very responsive to women and children's needs for separate housing when escaping violence.

Case example two:

> Similarly with DCD, a caseworker was able to hear for the first time what her client, a woman and her family, fully believed about the priority of children in her life – that is the mother was able to express how her children were the central and the main concern in her life. The DCD worker had believed that the mother gave priority to relationship with her husband who was violent. This understanding was pivotal to the DCD decision about whether to remove the children from this family. The specific supportive and empowering environment of STRONG*families* allowed this Aboriginal woman to fully and clearly express herself to her family and the DCD caseworker in the meetings. DCD was able to justify, from this information, supporting the children to remain with the family.

Case example three:

> A single parent/caregiver took an innovative approach to STRONG*families* by placing a whole series of photos of her quadriplegic child on the wall of the meeting room so that service provider's attention was directed towards the child and his individual personality rather than focus on him as an abstract case. Through this personalization she provided a very human story of the boy's needs and illustrated how despite his multiple disabilities that he showed an active emotional and mental life. The heightened awareness of the boy's needs motivated service providers to plan a whole series of supports and inputs to his complex physical, social, intellectual and emotional needs. This contrasted with the outcomes of the mother's previous dealings with individual agencies which focused on the limited and slow provision of physical aids.

Case example four:

> A family with a young daughter with a mental health problem (and a mother with a history of mental health concerns) live over an hour away from a regional centre where most services are located. The mother often had to travel for over an hour each way to appointments with agencies. The travel demands and requirement to tell the story over and over to individual agencies created stress for the family and daughter and had a negative impact on the daughter's condition and the mother's wellbeing. Strong*families* was able to arrange regular meetings in the town where the family live with all the agencies, most of whom traveled to meetings with the family. The mother said the great benefit was that she was able to talk with all agencies at the same time. The mother reported this as a major benefit for the family.

> The development of the Action Plan by the Coordinator was also highly valued by the mother, particularly because it bought some order at a confusing and distressing time for the family and it was easy to follow..

Category 3: short-term improvement or resolution of the presenting issues and improvement of family's current circumstances

For some families outcomes may be achieved in the short-term, for example during the period the family is involved with STRONG*families* and the agencies are focusing their efforts in a coordinated and intensive way. However these outcomes may be difficult for some families to sustain over a longer period of time or once the STRONG*families* process is complete, particularly if agencies reduce or withdraw services prematurely. Examples of immediate or short-term problem resolution include:

- immediate family crises are resolved or managed

- stress is reduced for family, parent and child

- housing is provided or housing tenancy is retained, maintained and stabilized

- child's behavior and/or attendance and participation in school improves

- anti-social and offending behaviour is reduced

- parent is taking/managing medication and/or parent's immediate health difficulties are overcome

- alcohol and drug use is reduced

- child safety and wellbeing concerns addressed in the short-term.

Case examples

The first case examples are of accommodation needs being met in a timely way. This is a significant outcome for families who are homeless or living in overcrowded or unhealthy, substandard accommodation. Both families and agencies believe that in some cases without STRONG*families* this most basic of needs would not have been met.

> Critical issues like housing were quickly resolved for three families who were in a conflicted relationship with the Department of Housing and Works. Three other families were in unsatisfactory housing and this was quickly resolved. In one case a woman with disabilities was quickly housed where she and her three children were close to shopping and transport, with clear wheelchair access to and in the house. While agencies had been aware of this woman's needs they were not acted on until the STRONG*families* meetings.

The next example is a case in which there was some immediate improvement in the family but support and service provision ceased or reduced once STRONG*families* involvement ceased.

> A primary school age student was referred to STRONG*families* for non-attendance at school and violent behavior. Mother was struggling to cope.
>
> STRONG*families* brought together agencies that previously had not been talking. Bringing all agencies together in one room at same time was important achievement for mother. Mother appreciated STRONG*families* and thought the process worked well.

> Yeah the process was great. It was helpful but it did not fix the problem…. STRONG*families* kept the agencies accountable for a while.

Stakeholders and mother acknowledge that there has been some improvement in child's behavior (less violent and aggressive behavior). The mother feels she is able to cope better but the child's problem behaviour has not been resolved.

The mother identified a number of problems with STRONG*families* process in terms of achieving outcomes for her son.

1. A key agency did not attend regularly (CAMHS).
2. Agency staff constantly change affecting service continuity. Things agreed by one worker may not continue when a new worker appears. The parent said:

> My son gets used to one then bang they are gone and you have to tell your story over again. … The Principal has moved. A new one comes and he is still in the mode where every child is treated the same.

3. Parent felt that some agencies fail to do all the things they said they would do or only put strategies in place for the time STRONG*families* is involved. Agency policy and practice appeared to change from what was agreed with the family. Once the case was closed support and services stopped or were reduced and agency practice slipped back to the way it was before STRONG*families*.

> Support was good when I was in STRONG*families* but there is nothing now. … When we started Year 8 they applied to get a teachers aide we got it for short time then it stopped.

The third example is a case in which children in care were being reunified with their mother. While there had been short-term benefits for the family, the mother was concerned about whether there would be longer term benefits for her children.

> STRONG*families* became involved to support the mother and her children during the reunification process and to assist the mother manage family dynamics. The mother reported that the STRONG*families* process had assisted in the short-term and the reunification process was generally going well. However, she was concerned that longer term benefit for her children was limited due to a lack of follow through by some agencies and a lack of support and counseling services for her children. In particular, she was concerned about staff turnover in some agencies. She said:
>
> > The case workers move too much. DCD case worker said she was going to do something and she moved to another office.

Category 4: Acceptance/recognition by the family and agencies of the need for longer term change in underlying contributing factors and action/progress is being made towards change

The STRONG*families* database indicates that on average families participating in STRONG*families* present with five issues (range 1-18). While some for some families these issues are quickly resolved for others the issues are long-standing and reflect chronic difficulties and ongoing family dysfunction. An outcome of STRONG*families* for some participants (family and agency) is recognizing the need for long-term change and action toward this. Examples from the interviews include:

- parent recognizes the need for change and is motivated to make changes in family circumstances

- parent/child is taking action to address underlying factors, e.g. got a job, attending a course/group, enrolled in TAFE, participating in counseling, seeking assistance with an issue/problem

- parent and agencies continue to meet together regularly after STRONG*families* has closed off its involvement.

Case examples

The first case example below is of a case where both parent and agencies recognized that it would be beneficial for the group to continue to meet after STRONG*families* had ceased to be involved. An agency representative interviewed for the evaluation considered that the process of meeting with the group and talking about her issues, both under the auspices of STRONG*families* and later separately, was itself therapeutic for the mother. There had been important outcomes from STRONG*families* involvement such as the mother being able to express her needs, empowerment of her as a parent and the speedy provision of counselling services to one of her daughters who had been sexually abused; however the mother's problems are long-standing and the five agencies and the mother have elected to continue to meet and have been doing so for approximately two years.

> A single mother with long-standing clinical depression, sexual abuse of one child, multi-agency involvement and children felt to be at risk due to client's mental health was referred because of the number of agencies involved.
>
> A key worker reported that it was therapeutic for client to take her issues to the group although the therapeutic, healing aspect of STRONG*families* may not have been fully grasped by Coordinator. Both the worker and the mother commented that sometimes the discussion was cut short and issues left hanging.
>
> STRONG*families* provided opportunities for agencies to reflect about what each agency was doing with client and brought a greater sense of accountability. The agencies delineated roles and shared information but did not work together collaboratively. Meetings, which are still going on, would not have happened without STRONG*families*.
>
> There have been benefits to agencies of having a forum where all can come together and for the mother 'everything could be done in the one go'. Agencies and mother have continued to meet after STRONG*families* withdrew and mother is described by a key worker as 'now looking more powerful, more of an equal'. Mother's involvement with adult mental health continues.

The next case is illustrative of the very complex and deep-seated issues involved for many of the families referred to STRONG*families* and the need for long-term engagement. This particular case is ongoing.

> An Aboriginal extended family group met with service providers in a *STRONGfamilies* meeting at a regional prison upon the imminent release of the father who had been imprisoned for family violence and abuse. During the meeting, with the strong mutual support of the family whose concerns primarily led the meeting, the mother of the children was able to talk about her long history of struggle with parenting in the context of her own stolen generation issues. The full expression of her story of being removed from her family as a child and the implications for her life clearly showed how complex her needs were. She and the family would require consistent support over a long time. However the strong humanness of her logical and meaningful reactions and motivations and the understanding that service providers were able to gain about her created a base from which they were able to suspend negative judgments about her competency and diligence as a parent and her lifestyle.

Category 5: long-term improvements in parent's and/or child's wellbeing

Involvement with STRONG*families* has also resulted in improvements in a parent's or child's well being which appear to be sustained in the longer term. Examples from interviews include:

- children reunited with parents

- children at risk of removal being maintained in the family unit

- reduced violence around the house

- noticeable improvements in the behaviour of other family members e.g. younger siblings

- improved living conditions e.g. children dressed and fed, house cleaned, fewer people living there, fewer parties, house safer for children

- children removed from unsafe situations

- parent/child health stabilized

- family stabilized

- tenancy retained over longer period of time

- long-term change in drug and alcohol use

- employment retained over longer period of time.

Case examples

These cases illustrate what STRONG*families* can achieve when both family members and agencies are committed to the process. In two cases the intervention of STRONG*families* has been life changing for those concerned. In the first case STRONG*families'* involvement has been long-term and continuing. In each case the families are Aboriginal.

> The young woman has been looking after her three young siblings since they were orphaned three years ago. She was homeless for much of the time and on the verge of giving up. With assistance of NGO she was provided with a house by Housing and Works but referral to STRONG*families* was considered necessary if she was to cope. DCD pre-STRONG*families* had provided little support – food voucher. Her only support was an Aunt, herself struggling.
>
> Since her involvement with STRONG*families* the young woman felt she had been treated with respect and 'for 'the first time had people sit down and listen to my needs and the kid's needs'.
>
> Agencies have been able to help with furniture, day care for the children, grief and other counseling for the children. Up to STRONG*families* involvement neither the young woman nor the children had received help to deal with their grief and loss. She said 'The one that was hurting most was my little brother who was a year behind at school. Since counseling he has come out of his shell and is doing better at school'.
>
> STRONG*families* has also supported the young woman to request a violent person and unsuitable person to leave her home.
>
> The young woman said that even her self esteem has picked up since STRONG*families*. Before she was 'really depressed all the time' as is now 'feeling better to know things are getting done for me and the kids'.
>
> These benefits have been confirmed by the referrer (NGO). It is the referrer's view that without STRONG*families* the client would not have coped – it would have been too much for her. The referrer is 'so impressed for way things are working out for [the client]'. The Coordinator's leadership is 'splendid'. The group is dynamic and it is a 'wonderful experience'. The client feels very confident and does not hold back on what is happening. 'What I love is nothing happens without the client's consent. This is so empowering.'

The second case was quite a high profile case involving Corrective Services, DCD, Housing and Works and a number of non-government agencies. The referral to STRONG*families* was recommended by a Children's Court Magistrate. STRONG*families* was involved with the case for approximately a year.

> The presenting problems in this case included homelessness, justice issues, non-attendance at school, behaviour problems and alcohol use. The client was a single mother with three children.

STRONG*families* brought key agencies together at the table. With agencies together there was sufficient clarity to develop a plan re housing and other issues. STRONG*families* took the onus off Corrective Services seek out agencies to address material issues such as housing and enabled it to concentrate on family functioning. It also gave the family the ability to speak for themselves.

The housing issue dealt with quickly; initially through crisis accommodation and then public housing. The Coordinator was described by the mother as the 'backbone' of the meeting pushing for actions to be completed. The family was supported to deal with problems with neighbours and damage to the crisis accommodation caused by an external party. The family was provided with practical support by the Coordinator and others to move from crisis accommodation to public housing. Considerable support was provided to ensure school attendance.

The family now has an adequately furnished house close to schools and the tenancy appears stable. The children are attending school. Corrective Services requirements have been met. The case is now closed to STRONG*families* but the Coordinator keeps in touch and together with a Police Officer provided some support when one of the children began running away for a short period.

The third case involved an Aboriginal mother with five children referred to STRONG*families* because her tenancy was at risk due to the children's anti-social behaviour. The children were not attending school and Police had become involved.

STRONG*families* brought key agencies together (Police, DoHW, DET and the school) to explore options. One option identified was to house the family in a larger house in a different location. DoHW was able to house the family in a larger house in a more suitable location away from where the children were in trouble. With ongoing support from STRONG*families* and the various agencies involved the tenancy has been stabilized for considerable time. Anti- social behavior has reduced. The family is considered a model tenant. Family members report considerable satisfaction with the outcomes.

Resilience

Only limited comment can be made on families' resilience after leaving STRONG*families* because of the relatively short timeframe. Short term resolution of presenting problems and issues, which the program is generally successful at achieving, does not necessarily equip families to make or sustain the long term changes needed. Families participating in STRONG*families* present with on average five complex issues and while for some families these issues are quickly resolved, for others the issues are long-standing and reflect chronic difficulties and ongoing family dysfunction.

Some parents interviewed commented spontaneously on how STRONG*families* led to greatly improved self-esteem and self confidence and it is reasonable to assume that these parents would show increased resilience. However, given the multiple problems that many of the families referred to STRONG*families* were experiencing it is unrealistic to expect that a handful of meetings will be sufficient to avoid further breakdown in adverse circumstances. Nearly all of the families interviewed indicated that they would go back to STRONG*families* should they need further assistance and this should be encouraged.

A critical issue here is the problem of too early case closure which can and does impact negatively on families' resilience. There is some evidence of cases being closed too early due to the withdrawal of key agencies. Strategies such as avoiding premature case closure, keeping cases open longer, conducting regular review and monitoring of families' circumstances and being able to re-open cases quickly if

requested by families (or agencies) can be expected to increase resilience.

Families also spoke about the negative impact of agencies not doing what they said they would do or withdrawing or reducing support and services prematurely. Family members reported that in some cases agencies only put strategies in place for the time STRONG*families* was involved. In some cases agency practice changed from what was agreed with the family during meetings, support services stopped or were reduced and agency practice slipped back to the way it was before STRONG*families*.

Other factors which impact positively on the resilience of families are discussed below under factors that promote good outcomes.

FACTORS THAT PROMOTE GOOD OUTCOMES

Some common themes have emerged about factors which promote or hinder good outcomes for families. Factors which promote or hinder the achievements of good outcomes tend to be the two sides of the one coin.

Agency commitment

Agency commitment is a key factor. Agency commitment means that agencies are prepared to be involved in the STRONG*families* meetings and appropriate staff to attend consistently. When key agencies commit to STRONG*families,* share information and work cooperatively or collaboratively with the family and other agencies much can be achieved. If key agencies do not commit to STRONG*families* it impacts negatively on what can be achieved through the STRONG*families* process and also sends an undesirable message to the families. Discontinuity in agency attendance also impedes progress as each new participant has to be brought up to speed and may not follow through on his or her predecessor's commitments.

Family commitment

For agencies family commitment to attend meetings and to follow through on agreed actions is probably the most important determinant of whether or not STRONG*families* succeeds. An agency representative in a case with a motivated family that had gone very well commented that not all STRONG*families* cases went as well.

> With a receptive client STRONG*families* works well but when you have a client with a poor history with some of the providers it becomes more personal.

In other cases where the client appeared less committed and either failed to attend meetings or to fulfill commitments agency representatives were critical of family members and considered the outcomes less than optimal. The following comment from an agency representative in a case where the family sometimes failed to attend meetings is representative.

> The crucial point is the family. They have got to be made aware of how important it is for them to be there and there should be consequences if they are not. ... Families have got to be made aware of their responsibilities.

In this case the family who were living in dangerously unhygienic, substandard accommodation were accommodated in public housing, which they have maintained, but did not fully address other issues such as drug use and school attendance.

Whether agency representatives attending STRONG*families* meetings completely understand the effect of long-standing drug use, depression, imprisonment, violence and chronic family dysfunction on the families' capacity to fully engage with STRONG*families* is probably moot in some cases.

One insightful agency interviewee commented on the courage required for some families to attend STRONG*families* meetings. It is likely that agency participants do not always appreciate this.

Agencies doing what they say they will

Agencies make commitments in STRONG*families* meeting based on the needs of the family and honoring them is critical to the success of STRONG*families*. These commitments form part of the Action Plan for which all agencies are accountable. It is evident from interviews with family members that Coordinators play an important role in ensuring that agencies are held accountable. In one case with excellent outcomes the client said:

> [Coordinator] made sure everything was going right. [Coordinator] set up a planner making sure agencies that said they would do things, did them. Did a good job.

Generally it appears that agencies do what they have said they will but there are sometimes delays and on occasions no follow through at all. (These issues are also discussed in Chapters 4 & 5). While there are reasons for lack of follow through such as workload, leave and staff changes, the impact can be destructive. A client who believed that STRONG*families* had achieved nothing for her family blamed the lack of agency follow up for the failure.

> I only had one meeting. It was quite good. I could sit down and speak to everyone face to face. I found the follow up very frustrating. Everyone said we will do this and that. I did my part and others did not. ... I committed. I am a busy lady but it was important. I was doing it for my family. I was happy to do it but if you have got other parties who do not follow up what is the point? ... If agencies had followed through then probably it would have had great outcomes. It was what I was hoping for. It was a flop. It was not [the Coordinator]'s fault.

Being treated with respect and being listened to

Families felt that they were treated with respect and their needs and wishes listened to in the STRONG*families* process. From the observations made in interviews it appears that for some of the families this was a new experience and meant a lot to them.

In one case involving a school, a child and mother were seen to be oppositional and received many negative sanctions and negative messages about the parenting of the child and child discipline. In STRONG*families* meetings the mother stated how unhelpful these negative feedbacks were to her child and family. She asked for help,

personal support and behavior management support with her child. This prompted a full assessment by the North West Mental Health workers and in liaison with the school, led to a clear diagnosis and treatment regime.

This type of positive change to agency workers' approach to service delivery was commented on by a number of interviewees.

Most families believed that they were able to set priorities themselves about issues of most concern and that they could invite agencies to the meetings themselves. Together with the strength based, positive problem-solving focus of the meetings, this has lead to families having a belief in themselves and creating a positive light in distressing circumstances.

One woman expressed this, echoing others, as being given a real hope and something to aim for when she had felt hopeless, depressed, isolated and alone. The effects of this aspect of the work itself, is evident in the high esteem of and gratefulness for the Coordinators' work.

Suitability of venue

The meeting venue needs to be somewhere that families can feel comfortable. This is unlikely to be a Corrective Services facility or a DCD office although sometimes meetings have occurred in these venues.

Access to services

Depending on need, STRONG*families* often facilitates access to services such as housing, counselling (grief and loss, sexual abuse and trauma counselling, drug and alcohol counselling, family violence counselling, financial counselling, perpetrator programs), respite, mental health interventions, education support and the like. Interviews and Coordinators' comments in the STRONG*families* database indicate that where such services can be brokered families benefit considerably.

However, complex issues are not always able to be worked through due to limitations and gaps services (see Chapter 4). This is particularly true in country regions such as the Kimberley and Pilbara. This service lack is acute for Aboriginal clients. It is a particularly acute lack for Aboriginal men who are or have been violent. The following case examples illustrate the problem.

> A family (husband and wife) have stayed in the STRONG*families* process despite not being able to access programs or services for relationship issues around violence or services specifically for the man. Through STRONG*families*, agencies have been able to address the compounding surface issues that have resulted from violence (like separate housing with negotiated agreements about contact between the partners and supervised access to the children): however in the regional centre where the couple lives there is no culturally suitable program to address the underlying issues. This has led to the couple having expectations of STRONG*families* that are somewhat misplaced – they look to the meetings for validation, support and advice. While this is a meaningful process it does overload the context of these meetings and this would not be so if services existed for them. However, these clients experienced the meetings themselves as therapeutic. They believed that they were assisted to keep a clear perspective on their issues and helped to formulate clear aims and that the communication with agencies gave them support, affirmation and confidence.

> Conversely, some agencies, particularly DCD, in identifying issues and necessary steps for this couple to complete before reunification of the family, like anger management and relationship counseling, created a heightened pressure for the couple because these services do not exist in the region. The situation for the family becomes one of trying to reach a shifting goal that is not achievable.

> In other regional centres the lack of critical services also creates pressures for STRONG*families*. For example, the lack of clinical psychology services that could assist a youth to deal with his complex issues means that the agencies can only deal with the most overt manifestations of his disturbance. While psychological assessments can be organized, the provision of therapy, and thus essential support for change, is absent.

Agencies do try to overcome service gaps and to develop helpful plans despite them. This gives an integrity to the process and focuses on positive problem solving.

It was evident that agencies give suggestions to each other and to the family and work with families to get an understanding of the types of intervention that would be most helpful. This is seen in the number of options given to families and the agreement process that is part of the meetings.

In country areas the lack of adequate services for children with mental health issues is a major issue as the following case examples illustrate.

> In one case the parent gave the example of how in *STRONGfamilies* agencies made suggestions about parenting a child who could be described as ADD. This was backed up by inviting the mental health service to the next meeting and setting up access to a parenting course. It was noteworthy that in the initial meetings agencies that would not normally be seen as being involved in childhood issues and parenting were willing to offer helpful advice.

While there is a fine line in this aspect of agencies input between naïve helpfulness and real support, in this case the parent mostly experienced this in a positive light. She did emphasize however that the lack of professional help was very frustrating and that most people failed to understand what her situation was like.

In another case, for a recently separated couple who were very committed to STRONG*families* in trying to parent and get services for their autistic child, the lack of specialist services in the region meant that they did not get the kind of support and advice that would change the child's behavior.

> The child has savant like capacities that saw him perform, as an eight year old, astounding mechanical feats, such as redesigning and restructuring the reticulation system at their home using materials stolen from council parks and neighbour's front lawns. He would commonly escape from the fenced yard of their home ('like Houdini') and be found kilometers from home wading naked in a swamp, hunting for a flower he had seen on a tree when the family had driven past this place a week ago.

> The parents were very concerned for the child and were fearful that DCD and Police would charge them with neglect and that the child would be apprehended. In STRONG*families* meetings the parents went to great lengths to convey just how hard they worked to keep the child safe and his brilliant ingenuity and talents of engineering and theft. In the absence of a specialist service the parents strove to communicate how they were continually trying to channel their child's talents and industry and the uniqueness of his spirit. The meetings served as a security for the parents against agencies developing a negative and potentially damning assessment of them as parents and as a pressure valve, particularly for the father, in an extremely stressful situation. However the father believed that despite agencies being sympathetic, the ongoing challenges they faced with their child's behavior were becoming subject to negative judgments by some agencies. They believed that the Coordinator provided the balanced, sound understanding of their situation and did not blame them. Agencies had begun to be critical of the inconsistency of their behavioral management practices, where they believed that unique situation specific responses were required.

> A visiting specialist in managing difficult behaviors was contracted for a brief period but again the parents believed that the boy's uniqueness wasn't responded to. Further they wanted more continuous help and that wasn't available.
>
> While STRONG*families* was highly valued by the parents the lack of intensive and specialist services was beginning to have a negative impact on them despite their own and agencies' goodwill and commitment.

Avoiding premature case closure

While STRONG*families* may be able to resolve issues quickly for some families, with the level of disadvantage and the number of issue evidenced by many families quick resolution is unlikely and early gains may not be sustained if STRONG*families* and/or agencies withdraw prematurely. Some cases require (and have had) sustained STRONG*families* involvement. STRONG*families* Coordinators should not feel pressured to close a case while progress is being made or gains require consolidation. The importance of providing long-term services to cases in which there are multiple risk factors for children was emphasized at the recent *Ministerial Community Round Table on Child Protection* (12-13 March 2007).

CHAPTER 3: STRONG*FAMILIES* AND ABORIGINAL FAMILIES

A majority of STRONG*families* cases that were progressed through from referral to participation in STRONG*families* meetings were Aboriginal (57%).

Across the regions in which STRONG*families* operates this evaluation has collected substantial evidence from Aboriginal families that STRONG*families* is a highly valued program that is achieving positive outcomes. Aboriginal families (a majority of the families interviewed in this evaluation and in the previous stages) reported high satisfaction with the Coordinators' performance, conduct of the meetings, engagement, and follow through actions of service providers. This is a substantial achievement with a client group that has been seen to have significant cultural 'roadblocks' to accessing mainstream services.

This section of the report will explore the strengths and limitations to the STRONG*families* program for Aboriginal people from a conceptual and practical viewpoint. It focuses on how to further enhance for Aboriginal clients an already valued and valuable program. The *Evaluation of* STRONG*families Stage Two* (2006) highlighted the need to maximize the cultural security of the program.

The 2006 report also commented on the unique systemic elements and particularly strong Indigenous focus and ways of working of the STRONG*families* program – particularly through one Coordinator (in the Goldfields region) but not limited to that site.

CULTURAL SECURITY

Cultural security is essentially a quality assurance mechanism which attempts to maintain a consistency and stability of a program's capacity to serve a cultural group. Functionally cultural security requires both top down and bottom up actions. A program needs to have formalized management priorities, core ethos and vision, and clearly articulated protocols and procedures that are culturally specific. From that perspective a program needs to have a means to quality control the way that employees work and of determining the accord between a specific cultural vision and actions at the work front. From the ground up perspective, cultural security processes provide support for and facilitate culturally specific ways of working. They support the capacity for workers to develop new ways to respond to cultural groups that can be potentially embedded in organizations.

A closely allied term is cultural sensitivity. These terms can be confusing. Cultural sensitivity refers to the quality and the nature of a person's consideration and perception of the particular cultural experience, meanings and effects of cross-cultural differences on a person or community from a particular culture. It is about how you see, communicate and do things. It is a personal responsibility and understanding.

Cultural sensitivity arises from cultural awareness. Cultural awareness (or cross-cultural

awareness) is an essential part of all human services agency work.

The STRONG*families* Coordinators have all demonstrated cultural awareness and sensitivity. However, at this stage the program as a whole does not have adequate cultural security. It is understood that this matter is to be addressed. Preliminary steps have been taken to enlist the Indigenous Policy Directorate of DCD to steer the work. It is also noted that the Monitoring group now has two Aboriginal senior executives and this is an important step.

The Goldfields as an Example

It is instructive to consider the situation in the Goldfields as an example of how a sound cultural security process for a program could be used to develop creative and clear directions and practices.

The loss of the Goldfields Aboriginal Coordinator whose work was singled out in the last evaluation as providing a valuable lead in systemic focused, intergenerational, family and individual focused STRONG*families* meetings has particular ramifications. The most salient point is a concern that the program momentum and the continuation of the implied social contract in the STRONG*families* project as a Gordon sponsored initiative of 'partnership' with the Kalgoorlie Aboriginal community may be disrupted or lost.

In the Goldfields the message given to the Aboriginal community for more than two years (through senior community people, various well known activists, Aboriginal non-government agencies, Aboriginal senior bureaucrats and agency workers) was that they could have a partnership with and strong influence on and in the STRONG*families* program. The loss of a prominent, respected Aboriginal person from the Coordinator's position could potentially lead to a backlash for the program from the community.

The subsequent attempt to employ a non-Aboriginal Coordinator (considered the best applicant) appears at odds with the previous direction taken by STRONGf*amilies* in the Goldfields. The appointee did not in fact take up the position which remained vacant for about 12 months but it is understood that another non-Aboriginal Coordinator has recently been appointed.

An alternative course of action to support the STRONG*families* program and maintain the momentum that had been established in the Aboriginal community would have been to ensure that a group drawn from local Aboriginal community people (and including those people who the previous Coordinator cultivated as partners) had a generative input into who could be employed in this position and how they wanted that person to work. Unusual as that may be in the current selection processes for Coordinators, the STRONG*families* program does raise the need for new ways to do business with clients, families and communities. In operationalising the partnership approach through incorporating community people's views there would have been many potential gains. There was an opportunity for the program management to reflect the central ethos of this program from the top down. That is, managing in partnership with the family, participating agencies and, in the case of Aboriginal clients, the community.

In a small centre like Kalgoorlie, the Aboriginal community grapevine through negative talk and a sense communal frustration can discourage well qualified Aboriginal people from applying for a position like the STRONG*families* Coordinator. They will be aware of the history and could see this as a failure of a mainstream agency to support a worker who was achieving significant gains for some families. Program momentum can also take a long time to restart. Well informed or not, the Aboriginal community processes (divided, rapid, pervasive and chimerical) have significant power. The history of distrust of mainstream services that remains significant for Aboriginal families heightens the need for STRONG*families* to act proactively to bring these people into a clear and meaningful relationship to the program.

These considerations have implications beyond the Goldfields for the whole program. A central question for STRONG*families* is how far it is willing to go and what priority it will assign to collaborative work not only between agencies but with the Aboriginal community? STRONG*families* is a central plank in the Government's response to the Gordon Inquiry: will it through its own project management practices support agency work practices and employment strategies that enhance cultural security and challenge those that do not?

Cultural security measures

Cultural security measures can be set up with different levels of 'jurisdiction' or authority. The most effective would be for cultural security to become a core principle of STRONG*families* to which all must adhere.

There is a potential, given that the STRONG*families* Monitoring Group has an interagency mandate, to amalgamate different agencies' work and policies around cultural security (for instance those of Health, Corrective Services and Disability Services). The STRONG*families* program is also in a unique position to set new precedents for cultural security that specifically reflect collaborative work.

DIVERGENT WORK PRACTICES

Coordinators have very distinct and even divergent views and practice preferences about the way that they engage and work with Aboriginal families.

These reflect different understandings about Aboriginal people, the different qualities of Aboriginal groups in the respective communities and individual Coordinators' proclivities. While the program rationale of supporting individual Coordinators to find the most appropriate local strategy to engage Aboriginal families has strength and validity, and is particularly useful at the start of an innovative program, now that the program is established, this needs to be reviewed. A way forward for the program again rests on establishing principles, protocols and mechanisms for the quality assurance and control of cultural security.

At present Coordinators vary in terms of whether they have meetings with the families before the actual STRONG*families* meetings, how much preparation work they do with families before the meetings, whether they have a staged meeting process before a full

meeting between the family and all of the service providers, how much importance is placed on the ratio between family and service providers attending a meeting, including the dimension of Aboriginal and non-Aboriginal participants and the strength of messages about the position and authority of the family in the actual meetings. Further, some Coordinators use cultural guides and Aboriginal personal advisors and others don't. Behind these practices are strongly held but divergent beliefs and rationales. For the STRONG*families* program to consolidate and develop its learning and potential for working with Aboriginal families this variance needs to be examined for best practice guidelines and quality control (see Chapter 6 for further discussion). Eventually that may mean that some Coordinators will need to change their practices and develop new ways of working.

COMPOSITION OF THE WORKFORCE

The ratio of Aboriginal to non-Aboriginal Coordinators is a critical component of STRONG*families*. Given that over half the client population is Aboriginal, a naive rule of thumb would be that over half the positions should be Aboriginal specific positions. This thinking is based on the simple tenet that Aboriginal people have a deeper understanding of their own people through lived experience and are thus best placed to support change. The meaning of dialogues can be more direct, based on shared experience and can be more open and frank – there is no cultural barrier to negotiate.

The evaluation has found that Aboriginal Coordinators work very effectively with Aboriginal clients but has no evidence that non-Aboriginal Coordinators cannot also work effectively with them. Some families and service providers, Chairs of a number of local management groups, one Management group, three regional Aboriginal community groups and a number of DCD managers mentioned the importance of having an Aboriginal Coordinator for the success of the program for Aboriginal clients. To balance this, many Aboriginal families have said that whether or not the Coordinator is Aboriginal has not been an important issue. It can be said however that when an Aboriginal Coordinator has worked with an Aboriginal family or a family with Aboriginal members this has been seen as a plus.

From the point of view of developing the program it appears that the small number of Aboriginal Coordinators, past and present, have played a valuable role, both formal and informal, in guiding, advising, teaching and critiquing the other Coordinators around working with Aboriginal families.

At an Aboriginal conference in Perth where two of the Aboriginal Coordinators presented the STRONG*families* model, a prominent Nyoongar spokesperson proposed that STRONG*families* be supported and championed. This was supported by the (approximately) two hundred people present. In particular there was support for an increase in the number of Aboriginal Coordinators (this was not sought for by the presenters). What was apparent at the conference was that many people thought it self-evident that Aboriginal families could benefit from having more Aboriginal STRONG*families* Coordinators.

Consultations in earlier stages of this evaluation in Port Hedland and Kalgoorlie with a small number of Aboriginal service providers from the non-government and government sectors (a total of ten) indicated strong in principle support (not intended to reflect on the current Coordinators) for the Coordinator to be an Aboriginal person. This was not the case in Broome (eight respondents) where the person's skills, sensitivity, connection with community families and children and impartialness were seen as the most critical factors.

In this final stage of the evaluation in South Metropolitan/Peel and the Northern West Metropolitan sector there was strong support for the Aboriginal Coordinators from Aboriginal and non-Aboriginal clients, service stakeholders and management groups. In both areas it was the Aboriginal Coordinator's in-reach, sensitivity, understanding of particular Aboriginal families, capacity to raise common Aboriginal family issues and cultural understandings in the whole service area and with individual service providers, which were seen as such positive contributions (and specific to them being Aboriginal Coordinators).

A statement by a non-Aboriginal grandmother, who has an Aboriginal grandson, is instructive,

> It was lovely and refreshing to have an Aboriginal person come in that (grandson) didn't have to be frightened of.

The pervasive fear of 'white people in authority' for Aboriginal clients has been commented upon in previous stages of the evaluation. Also of note are the comments by a non-Aboriginal client of an Aboriginal Coordinator that commented on the Coordinator's skill, sensitivity and understanding. Clearly Aboriginal Coordinators are not solely of value to Aboriginal clients but mainstream clients as well.

Overall evidence from the evaluation suggests that there are extra dimensions to Aboriginal Coordinators' work with Aboriginal people and that these are highly valued. However this is indicative only. Nevertheless when combined the fact that the expansion of STRONG*families* was a Gordon initiative and taking into the views of the Aboriginal conference referred to above there is a solid rationale for the ratio of Aboriginal Coordinators to be increased.

One Coordinator suggested an elegant way forward – that in each region there should be an Aboriginal and a non-Aboriginal Coordinator. This would be attractive if the program were to expand as recommended in the recent report on the Department for Community Development prepared by Prudence Ford (Ford 2007).

The evaluators again recommend that the original ratio of Aboriginal to non-Aboriginal Coordinators (a third) be reinstated as a minimum requirement. There is also a case to increase this proportion. To achieve either of these targets the *STRONGfamilies* Monitoring Group will need to be able to stipulate to a regional selection committee when an Aboriginal Coordinator must be employed to fill a vacancy and to establish a recruitment and selection process that is 'Aboriginal friendly'. The evaluators believe that in this way the quantum effect on the STRONG*families* project and on all Coordinators of

having a substantial body of Aboriginal Coordinators will greatly enhance the cultural strength and in-reach of the program to Aboriginal communities.

WHAT STRONG*FAMILIES* MEANS FOR ABORIGINAL CLIENTS

STRONG*families* has been demonstrated to have a positive effect for Aboriginal and Non-Aboriginal clients. There are reasons to believe that STRONG*families* means something different to Aboriginal clients than it might for non-Aboriginal clients.

Case example 1

An Aboriginal man spoke highly of the program. When questioned about the reasons for this he said:

> You know it's really good when I walk down the street and people (who were in the STRONG*families* meeting) say hello and ask me how its going.

> Those fellas listened to me and that's good.

This man had never experienced a group of non-Aboriginal people listening to and respecting what he had to say. He was deeply moved by this simple element of STRONG*families*. He had grown in confidence since going to the meetings.

Case example 2

An Aboriginal woman spoke about how she had overcome her fears of talking about her private issues and asking for help. She said she now realized that there was a lot help in the town for Aboriginal people, but many were 'too shame' to ask 'whitefellas' for help.

These brief examples belie in their simplicity the complex work that had been accomplished by agencies, through STRONG*families*, over a long period of time with these families. But they are given here because they are such strong voicing of the fact that STRONG*families* can work quite differently for Aboriginal people, providing and supporting a valuing process that addresses directly the negative racial history of individuals.

OPPORTUNITIES FOR IMPROVEMENT

The Evaluators reiterate the quality improvement suggestion made in *Evaluation of* STRONG*families Stage Two* (2006) that the Aboriginal cultural security of STRONG*families* be maximized through:

- formal protocols and practice guidelines for working with Aboriginal families

- maintaining the Aboriginal staff ratio at least at the level is was when the program was implemented statewide (that is, one third)

- the establishment of regional Aboriginal reference-learning groups to improve practice and to support Coordinators

- new Coordinators receive intensive training in working with Aboriginal families including Aboriginal people from relevant regions.

The evaluators further recommend that maintenance of cultural security should be a core principle for STRONG*families.*

CHAPTER 4: STRONG*FAMILIES* AND INTERAGENCY COLLABORATION

As both an interagency collaboration and a decentralized initiative STRONG*families* involves complex processes of working vertically within government agencies, working horizontally across government agencies, working jointly between government agencies and the NGO sector and engaging stakeholders beyond the established and immediate participants (this includes family members and community organizations). In this context the achievements of STRONG*families* in contributing to and achieving interagency collaboration are substantial.

There is much that can be learned about interagency collaboration from the successes and achievements of STRONG*families*. In this chapter some of STRONG*families*' key successes and challenges are discussed.

SUCCESSES

1. STRONG*families* is a genuine flagship for interagency collaboration

Evaluation evidence shows that STRONG*families* is successfully achieving interagency collaboration. STRONG*families* is facilitating:

- better information sharing and communication between agencies and better understanding of families' needs

- improved coordination and cooperation between agencies, which assists to identify service gaps, overcome duplication and provide a more holistic response to families needs

- stronger professional relationships and greater understanding of agency roles and responsibilities

- coordination of service delivery and resource sharing between agencies at the local level

- improved working relationships between government and non-government agencies at the local level

- improved relationship between families and government agencies

- active commitment and involvement by non-government agencies

- collaborative case management between agencies

- cross-sectoral and collaborative governance at both the strategic and regional levels

- community-based partnerships between agencies, service providers and families at the local level.

Development and maintenance of relationships of trust among front line workers and

managers and a sense of commitment and ownership by stakeholders are critical elements of a successful collaborative initiative. The dialogue and discussion on cases that occurs in STRONG*families* meetings develops trust and greater mutual understanding. In addition, involvement in STRONG*families* is increasing workers' understanding about other agencies and of families' needs and circumstances.

The literature about interagency collaboration emphasizes the importance of the combination of trust, strong informal linkages and professional relationships between agencies and workers with an established interagency structure. The great strength of STRONG*families* is that it provides a formal structure through which workers can sit down with families to explore across-agency solutions to a family's needs.

2. Commitment to STRONG*families* among many front line workers, team leaders and managers is strong and a wider representation of agencies are becoming involved in STRONG*families*

Interviews with agency representatives, front line agency workers and managers across sites provides evidence that commitment to STRONG*families* by front line workers is increasing as they see the benefits that STRONG*families* can deliver for families. This commitment to STRONG*families* is critical in making the program effective. As one Coordinator said:

> At an operational level you have success based on the goodwill between workers and Coordinators.

This pattern of increasing motivation to participate in STRONG*families* among front line workers is good news for STRONG*families*, as well as for other collaborations, as it demonstrates a willingness among many front line workers to engage in collaborative activities that extends beyond policy rhetoric. This increasing commitment to STRONG*families* by front line staff has the effect of generating greater expertise and energy within the program.

Whilst growing individual commitment to STRONG*families* is major achievement, it is also a potential weakness. Over reliance on individual commitment to STRONG*families* can replace or mask the problem of inadequate agency commitment to STRONG*families*.

STRONG*families* is drawing more agencies into the inter-agency collaborative process. Since the last evaluation State government agencies such as CAMHS, Disability Services Commission and schools are reported to have become increasingly involved in STRONG*families* meetings and actively participate in the program. Commonwealth agencies such as Centrelink are important participants in many sites.

In one site two local government authorities have become active participants and supporters of STRONG*families*. In most sites Indigenous agencies and workers are now active participants.

Cynicism and doubt that existed about STRONG*families* is also being overcome. Stakeholders who originally doubted the value or legitimacy of STRONG*families* or who saw it as the latest 'fad' are reporting that they now see the value and benefit of the program. However pockets of doubt and cynicism about STRONG*families* still exist.

3. STRONG*families* benefits participating organizations

The literature on interagency collaboration suggests that collaboration can enhance the quality of services and benefit participating organizations through better communication and information sharing, improved processes, stronger relationships, greater capacity to respond to local needs and more efficient use of resources[7].

The evidence from the Evaluation shows that STRONG*families* is successful in delivering these benefits for participating organizations.

Agency stakeholders report that in some cases the STRONG*families* process has been a catalyst for continuing engagement between agencies and families. In a number of cases agencies have continued to meet with families once the STRONG*families* process has ended.

It is difficult to say at this stage whether these benefits are feeding back into agencies and leading to changes in agency processes, culture, practice and systems.

4. Non-government agencies are making a major contribution

Non-government organizations continue to be active and committed participants in STRONGfamilies across the state. Analysis of the data show that:

- NGOs are the second biggest referrer to STRONG*families* (after DCD)

- in the six month period from January to June 2006 NGOs took over from DCD as the major referral agency

- as a group NGOs were the second largest attender at meetings (after DCD)

- NGOs were the lead agency in 22% of cases. Only DCD took the lead agency role more often

- at STRONG*families* meetings a number of non-government agencies are often represented. Agencies most likely to have multiple representatives attend meetings are Department of Education and Training, NGOs and DCD.

NGOs are important stakeholders and participants in STRONG*families* process and meetings, indeed in most sites STRONG*families* would be far less effective without the participation of NGOs. A Chairperson of a STRONG*families* management group said:

> If you take away the NGO participation then STRONG*families* would struggle.

NGOs have embraced the interagency aspect of STRONG*families* at all sites. They are often the most active and committed participants. One Coordinator said:

> It's easier to get NGOs to meetings in this region. They are willing to participate and are active in meetings.

The Coordinator contrasted this with some government agencies that were reported to be less enthusiastic about STRONG*families* and whose participation fluctuates. This is a common view expressed across sites.

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[7]   See Penter & Other-Gee(2001) see also New Zealand Ministry of Social Development (2003)

NGOs are often better able to work 'outside the square' and/or find innovative ways to support families. However, participation in STRONG*families* is resource intensive for NGOs particularly in rural areas. Under the current 'contract regimes' through which they are funded, NGOs are not resourced to participate in STRONG*families*, hence the involvement of staff is dependent on the willingness of managers of NGOs to release their staff. Given the importance of some NGOs to interagency initiatives funding bodies should consider resource provision for interagency work in funding agreements.

Not all the actions of NGOs are positive. In one region an NGO had created difficulties for STRONG*families* because of its decision to withdraw support and services from a family involved in STRONG*families*, even though the agency was contracted by government to provide the service.

5. The focus on outcomes for families is strength of STRONG*families*

The strength of STRONG*families* is that agencies collaborate to achieve outcomes for families. Families themselves are key participants in the process and if they are sufficiently confident can hold the process and the agencies accountable for what is achieved or not achieved. This increases the likelihood that the collaborative process central to STRONG*families* does not become an end in itself, but is focused on the outcomes that can be achieved for families.

CHALLENGES OF INTERAGENCY COLLABORATION

1. Sustaining agency commitment to STRONG*families* remains an ongoing challenge

Sustaining agency commitment to STRONG*families* continues to be a challenge, particularly in the face of new interagency models, resource constraints, workload pressure and changing agency priorities.

Many barriers to successful collaboration still exist within government. They include fluctuating management and agency commitment, changing government policy and priorities, lack of information and awareness about STRONG*families*, organizational culture, resource limitations, agency structure and systems and professional attitudes and assumptions. Where there are several interagency programs operating there is a danger that staff can become overburdened with interagency meetings.

These difficulties are often underappreciated by policy makers and senior management who promote interagency work as a panacea to complex problems, but who may not realise the problems faced by those involved in making it work on the ground.

Commitment fluctuates

To an extent government commitment to whole of government approaches and interagency collaboration at the regional management level appears to have waned or been overtaken by other government or agency priorities. This is often the consequence of changing government and agency priorities, pressing workloads, competing demands, other commitments and limited resources. One Coordinator commented:

> The agencies say we are over STRONG*families* and we have given it all this attention.

The view that the demise of the Human Services Directors General Group (HSDG) has had a negative effect was consistently expressed by DCD District Managers, Chairs of STRONG*families* Management Committees, Coordinators, regional managers and agency stakeholders. Commitment to interagency and whole of government processes is in urgent need of reinvigoration.

A DCD Manager commenting about the demise of the HSDG said:

> Where is the role modeling?

A DET Student services Manager said:

> The powerhouse behind it has waxed and waned. Other priorities take precedence.

A Coordinator said:

> Its hard work with the Management groups. We need to reinvigorate agency commitment and its got to come from higher up.

Keeping stakeholders informed about STRONG*families* requires ongoing effort

Knowledge about STRONG*families* is still limited among many stakeholders and understanding about interagency collaboration (as distinct from information sharing and coordination) is superficial. As one Coordinator put it:

> The understanding of true collaborative work is still very limited. Getting beyond information sharing is a challenge.

A DCD District Manager who is also the Chair of the local STRONG*families* management group said:

> There is still not a good widespread understanding of the STRONG*families* program among many agencies. It's still superficial... Agencies are still protective of their resources and situations.

Continuity can be problematic

Another important issue is the need for continuity of participation in STRONG*families* meetings by the right agency workers. Trust and mutual understanding builds as people meet together over time. Success depends on people being at the table who can make and follow through on decisions.

Sustained involvement in collaboration depends in part on the ability of participants to devote the time required, while still fulfilling the demands of their other agency roles and responsibilities. If managers and front line workers judge that the collaborative process takes too much time commitment and participation will be affected.

Turnover of staff within agencies continues to be a major factor limiting the effectiveness of STRONG*families*. New staff must be continually informed and educated about STRONG*families*. The difficulty of recruiting skilled staff, particularly in rural and remote areas, was raised as a factor affecting STRONG*families* in some regions.

While agencies generally endorse STRONG*families* some are better at sustaining participation and commitment than others. It is critical that regional and agency

managers consistently and actively support and promote sustained participation by agency workers.

An inflexible approach can hamstring STRONG*families*

While individual workers may be committed to STRONG*families* their agency may not be willing or able to make the changes necessary for STRONG*families* to work effectively. A Coordinator said:

> Individuals can be very committed but in their structures it is impossible to do the things they would like to do. We are caught between the rhetoric of managers and the reality of what agencies can do locally.

A DCD District Manager who is also the Chair of the local Management Group spoke of situations where individual managers and workers involved in STRONG*families* meetings are committed to finding solutions to family issues, but they are hamstrung by inflexible agency policy or protocols or by managers who don't support the proposed action.

2. The requirements of agency centered practice (silos) can make collaborative work more difficult

By their very nature government agencies are risk averse and bound by legislation and policy. Accountability and reporting lines are structured and hierarchical and procedures and conventions are accepted and followed. Despite the best intentions of all stakeholders collaborative case work within STRONG*families* is less effective if agency management and practice encourages, rewards and supports agency centered practice, rather than collaborative interagency practice.

Agencies still tend to view issues as the responsibility of one agency, rather than accept shared responsibility to address the problem. An example is children not attending school where there is a complex set of issues such as housing, health, parental capacity, justice and welfare. Agencies and workers may consider that responsibility primarily rests with the Department of Education and Training and be unwilling to accept shared responsibility for the problems or commit their agency to action. This unwillingness to accept shared responsibility for a problem or attempt to do things differently is often encouraged and supported by agency and regional managers who place constraints on workers to stay within agency parameters and not commit the agency to particular actions, especially in cases where the agency has had significant contact with a family. A Coordinator described such situations the following way:

> The managers and team leaders tell staff make sure you don't commit us to do too much. We have put so many resources into those families.

A DCD District Manager expressed concerns that representatives were often exceedingly careful about making commitments on behalf of their agency.

> They say in meetings I will need to go back and see what is possible.

This is a particular problem where families have complex needs or a long history with agencies. It is in just these complex cases where new strategies and ways of doing things are required, however, agencies may be less willing to move outside their traditional ways of working because they believe that they already have invested enough

resources in these families already, or they are defensive about their agency's past practice.

Coordinators often have to work hard to encourage workers and agencies to move beyond agency centered practice to acknowledge that past ways of doing things have failed and to embrace a shared approach to addressing families' needs. This is a constant challenge for Coordinators as:

> There is still a strong tendency to come together and talk as a group of silos.

During this phase of the evaluation a number of Departments, including DCD, Department of Indigenous Affairs, Police and Housing and Works have been subject to internal reviews, and this has resulted in some workers being less willing to move beyond their traditional agency role and activities.

3. The sustainability of interagency practice and new ways of working beyond STRONG*families* is uncertain

For some families changes in agency practice may only be short-term and not sustainable beyond STRONG*families* meetings. Family members reported that in some cases agencies only put strategies in place for the time STRONG*families* was involved. In those cases agency practice appeared to change from what was agreed with the family during meetings. Once the case was closed support services stopped or were reduced and agency practice slipped back to the way it was before STRONG*families*.

4. Interagency collaboration can not make up for lack of services and programs and social and economic opportunities

Effective interagency collaboration can improve the use of existing resources, however, it cannot make up for a lack of sufficient resources and services in key areas or for a lack of social and economic opportunities for families in certain locations. Where services are lacking and families' needs can not be met because of a lack of services or opportunities or because services to families are withdrawn, STRONG*families* will be less effective. As a DCD District Manager said:

> It does not matter how good the interagency collaboration is if the services are not available.

Services that are lacking include:

- housing and accommodation – lack of housing stock, lack of affordable housing, lack of access to the priority housing waiting list, lack of accommodation for children and young people

- mental health services

- transport for families

- services and programs for families, children and young people with complex intergenerational problems

- relationship counseling services

- programs for violent men

- disability services in some areas e.g. services for children with autism

- mediation services

- high quality services for people with alcohol and drug problems and dual diagnosis issues (alcohol and drug problems and mental health issues).

A number of discussion papers on these issues have been prepared by STRONG*families* Coordinators and presented to the STRONG*families* Monitoring Group for action without resolution (see Chapter 5).

The effectiveness of STRONG*families* can also be undermined by the decision of an agency to withdraw, reduce or change services provided to a family. A number of examples were identified.

 A DCD District Manager described a situation where a government agency decided to withdraw support services to a family (despite having a duty of care to provide services) and communicated that to the family and other agencies in a STRONG*families* meeting. This placed additional pressure on other agencies, particularly DCD, to address family needs and compromised the effectiveness of the STRONG*families* process.

A family expressed concern that over time a government agency reduced the support and services provided by that agency to a child, despite the family's understanding that this had been agreed as part of the STRONG*families* Action Plan. (The family identified a number of reasons why this had happened including changes in agency personnel, a different approach by new staff and the cutting back of resources to the child). The family felt this undermined much of the positive work that had resulted from the STRONG*families* process.

5. Relationships between STRONG*families* and other interagency models and programs are developing but there are still challenges ahead

As more and more interagency models and programs are developed the relationship between them becomes an issue: the potential for confusion and tension is increased.

Interagency programs and models relevant to STRONG*families* include:

- Interagency Child Safety Teams (ICST) (Geraldton and Joondalup)

- Children of Parents with a Mental Illness Program

- ParentSupport (part of the Responsible Parenting Initiative)

- Anti-social Families Working Group

- Department of Premier and Cabinet Good Neighborhood Program.

The roll out of the ParentSupport program has affected STRONG*families* in Armadale/Cannington and more recently, Midland. The two programs potentially complement each other and STRONG*families* Coordinators have worked with ParentSupport staff to clarify ways that the two programs can work together. This is now

happening in both regions. In Peel the existence of the STRONG*families* local management structure has enabled the roll out of ParentSupport in that region.

In one region the existence of Children of Parents with Mental Illness project (run by CAMHS) has provided a bonus for STRONG*families*. CAMHS staff have been active and committed participants in STRONG*families* and the two programs have complemented and supported each other.

There have been attempts at the strategic level and the local level to strengthen connections and coordination between the Anti-social Families Working Group[8] and STRONG*families*.

In Geraldton there has been some tension between the ICST pilot and STRONG*families* as a result of a case that was referred to the ICST at the same time that the family was participating in STRONG*families*. Problems arose over a number of issues including access to information and information sharing, the differences between the two programs in terms of family participation and involvement and some miscommunication and confusion over the action taken by the ICST. The extent to which these issues have been resolved is unclear and ongoing discussion is required at both the local and statewide level to ensure that the two programs complement each other. If 'turf' problems can be ironed out STRONG*families* should be a useful resource for ICSTs.

The Good Neighbourhood Program is soon to be rolled out in Lockridge, Kiara and Beechboro (areas covered by the Midland STRONG*families* Coordinator) by the Department of Premier and Cabinet and joint work will be required to ensure the various programs complement one another.

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[8]   The Group includes DCD, DoHW and various non-government organizations that provide services to families with high and complex needs.

CHAPTER 5: GOVERNANCE AND MANAGEMENT STRUCTURES

In this phase of the evaluation the Evaluators were asked to give consideration to whether the existing Governance and management structures support STRONG*families*. If so how and if not why not?

Information presented in this section is drawn from all data sources, particularly interviews with members of the STRONG*families* Monitoring Group, DCD District Managers, staff of the Gordon Project Team, all STRONG*families* Coordinators, chairpersons and members of STRONG*families* regional management committees.

CHANGING POLICY ENVIRONMENT AND CONTEXT

The environment within which STRONG*families* operates has changed markedly over the period since its implementation. Some of the changes affect STRONG*families* at the central level whilst others have their impact at the local level.

Changing across-government collaborative structures

Key government policy-making and decision-making structures at both central and regional levels have changed. Examples include the disbandment of the HSDG Group and change to Regional structures, for example the establishment of the Human Service Regional Managers Groups[9].

The majority of Monitoring Group members, Chairpersons of STRONG*families* Management Groups and DCD District Managers saw the demise of the HSDG Group as disruptive for whole of government collaboration and interagency programs like STRONG*families* as it conveyed a message that across agency collaboration was no longer considered a high priority by Directors General (see Chapter 4). It also meant that the Directors General group was no longer an option for progressing and resolving blockages and issues affecting STRONG*families* as outlined in the Partnership Agreement (see below).

Even though the HSDGs may not have directly made decisions directly affecting STRONG*families* its 'imprimatur' and endorsement of, for example Monitoring Group actions, sent a message to agencies about the importance of their participation in programs such as STRONG*families*.

The Senior Officers Gordon Implementation Group does not appear to have had any significant involvement with STRONG*families* but could perhaps play a more substantial role in driving across-agency issues in the future now that the HSDG Group no longer exists.

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[9] The impact of changes to Human Services Regional structures on STRONG*families* was identified and discussed in the Evaluation of STRONG*families* Stage 2 (2006).

Lack of across government coordination, monitoring and alignment of Gordon and other interagency initiatives

In recent years there has been considerable policy enthusiasm among government agencies for 'joined up' solutions and ways of working that break out of the silos of sectoral service delivery. Many interagency and intersectoral policies, models and programs targeting families, children and youth operate alongside or parallel to STRONG*families*.

Chairpersons of STRONG*families* local management groups and DCD District Managers identified that the lack of central across government coordination of Gordon and other interagency initiatives has complicated efforts to ensure that STRONG*families* can work effectively with other initiatives. Feedback suggests there is a lack of clarity about how these initiatives fit together and how they relate to STRONG*families*. There is some evidence of overlap as well as signs of tension with STRONG*families* (discussed in Chapter 4).

In a number of sites, Regional Human Services Management groups have attempted to ensure regional integration and coordination of Gordon initiatives within Regional Human Services Management structures by making, for example, Gordon Initiatives, including STRONG*families*, a permanent agenda item for the bi-monthly Regional Manager's Forum.

Loss of STRONG*families* champions

Key 'champions' for STRONG*families* who were involved in central strategic leadership roles in Government agencies have left the Public Service or moved to other departments. This has resulted in the loss of strong advocates for the program and some 'corporate memory' about STRONG*families*.

ACROSS GOVERNMENT MANAGEMENT (CENTRAL, REGIONAL/LOCAL MANAGEMENT)

A decentralized interagency process like STRONG*families* requires a strong coordinating central structure and governance model. The structure should connect the local STRONG*families* process to decision-making within and across government agencies and support the local process, keep it on track and sustain its momentum. Political support for interagency initiatives like STRONG*families* needs to be nurtured and maintained in order to keep the program alive among the many other priorities that compete for attention.

Figure 1: Governance and management structure for STRONG*families*

Figure 1 (above) shows the complexity of the governance and management structure. Responsibility is devolved (distributed) between central and regional cross government structures and DCD central and regional management structures.

This devolved structure has both advantages and disadvantages for STRONG*families.* Strengths include that decisions can be made closer to where they are implemented and are based on local knowledge and local needs and reflect local strengths and aspirations. The structure also increases agency buy-in and commitment by giving agencies a strong stake in management of the program.

The major disadvantage is that when major roadblocks or difficulties emerge there is a division of responsibility for resolution of the issue across the various levels/layers.

Problems and issues that require coordinated and concerted action by all levels can remain unresolved because each level may lack the requisite authority, capacity or resources to resolve the problem on their own or the problem cannot be resolved at the level where it was raised.

GOVERNANCE AND THE STRONG*FAMILIES* PARTNERSHIP AGREEMENT

STRONG*families* was established under a Partnership Agreement. The service delivery partners were DCD, Western Australia Police, Department of Justice (now Corrective Services), Department of Education and Training, Department of Housing and Works, Department of Health, Disability Services Commission and Centrelink. Interested partners were the Department of Indigenous Affairs, Department of the Premier and Cabinet, Department of Local Government and Regional Development, Aboriginal and Torres Strait Islander Services and Western Australian Council of Social Services. All were signatories to the Agreement. The original Partnership Agreement expired on 31 December 2005. A new Partnership Agreement, which will remain in operation until December 2007, came into force in January 2006. There are minor differences between the two Agreements. In the current Agreement Centrlink is an interested partner, not a service delivery partner and the Department of the Premier and Cabinet and Aboriginal and Torres Strait Islander Services are no longer signatories. The Department of Family, Community Services and Indigenous Affairs has joined the partnership as an interested partner.

The purpose of the Partnership Agreement has remained unchanged and is to:

- establish the level of commitment and cooperative working relationship between the parties, necessary to facilitate the requirements of the STRONGf*amilies* program

- facilitate the sharing of information between the parties to enable the effective case management of key customers

- define the respective roles and responsibilities of participating agencies

- specify the accountabilities for the parties to the Agreement.

Oversight of the program was to be achieved through a governance framework involving the HSDG Group, the Monitoring Group and regional managers' groups. The ultimate responsibility for the success of STRONGf*amilies* was to rest with the HSDG Group which was to provide leadership and direction to ensure full agency commitment, cooperation and involvement to the implementation and operation of STRONGf*amilies*. In short the HSDG Group had a critical role to play in the implementation and ongoing operations of STRONGf*amilies.*

The Partnership Agreement spells out the roles of partners, the membership, roles and terms of reference of the Monitoring Group and the regional managers' group and provided for information sharing. The Monitoring Group is to oversee and guide the implementation, operation, monitoring and evaluation of the program. The regional managers' groups are to oversee the implementation and operation of the program

within their location.

The Department for Community Development is nominated as the lead agency[10] with responsibility for the recruitment and employment of the Program Manager and Coordinators and the administration of program funds. Partners were to be provided with regular financial and program reports and consulted about all decisions related to the management of the program.

The Partnership Agreement included provision for Case Reviews where, for whatever reason, cases become 'blocked' and complex issues remained unresolved. The Agreement enabled Coordinators or any officer involved in the program to make a direct request to the HSDG Group for a case review to determine whether there were suitable levels of agency participation, action and resources allocated to a case. To the best of the Evaluators' knowledge this provision has never been activated.

STRONG*FAMILIES* MONITORING GROUP

The Monitoring Group has had an important role in the implementation of STRONG*families* and with the demise of the HSDG Group its role is now more important than ever. Interagency collaboration is demanding and the importance of commitment to the shared goals and visions of collaboration and strong leadership from key decision-makers to its success is well documented in the literature (Peach 2004, Johnson et al 2003, Gardner 2000). Central leadership is critical to support local collaborative structures (Fisher, Thompson and Valentine 2004: Hayton and Myron, 2004: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a).

While members of the Monitoring Group interviewed for the evaluaton generally recognize its importance to STRONG*families,* views on its effectiveness vary. To an extent the divergence of opinion is between those who have had a longstanding and steadfast commitment to STRONG*families* and to the Monitoring Group and those who have become involved more recently or whose involvement has been inconsistent.

A partial explanation for the divergent views is probably that in the past the Monitoring Group had been able to progress some issues, developed an Action Plan to deal with recommendations from the Stage 2 of the evaluation and begun a series of scheduled visits to regions but more recently has lost momentum and now needs to re-focus. For example, implementation of the Action Plan developed by the Monitoring Group in June 2006 and the scheduled visits to regions appear to have stalled.

Factors that appear to have adversely impacted Monitoring Group functioning include:

- loss of key Departmental champions for STRONG*families*.

- the demise of the HSDG Group.

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[10]   This is not to be confused with the role of the lead agent in STRONG*families* meetings. The nomination of a lead agency in across-government collaborations is a common device to ensure program and fiscal accountability.

- uncertainty about the future of STRONG*families* engendered by the review of the Department for Community undertaken by Prudence Ford.

Structure of the Monitoring Group

In Stage 2 of the evaluation the Evaluators expressed some concern about the composition of the Monitoring Group which created a situation where agency representatives have different levels of seniority and authority. Some members had greater authority to advocate for and enable change within their agency than others who had limited authority over those sections of their agency affected by or involved in STRONG*families*. As part of a suggestion for quality improvement that the importance of STRONG*families* as a flagship for interagency collaboration be reaffirmed it was suggested that:

> As part of the re-affirmation it is critical that agencies ensure they are represented at an appropriately senior level on the Monitoring Committee. At a minimum agency representation on the Monitoring Committee should not be at a lesser level than agency representation on regional management structures. The commendably high level of Aboriginal involvement on the Monitoring group should be maintained (STRONG*families* Evaluation Report, Stage 2 2006, iii).

The Monitoring Group agreed with the intent of the suggestion but not with the proposed strategy.

Members interviewed for Stage 3 were split between those who considered level of authority important and those who considered knowledge and commitment to be of greater importance. The latter were strongly committed to STRONG*families* and tended to be of the view that second tier officers from their departments would not attend Monitoring Group meetings.

It is the Evaluators' view that both a sufficient level of authority to influence departmental decision-making, policy and practice <u>and</u> knowledge of, and commitment to, STRONG*families* and to interagency collaboration are critical. This is particularly so for DCD, Housing and Works, Health and Education and Training which the data show to be the main service delivery departments for STRONG*fanilies.* The way in which these departments do business has a profound impact on most of the families referred to STRONG*families.* The Western Australian Council of Social Services must also be viewed as a key player given the extent of non-government agency involvement in STRONG*families*.

A recent effort to restructure the role and function of the STRONG*families* Monitoring Group (led by DCD with the support of Housing and Works) in line with the Stage 2 Evaluation report was perceived by some to have been initiated with limited consultation with other Monitoring Group members or the DCD Gordon Project Team. It led to considerable discussion within the Monitoring Group. As a result a letter was sent by the DCD Director General to other relevant Directors General highlighting the need for the members of the Monitoring Group to have substantial influence within their agency and a degree of authority, either structural or personal and requesting they confirm their nominee. While most agencies appear to have retained their existing nominee, Education

and Training did increase its level of representation from manager to director and perhaps the letter will reinforce with other agencies whose nominated representatives did not attend regularly the importance of doing so.

Given the relatively recent the departure of the previous Chairperson who had long-standing involvement with and commitment to STRONG*families,* had this letter resulted in wholesale change to the Monitioring Group membership, the further loss of commitment and history which would have been occasioned by the replacement of several of the most consistent lower tier members may have been potentially problematic for STRONG*families.*

The Evaluators' view remains that all members of the Monitoring Group must be in a position 'to make things happen' at an operational level within their own departments when necessary, either through their formal responsibilities or their personal influence and to contribute to setting strategic directions for STRONG*families*. If the revamped membership cannot achieve this, further changes should be negotiated and Second Tier officers with operational responsibilities head-hunted.

Relationship between local management groups and STRONG*families* Monitoring Group

DCD District Managers and Chairpersons of local STRONG*families* management groups reported minimal or no contact with the Monitoring Group and/or with their agency representative on the Monitoring Group. Reading the Minutes of the Monitoring Group was cited as the major form of communication and contact. Interviews with members of the Monitoring Group confirmed the lack of contact although reference was made to a proposed schedule of regional workshops to be attended by Group members, of which only the Geraldton workshop has actually occurred. STRONG*families* has no budget to support such initiatives.

Views were varied on this lack of contact. Some DCD District Mangers and regional Chairpersons did not see it as problem, commenting that there was no need for the two groups to have contact as the local management groups were able to resolve matters at the local level. Others felt that this lack of contact hindered the strategic management of STRONG*families*, citing the inability to resolve systemic roadblocks, the lack of a unified strategic vision and direction for STRONG*families* and the fragmentation of strategic responsibility for STRONG*families* as problems.

Local management groups can be hesitant or see no need for matters to be passed upwards to the Monitoring Group for resolution, particularly where it is perceived that issues should be able to be resolved at the regional/local level. One regional manager said:

> We should be able to resolve issues at a local level. We have not needed to send issues up to the Monitoring Group.

This begs the question about whether issues are being resolved at the local level.

Perusal of the Quarterly Progress Reports for July to September 2006 suggests that for nearly all of the sites there are issues unresolved and in some cases unresolvable at the

local level which are impacting on program effectiveness. The impact on STRONG*families*' effectiveness of staff turnover and staff vacancies in participating departments is a case in point. In one form or another, most sites listed this as a barrier to the success of STRONG*families.*

The Quarterly Progress Reports for the period also raise issues that have wider implications than just the site concerned. The following example comes from one report.

> Given the complexity of some issues it is difficult for agencies to work within their policies and guidelines to ensure all family needs are met, One family (a single mother) had children apprehended. Income therefore was reduced affecting access to accommodation. She had previously been renting privately and was now unable to afford private rental. She was unable to access public housing as a priority. Her children will not be returned unless she is living in appropriate accommodation but she is only eligible for single persons accommodation.

In each of the above cases it would seem to the Evaluators that only the Monitoring Group would have the necessary across government 'clout' to put in train a process to attempt resolution. Indeed the latter situation, assuming family reunification to be an option, might have been one for an HSDG Group Case Review.

The Evaluators understand that although the Monitoring Group receives the Quarterly Reports there is no systematic approach to identifying the issues raised or working to resolve them.

Regional management groups also may not be sending issues up the line to the Monitoring Group because they believe that nothing will be done or that the Monitoring Group is not able to resolve issues. In one site, for example, a local STRONG*families* management group requested the Monitoring Group consider the need for an across government discretionary fund for use at the local level, however this issue was not raised with the Monitoring Group and was unable to be resolved satisfactorily for the local group[11].

Finally it should not be assumed that issues will be only bottom up. A member of the Monitoring Group expressed concern about the premature 'pull-out' of agencies in cases of chronic family dysfunction following short-term resolution of immediate issues and the subsequent break-down of the situation. This type of issue would seem to be something the Monitoring Group could take up both centrally and with regions.

Relationship between Monitoring Group and Coordinators

Coordinators have identified a range of issues that they believe need to be resolved at the Monitoring Group. In July 2006 Coordinators prepared a series of discussion papers for consideration by the Monitoring Group. A member of the Monitoring Group commented that Coordinators who came to the Group to present an issue may well have felt frustrated by the process because the Group did not offer any advice but would 'consider it'.

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[11] The Evaluators were informed that this issue was not raised with the Monitoring Group as there is currently no discretionary funding for STRONG*families.*

While the issues were presented to and considered by the Monitoring Group, subsequent changes in the composition of the Monitoring Group have meant that the issues have not yet been resolved satisfactorily. The Monitoring Group intends to establish a process to address these issues.

Monitoring and audit

The Monitoring Group's Terms of Reference require that it monitor agency participation and involvement, identify and address systemic barriers to collaboration and effective service delivery, ensure Indigenous families are effectively engaged and audit Districts' case management responses to ensure they are providing maximum engagement.

Interviews with Monitoring Group members indicate that the current reports provided to the Group do not facilitate these functions.

DCD AS LEAD AGENCY

As the lead agency, DCD is the agency on whom STRONG*families* makes the most demands. Its responsibilities include:

- administrating funding

- recruitment and employment of program personnel

- providing line management and support to Coordinators

- providing project management and support

- gathering and monitoring data.

Consequently DCD plays a critical role in project governance and management of STRONG*families.* Centrally this occurs through its chairing and membership of the STRONG*families* Monitoring Group and the role played by the DCD Gordon Project Team. Locally this occurs through the DCD District Manager who line manages and supervises the STRONG*families* Coordinator and in many sites is the Chairperson of the local STRONG*families* management group.

There is some perception that in recent times STRONG*families* has suffered from a lack of strategic advocacy at the Executive level within DCD, partly because of the change in personnel at senior management level and partly because senior management have been preoccupied and focused on other pressing priorities. Many of the DCD Directors (including the Executive Director Community Development and Statewide Services) involved in developing and championing the original vision for STRONG*families* and supporting the program's implementation have now left the agency. However, the strong leadership provided by the Acting Executive Director to make the Monitoring Group more strategic and other actions internal to DCD counter this perception.

DCD District Managers and STRONG*families* Coordinators called for the Department to make clear its long-term commitment to the STRONG*families* program and to take the lead in developing a long-term plan and direction for STRONG*families.*

Lead agency or sole owner?

An important principle underlying STRONG*families* is that it is an across government interagency initiative not owned or controlled by one agency. The Partnership Agreement makes it clear that:

> While the Department for Community Development is the agency responsible for overall administration, it is essential that the program be conducted as an interagency initiative in which all of the key stakeholders have a strong sense of ownership.

However DCD exercises greater influence over STRONG*families* than other government agencies and within DCD there are quite divergent views about the status of STRONG*families*, particularly the extent to which it is or is not perceived as a DCD controlled and owned initiative.

Some District Managers make it clear to their staff and other agencies that STRONG*families* is an interagency program, not a DCD program but evidence emerged in this phase of the Evaluation of pressure from some parts of DCD to bring STRONG*families* under more direct DCD authority. Evidence presented to the Evaluators suggests that there is a view among some DCD Managers and Team Leaders that since STRONG*families* is a DCD initiative, the program and the Coordinators, should be more directly under DCD's sphere of influence and control.

It is the Evaluators' view that any move to bring STRONG*families* under DCD control would seriously compromise the program and should be resisted. The concept of lead agency is a recognized accountability devise for interagency or across government programs. It should not imply sole ownership.

That said it is appropriate that DCD as the lead agency take a strong stewardship and leadership role in nurturing STRONG*families* and in ensuring that factors impinging on program effectiveness are resolved. However, it should do so in a way that models interagency collaboration and partnership.

DCD Gordon Project Team

Within DCD a small Gordon Project Team has project responsibilities for STRONG*families*. The Partnership Agreement specifies that the STRONG*families* Senior Project Officer (currently a Level 6 position) within the Project Team is responsible for developing and implementing an Implementation Plan for STRONG*families* and coordinating and facilitating the program. The Partnership Agreement identifies a range of responsibilities for the Senior Project Officer.

As STRONG*families* is an across agency initiative the strategic priorities and directions should be established by the STRONG*families* Monitoring Group and responsibility for implementation delegated to the Senior Project Officer. In practice this rarely happens and the Senior Project Officer ends up with responsibility to identify and implement strategic directions and priorities for STRONG*families,* as well as advance and resolve systemic problems and roadblocks. To do this the Project Officer has to adopt a leadership role across agencies and within the program and has to work horizontally and vertically with Monitoring Group Members, agency representatives, DCD District

Managers and STRONG*families* Coordinators.

The question of whether the current classification level of the Senior Project Officer (Level 6) is commensurate with the current responsibilities requires further consideration. One view is that the Senior Project Officer should be a Level 7 position and undertake a more strategic leadership role across agencies and for the program as a whole. Reclassification should be considered if the role and responsibilities of the position are restructured as a result of the implementation of the recommendations of the Ford Review.

Stakeholders consulted emphasize that Project Team support has proved essential for STRONG*families.* Monitoring Group members spoke positively about the way in which the Team and the Senior Project Officer pursued their roles.

LOCAL/REGIONAL MANAGEMENT GROUPS

Each phase of the Evaluation has identified a number of factors that facilitate or impede effectiveness of regional structures in fulfilling their obligations under the partnership agreement.

Structures vary across sites – some are more effective than others

The responsibility for management of STRONG*families* has always been devolved to local management structures. As described in earlier evaluation reports and outlined in the Appendix (4) regional/local STRONG*families* management groups have developed their own structures and ways of operating. These operational arrangements are a response to local circumstances and are built on existing local relationships and structures.

The value of the management structure is that there has been meaningful devolution of some authority and decision making to enable local responses to local circumstances (but this does not include devolution of resources).

However, one consequence is that there is considerable variability and divergence in the ways that STRONG*families* is managed at the regional and local level.

Local management groups have two main functional responsibilities – strategic across agency management of STRONG*families* in the region by managers with decision-making authority and operational management of local collaborative case management.

A number of regions have single tiered management structures in which both strategic and operational issues are discussed. These structures take two forms. One is where STRONG*families* is a standing agenda item of the Human Services Regional Managers Forum. This structure has both advantages and disadvantages. One advantage is that strategic issues can be resolved easier by regional managers. Disadvantages include that less time is available to discuss STRONG*families* and some operational issues are less likely to be discussed.

In other regions a STRONG*families* Management Group still exists, comprising regional managers of core agencies and representatives from other government and non-government agencies. These groups attempt to deal with both strategic and operational

issues.

A number of STRONG*families* management groups have reconfigured their structures to separate the strategic and operational responsibilities. The nature of the approach varies but generally involves the establishment of operational management groups to discuss and provide advice on case management issues and a strategic management group (comprising senior managers and usually linked to the Regional Managers' Forum) to concentrate on strategic across agency issues.

There is no evidence that one type of structure works better than another, although there is value in keeping the structure as simple as is possible.

An effective STRONG*families* structure appears to have the following features:

- there are direct links between the STRONG*families* local management group and the Human Services Regional Managers Forum so that strategic problems and roadblocks can be resolved quickly

- DCD District Managers take an active role in leadership, advocacy and stewardship of the STRONG*families* program

- agency representatives are of a level of seniority that they can make decisions on behalf of their agency

- members attend regularly

- operational case management issues can be discussed by front line managers and workers.

Chairpersons and DCD District Managers generally believe that the local management structures in their region work well and serve the purposes of the program.

Likewise, some Coordinators are satisfied that the regional management structures serve the program's purpose. These Coordinators feel comfortable with the current regional management structure and feel supported by regional managers. Other Coordinators identify aspects of the local management structures that work well, as well as other aspects that work less well but generally feel that overall the structure works adequately.

This positive view of the regional structures is not shared by all Coordinators. Approximately 50% of Coordinators express some degree of dissatisfaction with the way their regional management structures work. Issues raised include:

- irregular attendance by some regional managers at STRONG*families* management meetings

- lack of resolution of 'blockages' by local management groups

- a tendency by some regional managers to want to resolve matters individually with the STRONG*families* Coordinator (rather than through the management structure)

- unclear or inconsistent expectations of Coordinators by management groups

- failure by some regional managers to ensure that staff from their agency attend and participate in STRONG*families*

- failure by some regional and agency managers to regularly or actively promote STRONG*families* among staff, to ensure that staff refer to STRONG*families* and to support their staff involvement and attendance in meetings

- failure by some regional and agency managers to encourage and support staff to go beyond their agency's existing policy or practice to meet family needs within the STRONG*families* process.

In a number of sites there is evidence of non-attendance in regional management meetings by some regional managers. Coordinators may view this as a major problem, whereas regional managers may see this as part of the natural cycle of agency support and not reflective of any lessening of agency commitment to STRONG*families*.

Lack of downward pressure on regional managers

The demise of the HSDG Group and the lack of a mechanism for holding regional managers accountable for their agency's commitment and participation in STRONG*families* are resulting in a lack of downward pressure on regional managers and affecting agency participation and commitment to STRONG*families*.

Across sites, the evidence is that regional managers still endorse and support STRONG*families*, however the sustainability and persistence of management commitment to the program fluctuates and is in need of reinvigoration.

A common, but not unanimous, view is that there has been a withdrawal of commitment to whole of government and joined up approaches by some regional managers in response to the disbandment of the HSDG Group and in the face of competing agency priorities and demands.

For STRONG*families* to work there is a range of things that regional managers and agency managers/team leaders need to do:

- advocate for and promote the program internally and publicly

- attend Regional/local management forums

- monitor agency participation and involvement

- continually advocate to their staff that attendance and participation in STRONG*families* is a requirement, not an option

- encourage and support staff to accept shared responsibility for addressing problems that families face and finding solutions

- provide rewards and incentives for their staff to participate in STRONG*families*

- ensure staff are aware of and informed about STRONG*families* policy and protocols

- ensure new staff are educated about STRONG*families*

- monitor the STRONG*families* process is being integrated into agency ways of doing business

- act to resolve agency matters.

Regional managers may have narrow views about interagency collaboration and collaborative case management, believing that it is achieved when their agency sits around the table with others and talks about issues. There may not be encouragement and support for staff to engage in the difficult work that is needed for agencies to accept shared responsibility for addressing family needs and for making collaborative case management work.

New regional managers may be less informed about STRONG*families* or not fully understand the nature of STRONG*families*. In the past regional managers were often better briefed and informed about STRONG*families* as part of the broader education process about STRONG*families*; however this no longer seems to be occurring.

Pressures on the Regional Management Groups

Regional management groups face a range of pressures which can impact on their capacity to manage STRONG*families*:

- Regional human service management structures and priorities have changed during the period of the evaluation. More agencies are now involved in regional management structures.

- More interagency and inter-sectoral policies, models and programs target families, children and youth along with STRONG*families* and these also require the attention of regional management groups.

- Regional Human Service Managers groups have an increasing array of government policy initiatives and programs to contend with, all of which have to be accorded priority.

- Pressures and demands on regional managers' time are increasing.

- Some members of regional/local management groups may not have the requisite level of authority to make decisions on behalf of their agency.

- Turnover of regional managers and staff can be high in some regions and new managers may not be as well informed about STRONG*families*.

- The resourcing demands of interagency collaborative projects like STRONG*families* are substantial and becoming more recognized. Some managers may be hesitant to commit agency resources and staff time as a result.

- The limitations of STRONG*families* in meeting some families' needs coupled with the difficulties involved in resolving complex family issues shapes the perceptions of some regional managers who hold the view that STRONG*families* is not working.

Willingness of Coordinators to take issues to the Regional/local management groups

For a range of reasons Coordinators may be unable or unwilling to take issues to the Regional Management groups. Reasons can vary.

- The Regional management group may be unwilling or unable to resolve the issue, or has failed to resolve the issue in the past.

- Coordinators may feel anxious or uncertain raising the issue with the Regional Management Group. This can be because raising the issue is likely to produce significant tension and conflict which has the potential to threaten the legitimacy of STRONG*families* or the relationships the Coordinator has built with regional managers and their agencies.

WHOLE OF GOVERNMENT RESOURCING OF STRONGFAMILIES

The original Partnership Agreement explicitly allocated funds for STRONG*families* and provided that DCD administer the funds, presumably on behalf of the partners. The Department was to provide quarterly financial reports to the HSDG Group though the Monitoring Group.

There is now uncertainty amongst some interviewees about the status of funding for STRONG*families.* The fact that funding is part of the DCD budget potentially creates the view that STRONG*families* is now a DCD program.

Creating pooled budgets for across government policy initiatives like STRONG*families* has been a common response in Canada, the United States and the United Kingdom and is reported to be an effective incentive for departments to cooperate (Peach 2004). In Western Australia the Active Aging Strategy funding proposal submitted by Premier and Cabinet on behalf of some nine Government agencies with the Office for Seniors Interests and Volunteering as the lead agency is a successful example of this type of funding with some $3.2M allocated in the 2003 budget.

The lack of across government resourcing for STRONG*families* is also proving a barrier in some cases. Regional Managers identify this lack of across government resourcing and discretionary funds at the regional level to be a major barrier to interagency collaboration.

In a number of regions cases have arisen where the lack of availability of discretionary funds for STRONG*families* has created problems. In one case resources could not be accessed to employ a mentor for a young person because no single agency was willing to provide the funding. In another case a family lacked transport and could not get to STRONG*families* meetings and funds could not be sourced to provide the transport.

Clarification was sought by the region from the STRONG*families* Monitoring Group, however the response was that no such discretionary funds were available and funds should be sought from individual agencies, such as DCD. In the Evaluators' view there is a need for regional across government discretionary funds for STRONG*families*.

OPPORTUNITIES FOR IMPROVEMENT

Based on the forgoing discussion a number of opportunities exist to improve the governance and management of the STRONG*fanilies* program. These include:

- a revised Partnership Agreement

- improved reporting to regional management groups and the Monitoring Group and a formalized process for reporting to Directors General

- a program framework for STRONG*families*

- Across government funding for STRONG*families.*

A revised Partnership Agreement

A revised Partnership Agreement is necessary replace HSDG Group in the governance structure and to reflect the move from implementation to sustainable operation.

If carefully crafted, a revised Agreement should go a considerable way towards addressing many of the issues identified in this chapter and reinvigorating leadership and commitment to the STRONG*families* program at the most senior level.

It would seem appropriate for DCD as the lead agency to take the lead in developing the new Partnership Agreement but to do so in consultation with all members of the Monitoring Group.

The revised Partnership Agreement should:

- Retain the ultimate responsibility for the success of STRONG*families* with Directors General and require that they provide leadership and direction to ensure full agency commitment, cooperation and involvement in the operation of STRONG*families.*

- Incorporate a framework for the STRONG*families* program which outlines the vision, charter, principles, approach of STRONG*families* and roles of the parties.

- Strengthen the role of the Monitoring Group to set strategic directions, oversee and guide the ongoing operation, monitoring and evaluation of the program by stronger Terms of Reference.

- Require agencies ensure their representatives on the Monitoring Group are able speak for their agency and to influence its operational policies, practices and decision-making and that they attend regularly.

- Outline the responsibilities of the lead agency and of other parties to the Agreement.

- Make explicit the funding arrangements for the program.

- Restate the commitment to regional managers groups in each STRONG*families* location with Terms of Reference similar to those in the original partnership agreement.

- Identify reporting requirements for each tier in the Governance structure.

Improved reporting to regional management groups and the Monitoring Group and a formalized process and format for reporting to Directors General

Reports to the regional management groups and to the Monitoring Group need to reflect the requirements of the Terms of Reference. The Quarterly Progress Reports prepared by the Coordinators while suited to the implementation phase do not meet this need and must also be an impost on Coordinators to prepare.

Better use should be made of the STRONG*families* database for reporting purposes. It can provide considerable information about referral trends, the extent of family engagement, the types of issues facing families, agency participation and the like. Rather than raw figures being presented to the Monitoring Group it is suggested that they be analysed in a way that enables action to be taken if required. For example the data on referrals in the last six-months of 2005/2006 show that Corrective Services made only two referrals and referrals by DCD also dropped. This type of information would enable follow-up with departments by the Monitoring Group.

It would be helpful for monitoring purposes if the STRONG*families* database recorded outcomes. The 'Reasons for case closure' do not provide this information. Further database development would be required but there should be enough knowledge about the type of outcomes to be expected to enable meaningful categories to be developed. The categories used in Chapter 2 could provide the foundation of outcome reporting, remembering that the categories are not mutually exclusive.

Progress Reports should be re-focused on identifying impediments and gaps in services and on individual cases where issues need resolution or additional resourcing. A consolidated report which focuses on strategic issues and those requiring resolution should be prepared for the Monitoring Group by the STRONG*families* Senior Project Officer.

A program framework

STRONG*families* operates as a stand alone program across 14 sites. However, the program lacks a coherent statewide program framework (service delivery/practice framework) to guide program operations and provide consistency in practice and service delivery across the state. The need for such a Framework was raised by DCD District Managers, Chairs of Regional Committees, regional managers and STRONG*families* Coordinators.

Members of the STRONG*families* Monitoring Group and regional managers saw that a program framework could define what is expected of the program statewide, provide guidance and direction to agency staff and could be used to create greater awareness and understanding about STRONG*families.* DCD District Managers and Chairpersons of STRONG*families* management committees felt that a program framework would ensure consistency in practice and operations across the State, provide quality control and

contribute to a shared sense of program purpose and direction. Coordinators argued for a framework that provided direction, clarity and consistency about key aspects and features of STRONG*families*, made explicit its core philosophy and assumptions and clarified the core expectations of agencies involved in STRONG*families.*

The STRONG*families* Partnership Agreement provides guidance as to the governance and management of STRONG*families.* Local protocols exist to guide the ways that agencies operate at the local/regional level. A number of documents exist that could form the basis for a STRONG*families* Program Framework, however some of these are 3-4 years old and would need review and others are currently being developed. These documents could be integrated into a single coherent program framework document. Examples of such documents are:

- STRONG*families* Model Program Management (STRONG*families* Partnership Agreement*)*

- statement of Program Overview (December 2003)

- outcomes and principles of STRONG*families* (December 2003)

- statement of Coordinator's role (December 2003)

- lead agency role (September 2004)

- STRONG*families* meetings (December 2003)

- criteria for case closure (September 2004)

- STRONG*families* Procedural Manual (Draft).

An example of a comparable program framework relevant to STRONG*families* is the Disability Services Commission's Local Area Coordination Framework[12].

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[12]   Disability Services Commission (2004) Local Area Coordination: Family, Friends and Community, Disability Services Commission www.dsc.wa.gov.au

CHAPTER 6: OPERATIONAL ISSUES

Information gathered during this phase of the evaluation has highlighted a number of issues that directly impact on the daily operations of the STRONG*families* program at the local level. Issues identified include:

- strengthening Collaborative case practice at the local level

- Coordinator's role

- DCD as the 'lead agency'

- increasing awareness of STRONG*families* among agency workers

- support for participation in STRONG*families*

- housing as a systemic issue

- agency specific issues.

STRENGTHENING COLLABORATIVE CASE PRACTICE AT THE LOCAL LEVEL

STRONG*families* has reached a critical stage in its development. The program has great potential and is demonstrating that it does achieve outcomes for participating agencies and many families. However, the effectiveness of the collaborative case practice central to STRONG*families* can be improved.

The STRONG*families* Coordinators are currently working to identify aspects of the collaborative case management process that are negotiable and those that are non-negotiable. This work will result in a Procedures Manual that should have the effect of strengthening the collaborative case practice process.

A number of strategies have emerged from this phase of the evaluation as having the potential to strengthen collaborative case management.

Increasing the time spent with and preparing families and agencies for meetings.

Among Coordinators there is considerable variation in whether they have meetings with families before the full STRONG*families* meetings, how much preparation they do with the family and whether there is a preparatory meeting with the family before a full meeting. The research evidence suggests that time spent preparing families for meetings is highly desirable[13]. Research cited in the first Evaluation Report highlighted that:

- Increased time spent with families before and during the process was linked to increased family engagement and increased goal attainment for the family.

- Active involvement with families before and during the referral process and before the meeting is critical in increasing the chances of successful family engagement.

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[13] See Appendix

Some agency stakeholders and agency managers argued that in certain cases preparatory meetings should also be held for the agencies involved. This was seen as a way to prepare agencies for meetings, ensure they had common information and resolve any differences in opinion or expectations prior to a full meeting. This would prevent situations where a full STRONG*families* meeting became bogged down by disagreement between agencies and disputes that could or should have been sorted out prior to the full meeting with the family. The question of family participation in preparatory meetings with agencies was seen as an issue requiring attention.

Use of cultural guides and support persons for family members

Again there is considerable variation in the importance attached to the use of cultural guides (in the case of Aboriginal families) and/or the attendance of support persons for family members in meetings. However, the anecdotal evidence from the evaluation is that the use of such cultural guides and support persons produces significant benefit for family members, agency stakeholders and Coordinators.

One concern raised consistently about the STRONG*families* meeting process is that family members may feel intimidated by the presence of large numbers of agency workers. For some families this is clearly the case. Currently there is no shared policy or practice about the ratio of family members and their supporters to service providers in STRONG*families* meetings. This is an issue worth exploring further.

Strengthening case planning to ensure a stronger outcomes focus

The efforts of the collaborative case practice at the core of STRONG*families* must always be outcomes focused (that is make a difference) for vulnerable families.

A number of stakeholders including DCD District Managers, Regional managers and agency workers saw opportunities to improve the case planning process within STRONG*families* meetings to be more outcomes focused. Specific actions suggested were:

- improve understanding of the case planning process and case management practice among participants

- tighter and clearer definition of the outcomes to be achieved for families

- linking strategies more directly to outcomes

- ensuring meetings stay focused on the outcomes to be achieved and specific strategies to address those

- avoiding premature case closure, keeping cases open longer and being able to reopen cases quickly if required or requested by families (and agencies).

The Evaluators endorse these suggestions but stress the importance doing these things in partnership with families and of not compromising listening to families and hearing their needs and concerns.

Holding agencies accountable for doing what they agreed to do

Families interviewed during this phase of the evaluation identified that a major problem with STRONG*families* is that agencies do not always do the things that were agreed at the meetings and documented in the Action Plan (see Chapter 2).

Currently the responsibility for holding agencies accountable is divided between the Coordinator, the lead agency and the agencies themselves. Some Coordinators actively see it as their responsibility to pursue agencies and hold them accountable for what they agreed to do. Others seem less willing to do this, perhaps concerned about compromising agency and personal relationships.

Given the importance of this issue for families the Evaluators consider that Coordinators should take an active and assertive role to ensure that agencies are held accountable for doing what they agreed to do. Meetings are often the only opportunity to hold agencies accountable. Arguably Coordinators need to take greater responsibility between meetings to ensure that agencies do what they agreed to do.

Adapting the STRONG*families* process for particular families

A number of stakeholders, including DCD District Mangers and regional managers, suggested that consideration be given to a modified STRONG*families* process for families with a high level of family dysfunction where considerable agency capacity, resources (money, time, staff, services and support) and commitment are needed to change the family circumstances. In some cases these families may not engage with STRONG*families* or are unwilling or unable to change the circumstances that place family members at risk of homelessness, school failure, anti-social behaviour, domestic violence and child abuse and neglect.

Such a modified process might require:

- clearer and tighter definition of the problems/issues to be addressed that incorporates family aspirations, as well as agency expectations about changes that are required

- stronger and more authoritative case management

- more stringent requirements of and support for family participation

- more active commitment of resources by all agencies

- a sharper focus on the outcomes necessary to reduce risks

- long-term commitment by all agencies to the STRONG*families* process.

OPERATIONAL ISSUES AFFECTING COORDINATORS

STRONG*families'* success is heavily 'Coordinator dependent'. This is both a strength and potential weakness of the program.

Skill base of Coordinators

Stage 1 and 2 Evaluation Reports highlighted that the effectiveness of STRONG*families*

was heavily reliant on the skill, expertise and commitment of Coordinators. The Reports suggested ways that Coordinators could be supported by improving local management and administrative support and strengthening training, professional development and professional supervision of Coordinators.

A distinctive skill base is necessary to support interagency collaboration within STRONG*families*. Traditional forms of professional expertise and technical knowledge remain relevant but supplement those skills required to engage families and facilitate interagency collaboration and collaborative case practice. Coordinators need to engage vulnerable families and communities (including Aboriginal families), resolve problems and find solutions, involve many stakeholders, negotiate differences in values, philosophies and needs, and model appropriate behavior. Suggestions for improvement by strengthening training, professional development and professional supervision of Coordinators made in the earlier reports (see Appendix 1) remain valid.

Succession planning for Coordinators

The current group of Coordinators has developed significant expertise and a distinctive skill base. Many have been with the programs since the beginning. It is likely that some Coordinators will move onto other positions or accept short-term secondments. The program as a whole is vulnerable to the loss of Coordinators. Finding replacements with the necessary skill, expertise and experience is neither straightforward nor guaranteed. For example, in one site the program has been without a Coordinator for 12 months.

Succession plans need to be developed at each site to enable planning around replacement of Coordinators

Professional supervision

In the Stage 2 Evaluation Report the Evaluators described how Coordinators constantly deal with difficult and challenging ethical and professional dilemmas with limited professional or collegial support. The need for stronger professional supervision was identified. A distinction was made between line management provided by DCD District Managers and professional supervision where Coordinators can discuss openly and reflect on issues that arise in their professional work with an external qualified professional.

The Evaluators suggested that all Coordinators should have access to professional supervision, in addition to line management supervision. This has not yet been achieved and should be pursued as priority for all Coordinators.

Influencing through personal relationships

STRONG*families* continues to be heavily dependent on the capacity of Coordinators to build personal relationships to influence agency policy and practice. Coordinators recognise the importance of establishing and maintaining productive working relationships with all the agencies and workers involved in STRONG*families* meetings and are careful not to compromise these relationships. However sometimes personal

relationships do breakdown and STRONG*families* is affected. In these circumstances some form of mediation between the parties may be necessary. The STRONG*families* Secretariat needs to develop a strategy to address these situations. Such a strategy could include the use of an external mediator.

Strengthening the Leadership role of Coordinators

The leadership provided by Coordinators is crucial in sustaining the interagency collaboration at the heart of STRONG families. Leadership tasks include:

- personal leadership (understanding self and others)

- team leadership (building effective work groups)

- visionary leadership (creating and communicating shared visions, values and meaning and processes)

- political leadership (resolving problems and finding solutions involving many stakeholders)

- ethical leadership (facilitating differences in values, philosophies and needs and modeling appropriate behaviour)

- leadership in context (responding to the policy, social, political context and identifying leverage points in the current systems),

The importance and diversity of the leadership tasks undertaken by Coordinators are not always recognized or valued by managers and policy makers. For example, there is still a tendency to judge the productivity and effectiveness of Coordinators (and STRONG*families*) by the number of new referrals or the number of meetings held and not by the outcomes achieved.

Training, professional development and supervision may not adequately equip and support Coordinators for these complex leadership roles.

Multiple lines of reporting and authority

In an earlier Report the Evaluators highlighted a problem in one region where a Coordinator had multiple reporting and authority arrangements. The Midland Coordinator, while located within the Midland Region, serves both the Midland Site and the Perth Central site. The Coordinator reports to two different management groups. However, the Coordinator is line managed by the Perth Central District DCD District Manager, although the majority of referrals and case work involved families from the Midland site. The arrangement continues to be problematic for all parties.

This arrangement is considered unsatisfactory by the Midland management group which argues that the Coordinator serving the Midland region should be responsible to them and be line managed by the Midland DCD District Manager. They have raised their concerns with the Monitoring Group and DCD; however the current arrangements were confirmed.

The Perth District management group and Perth DCD District Manager are concerned

that changes to the reporting structure would result in the Coordinator becoming less available in that District, thereby affecting the viability and sustainability of the program in the Perth District.

The Evaluators believe it is interests of the program and the Coordinator that this situation is resolved and management is aligned to the District in which the Coordinator is primarily working. The Coordinator should have responsibility for one region and be accountable to the Midland management group and line managed by the Midland DCD District Manager. An additional Coordinator would be required in Perth District. If there are inadequate referrals to support a full time Coordinator in the Perth District the feasibility of a part time Coordinator should be considered. There is also a need for active awareness raising and promotion of STRONG*families* in Perth and an additional Coordinator could undertake such tasks.

A similar situation potentially exists in South Metro/Peel although it has been managed differently. Again. if the opportunity exists consideration should be given to splitting this region in two.

RESOURCE CONSTRAINTS IMPACT PARTICIPATION IN STRONGFAMILIES

At the local level STRONG*families* can suffer from the effects of resource constraints within agencies that have the effect of limiting participation. There are a number of areas where this is evident:

- Agencies may be hesitant to refer or participate in STRONG*families* because of current agency workloads, the intensity of work demands, as well as the additional work perceived as resulting from their involvement in STRONG*families.* This appears to be an important factor in explaining why agencies are unwilling or less likely to refer to STRONG*families*.

- For NGOs participation in STRONG*families* involves a substantial unfunded time commitment. Many non-government agencies have difficulty participating because of competing demands on their resources. NGOs, in particular are active participants in STRONG*families*, however they are not funded to participate in collaborative activities and time invested in STRONG*families* is at their own cost. That said non-government agencies continue to be active participants in the process across all sites.

- Agencies may not be able to sustain the same level of support or service to families once the STRONG*families* process is complete.

Resource limitations (as well as other factors) can also mean that STRONG*families* is primarily promoted and used by agencies for families in crises rather than at the more preventative end.

LACK OF AWARENESS ABOUT STRONGFAMILIES AMONG AGENCY WORKERS AT THE LOCAL LEVEL

There is still a lack of awareness and information about STRONG*families* among many

stakeholders and understanding about the STRONG*families* collaborative case practice model is superficial among many agency workers. This lack of awareness is compounded in locations characterized by high turnover of agency managers and staff. New staff have to be continually informed and educated about STRONG*families*.

There is a need for strategies to raise awareness about STRONG*families* at the local level. Strategies could include:

- development of an Information package about STRONG*families* to distribute to agencies at the local level

- agency induction processes, including input about STRONG*families* from an agency representative and the Coordinator

- identifing STRONG*families* 'champions' in each agency to advocate and promote the program among agency staff

- ongoing education and marketing of STRONG*families* at both the central and local levels

- development of an induction package about STRONG*families* for distribution to agency workers

- targeted education and awareness raising about STRONGfamilies at the local level directed at those agencies who are not currently referring or who could benefit most from STRONGfamilies.

HOUSING AS A SYSTEMIC ISSUE

A majority of families served by STRONG*families* are in public housing and accommodation risk/homelessness is a common presenting issue for families. Without stable housing children's schooling, employment opportunities and social relationships are compromised. Overcrowding is a recognized risk factor for juvenile crime and child abuse (Wetherburn & Lind 1997).

Ford (2007) has noted that 'when tenancies appear problematic it would appear ludicrous to cease the tenancy and move the responsibility for the evicted tenants to a department [the Department for Community Development] that has no provision for providing housing' (p.52).

Thirty-one cases in which the family's accommodation was recorded as 'Homeless' closed in the two year period 1 July 2004 to 30 June 2005. Coordinators recorded outcomes or benefits for nineteen of these cases. A further two were recorded as 'Normal closure' and it is possible that accommodation was addressed for the families.

Housing was secured in seven of the cases. In another two cases housing was obtained before the first meeting and the case closed. When housing was achieved progress was also made on other issues as the following note made by a Coordinator demonstrates:

> When the case began the single mother was desperate and at her lowest point. Via her commitment to Strong Families and the empowerment process that she undertook, she has emerged a strong woman with a clear plan for the future. The crisis issues have been

> addressed and she is looking for a family friendly career to sustain her in the future. She has secured housing which has been going very well. Her children are stable and developing well emotionally, socially and educationally. She has a plan to get access to her other children and is working with ALS people. She has dealt with her medical issues and her operations have been successful. She is in control of her relationship with clear boundaries and respect issues having been addressed. She knows her rights with regard to restraining orders and domestic violence. She has a car, furniture and white goods via the process. The single mother is very happy with what she has achieved with strong families. She also was recognised at the Strong Families celebration of success awards function for her commitment to herself and her family within the process.

In a further five there appears to have been some resolution which did not include accommodation, for example:

> This young mother was given encouragement and support to escape a domestic violence situation. At this time this situation is not longer active.

In one case, STRONG*families* was unable to prevent an eviction and it appears that once the client was evicted agencies withdrew and STRONG*families* could not remain involved. This is of concern as eight children were affected by events. It is for this reason that the Coordinator's recording on the STRONG*families* database is quoted at length. It is difficult to believe that in this case the children's best interests were the first priority for agencies.

> Unfortunately Strong Families was unable to prevent the family's eviction from proceeding. SF did however result in an interagency response to DHW with letters of support for [client]. The strong Families action plans provide a documented history of intervention that took place and this may assist [client] as she takes steps to challenge the eviction through the EOC. Many strengths were identified by the agencies about [client] and she is a well respected member of the Aboriginal community and the eviction took place 3 days before Christmas. I have created awareness of this situation through the quarterly reporting and informing the Operational Group. Currently working with DHW to identify families at an earlier point to enable interventions time to take effect. [Client's] situation is also being raised at a higher management group working on housing homeless families.

> Agencies attended both Strong Families process meetings they were non government agencies and DCD. Unfortunately by the time the SF referral was progressed [client] was in the middle of the eviction process. The animosity toward DHW and the fact that the eviction had already proceeded made it difficult for the SF meeting and agency interventions to avert the eviction process. [Client] would have liked the Strong families process to continue unfortunately the change in family circumstances that was brought on by her eviction resulted in Strong Families being unable to proceed. This was because when [client] was evicted it resulted in Centrecare (SHAP) and Department of Housing and Works no longer working with her family. Subsequently Department for Community Development involvement ended when [client's] nieces children were placed with other family members as a result of her homelessness. The lack of agencies involved supporting [client']s family made it difficult to continue the Strong Families process which is about coordinating service delivery.

Lack of engagement appears to have been a problem in only four of the cases. Alcohol and other drugs were a problem in two and possibly three of the cases.

The findings of this evaluation support the views presented by the Coordinators in the Issues Papers presented to the Monitoring Group in June 2006 that the *STRONGfamilies* process can be significantly impeded by a lack of suitable accommodation options and that this requires ongoing attention at the level of State government policy, management

action within Department of Housing Works and agency practice at the central and regional level.

AGENCY SPECIFIC ISSUES RE PARTICIPATION AND INVOLVEMENT IN STRONG*FAMILIES*

Department for Community Development

As the lead agency, DCD is the agency on which STRONG*families* makes the most demands. The Department also makes 25% of referrals to STRONG*families* and attends 59% of meetings, more than any other agency.

Pressures on the DCD are affecting engagement

At District and local levels the Evaluators heard evidence that the engagement of some DCD staff in STRONG*families* continues to be a problem. There appear to be a number of reasons for this. In the eyes of some DCD staff the STRONG*families* program lacks legitimacy and is not accorded priority. The existence of this problem among some DCD staff was acknowledged by a number of DCD District Managers.

STRONG*families* Coordinators and a number of DCD District Managers commented that some DCD staff are dismissive of STRONG*families* partly because they do not understand the benefit of the program and partly because they are under severe workload pressure themselves and they perceive that significant Departmental resources have been directed into STRONG*families*. For some STRONG*families* is not part of DCD's core business of protecting children.

Because of workload pressures and staffing constraints some DCD staff may not see the need to attend STRONG*families* meetings. Coordinators describe situations where attendance of DCD staff in meetings has dropped off in a number of sites and state that it is now more difficult to get DCD staff to STRONG*families* meetings, particularly if the case is not an open DCD case.

DCD District Managers described the impact of the lack of staffing resources and workload pressures within DCD as creating reluctance among some staff to participate in STRONG*families*.

Although it appears to have been ultimately resolved satisfactorily, the following situation is an example of DCD workload pressures having the potential to adversely affect STRONG*families.*

> A DCD District Manager took the position that due to resource constraints in the District office no staff back up could be provided for DCD workers involved in STRONGfamilies meetings who go on leave. The Manager argued that STRONGfamilies has to be suspended. This situation was considered unsatisfactory and raised in the Coordinator's report to the Regional Management Group who was unable to resolve the issue. The decision was affirmed by a DCD Director and Manager. The Gordon Project Team became involved and clarification was sought of the Department's position. The matter was taken up with the Executive Director who did not affirm the initial decision.

Funding allocations and arrangements within DCD

A DCD District Manager spoke about the difficulties of accessing funding from within the Department to support families and implement strategies within STRONG*families*. This

was reported to be the result of Departmental policies about whether funds for intended for one purpose could be used for discretionary purposes associated with a family support need.

Referrals from DCD

The issue of referrals from DCD continues to be an ongoing issue in a number of sites. There is anecdotal evidence that in some sites referrals from DCD are declining and, whereas in other sites referrals are increasing or have remained constant. A decline in DCD referrals was evident in the last six months of 2005/2006 data.

One DCD District Manager felt that in some instances DCD staff made inappropriate referrals to STRONG*families* perhaps referring rather than taking statutory action, in the hope that STRONG*families* would be able to deal with issues.

Follow up of matters from STRONG*families* meetings

There is some evidence that DCD staff (as well as staff from other agencies) do not always follow up things agreed during STRONG*families* meetings. There are a variety of reasons, including resource constraints, staff turnover and the inexperience of some DCD staff.

Corrective Services

Corrective Services continue to be involved in STRONG*families* across sites and are reported to have been significant contributors to the program. However issues have been identified with the agency's participation including:

- irregular attendance by Regional Managers in some sites

- failure of Corrective Services to refer to STRONG*families* in some sites

- a significant drop-off in referrals in the second part of 2005/2006.

Western Australia Police

Across sites Police are seen to be active and committed participants in STRONG*families* meetings, although concerns were raised in a number of sites that the most senior police were not always involved in local management groups. Police have not been active Monitoring Group members.

While Police may not be major referring agency the evidence suggests they are active participants in STRONG*families* when required.

A number of Police stakeholders consulted expressed concern about the voluntary nature of STRONG*families* offering the view that involvement in STRONG*families* should be mandated for some families

Department of Housing and Works

The Department of Housing and Works continues to be an active and committed participant in STRONG*families* across all sites. Given the importance of housing as an issue for families this is an important achievement. Agency stakeholders report the

benefit of Department of Housing and Works' involvement in STRONG*families*.

Department of Housing and Works stakeholders and managers consulted recognize the value of their involvement of STRONG*families* and point to the significant benefit that has resulted for the agency and for the families who are their clients.

In light of the above, the low percentage of referrals (4%) made by Department of Housing and Works to STRONG*families* may warrant further exploration.

Some Department of Housing and Works managers raise concerns about the effectiveness of STRONG*families* in addressing the needs of 'difficult' families who are Department of Housing and Works clients (and clients of other agencies). These families are described as highly dysfunctional families who place significant demands on Department of Housing and Works and other agencies. Premature withdrawal of services by agencies to such families appears to be an issue.

Department of Education and Training/Schools

Department of Education and Training's commitment and involvement varies across sites and within regions. The commitment of the school Principal is a critical factor. Nevertheless the Department of Education and Training is both a major referrer and participant in STRONG*families.*

STRONG*families* can be an impost on school time and resources, particularly for teachers and this does limit their capacity to be involved. Representatives of schools consulted as part of this phase of the evaluation confirm the benefit of their involvement in STRONG*families* but point to the time consuming nature of involvement. This is particularly the case for classroom teachers where schools may not be able to replace teachers when they attend STRONG*families* meetings.

School stakeholders report that the impartiality of STRONG*families* coordinator can be really valuable for schools if there is tension between school and parent.

One issue for Department of Education and Training staff is that sections of the Education Act limit their capacity to share information with other agencies without parent consent.

Disability Services Commission

Across a number of sites Disability Services Commission (DSC) staff are said to be more engaged in STRONG*families* than 12 months ago. In a number of sites DSC are strong advocates for STRONG*families*. At one site three Local Area Coordinators have been active supporters and participants in all STRONG*families* processes and have developed their own local arrangements to maximize their agency's involvement in STRONG*families*.

DSC staff appear to appreciate the family-centred focus of STRONG*families* which is important for families with children with disabilities.

At one site evidence was cited by a number of stakeholders that a newly appointed DSC Manager was poorly informed about STRONG*families* and this was affecting the agency's commitment and participation.

Mental Health

There is evidence from a number of sites that mental health (CAMHS and Adult mental health services), who were less frequent participants in STRONG*families* previously, are participating more frequently and with increased commitment.

In one region the existence of the Children of Parents with Mental Illness project (run by CAMHS) has provided an important bonus for STRONG*families*. CAMHS staff have been active and committed participants and the two programs have complimented and supported each other well.

Notwithstanding the apparent increase in participation, a number of families interviewed expressed concern about the failure of CAMHS staff to participate in STRONG*families*.

Community Drug Service Teams (CDSTs) and Drug and alcohol counseling and treatment services

With the exception of a number of country regions CDSTs and drug counseling and treatment agencies appear not to be active participants in STRONG*families*. In metropolitan regions this is particularly noticeable. Given the significance of alcohol and drug issues in the lives of many families involved in STRONG*families* this is surprising.

A manager of CDST consulted stressed that this was partly a resource issue. CDSTs are, with two exceptions, NGOs funded by government and they are not funded to participate in STRONG*families*.

Efforts should be made to increase the involvement of CDSTs and drug and alcohol counseling and treatment agencies in STRONG*families*. At a strategic level this should involve discussions with the Drug and Alcohol Office (DAO) as part of any revision of the Partnership Agreement, and perhaps the inclusion of DAO on the STRONG*families* Monitoring Group[14]. Recently discussions have taken place between DAO and DCD to explore closer working relationships between the two agencies. These discussions could form the basis for discussions about increasing links between the STRONG*families* program statewide and alcohol and drug counseling and treatment agencies.

At the regional/local level this could include approaching the local manager of the CDST and drug and alcohol counseling and treatment agencies to be actively involved in the local management group (in those regions where they are not already involved).

Local government authorities

Local government authorities (LGA) play varying roles in STRONGfamilies. In some sites LGAs participate in Regional Managers Forums, however in general their involvement in STRONG*families* is minimal.

At one site two local government authorities are active in the local management group and both make significant contributions to STRONG*families*. One LGA provides accommodation and infrastructure to the program (The Coordinator shares offices with

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[14] From May 2007 a representative of the Drug and Alcohol Office is a member of the Monitoring Group.

Council staff). Both Councils are significant human service providers in their own right across the region and can respond to families more flexibly than government agencies. LGA representatives on the local STRONG*families* management group also provide a balance to the views of state government agencies and can support the Coordinator to change the ways that agencies operate for families.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

STRONG*families* is successfully engaging families experiencing multiple problems and suffering from serious social disadvantage. These families have felt listened to and their needs heard through the STRONG*families* process and most have benefited; some very significantly. The program appears to work equally well with Aboriginal and non-Aboriginal families. There are no families for whom STRONG*families* is prima facie unsuitable. Rather the success of STRONG*families* appears related to some common factors mostly under control of participating agencies including:

- agency commitment to the STRONG*families* process including regular meeting attendance by appropriate staff, preparedness to share information and to work collaboratively with family members and other agencies

- family commitment to attend meetings and follow through on agreed actions

- agencies honoring commitments made in STRONG*families* meetings

- treating families with respect and listening to their needs and wishes

- family friendly meeting venues

- access to services that meet families' needs

- continuing to work with families while progress is being made and/or until a case has stabilised.

Regarding the latter point, given the level of disadvantage and the number of issues with which many STRONG*families* clients are struggling, it would be unrealistic to expect radical improvement in family circumstances for most in just a few meetings.

STRONG*families* is an important vehicle for interagency collaboration and is achieving a high level of interagency collaboration, particularly among workers on the ground. The benefits for participating organizations include better communication and information sharing, improved processes, stronger relationships, greater capacity to respond to local needs and more efficient use of resources.

However, sustaining agency commitment to STRONG*families* continues to be a challenge, particularly in the face of new interagency models, resource constraints, workload pressure and changing government and agency priorities. Agencies are busy and participation in STRONG*families* can fluctuate. The effectiveness of STRONG*families* continues to be limited by a 'silo' mentality within agencies and there is still a tendency to view issues as the responsibility of one agency rather than accept shared responsibility to address problems.

Cultural security remains an issue for STRONG*families.* Its original expansion from two pilot sites to a State-wide program was a Gordon recommendation and 57% of its client group is Aboriginal. Despite this STRONG*families* does not have formalized management priorities, core ethos and vision, or protocols that are culturally specific.

Across government commitment to whole of government approaches and interagency collaboration models like STRONG*families* appears to have waned somewhat or been overtaken by other priorities. The demise of the Human Services Directors General Group which was central to the governance of STRONG*families* has had some impact on agencies' commitment of STRONG*families.* There are also question marks about the effectiveness of the Monitoring Group in providing strategic direction to the program. Links between the Monitoring Group which has State-wide strategic responsibility for STRONG*families* and local management groups with responsibility managing the program regionally are virtually non-existent. A new Partnership Agreement is needed to revitalize interagency collaboration and to ensure a sustainable future for STRONG*families.*

The Ford Review Report (2007) recommended that the STRONG*families* program be ongoing and expanded across Western Australia with the Coordinator positions becoming permanent positions. The findings of Stages 1, 2 and 3 of the evaluation fully justify this recommendation. However, to ensure that STRONG*families* remains an effective vehicle for interagency collaboration and partnership with families the Evaluators believe across Government commitment for STRONG*families* needs to be re-invigorated, the cultural security of the program strengthened and a Program Framework and State-wide protocols developed. The lack of in-reach by STRONG*families* into culturally and linguistically diverse communities requires addressing.

RECOMMENDATIONS

The following recommendations are made, in the light of the above findings:

1. The STRONG*families* program should continue and be expanded in line with the recommendations of the Ford Review. Expansion should take into account the need to increase the proportion of Aboriginal Coordinators and provide more adequate coverage state-wide. Options could include:

   a. Aboriginal and non Aboriginal Coordinators in each Region

   b. locating Coordinators in additional population centres in rural and regional areas

   c. ensuring each metropolitan District has at least one Coordinator

2. Across government commitment to STRONG*families* should be reinvigorated through a revised Partnership Agreement which has the following elements:

   a. Retain the ultimate responsibility for the success of STRONG*families* with Directors General and require that they provide leadership and direction to ensure full agency commitment, cooperation and involvement in the operation of STRONG*families.*

   b. Strengthen the role of the Monitoring Group to set strategic directions, oversee and guide the ongoing operation, monitoring and evaluation of the program by stronger Terms of Reference.

c. Require agencies ensure their representatives on the Monitoring Group are able speak for their agency and to influence its operational policies, practices and decision-making and that they attend regularly.

d. Outline the responsibilities of the lead agency and of other parties to the Agreement.

e. Make explicit the funding arrangements for the program.

f. Restate the commitment to regional managers groups in each STRONG*families* location with Terms of Reference similar to those in the original partnership agreement.

g. Identify reporting requirements for each tier in the Governance structure.

3. Agencies such as the Department for Child Protection, Department of Housing and Works, Western Australia Police, Department of Education and Training, Corrective Services and Department of Health, which deal with families who have multiple disadvantages and complex needs, should recognize involvement in STRONG*families* as core business.

4. The initial Active Aging Strategy funding submission should be used as the model for funding STRONG*families.* The lead agency should be supported by all STRONG*families* partners to submit a budget proposal on their behalf. The budget proposal should include discretionary funds for use with families at the regional local level.

5. A State-wide Program Framework should be developed for STRONG*families* to guide program operations and provide consistency in practice across all sites. The framework should ensure that the active participation of families is the essential element of the Strong Families program.

6. State-wide uniform protocols should be developed for working with families with complex needs. Protocols would provide guidance to minimise variance in practice at the local level on issues such as preparatory meetings with families, increasing the time a case stays open and working over the long-term with families. The protocols should focus on enabling families to participate as true partners in the process and recognise that chronic multiple disadvantage will usually require long-term engagement.

7. Within the context of the Program Framework and State-wide protocols the cultural security of the STRONG*families* program as a whole should be strengthened through:

f. formal protocols and practice guidelines for working with Aboriginal families

g. maintaining the Aboriginal staff ratio at least at the level is was when the program was implemented statewide (that is, one third)

h. the establishment of regional Aboriginal reference-learning groups to improve practice and to support Coordinators

i. intensive training for new Coordinators in working with Aboriginal families including Aboriginal people from relevant regions

j. making maintenance of cultural security a core principle for STRONG*families.*

8. That at the local level the STRONG*families* program should build a level of ownership and stewardship by Aboriginal community people. This could include:

g. employing more Aboriginal Coordinators and involving Aboriginal people in the selection of Coordinators

h. supporting families to bring Aboriginal support people to meetings

i. involving Aboriginal representatives in the management of Strong Families

j. involving more Aboriginal workers from mainstream agencies and more Aboriginal agencies in STRONG*families*

k. involving community leaders as advocates and supporters for the program and families

l. seeking advice and guidance from key Aboriginal community members.

9. The data show that Strong Families has minimal or no in-reach into established and newly emerging culturally and linguistically diverse communities. Policies and strategies to address this limitation should be explored as a priority.

10. Suggestions for Improvement from the Stage 1 and 2 Evaluation Reports have not been repeated in this Report as they have been accepted by the Monitoring Group, however the Monitoring Group Action plan to implement these suggestions should be reactivated as they remain current.

APPENDIX 1: FINDINGS AND RECOMMENDATIONS FROM EVALUATION STAGES 1 & 2

	Evaluation Phase 1	Evaluation Phase 2
Main Findings	The Phase 1 Evaluation found that - program implementation was proceeding well. - program effectiveness was promising and appropriate to a program at the mid implementation stage	The Phase 2 Evaluation found that STRONG*families* is effective for participating agencies and those families that engage with the process
Suggestions for Improvement	Strengthen role of Senior Project Officer	Early advice on the future of STRONG*families*
	Clarify DCD's statutory obligations with respect to STRONG*families*	Reaffirm STRONG*families* as the flagship for interagency collaboration
	Clearer statewide policies on key issues- lead agency, case closure, family engagement, preparatory meetings, local decision making	Revisit Regional Management structure
	Improve cultural security of STRONG*families*- policy level, protocols, strategies to involve Indigenous elders and workers, make meetings more culturally secure	Develop formal protocols and processes for cultural security of STRONG*families*
	Strengthen coordinator support and supervision	Strengthen training, professional development and professional supervision of Coordinators
	Ensure adequate local Management support	Provide increased administrative support to Coordinators
	Improve data collection and input	

APPENDIX 2 WHAT THE DATA INDICATE

The primary data in this section come from the STRONG*families* database and were extracted from a snapshot created on 10 July 2006. The database was specifically developed for STRONG*families*. A small amount of additional data provided by DCD was extracted from the database on 8 February 2007 providing information on cases recorded on the database from 1 July 2006 to the extraction date.

Unless otherwise stated all analyses relate to the 24 month period 1 July 2004 to 30 June 2006 as this is the most complete data available. Data for individual sites may be found at Appendix 2.

REFERRALS

In order to ensure comparability of data across sites only referrals received between 1 July 2004 and 30 June 2006 are considered in this section. Five hundred and twenty-six (526) referrals were received across all sites in this period; an average of 38 referrals per site (range 8 – 62). The additional data provided by DCD indicate that there have been a further 142 referrals recorded since 30 June 2006 up until 8 February 2007.

Table A.1: Number of referrals across sites July 2004 – June 2006

Site	Number of referrals	Percentage of referrals
East Kimberley	9	1.7
Fremantle	40	7.6
Gascoyne/Murchison	43	8.2
Goldfields	33	6.3
Great Southern	62	11.6
North East and Central Metro	42	8.0
North West Metro	36	6.8
Pilbara	44	8.4
South East Metro - Armadale	8	1.5
South East Metro	40	7.6
South Metro/Peel	42	8.0
South West	47	8.9
West Kimberley	49	9.3
Wheatbelt	31	5.9
Total	526	100.0

East Kimberley and South East Metro – Armadale are new sites that received their first referrals on 22 August 2005 and 23 November 2005 respectively. The Goldfields has been without a coordinator for over 12 months.

The proportion of Aboriginal to non-Aboriginal referrals has changed only slightly from the first and second evaluation reports with 55.5% of referrals now being Aboriginal, down from 58% in the first report and 57% in the second. There is significant variation across sites in the proportion of Aboriginal families being referred. As would be expected

a very much higher proportion of STRONG*families* clients in the East and West Kimberley, Pilbara, Murchison and Goldfields are Aboriginal. In the metropolitan area South East Metro and North West Metro have the high percentage of Aboriginal clients.

Overall, DCD remains the biggest referrer to STRONG*families* making 25% of all referrals, closely followed by the non-Government sector with 20% and the Department of Education and Training (DET) with 17%. The most noticeable changes in the pattern of referrals are that Corrective Services made only two referrals in six months from 1 January 2006 and in the same period DCD referrals as a proportion of all referrals dropped to 20%. The non-Government sector took over from DCD as the biggest referrer. Table A.2 shows the relative frequency with which different agencies referred and also the proportion of Aboriginal clients each agency referred.

Table A.2: Referral Sources July 2004 – June 2006

Agency	Aboriginal	Non-Aboriginal	Total Referrals
Centrelink (CL)	4	4	8
	50%	50%	2%
Community Development (DCD)	78	54	132
	59%	41%	25%
Disability Services Commission (DSC)	9	15	24
	37.5%	62.5%	5%
Education (DET)	32	56	90
	36%	64%	17%
Family/Self (Self)	20	6	26
	77%	23%	5%
Health (DOH)	19	39	58
	33%	67%	11%
Housing and Works (H&W)	16	6	22
	73%	27%	4%
Corrective Services (CS)	26	12	38
	68%	32%	7%
Non Government Agency (NGO)[15]	74	31	105
	70%	30%	20%
Police Service (POL)	7	5	12
	58%	42%	2%
Other	7	4	11
	64%	36%	2%
Total	292	234	526
	55.5%	44.5%	100%

As at 30 June 2006, 78.5% of all referrals had become cases, 4% were still at the referral stage and 17% had not proceeded. Ninety-three[16] percent of referrals that became cases were new referrals; the remainder was made up of transfers and re-referrals. There was no significant difference between Aboriginal and non-Aboriginal

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[15]   Includes Aboriginal Community Controlled Health Organisation

[16]   A small number of null values were assumed to be new cases.

families in terms of whether a referral progressed to become a case. Fifty-seven percent (57%) of Aboriginal families progressed to become cases. Table A.4 shows that in about half the referrals that did not proceed it was because of family issues.

Table A.3: Outcome of referrals and Aboriginality July 2004 – June 2006

Outcome	Aboriginal	Non-Aboriginal	Total Referrals
Not Progressed	48	42	90
	16%	18%	17%
Progressed	234	179	413
	80%	77%	78.5%
Referral stage	10	13	23
	3%	6%	4%
Total	292	234	526
	55.5%	44.5%	100%

Table A.4: Reasons referrals did not proceed to become cases

Reason not progressed	Number	Percentage
Change in family circumstances	14	16%
Family could not be located	9	10%
Family could not be engaged	12	13%
Family withdrew	12	13%
Insufficient agency involvement	11	12%
Other	13	14%
Referral Not Appropriate	19	21%
Total	90	100%

Demographic and other information was available on most of the 413 referrals that progressed to become cases. Table A.5 indicates that 54.5% of cases were headed by a single mother, most of who were in public or private rental accommodation and living on Centrelink payments. Eighteen percent of these mothers were homeless. The pattern was similar for couples with children, although they were more likely to own their own home and to have employment and less likely to be homeless. Most of the families were dependent on Centrelink for their income. The average number of children per case was three (range 0-12 children).

Although both Aboriginal and non-Aboriginal families were multiply disadvantaged, Aboriginal families were significantly worse off in terms of accommodation and source of income. Centrelink benefits were the sole source of income for 90% of Aboriginal families, 70% were in public housing, and 23% were homeless. Over a quarter of Aboriginal single parent families were homeless. For non-Aboriginal families Centrelink benefits were the sole source of income for 65% of families, 43% were in public housing, 27% were in private rental accommodation, 23% owned their own home and 7% were homeless. These differences were significant (chi square <.001).

Table A.5: Case characteristics

Characteristics of Families	
Family Composition	Percent
Single Female with Children	54.5%
Couple with Children	29.5%
Single male with Children	3%
Other & Unrecorded	13%
Accommodation	Percent
Public Housing	50%
Homeless	14%
Private Rental	13%
Owner Occupied	9%
Other & Unrecorded	14%
Source of Income	Percent
Centrelink Payments	71%
Income from Employment	11%
Income and Centrelink Payments	8%
Other & Unrecorded	10%

MEETINGS

In the period 1 July 2004 and 30 June 2006 1558 STRONG*families* meetings were held across the State. Of these 23.2% (362) were initial meetings, 72.1% (1123) were review meetings and 4.7% (73) were closure meetings. In the same period 409 meetings were cancelled.

Table A.6 indicates that number of meetings representatives from each agency have attended between 1 July 2004 and 30 June 2006. The Department for Community Development has attended most meetings – 59% of all meetings. Many meetings include representatives from non-government agencies as well as those from government services. At times an agency will send more than one representative to a STRONG*families* meeting. Agencies most likely to do this were Education (54% of meetings), non-government agencies (46%) and DCD (31%). Coordinators advise that this is often critical to the success of the STRONG*families* process.

Table A.6: Agency attendance at meetings

Agency	Frequency
Community Development	921
Non Government Agency (includes Aboriginal Controlled Health)	888
Education	726
Health (Hospital, Mental Health, Population Health, Other)	571
Housing and Works	476
Corrective Services	288
Disability Services Commission	218
Police Service	179
Other (includes other Commonwealth and State Government)	124
Centrelink	108

Table A.7 below indicates the agencies that undertook a lead agency role for cases in which an initial meeting was held between July 2004 and June 2006[17]. The Department for Community Development was the lead agency in 24% of cases. Of interest is the fact that a non-government agency led in nearly 18% of cases (22% if Aboriginal Controlled Health Organisations are included). No lead agency appears to have been nominated in 21% of cases – presumably the STRONG*families* Coordinator took on the role.

Table A.7: Lead agencies for cases in which the initial meeting was July 2004-June 2006

lead agency	Percent
Community Development	24%
Non Government Agency	22%
No lead agency recorded	21%
Education	13%
Health	6%
Corrective Services	5%
Disability Services Commission	5%
Other Government Agency	4%
Total	100%

The mean number of meetings for active closed cases (cases in which at least one meeting had been held) was 4 meetings and the median was 3 meetings. There was no significant difference between Aboriginal and non-Aboriginal families in the number of meetings held before cases closed.

CASE CLOSURE

Again in order to ensure comparability of data across sites only cases referred and closed between 1 July 2004 and 30 June 2006 are considered in this section. Two hundred and thirteen referred cases were closed in the period. The reasons for closure are shown in Table A.8. A third were normal closures, most of the remainder closed for reasons to do

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[17] Cases in which no initial meeting was recorded or the meeting was recorded as cancelled have been excluded.

with the family. The family withdrew in a quarter of the cases. Approximately 6% were closed before any meetings had been held.

While there was no significant difference between Aboriginal and non-Aboriginal families on whether a case was a normal closure or closed for other reasons there was substantial variation across sites.

Table A.8 Reasons for closure July 2004 to 31 October 2005

Reason for closure	Frequency	Percent
Normal Closure	72	34%
Family Withdrew	53	25%
Change to family circumstances	44	21%
Family Moved	23	11%
Other	21	10%
Total		100%

The Coordinators recorded information on benefits to the family in 54% of closed cases. An assessment of this information by the Evaluators[18] indicates that where information on benefits to the family was recorded in 57% of cases the benefits were substantial and often on a number of fronts irrespective of the reason for closure. For example:

> Many outcomes were achieved for the family for providing support to John[19]. The case was referred by DCD because of younger children who were in the family's care and concerns for safety for family members and the community due to John's history. John was engaged in a program to get him work ready, attended regular counselling for drug use and offending behaviours. John also received a disability pension and a computer was organised for him to keep him occupied at home so he did not wander and cause problems in the community. DHW came up with a property for John and his father to enable them to live independently of the family and the next steps were to assist John to become further independent. Unfortunately as everything came together for the family John was arrested and is in remand…. (Change in family circumstances).

> 1) Family secured and is maintaining a successful Homeswest tenancy. 2) Improved school attendance and behaviour of all children. 3) Maintaining stable financial situation as a result of sorting out Centrelink payments. (Normal closure).

In a further 26% of cases some limited benefits, mostly to do with the family feeling 'heard' or improved relationships with agencies, were observed.

> Connection with Parent Adolescent conflict service which they did not know about before. A positive connection with Department for Community Development, all previous involvement was quite negative. (Change in family circumstances).

> Mother expressed view that at last agencies were listening to her after ignoring her situation for so long (her words). However, grandchildren were reluctant/unwilling to cooperate with action plans, making progress difficult. (Family Withdrew).

Only in 17% of cases in which information about benefits to families on closure were no benefits of any kind noted.

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[18] This assessment is of necessity somewhat subjective as it is dependent upon the amount of detail provided by the Coordinator.

[19] All names have been changed.

Table A:9 Evaluator's classification of recorded information in the database on benefits to family at closure.

	No record	No benefit	Some limited benefit	Substantial benefit
Normal closure	32%		11%	57%
Family withdrew	47%	23%	17%	13%
Change to family circumstances	57%	9%	16%	18%
Family moved	39%	17%	22%	22%
Other (including transfer N= 5)	86%			14%

Length time families engage with STRONGfamilies

The mean elapsed time between referral of a case to STRONG*families* and closure was just over seven months (median seven months and range less than one month to twenty-three months). Sixteen cases (16%) closed before the first meeting was held, in ten of these the reason related to family matters. A further three cases closed shortly after a scheduled initial meeting was cancelled.

The 197[20] cases referred on or after 1 July 2004 and still open at 30 June 2006 had been open for a mean of ten months (median nine months and range less than one month to twenty-six months).

ISSUES

Issues are recorded when a referral becomes a case. Table A.10 indicates that parenting and family relationships were the most common issues identified by families or agencies, followed closely by school attendance and school behaviour, accommodation risk/homeless and financial difficulties. On average, five issues were identified for each case (range 1-18 issues).

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[20]   14 of these cases were from the Goldfields and have remained open on the system since the Coordinator position became vacant.

Table A.10: Issues for cases referred 1 July 2004 to 30 June 2006

Issue	Frequency	Percent of cases
Parenting	193	47%
Family Relationships	158	38%
School Attendance	131	32%
School Behaviour	120	29%
Financial Difficulties	118	29%
Mental Health Child	97	23%
Mental Health Adult	92	22%
Substance Abuse Adult	87	21%
Accommodation at Risk	85	21%
Anti Social Behaviour	84	20%
Parent Child/Adolescent Conflict	84	20%
Domestic Violence	82	20%
Offending Behaviour Child	70	17%
Family Isolation	67	16%
Homelessness - staying with friends/relatives	63	15%
Physical Health Child	63	15%
Physical Health Adult	62	15%
School Truancy	55	13%
Legal issues	49	12%
Domestic Violence -child perpetrator	45	11%
Substance Abuse Child	43	10%
Offending Behaviour Adult	41	10%
Fetal Alcohol Syndrome	37	9%
ADD/ADHD	35	8%
Staying away from home	27	7%
Child Abuse	26	6%
Child Sexually Inappropriate Behviour	23	6%
Dhildren Wards	20	5%
Inappropriate Behaviour	16	4%
Training Needs	12	3%
Pregnancy/new mother	11	3%
Previous Sexual or other Abuse	11	3%
Other	14	3%
	2121	

APPENDIX 3: SITE DATA

Much of the information is presented in tabular form to facilitate comparison. However, we emphasize that what is happening at each site will be largely determined by local conditions. Readers are reminded that the data available for each site are still relatively limited and caution must be used in interpreting the results.

WHAT THE DATA INDICATE

Referrals

In order to ensure comparability of data across sites only referrals received between 1 July 2004 and 30 June 2006 are considered in this section. Table A2:1 shows the referrals received by each site during the 24 months. Allowing for the fact that several Coordinators had health problems that impacted on their availability four sites had new Coordinators, the variation from site to site is not particularly great, particularly when referrals that have been progressed are considered. The has been no Coordinator in the Goldfields for about 12 months and the East Kimberley and South-East Metro Armadale sties are new. In 2005 the Wheatbelt was without a Coordinator for approximately six months.

Table A2:1: Referrals 1 July 2004 to 30 June 2006

	Referral in process	Not progressed	Progressed	Closed	Total Referrals	Percent not progressed
East Kimberley	0	0	9	9	9	0%
Fremantle	2	7	17	17	40	18%
Gascoyne/Murchison	1	7	19	19	43	16%
Goldfields	5	0	14	14	33	0%
Great Southern	1	12	18	18	62	19%
North East and Central Metro	1	11	7	7	42	26%
North West Metro	7	9	11	11	36	25%
Pilbara	0	5	9	9	44	11%
South East Metro	0	10	11	11	40	25%
South East Metro - Armadale	0	1	7	7	8	13%
South Metro/Peel	0	1	25	25	42	2%
South West	4	12	23	23	47	26%
West Kimberley	1	9	15	15	49	18%
Wheatbelt	1	6	8	8	31	19%
Total	**220**	**90**	**193**	**23**	**526**	**17%**

Table A2 shows that for many sites DCD is the biggest single referrer, particularly in South East Metro, South West, Peel and North West Metro. In the Kimberley, the Goldfields and the Pilbara non-government agencies are the biggest referrers. In the Goldfields the main non-government agency making referrals is the Aboriginal Health Service.

Table *A2:*2: Referral Source by Region July 2004 – June 2006

	Centre link	DCD	DCS	DSC	DET	Family	Health	DHW	NGO	Oth	POL	Total
East Kimberley	0	4	0	0	1	2	0	0	0	0	2	9
Fremantle	0	7	6	1	9	5	4	7	1	0	0	40
Gascoyne/Murchison	1	12	5	0	12	3	4	1	3	2	0	43
Goldfields	1	3	4	0	4	4	1	2	14	0	0	33
Great Southern	3	9	4	4	14	1	2	2	22	1	0	62
North East and Central Metro	0	6	4	3	11	0	7	1	8	1	1	42
North West Metro	0	11	4	2	5	0	6	0	6	1	1	36
Pilbara	0	10	5	4	6	1	6	1	9	0	2	44
South East Metro	0	16	2	1	4	0	4	3	7	3	0	40
South East Metro - Armadale	0	3	0	1	0	0	1	1	2	0	0	8
South Metro/Peel	1	11	2	1	8	0	7	2	7	1	2	42
South West	2	21	2	3	4	3	6	0	6	0	0	47
West Kimberley	0	11	0	4	6	3	8	0	14	2	1	49
Wheatbelt	0	8	0	0	6	4	2	2	6	0	3	31
	8	132	38	24	90	26	58	22	105	11	12	526

While overall 57% of referrals were for Aboriginal families the pattern varied from site to site. As would be expected the Kimberley, Goldfields and Pilbara had a high percentage of Aboriginal referrals. Gascoyne/ Murchison and South East Metro also had a high percentage of Aboriginal referrals.

Only the Wheatbelt had less than a third of its referrals Aboriginal people. In short, Aboriginal families are being referred to STRONG*families* and the program is succeeding in engaging with most of them. The Wheatbelt Coordinator intends to pursue strategies to increase the number of Aboriginal referrals in his area.

Table *A2:*3: Referrals by Aboriginality July 2004 – June 2006

Region * Indigenous Status Crosstabulation

	Aboriginal	Non-Aboriginal	Total
East Kimberley	9	0	9
	100%	0%	100%
Fremantle	18	22	40
	45%	55%	100%
Gascoyne/Murchison	30	13	43
	70%	30%	100%
Goldfields	33	0	33
	100%	0%	100%
Great Southern	27	35	62
	44%	56%	100%
North East and Central Metro	15	27	42
	36%	64%	100%
North West Metro	20	16	36
	56%	44%	100%
Pilbara	29	15	44
	66%	34%	100%
South East Metro	26	14	40
	65%	35%	100%
South East Metro - Armadale	3	5	8
	37.5%	62.5%	100%
South Metro/Peel	16	26	42
	38%	61%	100%
South West	16	31	47
	35%	66%	100%
West Kimberley	41	8	49
	84%	16%	100%
Wheatbelt	9	22	31
	29%	71%	100%
	292	234	526
	56%	44%	100%

The numbers are too small for any meaningful data on family characteristics or the number of days from referral to first meeting.

Case closure

213 cases were referred and closed between July 2004 and June 2006. Table *A2:*4 indicates that for some sites the family withdrawing prematurely is an issue. In the case of the Pilbara, the high number of 'family withdrew' cases is probably associated with the referral of a considerable number of 'notoriously' difficult families in the early days of the program.

Table *A2:*4: Case Closure Region July 2004 – June 2006

	Change to family circumstances	Family Moved	Family Withdrew	Normal Closure	Other	**Total**
Fremantle	0	1	4	4	2	11
Gascoyne/Murchison	3	8	0	4	1	16
Goldfields	3	1	3	6	1	14
Great Southern	10	2	5	12	1	30
North East and Central Metro	8	1	8	6	0	23
North West Metro	2	0	1	3	3	9
Pilbara	3	2	16	8	3	30
South East Metro	8	0	0	9	3	18
South Metro/Peel	2	0	5	8	1	16
South West	1	4	1	1	1	8
West Kimberley	2	3	4	10	3	22
Wheatbelt	2	1	6	1	6	16
	44	23	53	72	21	**213**

APPENDIX 4: MANAGEMENT STRUCTURES AND ISSUES ACROSS SITES

The Table below provides a snapshot of management structures at each site as at February 2007

Site	Management structure	Freq of meetings	Management and Governance Issues Identified
Gascoyne & Murchison	SF is a standing agenda item on Regional Human Services Managers Forum. Coordinator attends meeting and is granted the time necessary to discuss SF	Bimonthly	• Forum is currently chaired by DIA Regional Manager • Structure has been in place for some time and is seen to work well from the perspective of SF • Regional Managers are an established group and have worked together for many years. Their commitment to work in an interagency way is perceived to be strong • Regional Managers are attempting to be more strategically focused, partly in response to the demise of the Human Services Directors General Group. They have been trying to develop a Regional Strategic plan and the SF Coordinator is playing a role in that process
Great Southern	Two tiered structure, *Human Service Regional Managers Forum* and *SF Reference Group*		• SF is standing agenda item on the Human Services Regional Managers Forum and the SF attends the meeting. • SF Coordinator has established relationships with Regional Managers and also is able to resolve issues directly with them e.g. ensuring that staff attend SF meetings and that attendance is not optional. • *SF Reference Group* comprises key operational managers and case workers and discusses operational and interagency issues • NGO's are active participants in the Reference Group

Goldfields	Single tiered structure comprising a *Heads of Government Agencies Group* which meets quarterly. *A Managers Group* including LGA's and NGO's also meets and focuses on information sharing and SF may be discussed at that group as well. Ad hoc meetings of Regional Mangers also occur on specific issues		• SF is a standing agenda item on the Heads of Agencies group • SF has been without a Coordinator for 12 months so momentum has stalled somewhat and program is in recess • Recent reporting has focused on the difficulties associated with finding a Coordinator (The position has been advertised 3 times)
Wheatbelt	Single tiered structure *Wheatbelt Senior Managers Forum*		• Chaired by Manager of regional NGO • There was no Chairperson for a while and attendance dropped off at that time • The group continues to meet and conduct business of SF. However one stakeholder felt that there at times the commitment to SF by some Regional Managers and their agencies fluctuates as other priorities take precedence
South West	Single tiered structure comprising *SF Local Management Group*	Meets three monthly	• Chaired by DCD District Manager • Police, DCD and Centrelink are regular attendees • Have been problems with lack of attendance by some key agencies and this issue has not yet been resolved. • There is some evidence of a lessening commitment to SF by some Regional Managers and their agencies (e.g. lack of attendance, lack of referrals, lack of knowledge about SF among workers) • More active promotion of SF by Regional Managers within their own agency is required, particularly to promote and publicize the need for more referrals • Referral and involvement of agencies in SF varies widely across the region. Some parts of the Region are actively involved, other parts of the region less so

Pilbara	Single tiered structure *Pilbara Regional Human Services Managers Forum*. SF is a standing agenda item and Coordinator attends meeting	bimonthly	- SF is standing agenda item on Managers Forum. Current structure is perceived to be working well and SF receives strong support from Regional Managers. Issues generally resolved at Regional level and are not "sent up the line" to Monitoring Group. - More promotion of SF by Regional Managers within their own agency is desirable - Regional Forum is chaired by a former DCD senior executive who is now CEO of the Regional Development Commission. He has been a strong champion for SF. - Coordinator is authorized to first raise agency specific issues with the relevant Regional Manager before bringing the issue to Managers Forum
West Kimberley	2 tiered structure comprising *Human Services Regional Managers Group* (government agencies only, meets across Kimberley) and *SF Local Management* Group (only meets in Broome).		- SF Coordinator does not attend *Regional Managers Group* and reports to them as requested. Limited feedback to Coordinator from *Regional Managers Group*. - Chaired by Department of Health representative - Some overlapping membership and Local Management Group includes some who are not on Regional Mangers Group (Catholic Education, Centrelink, ICC and Mental Health). *Local Management Group* was established before Regional Managers Group and its role and relevance are unclear

East Kimberley	Two tiered structure comprising *SF Local Management Group* in Kunnunurra and *Human Services Regional Managers Group* in Broome	Local Group meets monthly in Kunnunurra	• Local Management Group has only just formed and met on 2 occasions. Numbers vary between 7-15 people • No current Chairperson: role is shared among those who attend • Covers Kunnunurra, Halls Creek and Wyndham • Participants are local managers/Team leaders/OIC rather than Regional Managers. Challenge is to ensure that the East Kimberley Project receives the same level of strategic level management commitment from Regional Managers as the West Kimberley site • Links with the Regional Managers Group are unclear and require some clarification • Agencies include Centrelink, DCD, DSC, Health, Mental Health. DET and Corrective Services have not yet attended • Some desire to establish a SF local group in Halls Creek
North West metro	Single tiered structure comprising *Strong Families Management Committee which* meets quarterly or as required. Chaired by DCD Regional Manager. Membership includes State government agencies and an Aboriginal representative	Quarterly	• Group consists of Regional Managers and Operational Mangers with the requisite level of authority • Committee is perceived to be working effectively and is able to resolve issues raised by the Coordinator e.g. administration support, database problems • No issues passed up the line to the Monitoring Group • No NGO representation on Committee
South Metro/Peel	Single tiered structure comprising South *Metropolitan Strong Families regional Management Group*	Bi monthly	• Chaired by DCD District Manager • Solely focused on Strong Families • Structure is perceived to be working well, although more issues could be discussed • Covers 2 Districts. Group meets in Peel and Rockingham alternatively. Attendance is affected by the District in which the meeting is held. Peel based staff may not always attend in Rockingham and vice versa. • Issues presented are generally resolved, although more issues could be presented • Has grappled with some difficult high profile families

Fremantle	Single tiered structure comprising *Strong Families Local Management Group*	Monthly	• Chaired by DCD District Manager • Solely focused on Strong Families • Two LGA's are active and committed participants and play a key role in SF • Turnover of agency personnel does affect attendance. Some agency representatives may be very active, but when that person moves on the next representative may not be as active
South East Metro	Two tiered structure comprising *Regional Human Services Managers Forum* and *SF Operational Group*	Monthly	• Changes to RHSM Forum led to the need for the Operational Group. • *Regional Managers Forum* is still trying to establish itself as an effective body • Some evidence that commitment to whole-of government and interagency collaboration at the regional manager level has lessened as a consequence of the disbandment of the Human Services Director Generals Group • *SF Operational Group* comprises Team Leader/service managers/ core workers . The group has a rotating Chairperson • *SF Operational Group* discusses operational, case and interagency issues. All key agencies regularly attend. • *SF Operational Group* is seen to be working effectively and serving the purpose of SF

North East/Central Metro	There are two distinct and independent local management structures, one in Midland and one in Perth District. Midland has a two tiered structure comprising the Midland District Leadership Council and MDLC Project Management Committee. A SF Working Group has been established which supports the Coordinator but does not fit into the formal Management structure. The Coordinator reports to the Perth District through the Central Metropolitan Human Services Regional Managers Forum.		- SF is an agenda item on the Midland Leadership Council which meets monthly The MDLC Project Management Committee meets when necessary. SF Coordinator does not attend the Midland Leadership Council and attends the Project Management Committee as an agenda item. - The Central Metropolitan Regional Human Services Managers Forum meets monthly and SF is an agenda item every three months (to coincide with the Coordinator's Quarterly Reports). - Midland SF Working Group has recently been established and comprises a small number of key people with established relationships to discuss SF case related and interagency issues

APPENDIX 5: LITERATURE REVIEW - SUMMARY

INTRODUCTION AND BACKGROUND TO LITERATURE REVIEW

This is a summary of the findings of a Review of Literature and Initiatives undertaken as a part of the Evaluation of STRONGfamilies Program.

The Literature review was largely completed before the first round of data collection for the Evaluation. The first phase of data collection highlighted a number of important issues not covered in the initial literature review. As a result, the Review is being expanded to extract findings that could illuminate the findings of the first phase of the Evaluation (as documented in the Interim Report), as well as inform the next phase of data collection and analysis.

The Terms of Reference for the Evaluation of the STRONGfamilies Program required that a Literature Review be undertaken to inform later stages of the Evaluation. The major purpose of this Review was to:

- Identify what STRONGfamilies Program could be expected to achieve;
- Identify how its effectiveness could be measured; and
- Identify what data could be collected.

This summary focuses on these three issues, and also identifies some key findings in terms of key themes relevant to the STRONGfamilies Program.

Literature review methodology

A Benchmarking analysis was undertaken of similar collaborative programs operating elsewhere in Australia and overseas and relevant literature was identified and analysed. Literature about similar initiatives to STRONGfamilies was sourced through two main methods, including Library and Web based searches of relevant databases, journals and other information, and consultations with government agency sources, service providers, academics and practitioners in other States to identify initiatives and gather literature.

The Literature Review presents a representative sample of some current available literature and is not exhaustive. In line with the action research approach that underpins the evaluation the literature review will be ongoing throughout the evaluation, so it can inform data collection and also be informed by the data being collected.

Some of the literature reviewed relates to other service systems or social issues. The literature review was informed by a consideration of literature on related issues such as joined up government, partnership approaches, inter-agency collaboration and collaborative case management. The scope of the Review was broadened somewhat, to include for example, literature on interagency collaboration, service integration and "joined up governance" initiatives in human service settings. Whilst these initiatives may not have focused specifically on families at risk they provide important information relevant to the Evaluation of STRONGfamilies.

The criteria for the selection of similar collaborative initiatives were framed by the purpose of the literature review - which is to inform the STRONGfamilies Evaluation.

Wherever possible initiatives were chosen that had been the subject of an independent evaluation, however that was not always possible. Initiatives chosen generally met the following criteria:

- Use of an inter-agency collaborative approach involving government and non-government agencies
- Some form of interagency collaborative case management process was involved
- Targeted at families and families at risk or children and youth in families at risk
- Demonstrating family engagement and involvement
- Serving diverse location and sites
- Focused on particular geographical contexts
- Evaluation processes established and documented.

Literature review structure

In the full Report findings are presented in a number of sections. The information is summarised here.

Section 2 synthesizes the information gathered from the review of all initiatives and literature to identify what STRONGfamilies Program could be expected to achieve, how its effectiveness could be measured and what data could be collected. Findings are presented as a Table in terms of a conceptual framework that emerged from the findings of the review of initiatives and literature.

Section 3 summaries some key findings arising from the review of literature and initiatives. These are presented under key themes relevant to the STRONGfamilies Program.

Findings of a detailed analysis of a sample of key initiatives are presented in an Appendix to the Full Report where descriptions are provided of each initiative, along with an analysis of the implications for the STRONGfamilies Evaluation. As well as being presented in the Appendix, this information is synthesised and also discussed in Section 3 under relevant headings.

FINDINGS: WHAT STRONG*FAMILIES* COULD BE EXPECTED TO ACHIEVE

The Literature review findings are presented in terms of a conceptual framework that emerged from the findings of the review of initiatives and literature. This framework suggests that a program like STRONGfamilies could be expected to contribute to outcomes at 6 major levels

- Family level
- Case Practice level
- Agency level
- Interagency level

- Government systems level
- Community/ social level.

Table 2.1: What STRONGfamilies Program could be expected to achieve, how its effectiveness could be measured and what data could be collected.

Outcomes that could be expected	How could effectiveness be measured	Possible data sources
Family level (benefits and positive improvements are delivered for families)	Families understand process Families feel they have choice- to attend, to invite others Families attend meetings Families are involved, engaged and participating in process Measures of family involvement- as STRONGfamilies responded to the family's interest and needs, has STRONGfamilies engaged in a dialogue with families, has STRONGfamilies built on family knowledge and strengths, skilling and supporting parents Families feel heard and valued Families exercise choice Families feel the process is appropriate Presenting issues addressed Families circumstances changed Changes in family processes- family context (efforts to address family functioning and environment, parent child relationships, parenting practices, parent involvement in children's activities Positive improvement in family situations- improved parenting, children's behavior changes, children attends school	Family satisfaction surveys- satisfaction with STRONGfamilies process Family perception of outcomes Families willingness to refer and participate again in STRONGfamilies Family stories of change Interviews with families about experiences with STRONGfamilies and consequences of their involvement Interviews with families about agency adherence to evidence based practice Levels of family participation in STRONGfamilies- ranking high, medium or neutral or low Type and frequency of family involvement Measures of family engagement- type and frequency of family, engagement, factors that affect engagement, whether engagement leads to positive outcomes.

Case Practice level (collaborative case management practice involving agencies and families: good outcomes are embedded in a chain of good practice)	Workers are active participants in process Policies and protocols developed Workers understand mandate, role and responsibilities Problems and tensions able to be resolved Co-ordinator has skills and capacity to carry out the role and facilitate and make the process work Workers have the knowledge, skill and level of authority to make decisions Consistency with evidence based practice Willingness of workers to forgo agency control of cases Willingness of workers to support other agencies Positive exchange of information Collaborative case management processes and protocols followed consistently – referrals made, meeting processes taking place, plans developed, cases closed, cases opened Protocols flexible enough to allow responsiveness to needs Action plan developed and followed through Good decisions are made Supervision and support for staff involved Appropriate case closure where necessary	Activity and Output data Observation of meetings Case tracking analysis Worker perception of outcomes Worker satisfaction with the process Case studies of successful and less successful practice Interview workers about attitudes to families, compliance with evidence based practice Activities to engage families type and frequency, relationship-building activities, factors that affect of engagement, successes in engaging families.
Agency Level (changes in agency policy, practice and culture)	Agency and management commitment Agency understands role, mandate and process Time and resource allocated to STRONGfamilies Agency barriers identified and overcome Consistency with evidence based practice Agency support for risk taking Agencies referring to STRONGfamilies The right workers are attending and are active participants Acceptance of responsibility for service provision Agency monitors and carries out action STRONGfamilies process is mainstreamed into agency practice	Review against evidence based practice Case studies of successful and less successful practice Agency stories of change

Interagency Level (improved interagency work, relationships and structures)	Structures in place and work effectively Policies and protocols developed Shared understanding of the purpose role and mandate of interagency work Agency workers understand other agencies Time allocated Agency stakeholders participate Barriers identified and overcome Demonstrated evidence of interagency practice Consistency with evidence based practice Skill development and training in interagency practice Agencies working together collaboratively	Positive impact on interagency collaboration Review against evidence based practice Case studies of successful and less successful practice Stories of interagency successes
Government systems level (systems respond and change; barriers overcome)	Clear mandate for STRONGfamilies from the centre Central structures enable local responsiveness Adequate resourcing is provided Strong and consistent management commitment to STRONGfamilies Problems are identified and resolved	Description and Analysis of structures
Community/Social level (community awareness involvement and support)	Involvement of community organizations and NGO's Involvement of the Indigenous communities in STRONGfamilies Support for STRONGfamilies from local indigenous leaders and the Indigenous communities Level of knowledge of STRONGfamilies Referrals through word of mouth and from the community Self referrals Families most in need are being identified Community attitudes about STRONGfamilies Impact on identified risk factors and social and community wellbeing	Extent of indigenous community involvement in STRONGfamilies Examples of word of mouth referrals Extent of NGO involvement

Key findings: themes arising from the literature

In this section some of the lessons that can be drawn from the findings of the Literature Review are briefly described.

Program implementation

- Programs need significant time to become operational. Sufficient time is required to get programs up and away. A consistent theme across projects evaluated was that insufficient time was allocated to project implementation, given the work required to develop the service/program from scratch (Ball, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Queensland Government 2003: Penter & Other-Gee 2003).

- Differences exist in the way programs are implemented across different sites and the way they operate at the local level, due to local factors and circumstances. These local factors have a significant impact on the way each program operates and the outcomes that can be achieved(Faisandier, 2003: Hayton and Myron, 2004: McKenzie, Kelliher and Henderson, 2001: Penter, Other-Gee et all, 2001, 2001a: Scottish Executive 2004).

- Sites that moved through the implementation phase most smoothly were able to expand services and operate in a more strategic way (Faisandier, 2003).

- Ongoing communication strategies are required to ensure the dissemination of information about collaborative projects. Workers and managers in agencies are often unaware, or fail to understand how interagency case management programs differ from, and/or compliment existing agency case management and information sharing strategies and practices (Fisher, Thompson and Valentine, 2004).

Measuring program success

- Clear targets are required for each project/program site (Bruner, 2004: Mitchell, 2000: Scottish Executive 2004).

- "Soft" indicators are critical and need to be developed. These indicators measure "distance travelled" towards outcomes e.g. family engagement, increased interagency collaboration, increased parent confidence, increased motivation etc. (Bruner, 2004: Hayton and Myron, 2004: Human Services Victoria, 2001: Queensland Government, 2003: Penter and Other-Gee, 2003: Schoor, 2003).

- Outcomes are dependent on a chain of "good case practice" by all parties involved in the process (Bruner 2004: Queensland Government, 2003: Schoor, 2003).

- Hard" outcomes are difficult to identify given the significance and severity of difficulties/problems that families face (Bruner 2004: Queensland Government, 2003: Schoor, 2003: Scottish Executive 2004).

- Many programs have difficulty developing measurable family and client goals. Few measures exist that capture the outcomes for families. Success was often judged by traditional measures. (Bruner 2004: Queensland Government, 2003: Schoor, 1997, 2003)

- Even though many Projects were able to go beyond co-operation and co-ordination to achieve genuine collaboration, success was often judged by traditional measures, particularly by government agencies. (Bruner 2004: Queensland Government, 2003: Schoor, 1997, 2003)

- Few success measures exist that can capture the changes that result from interagency and collaborative projects (Queensland Government, 2003: Schoor, 1997, 2003)

- One consistent measure of the effectiveness of programs is the extent to which they operate consistent with evidence-based practice and best practice standards in working with families. There are a variety of such standards (Schoor, 1997, 2003)

- A number of such evidence-based frameworks draw from the work of Lisbeth Schoor who identified seven attributes of programs that have proven most effective in supporting families (Human Services Victoria, 2001, 2001a: Schoor, 20003):

  1. Successful programs are comprehensive, flexible, responsive and persevering.

  2. Successful programs see children in the context of their families and focus on family strengths. They also work with all generations involved in the family.

  3. Successful programs deal with families as part of neighbourhoods and communities. They respond to needs identified by the community.

  4. Successful programs have a long-term preventive orientation, a clear mission and continue to evolve over time. They focus on outcomes not rules.

  5. Competent and committed individuals with clearly identifiable skills manage successful programs.

  6. Staff of successful programs are trained and supported to provide high quality responsive services. Training, monitoring and supervision are required to ensure that program goals are achieved and high quality services provided.

  7. Successful programs operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect.

Structural characteristics of successful programs

- Initiatives targeting at-risk families are complex human service programs with multiple components and elements. They seek to address complex social problems in diverse and different local contexts. As such, programs require constant correction, the active involvement of committed people and flexible adaptation to meet local needs and circumstances. They require considerable risk taking, experimentation and modification by agencies as they are rolled out. These requirements do not always fit well in government systems and bureaucracies designed for certainty, predictability, standardisation, central control and fiscal restriction (Queensland Government, 2003: Schoor, 2003)

- In a recent paper Lisbeth Schoor grapples with the challenges that complex human service programs pose for systems. Based on an intensive body of work undertaken over two decades, Schoor highlights some of the "systemic'" attributes of programs that are successful for families-at-risk. Schoor's work

highlights what systems have to be able to accommodate in order for programs to be effective (Schoor, 2003).

Table 2.2: Attributes of effective programs (from Schoor, 2003).

Attributes of effective programs	Attributes associated with traditional systems and less effective programs
Significant front line flexibility within established parameters	Interventions standardized with minimal local discretion
Evolving in response to experience and changing conditions	Program is constant and consistent over time
Program reflects local strengths, needs and preferences	Program centrally designed and uniform across sites
Intake/recruitment into program under local control within broad parameters	Intake/recruitment centrally designed
Program components respond to families, children and youth in their local neighbourhood and community context.	Single factor single sector
Interactive components take into account health, social and educational needs	Components and needs clearly separated
Relationship and other hard to measure attributes are valued	Readily measured inputs and outputs
Implementers believe in and committed to the program	Implementation should be value free and in line with requirements, policies and procedures

Local structures and issues

- Central, regional and local leadership is necessary to help sustain the momentum for change (Fisher, Thompson and Valentine 2004: Penter, Other Gee et al 2001, 2001a).

- Central leadership is critical to support local structures (Fisher, Thompson and Valentine 2004: Hayton and Myron, 2004: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a).

- Local management structures are vital to effectiveness and need to ensure participation by all agencies. Participation and commitment from regional and local managers is critical to the success of local management structures and to interagency and collaborative projects. Such structures should build upon the particularities of existing structures and cultures (Fisher, Thompson and Valentine 2004: Faisandier, 2003: Hayton and Myron, 2004: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a).

- Project activities must be based on local knowledge and research and consultation with local stakeholders. Projects need to respond to uniquely local needs and aspirations whilst delivering their agency's core business (Fisher, Thompson and Valentine 2004: Faisandier, 2003: Hayton and Myron, 2004: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a).

Coordinator role is critical to the success of programs

- A consistent finding across initiatives is that the skills, expertise and capacities of Program Coordinators/staff are critical to program effectiveness and family outcomes. (Bennett, 2002: Fisher, Thompson and Valentine 2004: Faisandier, 2003: Human Services Victoria, 2001, 2001a: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a: Scottish Executive 2004: Spice Consulting 2001, 2001a).

- Coordinators need to be:
  - flexible and multi skilled

  - appropriately qualified

  - comfortable with strengths based approaches

  - receiving regular and appropriate professional supervision and skill development (on an individual, peer and group basis)

  - receiving appropriate levels of remuneration

  - have access to effective management and worker safety provisions.

- Coordinators have to deal with often volatile and complex family problems. Their level of experience, training, skill, preparation and professional and management support is vital human ((Bennett, 2002: Fisher, Thompson and Valentine 2004: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Human Services Victoria, 2001: Spice Consulting 2001)

Collaborative case management process

- The effectiveness of collaborative case management requires that authority for decision making is vested at the level of the local case management meeting, in which the family is an active participant. Programs are more successful when services are individualised for families (or wrapped around families) and developed in conjunction with families (Bennett, 2002: Fisher, Thompson and Valentine 2004: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Spice Consulting 2001, 2001a).

- Across a number of projects referral processes were hindered by communication barriers e.g. confidentiality, lack of communication between agencies, unwillingness to share information (Bennett, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Spice Consulting 2001, 2001a).

- Referral rates often vary noticeably between sites. There can be significant regional variations in referral rates. For example, a number of projects found that referrals are slower in rural areas (Bennett, 2002: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Spice Consulting 2001, 2001a).

- Agency attendance at interagency meetings often varies. Across projects there was found to be a lack of commitment from some government agencies, evident by their non-attendance at meetings and withdrawal without consultation (Bennett, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a : Spice Consulting 2001, 2001a)

Interagency collaboration

- Collaborative interagency projects rely on those in leadership and decision making roles to demonstrate a high level of commitment over the life of a Project. Without such commitment projects are vulnerable (Bennett, 2002: Faisandier, 2003 Penter, Other Gee et al 2001, 2001a: Queensland Government, 2003))

- Government agencies and government funded agencies often find it difficult to allocate the time that is needed for real collaborative work (Cavaye, 2004: Queensland Government, 2003)

- Often there is a lack of resources and support within agencies for the risk taking and new ways of doing things that are needed to achieve outcomes in interagency projects (Cavaye, 2004: Queensland Government, 2003).

- Some interagency collaborative projects struggle because agencies that were critical to the process were reluctant or unwilling to be involved. Gaining the commitment of agencies that are critical to the process can take time, but is essential to the long-term effectiveness of collaborative interagency projects (Cavaye, 2004: Queensland Government, 2003).

- Collaborative inter-agency projects require a firm foundation. Where interagency relationships are already well developed, collaborative projects have a firm foundation upon which to build (Bennett, 2002: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Spice Consulting 2001, 2001a).

- Interagency approaches promise a shared cross - system responsibility for serving and supporting families. Each agency brings its own expertise and services and families have a voice as empowered and active partners. The idea is that shared accountability is expanded. This has proved a challenge across projects (Bennett, 2002: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Spice Consulting 2001, 2001a).

- Agencies have to balance the need to change the way they do their core business, whilst at the same time delivering on their core business. These may not be compatible Cavaye, 2004: Penter, Other Gee et al 2001, 2001a: Queensland Government, 2003).

- Project success is reliant on building and sustaining relationships between Federal, State and local government and NGO agencies. This takes time, resources, considerable skill and goodwill and commitment to address conflicts and tensions that arise during that process (Bennett, 2002: Cavaye, 2004: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Penter, Other Gee et al 2001, 2001a: Spice Consulting 2001, 2001a Queensland Government, 2003).

- One key issue that supports interagency work is that staff have clarity about the nature of different roles and responsibilities, both within their own agency/service, as well as how their role interfaces with those in other agencies (Cavaye, 2004: Penter, Other Gee et al 2001, 2001a: Queensland Government, 2003).

- Relationships can be built in the short-term but need to be sustained over time. Many factors (e.g. staff turnover) hinder this (Bennett, 2002: Cavaye, 2004: McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Penter, Other Gee et al 2001, 2001a: Queensland Government, 2003).

- Some of the key barriers to agency participation in projects include lack of management commitment and support, time and workload constraints and staff turnover (Bennett, 2002: Cavaye, 2004: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Penter, Other Gee et al 2001, 2001a: Spice Consulting 2001, 2001a Queensland Government, 2003).

- Interagency projects benefit from creating spaces and opportunities for workers and agencies to reflect and learn from their experience and consider new and better ways of doing things (Cavaye, 2004: Queensland Government, 2003).

- Projects have generally been successful in developing structures, processes and relationships that result in improved interagency collaboration and a more coordinated service network for families (Bennett, 2002: Cavaye, 2004: Faisandier, 2003: Human Services, Victoria 2001:McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Penter, Other Gee et al 2001, 2001a: Spice Consulting 2001, 2001a Queensland Government, 2003).

Family engagement and involvement

- Families were more likely to engage with the program if they knew the source of the referral (Spice Consulting, 2001, 2001a)

- The pre - referral assessment process is critical in increasing the chance of successful family engagement (Spice Consulting, 2001, 2001a)

- Increased time spent with families was linked to increased goal attainment for the family, increased worker and family satisfaction and increased family engagement (Human Services Victoria, 2001: Ministry of Social Policy 2001: Ministry of Maori Development: Spice Consulting, 2001, 2001a).

- Not all-family members engage with Programs. Mothers, grandmothers and female family members and carers tend to more involved. Men were more difficult to engage (Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Spice Consulting, 2001, 2001a).

- Families seem to value the Plan that results from case management meetings as it ensures consistency in the way agencies respond and provides a way to hold agencies accountable (Bennett, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001: Spice Consulting, 2001).

Engagement and involvement of Indigenous families and communities

- Across Projects the level of engagement and involvement of Indigenous families varied considerably (Bennett, 2002: Faisandier, 2003: Fisher, Thompson and Valentine, 2004: McKenzie, Kelliher and Henderson, 2001: Ministry of Maori Development, 2001).

- Where Indigenous families were involved in case management the process was generally viewed favourably by family members and the interagency processes, although intimidating for some Indigenous families, were seen to deliver benefits for families and children (Bennett, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001).

- There is generally a low level of involvement and participation of the Indigenous community in projects/programs. The most common form of involvement is of Indigenous workers in management groups, usually as representatives of government agencies (Bennett, 2002: Faisandier, 2003: McKenzie, Kelliher and Henderson, 2001: Ministry of Maori Development, 2001).

- There needs to be an investment of time, energy and resources to build and maintain relationships between programs/projects and indigenous communities (Bennett, 2002: Faisandier, 2003: Fisher, Thompson and Valentine, 2004: McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001).

- The active involvement and support of members of the Indigenous community, for example community leaders and elders and Indigenous organisations, or community members who know the community and the family can deliver important benefits to programs that work with Indigenous families (Bennett, 2002: Faisandier, 2003: Fisher, Thompson and Valentine, 2004: McKenzie, Kelliher and Henderson, 2001: Ministry of Social Policy 2001: Ministry of Maori Development, 2001).

- The 2001 Review of Strengthening Families undertaken by the Ministry of Maori Development in New Zealand identified that were significant advantages to be had by ensuring greater awareness and involvement by the Indigenous (Maori) community in the program as a whole, and in the collaborative case management process. This includes ensuring community support, overcoming reluctance to participate and encouraging and engaging families. The Report found that overall the process employed to design and implement collaborative case management had generally excluded Maori involvement and participation (Ministry of Maori Development, 2001).

- The literature identifies a range of ways that members of the Indigenous community could be more actively involved in projects including (Bennett, 2002: Faisandier, 2003: Fisher, Thompson and Valentine, 2004: McKenzie, Kelliher and Henderson, 2001: Ministry of Maori Development, 2001):

  - participation by community leaders in the various management structures

  - Indigenous workers assisting in engaging and supporting families through the process

  - active involvement by indigenous organisations and indigenous workers in the case management process.

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STRONG*families*

Agencies working together with families for better results

PARTNERSHIP AGREEMENT

BETWEEN

Service Delivery Partners

Department for Child Protection
Western Australia Police
Department of Corrective Services
Department of Education and Training
Department of Housing and Works
Department of Health
Drug and Alcohol Office
Disability Services Commission

Interested Partners

Department of Indigenous Affairs
Department of Local Government and Regional Development
Western Australian Council of Social Services
Centrelink
Department of Family, Housing, Community Services and Indigenous Affairs

In relation to participation and the provision of information for the purpose of the STRONG*families* **program**

LIST OF CONTENTS

1.   BACKGROUND

Many families experience complex inter-related problems and as such require the assistance of a range of State Government agencies, Commonwealth agencies, non-government organisations and the community. In order to achieve the best outcomes for these families, services need to be planned and delivered in a coordinated manner.

Indigenous families are over-represented in this category and traditional responses to their issues have been problematic. The Gordon Inquiry reflects on several decades of enquiry and criticism of Government programs that have not been able to address social disadvantage for these families.

The Gordon Inquiry made many recommendations for Government to improve service delivery for Indigenous communities, in particular to improve the way that Government agencies coordinate services. In this regard the **STRONG***families* pilots operating in Albany and Midland were recommended as good examples of such coordinated service delivery.

The Government's response to the Gordon Inquiry endorsed the expansion of **STRONG***families* and committed funds for a Statewide roll-out, appointing Coordinators in 12 locations in December 2003. Five Coordinators were located in the metropolitan area and seven in country locations. An additional Coordinator position was established in June 2005 in the East Kimberley and a further position was established in January 2006 in the South East Metropolitan region.

Although **STRONG***families* is a universal program, Indigenous families are a priority target group.

2.   PURPOSE

The purpose of this agreement is to:

- Re-establish the level of commitment and cooperative working relationship between the parties, necessary to facilitate the requirements of the **STRONG***families* program, as set out in Appendix 1;
- To facilitate the ongoing sharing of information between the parties to enable the effective case management of key customers;
- To define respective roles and responsibilities of the participating agencies; and
- To specify the accountabilities for the parties of the agreement.

3.   TIMELINES

Appoint Strong Families Coordinators to permanent positions   Jan 2008

4. OVERSIGHT

Oversight of the **STRONG***families* program will be achieved through a governance framework involving the Directors' General, **STRONG***families* Monitoring Group and Regional Management Groups. Through this ongoing framework: full agency commitment, cooperation and involvement will be obtained; program monitoring and evaluation will be carried out, and instances of inadequate action and collaboration will be addressed.

Ultimate responsibility for the success of the **STRONG***families* program rests with the Directors General. Directors General will provide leadership and direction to ensure full agency commitment, cooperation and involvement for the ongoing successful implementation and operation of the program. Policy and operational issues that cannot be resolved by Regional Management Groups or the Monitoring Group will be referred to the Directors General for determination.

Monitoring Group members will be responsible for progressing issues to their respective Directors' General. Collective strategic issues will be progressed by the Director General for the Department for Child Protection to the Directors General Forum on Indigenous Affairs.

The Monitoring Group will set strategic directions and oversee and guide the implementation, operation, monitoring, and evaluation of the program. The Monitoring Group will operate within the terms of reference and other operating requirements set out in Section 11 of this agreement.

Regional Management Groups will be responsible for overseeing the implementation and operation of the program within their location. These groups will operate within the terms of reference and operating requirements set out in Section 12 of this agreement.

4.1 Escalation Provisions

Instances of inadequate action and collaboration will continue to be dealt with through the Governance and Management Framework (see Appendix 1). All matters are to be referred to the Regional Management Groups in the first instance for consideration. Any issues that cannot be resolved at the local level are to be escalated through the **STRONG***families* Monitoring Group. Monitoring Group members are responsible for reporting issues to the Directors' General for determination.

4.2 Case Review

Referrals to **STRONG***families* will include families experiencing serious and highly complex social problems, who present challenges to agencies and communities. For many reasons, including inadequate action, inadequate collaboration between agencies or lack of resources, the management of such cases can get "blocked" and complex issues remain unresolved.

While the governance framework and escalation provisions are intended to deal with such situations, there may be occasions where this system fails. In such instances, **STRONG***families* Coordinators or any officer involved in the program can make a direct request to Directors' General for a case review.

A Case Review will determine whether there are suitable levels of agency participation, action and resources allocated to the case.

5.   ROLES OF THE PARTNERS

STRONG*families* involves agencies from across the human services sector, including State Government agencies, Commonwealth agencies, non-government organisations and the community. While the Department for Child Protection is the agency responsible for overall administration, it is essential that the program continue to be conducted as an interagency initiative in which all of the key stakeholders have a strong sense of ownership.

5.1 Role of Department for Child Protection

Department for Child Protection is the lead agency for this initiative and is responsible for the recruitment and employment of the Senior Project Officer - Strong Families, Coordinators and the administration of program funds. The Department for Child Protection's permanent appointment of 14 Strong Families Coordinators will not alter the role of the Department of Child Protection or detract from the interagency collaboration and partnership model that underpins Strong families.
 The Department for Child Protection will:
- Ensure all parties are provided with information about the program;
- Provide induction training and ongoing professional development to Strong families Coordinators;
- Provide six monthly financial and progress reports to partners;
- Consult partners about all decisions relating to the management of the program, and
- Provide the secretariat service to the Monitoring Group.

5.2 Role of Service Delivery Partners

Service Delivery Partners will be responsible for:
- Ensuring nominated Monitoring Group representatives are able to speak for their agency and able to influence its operational policies, practices and decision-making.
- Nominated representatives regularly attending the Monitoring Group;
- Establishing and maintaining Regional Management Groups;
- Ensuring that staff participate in **STRONG***families* meetings, training and fulfil agreed obligations; and
- Promote the use of **STRONG***families* for appropriate families.

The *Drug and Alcohol Office* is not a direct service provider in country regions. Where the Drug and Alcohol Office contracts treatment services, then the Drug and Alcohol Office will ensure that participation in Strong families is an obligation of the contracted service.

5.3 Roles of Interested Partners

The *Department of Indigenous Affairs* will be responsible for providing advice to ensure that **STRONG***families* meets the needs of Indigenous communities and assisting agencies to work more effectively with Indigenous communities and families. Provide a representative for the Monitoring Group.

The Department of Local Government and Regional Development will be responsible for providing advice about Local Government participation and regional service delivery issues. Provide a representative for the Monitoring Group.

Western Australian Council of Social Services will be responsible for representing the interests of non-government service providers participating in **STRONG**$families$. Provide a representative for the Monitoring Group.

Centrelink will play a proactive role in ensuring the participation of Centrelink staff at service delivery levels where appropriate. Provide a representative for the Monitoring Group.

Department of Family, Housing, Community Services and Indigenous Affairs (FaHCSIA) will contribute to developing the social coalition to build and provide leverage towards the development of human and social capital. Provide a representative for the Monitoring Group.

6. FUNDING SOURCE

The Department for Child Protection has been allocated $1.635 million per annum on a recurrent basis by the Western Australian Government for the employment of 14 Strong Families Coordinators and a central coordination unit.

7. FINANCIAL ADMINISTRATION OF PROGRAM FUNDS

The Department for Child Protection will administer the funds within its normal financial administration arrangements.

The Department for Child Protection will provide six monthly financial reports to the Directors' General through the Monitoring Group.

8. ACCOUNTABILITY FOR PROGRAM OUTCOMES

The partners to this agreement are seeking the following outcomes from **STRONG**$families$:

- Benefits for families result from the process and are identified;
- The capacity of agencies to collaborate and provide coordinated; integrated services to families is increased;
- The case management approach brings agencies and families together as partners and addresses matters of mutual concern.

9. PROGRAM PRINCIPLES

The key operating principles for the program remain:

- Respect: The family is treated professionally and with respect;
- Inclusiveness: The family is fully involved in the development of actions;
- Capacity building: Agencies and families understand the benefits of **STRONG**$families$ and are equipped to participate effectively in the process;
- Interagency approach: There is collective responsibility and decision making;
- Accountability: Agencies fulfil their commitments to families and other agencies;
- Flexibility: Resources are used optimally;
- Responsiveness: Action is timely and targeted;

- Openness: Agencies participate openly and willingly; and
- Sustainability: **STRONG**_families_ principles and processes are embedded into the normal business of agencies.

10. INFORMATION SHARING

10.1 Information to be shared

The over arching purpose of sharing personal and in-confidence client information in the **STRONG**_families_ process is to bring about a positive outcome for the family.

To that end agencies will continue to share information which:

- **Is relevant** to achieving a positive outcome for the family;
- **Is the minimum** that is required to help achieve a positive outcome for the family; and
- Does not contravene individual agency policy or legislation or other law applicable to the agency.

10.2 Consent

Information will continue to be shared within the **STRONG**_families_ case management process on the basis of explicit, written consent by the family.

10.3 How agencies may use information

In the **STRONG**_families_ case management process, families agree for information to be shared between specified agencies in order to bring about a better outcome for their family and to ensure their needs will be best met. Information shared as a part of this process may therefore be used by agencies in this context. Agencies, when using this information, should be aware of the basis on which the consent was given.

10.4 Managing personal and in-confidence information

All personal and in-confidence information accessed as part of the **STRONG**_families_ process will continue to be managed in accordance with the provisions of _Premier's Circular 2003/05: Policy Framework and Standards for Information Sharing Between Government Agencies - Standards for Managing Personal and In-Confidence Information_ (see Appendix 2).

11. MONITORING GROUP

11.1 Membership
The Monitoring Group is comprised of representatives from the following organisations:
- Department for Child Protection
- Western Australia Police;
- Department of Corrective Services;
- Department of Education and Training;
- Department of Indigenous Affairs;
- Department of Housing and Works;
- Department of Health;
- Drug and Alcohol Office;

- Disability Services Commission;
- Department of Local Government and Regional Development;
- Western Australian Council of Social Services;
- Centrelink; and
- Department of Family, Housing, Community Services and Indigenous Affairs (FaHCSIA)

11.2 Terms of Reference

11.2.1 Oversee the operation of the **STRONG**_families_ program in Western Australia.

11.2.2 Ensure that Indigenous families are effectively engaged in the **STRONG**_families_ process.

11.2.3 Monitor agency involvement and participation in **STRONG**_families_.

11.2.4 Promote **STRONG**_families_ and its benefits within home agencies.

11.2.5 Identify opportunities to integrate **STRONG**_families_ into existing organisational procedures.

11.2.6 Identify and address systemic barriers to collaboration between agencies and effective service delivery.

11.2.7 Ensure that the Indigenous and non-Indigenous families and individuals who are experiencing the most serious and complex social problems, are identified and that support services are doing their maximum to help these people.

11.2.8 Investigate and address operational issues relating to **STRONG**_families_, including instances of inadequate action and collaboration from participating agencies.

11.2.9 Audit each district's case management responses to ensure participating agencies provide maximum engagement.

11.2.10 Undertake Case Reviews as requested and report outcomes to the Directors' General.

11.2.11 Evaluate the impact and effectiveness of the **STRONG**_families_ program.

11.2.12 Provide regular reports to the Directors' General.

11.3 Attendance and Frequency of Meetings

Monitoring Group members will regularly attend meetings and in those instances where a member is unable to attend, an informed and regular proxy from that agency will be sent.

The Monitoring Group will meet every two months. If any member considers that there are important issues to be discussed and it is deemed appropriate by the Chair, a special meeting can be called.

11.4 Chair

The Monitoring Group will be chaired by the Department for Child Protection.

11.5 Decision Making

All decisions of the Monitoring Group will be consensus based.

11.6   Conflict Resolution

Any question or dispute that arises between the parties, regarding the meaning and effect of this Agreement shall continue to be resolved in the following manner:

- The parties shall attempt to resolve the issue.
- If the parties are unable to resolve the issue to their reasonable satisfaction, the issue will be referred to an arbitrator. The arbitrator will be a person or body whom the parties agree on.

12.   REGIONAL MANAGEMENT GROUPS

Regional Management Groups will be established in each **STRONG**_families_ location. The structure of Regional Management Groups may vary.

12.1   Membership

The Regional Management Groups is comprised of managers from the following organisations:

- Department for Child Protection;
- Western Australia Police;
- Department of Corrective Services;
- Department of Education and Training;
- Department of Indigenous Affairs;
- Department of Housing and Works;
- Department of Health;
- Disability Services Commission;
- Local Government Authorities; and
- Other local Federal Government, State Government and non-government service providers as appropriate.

12.2   Terms of Reference

12.2.1   Develop, implement and oversee the operation of **STRONG**_families_ in the location, including the development of and adherence to local protocols.

12.2.2   Ensure that families, within the location, who would benefit from involvement in **STRONG**_families_ are identified early and are encouraged to engage effectively in the process.

12.2.3   Ensure that Indigenous families are encouraged to engage effectively in the **STRONG**_families_ process through the program being culturally appropriate.

12.2.4   Ensure agency involvement and participation in **STRONG**_families_.

12.2.5   Empower and support staff to contribute to the **STRONG**_families_ process – to make commitments on behalf of own agency and where appropriate assume the lead agency/worker role.

12.2.6   Identify opportunities to integrate **STRONG**_families_ into existing organisational procedures.

12.2.7   Identify and address systemic barriers to collaboration between agencies and effective service delivery.

12.2.8 Identify those Indigenous and non-Indigenous families and individuals who are experiencing the most serious and complex social problems and ensure that support services are doing their maximum to help these people.

12.2.9 Investigate and address operational issues relating to **STRONG***families*, including instances of inadequate action and collaboration from participating agencies.

12.2.10 Collect data and information to evaluate the impact and effectiveness of the **STRONG***families* program.

12.2.11 Provide regular reports to the **STRONG***families* Monitoring Group.

13. SENIOR PROJECT OFFICER - STRONG FAMILIES

The Senior Project Officer - Strong Families is responsible for developing and managing the **STRONG***families* operation plan. Specifically the Senior Project Officer, Strong Families:

- Provides leadership and vision for the **STRONG***families* strategy, incorporating an across government focus to the program.
- Monitors and reports to key stakeholders to ensure consistency with the **STRONG***families* Partnership Agreement and principles.
- Provides support and mentoring to Coordinators to resolve issues and bring about a team approach.
- Monitors the participation of Aboriginal and culturally and linguistically diverse families and fosters the development of strategies to promote their participation.
- Contributes to the design, development and implementation of ongoing STRONG*families* evaluation tools.
- Develops and promotes collaborative relationships across Government and non government agencies and communities in relation to interagency collaboration, coordination, and integrated service delivery for families.
- Assists Regional Management groups and officers from stakeholder agencies with timely and accurate information and advice.
- Develops policy advice and strategies to promote the effective operation of **STRONG***families.*
- Provides information, analysis, advice and support to Department for Child Protection District Directors, Regional Management Groups, Managers, the **STRONG***families* Monitoring Group and Directors General.
- Develops, maintains and analyses the **STRONG***families* monitoring and reporting system.
- Supports the employment and induction of new Coordinators and develops and implements ongoing training strategies to support all Coordinators.
- Oversights the **STRONG***families* budget and contract management.
- Performs a secretariat role to the Monitoring Group and to other parties as required.

14. STRONG FAMILIES COORDINATOR

The role of the Strong Families Coordinator is to promote coordination and collaboration between agencies in their work with families who have complex needs. Coordinators do not themselves provide a case management service or direct services to families. Their role is to

support the agencies to bring about an interagency case management approach and build the capacity of the agencies to work collaboratively.

Strong Families Coordinators have a key role in ensuring agencies are held accountable for doing what they agreed to do within Strong families processes. The Monitoring Group requires Strong Families Coordinators to provide feedback to agencies regarding specific agency staff participation in **STRONG** *families* processes.

15. AMENDMENTS TO THE PARTNERSHIP AGREEMENT

This Agreement can be modified or amended with the consent of all parties.

Proposals to amend the agreement must be referred to the Directors' General for endorsement.

16. TERMINATION

This Agreement is for a period of two years and will expire on 31 December 2009

However it can be terminated earlier by any of the parties giving written notice to the other parties.

Termination of the agreement can be for the following reasons:
- Funding for the program ceases
- Program outcomes are not being achieved

Prior to any decision being made to terminate this Agreement the matter must be referred to the Directors General setting out the reasons for the termination.

17. REVIEW AND EVALUATION

The **STRONG** *families* program is subject to ongoing review through program management and through the independent evaluation of the Government's response to the Gordon Inquiry.

18. GENERAL PROVISIONS

18.1 Authority to Enter into an Agreement

The **STRONG** *families* program is a Western Australian State Government initiative as part of its response to the Inquiry into Responses by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities.

18.2 Agreement in Good Faith

This is an agreement made in good faith based on the commitment of the parties to an effective and sustainable partnership. It does not seek to establish a legal relationship between the parties.

18.3 Privacy

Each party acknowledges and undertakes to protect the confidentiality and integrity of the information obtained in the provision of their respective services.

19. ENDORSEMENT

The agencies specified agree to support and participate in the **STRONG** *families* program in according to arrangements outlined in this Partnership Agreement.
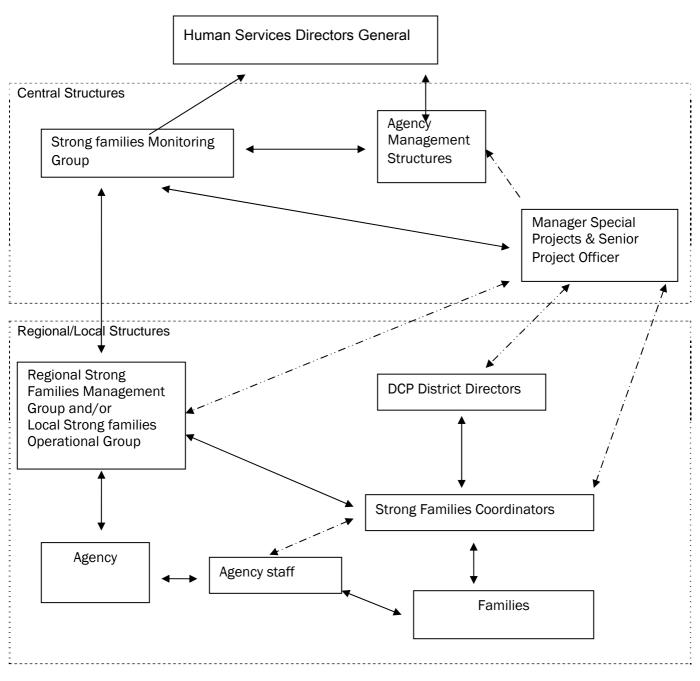
Service Delivery Partners	
Signed - **Director General – Terry Murphy**	On behalf of the **Department for Child Protection** Date:
Signed - **Commissioner - Dr Karl O'Callaghan**	On behalf of the **Western Australia Police** Date:
Signed - **Commissioner – Ian Johnson**	On behalf of the **Department for Corrective Services** Date:
Signed - **Director General – Sharyn O'Neill**	On behalf of the **Department of Education and Training** Date:
Signed - **A/Director General – John Coles**	On behalf of the **Department of Housing and Works** Date:
Signed - **A/Director General – Dr Peter Flett**	On behalf of the **Department of Health** Date:
Signed - **A/Executive Director – Eric Dillon**	On behalf of the **Drug and Alcohol Office** Date:
Signed - **Director General – Dr Ron Chalmers**	On behalf of the **Disability Services Commission** Date:

Interested Partners	
Signed - **A/DirectorGeneral – Jacqueline Tang**	On behalf of the **Department of Indigenous Affairs** Date:
Signed - **Area Manager (Area WA) – Jan Lipiec**	On behalf of **Centrelink** Date:

Signed --- **A/Director General – Ross Weaver**	On behalf of the **Department of Local Government and Regional Development** Date:
Signed --- **State Manager – Andrew Jaggers**	On behalf of the **Department of Families, Housing Community Services and Indigenous Affairs** Date:
Signed --- **President – Chris Hall**	On behalf of the **Western Australian Council of Social Services** Date:

Appendix 1

STRONG *Families* Governance and Management Framework

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┌─────────────────────────────────────────────┐
│        Human Services Directors General       │
└─────────────────────────────────────────────┘
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Central Structures

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┌──────────────────────┐        ┌──────────────────┐
│ Strong families       │←─────→ │ Agency           │
│ Monitoring Group      │        │ Management       │
└──────────────────────┘        │ Structures       │
                                 └──────────────────┘

                                 ┌──────────────────┐
                                 │ Manager Special   │
                                 │ Projects & Senior │
                                 │ Project Officer   │
                                 └──────────────────┘
```

Regional/Local Structures

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┌──────────────────────┐        ┌──────────────────────┐
│ Regional Strong       │        │ DCP District Directors│
│ Families Management   │        └──────────────────────┘
│ Group and/or          │
│ Local Strong families │        ┌──────────────────────┐
│ Operational Group     │        │ Strong Families       │
└──────────────────────┘        │ Coordinators          │
                                 └──────────────────────┘
┌──────────────┐   ┌──────────────┐
│ Agency       │←→ │ Agency staff │   ┌──────────────┐
└──────────────┘   └──────────────┘   │ Families     │
                                       └──────────────┘
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Reporting link ←──────→

Information / Support Link ←·—·—·—·→

The Strong Families Monitoring Group is comprised of nominated representatives from Department of Child Protection, Western Australia Police, Department of Corrective Services, Department of Education and Training, Department of Housing & Works, Department of Health, Disability Services Commission, Department of Indigenous Affairs, Department of Local Government and Regional Development, Western Australia Council of Social Services, Centrelink, Department of Families, Housing, Community Services and Indigenous Affairs.

The Regional Management Groups are comprised of managers from Department of Child Protection, Western Australia Police, Department of Corrective Services, Department of Education and Training, Department of Indigenous Affairs, Department of Housing & Works, Department of Health, Disability Services Commission, Local Government Authorities and other local Federal Government, State Government and non-government service providers if appropriate

Program Management

STRONG*families* is an interagency initiative over which Directors' General has ultimate responsibility. While the Department for Child Protection is the agency responsible for overall administration, it is essential that the program be conducted as an interagency initiative in which all of the key stakeholders have a strong sense of ownership and commitment.

The **STRONG***families* Monitoring Group will oversee the implementation, operation, monitoring and evaluation of the program.

Regional Management Groups provide leadership and support for the Coordinator and are responsible for the implementation of **STRONG** *families* locally. Their role is to:

- Develop, implement and oversee the operation of **STRONG***families* in the location, including the development and adherence of local protocols;
- Ensure that families, within the location, who would benefit from involvement in **STRONG***families* are identified and engaged in the process;
- Ensure that Indigenous families are effectively engaged in the **STRONG***families* process.
- Ensure agency involvement and participation in **STRONG***families*;
- Empower and support staff to contribute to the **STRONG***families* process – to make commitments on behalf of own agency and where appropriate assume the lead agency/worker role;
- Identify opportunities to integrate **STRONG***families* into existing organisational procedures;
- Identify and address systemic barriers to collaboration between agencies and effective service delivery;
- Identify those Indigenous and non-Indigenous families and individuals who are experiencing the most serious and complex social problems and ensure that support services are doing their maximum to help these people;
- Investigate and address operational issues relating to **STRONG***families*, including instances of inadequate action and collaboration from participating agencies;
- Collect data and information to evaluate the impact and effectiveness of the **STRONG***families* program; and
- Provide regular reports to the **STRONG***families* Monitoring Group;

Case Management

STRONG*families* is a planning and coordination process for consenting families who are receiving services from a number of agencies and where it is considered that the application of a more formal coordination process will assist in better achieving the desired outcomes for the family.

Family consent to the **STRONG***families* process and the sharing of information is obtained through a process of engagement that fully informs the family about the process, its benefits, the implications of sharing information and their rights.

The case management team is made up of those agencies that are working with the family at any particular time. Agency participation is not limited to the partner agencies.

The **STRONG***families* meeting is attended by agency representatives and family members. Where appropriate children or young people may attend. A neutral facilitator chairs the meeting ensuring that mutual goals are identified and a corresponding action plan developed.

At the meeting one agency agrees to take on the *lead agency* role and the worker is nominated as the *lead agency worker*. The *lead agency worker* does not carry out the work of other agencies, but plays a pivotal role in the success of a plan by providing a central point of contact in relation to the plan, monitoring progress, assessing changing circumstances and monitoring completion of agreed actions. Where necessary, the *lead agency worker* may assume a role coordinating the actions of agencies agreed in the plan.

Following the initial meeting, review meetings are held at appropriate intervals. The date for the next review is set at the conclusion of each meeting, although where circumstances change, a review meeting may be called earlier than originally scheduled.

Review meetings enable the case management team and families to assess the progress of the plan and make any adjustments that are necessary. The review meeting also provides an important accountability measure to ensure that agencies fulfil their agreed commitments. The **STRONG***families* process ceases when the need for heightened coordination is no longer required. When this point is reached a closure meeting is held.

Each agency maintains its own records however a **STRONG***families* case file that contains referral forms, action plans and correspondence is maintained by the Coordinator.

Information will be collected for monitoring and evaluation purposes. Local Coordinators will maintain copies of some documentation. Information that is collected may also be used for statistical analysis and evaluation purposes. However if it is published in any way the information will be non-identifying.

Criteria for Inclusion

STRONG*families* is suitable for families that meet the following criteria:

- Family with children under the age of 18 years;
- Family consent to the process and for information to be shared between specified agencies and individuals;
- Complex social issues;
- Two or more agencies are involved (or should be involved) with the family;
- More formal coordination is likely to make a positive difference to the outcome of the case; and
- Optimal family participation.

Lead Agency/Worker Role

The role of the lead agency worker is to:

- Provide a primary point of contact and communication for agencies and families in relation to the plan;

- Monitor progress of the plan;
- Where necessary, coordinate the actions agreed by the agencies to ensure the effective operation of the plan;
- Assess the impact of changes in circumstance on the plan; and
- In conjunction with the Coordinator, initiate review or closure meetings as required.

Coordinator Role

The role of the Strong Families Coordinator is to promote coordination and collaboration between agencies in their work with families who have complex needs. Coordinators do not themselves provide a case management service or direct services to families. Their role is to support the agencies to bring about an interagency case management approach and build the capacity of the agencies to work collaboratively.

The main activities of Coordinators are to:
- Bring about collaborative case management;
- Work with local agencies to help identify families who would benefit from participation in the **STRONG***families* process;
- Develop strategies to engage with families and encourage their participation in the **STRONG***families* process;
- Work with agencies to convene **STRONG***families* meetings;
- Provide neutral facilitation for **STRONG***families* meetings;
- Ensure that review meetings take place and liaise with lead agency workers to monitor the progress of **STRONG***families* plans; and
- Liaise with the *lead agency worker* to monitor the progress of the **STRONG***families* plan and support the *lead agency worker* role.

Other activities include:
- Training and supporting other workers to take on the neutral facilitator role;
- Providing training to agency staff on interagency working;
- Working with local managers to develop protocols, document agreed processes and secure agency commitment;
- Providing consultancy and support to agencies to build interagency approaches and resolve issues that act as barriers to coordination and collaboration;
- Monitoring local implementation and reporting to the local management group; and
- Facilitating interagency meetings in response to issues at service response level.

Coordinator Distribution

Statewide coverage will be achieved by the placement of 14 Coordinators.

Coordinators will be placed in the metropolitan area, each with responsibility for a defined geographic area -
- Central and North East Metropolitan (Perth – Midland corridor);
- South East Metropolitan (Cannington corridor);
- South East Metropolitan (Armadale corridor);
- North West Metropolitan (Mirrabooka – Joondalup corridor)'
- Fremantle (Fremantle – Cockburn corridor); and
- South Metropolitan (Rockingham – Peel corridor).

The remaining Coordinators will serve regional areas from the locations of -
- Albany;
- Bunbury;
- Northam;
- Geraldton;
- Port Hedland;
- Kununurra
- Broome; and
- Kalgoorlie

A Central Coordination Unit will provide support to the initiative, monitor overall progress and ensure implementation of a consistent program framework.

Appendix 2

STANDARDS FOR MANAGING PERSONAL AND IN-CONFIDENCE INFORMATION

Government officers frequently have access to personal and in-confidence information. Through information sharing, officers will in future have access to a wider range of personal and in-confidence information.

In all cases, government agencies have a duty of care in managing that information regardless of which agency generated the information in the first instance.

These minimum Standards provide principles and guidelines that should be adopted in information sharing and handling, whether the source information is generated internally or acquired from other agencies. These Standards may be expanded or modified, depending on the circumstances, by agencies/parties to an information sharing arrangement. The Standards should be defined and agreed to by the agencies involved, as part of the Memorandum of Understanding.

As a broad overview for collecting and sharing information, the following issues need to be considered.

Legal Provisions Apply

Agencies are required to adhere to statutory provisions and common law, and should clarify and articulate powers enabling information sharing or indeed acting to prevent it.

Agencies should examine their own legislation to see if it restricts the exchange of information.

There is also overarching legislation which contains secrecy or confidentiality provisions such as the *Public Sector Management Act 1994* and the *Criminal Code* (section 81 creates an offence of disclosing official secrets with a penalty of two years imprisonment). Further, there are common law obligations which may be relevant (e.g. a legal or equitable obligation of confidence), and create a duty not to disclose information received in such circumstances. In summary, agencies should ensure that any information sharing agreement does not breach any law to which they are subject.

Agencies should also be aware that the *Freedom of Information Act 1992* gives individuals the right to access information regarding themselves. Privacy principles also provide persons with a right to access information regarding themselves. It is therefore prudent for agencies in collecting and sharing to build-in clients' rights to access information, and grievance procedures for breaches of privacy arising from information sharing arrangements.

At this time, Western Australia does not have privacy legislation. However, Commonwealth agencies are subject to the Federal *Privacy Act 1988* which requires them to comply with the Information Privacy Principles. As Western Australia may develop privacy legislation in the near future, it is prudent for government agencies to ensure that their policies and practices are consistent with accepted minimum privacy principles.

Government agencies should also be aware that the *Commonwealth Privacy Amendment (Private Sector) Act 2000* which came into effect in December 2001, may impact on some private sector organisations with whom Government agencies share information. The private

sector organisations which come within the scope of this legislation will be required to abide by the National Privacy Principles.

Where Government agencies have contracts or enter into Memoranda of Understanding with private sector organisations which are not bound by the amendment, Government agencies should consider whether they should require the private sector organisations to abide by appropriate privacy principles.

If in doubt regarding what legal provisions may be relevant, legal advice should be sought in relation to the particular Memoranda of Understanding.

Purpose Defined

Before entering into any agreement, agencies should undertake an analysis of the need for the information sharing, and its benefits and costs. Information should only be exchanged where there is a demonstrated need, and the perceived benefits clearly outweigh any privacy issues.

The purposes for collecting, storing and allowing access to information should be clear and specific. The reasons for collecting the information and how the information will be used or shared should be explained to clients at the time of collection. Although they do not directly apply to Western Australian Government agencies, the National Privacy Principles, for example, provide that information should only be used for the primary purpose of collection, and must not (with some exceptions) be used for a secondary purpose (a purpose other than for which it was collected).

Where an MOU has been developed, the purpose for sharing the information should be clear and specific. If the information exchange is not for the purpose for which the information was collected, consideration should be given to obtaining the consent of the individual(s) concerned, where possible. Consideration could also be given to obtaining the information directly from the individual. However, it should be noted that privacy legislation typically provides exceptions such as where the health or safety of an individual is at risk or for law enforcement purposes.

The circumstances under which information sharing may or may not occur should be defined and agreed to within the Memorandum of Understanding. These documents should be sufficiently explicit to avoid confusion as to whether particular classes of information come within the scope of the document.

Minimum Information Exchanged

The minimum amount of information should be shared to achieve the required results, and agencies should ensure that the information shared is necessary for the primary purpose for which it was collected.

Equitable and Fair Treatment of Clients

Clients should be treated in an equitable and fair manner through consistent criteria being applied to determine whether and what information is to be shared.

Rights and Obligations Observed

Mutual rights and obligations apply to the sharing of information. Clients generally have rights in regard to information held about themselves, and in many cases access to such information can be routinely obtained on request. Memoranda of Understanding should make reference to clients being advised of their rights under the FOI Act or in respect of any breach of privacy.

Consideration should be given to the need for a client advocate.

Government officers have the right to CEO support in their formal information sharing arrangements, whilst also having obligations to maintain appropriate confidentialities, and adhere to relevant policies and procedures.

Under FOI legislation and generally accepted privacy principles, agencies may limit access to personal information where such access would pose a serious threat to the life or health of any individual, or would have an unreasonable impact upon the other individuals or for public policy reasons. In these circumstances, legal advice should be sought on a case by case basis.

With some exceptions, agencies should not pass on information they have received through an information sharing agreement to third or other parties, without the consent of the individual concerned and/or the agency which initially gathered the information. These exceptions involve such circumstances as where the health or safety of an individual is at risk or for law enforcement purposes, or where the individual would normally expect the information to be passed on to another agency.

If a party to the information sharing wishes to share information with third or other parties for further collaborative case management, the consent of the individual or the first agency should be sought, unless otherwise agreed. Where possible, information should be obtained directly from the client.

Agencies may specifically wish to address in Memoranda of Understanding issues relating to information subpoenaed or otherwise required to be disclosed pursuant to a court process.

Accuracy of Information:

Agencies should take all reasonable steps to ensure that information collected and shared about clients is accurate, complete, and up to date. Agencies should take action to correct information if it is found to be inaccurate, and should take reasonable steps to notify agencies which have received the information from the disclosing agency, that the correction is necessary.

In some circumstances, particularly in areas such as child protection, it is necessary for agencies to record information, take actions and exchange information based on allegations rather than a higher standard of proof. These decisions will be based on a risk assessment. The rights of the person who is the subject of an unproven allegation must also be taken into account.

Memoranda of Understanding should address the issue of recording and sharing, both factual information and allegations.

Shared Information is Secure

Agencies should keep information about clients secure. Examples may include:

- Enabling file access to only those officers directly involved in the case management of clients, and to those with a statutory right to access that information;
- Storing shared case management files, as with other confidential and classified records, separate from other agency files; and
- Ensuring that for any research, reporting, or other related purposes involving external parties (eg universities), anonymous or aggregate information is used. Any research should be approved by institutional and agency Ethics Committees. The consent of the clients would generally be required to use non-aggregated data.

Where information is shared, procedures should ensure appropriate protection of government officers, clients and community in this regard. This is facilitated by the maintenance of good records which include, where appropriate, client consent and participation, goals and benefits of information sharing, etc. MOUs or other information sharing agreements are to show security processes agreed to by sharing parties.

Issue of Consent

When developing or negotiating MOUs or protocols for particular collaboration projects, particular consideration is to be given to the issue of consent. The issue of consent is particularly important when dealing with personal information. Under privacy principles, personal information is subject to stricter guidelines for collection, use and disclosure. Before passing on information, agencies should consider whether it is practical to obtain the consent of the client or whether there are less intrusive strategies to achieve the objective.

If it is appropriate, reasonable and practical to do so, an organisation should collect personal information about an individual from that individual. Where personal information is shared, the individual should, unless there are good reasons for not doing so, be made aware of the situation, their rights to access the information, the purpose for which the information has been shared, etc.

Some issues relating to consent that need to be considered, or on which legal advice should be taken include:

- Having regard to legal provision, whether consent is appropriate or necessary in the circumstances;
- Even where consent is obtained, whether there are any legislative, common law or other barriers to information sharing;
- Where consent is considered to be appropriate or necessary:
  - Whether the consent of all parties is necessary;
  - How consent applies, if at all, to aggregate (summarised de-identified) data;
  - How informed consent in respect to minors, persons with decision-making disabilities or persons with specific communication requirements can be addressed;
  - Duration of consent;
  - How the issue of withdrawal of consent or correction of information may impact on the use of information already generated and/or shared; and

–   Whether obtaining consent could impact on a client's physical safety or psychological well-being.

The Memoranda of Understanding, or protocols for particular collaboration projects, should address these and other issues relating to consent, and will usually entail legal advice being sought.

Register Kept

A Register of MOUs should be kept by agencies, and is to include:
- The title for the case/situation;
- Parties to the sharing of information;
- Summary information on the consent and participation of individuals concerned.
- Summary purpose of sharing information; and
- Date and duration of the MOU.

This register should be kept strictly secure.

Conclusion

This provides a minimum overview of standards to be applied in the management of personal and in-confidence information. In that regard, it is merely indicative of the inquiries and efforts that should be made in deciding how such information is properly managed. In this regard, agencies and individual officers should also be cognisant of, among other things:

- Their agency's legislation;
- Relevant provisions of the *Public Sector Management Act* and other whole of Government legislation;
- Common law in the area of confidentiality;
- Government and agency policies on information sharing and management;
- National Privacy Principles which provide a suggested comprehensive approach to issues relating to the management of information; and
- The possible application of the *Commonwealth Privacy Amendment (Private Sector) Act 2000* to organisations which Government agencies deal with.