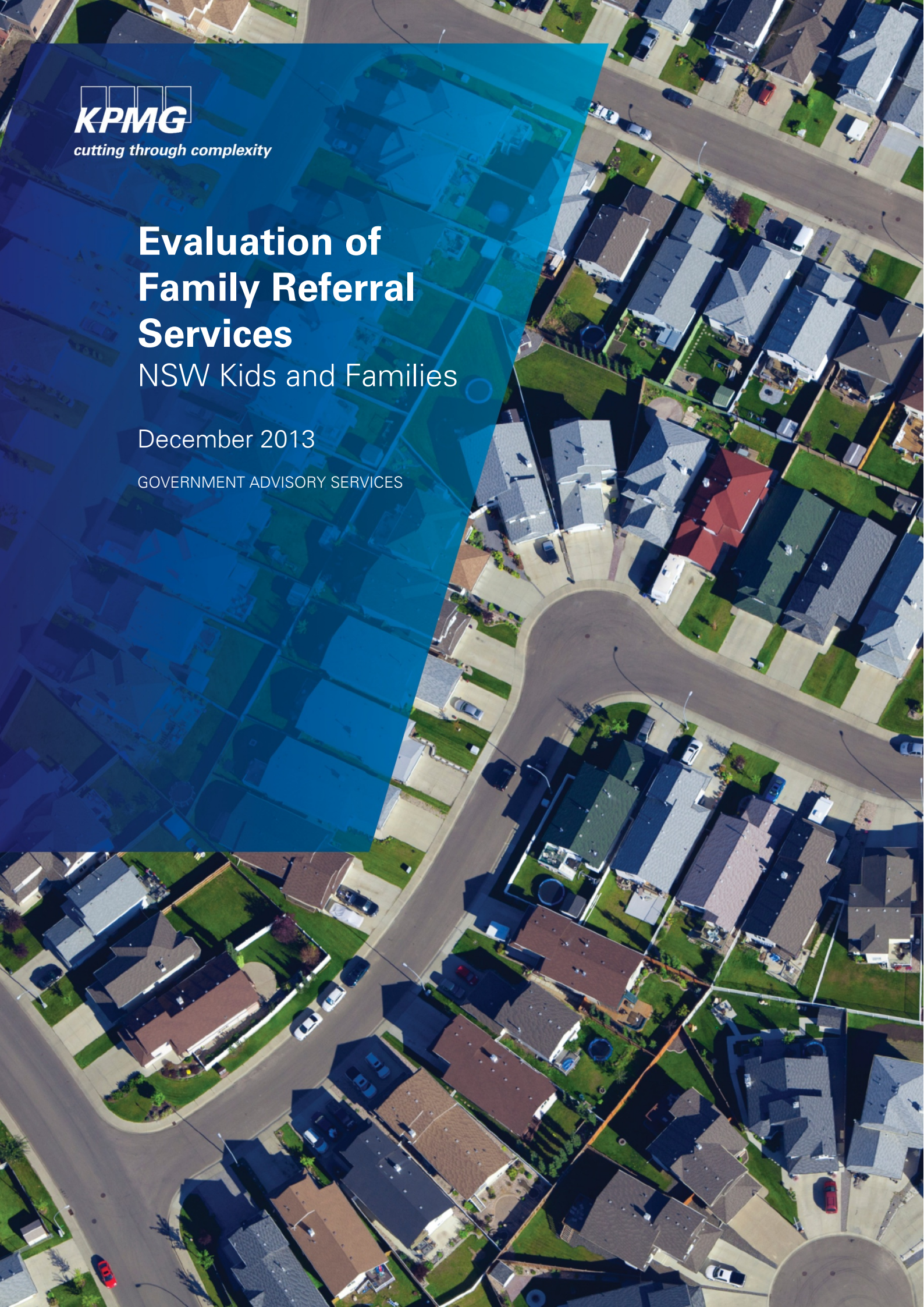

KPMG
cutting through complexity

Evaluation of Family Referral Services

NSW Kids and Families

December 2013

GOVERNMENT ADVISORY SERVICES

Disclaimer

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The findings in this report are based on a qualitative study and the reported results reflect a perception of the Family Referral Services but only to the extent of the sample surveyed, being NSW Kids and Families approved representative sample of key informants, Family Referral Services management and staff, and clients. Any projection to the wider stakeholders or clients is subject to the level of bias in the method of sample selection.

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KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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Glossary

Term	Definition
Client	For the purposes of the evaluation, the term "client" refers to an inbound referral where a FRS has been able to establish contact. Unless otherwise specified as being specific to adults or children, the term client refers to the family unit.
Inquiry	A professional may contact a FRS for information on support services in their local area, or to discuss the support needs of a child, young person or family with the view to link them to a service that will address these needs. The FRS does not have any contact with the family.
Inbound referral	An inbound referral to a FRS occurs when a CWU, Mandatory Reporter, or member of the public contacts the FRS, and refers a family to a FRS for support to link to a service that will address their needs. An individual may also self-refer to a FRS.
Outbound referral	An outbound referral relates to the provision of a referral by a FRS to a service provider that is able to address the support needs of a family.

Acronyms

Term	Definition
AbSec	Aboriginal Child, Family and Community Care State Secretariat
CWU	Child Wellbeing Unit
DEC	Department of Education and Communities
EIPP	Early Intervention and Placement Prevention
FRS	Family Referral Service
FaCS	Family and Community Services
FaMS	NSW Family Services Inc.
MRG	Mandatory Reporter Guide
NSW	New South Wales
NGO	Non government organisation
ROSH	Risk of Significant Harm
SE&N Sydney	South Eastern and Northern Sydney

Executive summary

Introduction

The establishment of Family Referral Services (FRS) was a key initiative of *Keep Them Safe: a shared approach to child wellbeing 2009-2014*, the NSW Government's response to the recommendations of the 2008 Special Commission of Inquiry into Child Protection Services in NSW. FRS are intended to assess the support needs of vulnerable children and young people who are below the threshold for statutory child protection intervention and their families, and link them with appropriate support services available in their local area. The intention is that FRS will reach and support vulnerable children and families before matters escalate to statutory child protection. FRS also have a role in improving the knowledge of service providers about local support services in their catchment area, and strengthening coordination and collaboration.

Eleven Family Referral Services are now operational, with the staged roll-out completed in April 2013 with the establishment of FRS in the Riverina Murray, Southern NSW, and South-East and Northern (SE&N) Sydney.

Purpose of the evaluation

NSW Kids and Families engaged KPMG in June 2013 to undertake an independent evaluation of the FRS program. The purpose of the evaluation was to evaluate the effectiveness of the program in achieving its stated objectives, three years since its initial establishment. The evaluation will inform the *Keep Them Safe* outcomes evaluation,[1] and future resourcing of the program.

Methods and limitations

The evaluation data collection methods comprised: analysis of FRS administrative data for January to June 2013; a review of FRS policies and procedures; a telephone based client survey; consultation with management and staff from the 11 FRS; agencies providing inbound referrals to and receiving referrals from the FRS; Aboriginal service providers; agencies targeting culturally and linguistically diverse communities; and select key informants.

Limitations associated with the methodology included: the absence of baseline data regarding the nature of service access prior to FRS implementation, that only a snapshot 6 months of activity data was available, and that the data quality across all sites was variable. It is noted that the evaluation timeframe constituted a period of establishment and expansion of the program, whereby for many FRS, processes and procedures were being developed and refined. Some FRS had been operational for six months at the point at which their data was subject to analysis. The findings therefore need to be considered in this context, with an understanding that the implementation of a new program within a local service system will present some challenges including a requirement for sufficient time to establish a client base and embed systems and processes.

All 11 FRS were included in scope of the evaluation, and the stage of implementation of each FRS was considered in the synthesis and interpretation of evaluation data. However, FRS established in April 2013 were excluded from the analysis of demand and economic analysis, in recognition that insufficient activity data, combined with one-off establishment costs, would limit the analysis.

[1] Keep Them Safe will be subject to an independent evaluation in 2013-14.

Key findings: Implementation

FRS are providing geographic coverage across their whole catchment

Strategies implemented by FRS to maximise access for children, young people and families from across the State have included: establishing multiple shop-fronts; allocating service providers or individual staff responsibility for service provision in sub-regions; and providing a regular schedule of outreach to service providers in communities where the FRS does not have a shop-front. The evaluation found that the distribution of families referred, and families accessing FRS, are a factor of the locations of FRS shop-fronts and staff, and the population distribution within each FRS catchment. Postcode data indicates that for most FRS, coverage has been established that is consistent with the major regional centers within their catchment. The location of clients that were able to be contacted is comparable to the location of all inbound referrals, suggesting that once a referral is received, geography is not a barrier to making contact with a family.

Staff employed by the FRS hold appropriate qualifications and skills to perform their roles

FRS staff hold qualifications, skills and experience necessary to engage, assess and refer vulnerable families to appropriate services. However, the requirement for ongoing training and adequate supervision was identified to support the engagement of families with multiple and complex needs, and culturally and linguistically diverse communities to ensure staff are adequately equipped to undertake their roles and responsibilities effectively.

FRS are forming partnerships with a range of service providers – however, this is a work in progress, particularly for newly established FRS

The evaluation found that the FRS undertake a range of activities to promote their service and form relationships with service providers in their region. Activities include participation in inter-agency meetings and forums, organisation of and attendance at community events, and targeted visits to service providers. Four FRS have established dedicated positions to develop relationships with service providers and the broader communities that they service. As these positions are newly established, it is not possible to assess their effectiveness.

While networking has occurred across a range of sectors, the need for stronger relationship building with family support providers was identified. However, these relationships are yet to translate into the provision of inbound referrals, particularly from the NGO sector. Difficulties engaging some NGO providers included: that the role of FRS was not well understood; that some programs remained protective of their clients; and concerns at meeting their own program targets. These findings suggest a requirement for ongoing focus by FRS on building relationships with professional referrers, particularly the NGO sector. Further and state-wide promotion of the purpose of FRS may also be warranted. State-wide promotion has been restricted by the fact that FRS were not state-wide until April this year, and it is opportune now to be able to progress such actions.

FRS are providing timely access and a sufficient level of service – however there is a need to clarify guidelines around the provision of outreach and home visiting activities

The evaluation found that FRS are providing families with a timely response, and undertake suitable assessments. Policies are in place to contact families within 48 hours of referrals being made, with follow-up consistent with established active engagement strategies. Analysis of the 11 FRS activity for the period 1 January 2013 to 30 June 2013 indicates:

- 4,171 inbound referrals were received
- 2,760 families (67 per cent) were able to be contacted
- 1,008 families (24 per cent) were unable to be contacted
- contact outcome was unknown for a further 403 families (9 per cent)

Analysis of the referral data for the same period indicates that the primary referral source was Police Child Wellbeing Unit (CWU) and Police, accounting for 48 per cent of total referrals. Self-referrals comprised 29 percent of referrals; NGOs provided 7 per cent of referrals; and the balance were received from mandatory reporters and CWUs. Of the 24 per cent of referrals where contact with the family could not be established, the majority (80 per cent, n=820) had been made by the Police CWU or Police.

Re-referrals comprise a small proportion of all referrals (16 per cent), with most re-referrals received by Western Sydney and Hunter Central Coast reflecting the duration of establishment. Most re-referrals made were due to a new presenting issue; this is a positive indicator of the value of FRS.

FRS are expected to provide both a telephone services and face-to-face response. As is to be expected, the type of support provided varies according to the models implemented across each FRS:

- Telephone case coordination ranges from more than 70 percent of support provided (Mid North Coast, South West Sydney, and Hunter Central Coast, reflecting a low focus on home visits) to 40 per cent (Western NSW and Illawarra, due to an emphasis on outreach-based service delivery within other service provider premises).
- Face-to-face case coordination is greatest in Western Sydney and New England North West, at 33 and 19 per cent of support respectively.

This is consistent with the flexibility and autonomy required to meet the needs of the catchment within existing resource constraints. However, there is considerable variation in home visiting / outreach: some FRS do not provide any home visiting, while it comprises up to 18 per cent of support in others. In locations not providing home visiting, this is a considerable gap in service provided given the vulnerability of clients FRS are intended to support. These findings suggest a need to clarify the scope and definition of each activity, including a requirement that all FRS provide home visiting, where it is safe and appropriate to do so. Now that state-wide roll-out is complete, the development of consistent program guidelines is warranted.

FRS clients are receiving a suitable assessment, and relevant timely referrals appropriate to their needs

Assessment tools sighted are holistic, strengths based, child-focussed and family centred, and the majority of survey respondents agreed that the FRS understood the issues that were affecting them and their family. In support of this finding, 85 per cent (n=90) of FRS clients surveyed agreed or strongly agreed that their FRS understood the issues that affected their child(ren) and family. However, there are some concerns that FRS are screening for Risk of Significant Harm (ROSH) at the point of referral, as distinct from determining whether an assessment of ROSH has previously been conducted. There is a need to clarify the role of FRS in screening for ROSH at the point of referral.

Agencies that received outbound referrals testified to the appropriateness and quality of referrals made by most FRS, with a thorough assessment and strong understanding of program eligibility criteria ensuring that families were referred to services that were appropriate to their needs.

FRS are supporting vulnerable children and families, however, targeting the service to families most in need remains a work in progress

Qualitative case studies, analysis of client level of education and income source, and the breadth of vulnerabilities identified, confirm that FRS are supporting vulnerable children and families from low socio-economic backgrounds. The most frequent presenting issues included domestic violence (38 per cent), parenting issues (26 per cent), family breakdown and financial stress. Income source and level of education also suggests families are of a low socio-economic background: 59 per cent of adults' primary income source was a Centrelink

benefit, while for 64 per cent of adult clients the highest level of education achieved was secondary school.

Currently FRS are not reaching the number of families anticipated, as estimated in the Demand and Financial Modelling which NSW Health undertook in 2011 to inform the state-wide rollout of FRS.[2] Present activity levels indicate that the occasions of service provided (the number of families contacted plus number of consultations and inquiries) range from 45 per cent to 77 per cent of forecast program reach. However, program reach has increased in line with duration of establishment, indicating that the program is still in a period of establishment and growth. The exception is Western Sydney FRS, where its highly accessible shop-front has supported opportunistic self-referral, with activity now at 110 per cent of predicted levels.[3] Demand modelling remains a work in progress; NSW Kids and Families report that future modelling will reflect the mix of activity undertaken by FRS.

As a result of lower than anticipated activity, the FRS have not been required to prioritise access or triage the level of support provided – therefore it is difficult to determine whether FRS are supporting access to the children and young people *most* in need. As demand for FRS increase, there will be a need to determine a common definition of vulnerability, and mechanisms to prioritise demand in order to ensure FRS support children, young people, and families most in need.

Further work is required to ensure FRS data collection provides a robust assessment of client outcomes

FRS have an established data collection, supported by a data dictionary. However, inconsistent implementation of counting rules and variable data quality limits the capacity to draw robust conclusions regarding the extent to which vulnerable children, young people and families have accessed the services that they require. For example, some FRS close a referral when contact with an agency is confirmed, while other FRS wait until both the family and the agency confirm ongoing engagement. The latter is the desired outcome, therefore, the data collection should be modified accordingly. These findings suggest a need for clear service guidelines and consistent implementation of the data collection in line with these guidelines. Improved quality assurance practices on behalf of the lead agencies and NSW Kids and Families should also address this issue.

Key findings: system outcomes

Where used, stakeholders reported that FRS are supporting improved service access and capacity to meet local need. However, this is not uniform across FRS.

Where evaluation participants observed FRS to have been implemented as intended, they agreed that FRS had achieved its objectives of supporting improved service access, improving referral pathways, and increasing the capacity of services to meet local need. This was attributed to factors including: a strong skill set of some FRS in engaging difficult to reach families; the targeted and appropriate nature of referrals; provision of warm and supported referral; capacity to advocate for a family; use of brokerage, particularly to provide transport; active follow-up to ensure engagement has occurred. The capacity to address immediate practical needs is of particular benefit in supporting service access: overcoming initial crisis enables a family to engage with a service. In all these respects, FRS are improving capacity of services to meet local need by: reducing the level of inappropriate referrals received by some programs; ensuring families are ready to engage; providing a resource to help facilitate service coordination; and helping service providers to identify programs for existing clients.

However, this finding was not uniform. Consistent with the small proportion of referrals from NGOs and Mandatory Reporters, many service providers reported limited interaction with their

[2] NSW Kids and Families commissioned demand modelling as a basis to inform funding distribution. The modelled levels of demand do not represent an activity Key Performance Indicator.
[3] It is noted that higher throughput does not necessarily indicate that the service is targeting the most vulnerable or hard to reach families.

local FRS. Therefore these stakeholders reported that little improvement, if any, on service access and referral pathways could be attributed to the establishment of FRS. Perceived structural barriers included significant service gaps (particularly for families that are not only vulnerable, but are just below the threshold of risk of significant harm), and the absence of formal links to family support programs. Other reasons include the general challenges observed in building relationships with NGO providers. Further promotion about the complementary nature of FRS is required, including the availability to provide consultation and advice to workers currently supporting families.

FRS are supporting improved referral pathways, however this is not uniform across all FRS.

The impact of FRS on referral pathways was closely associated with the impact on service access and capacity to meet local needs. Those services that had referred to FRS generally agreed referral pathways had improved, if only through the capacity of FRS to assist clients to navigate an increasingly complex service system. In addition, some memoranda of understanding have been established with specific programs to streamline access for FRS clients.

Some FRS have been funded to have a specific focus on improving referral pathways for Aboriginal and culturally and linguistically diverse children, young people and families. Strategies adopted to maximize engagement include: employment of Aboriginal staff and staff from diverse backgrounds; connecting with Aboriginal and culturally and linguistically diverse communities through community events; and linking with Aboriginal and culturally and linguistically diverse inter-agency meetings.

Sites with an Aboriginal specific focus appear to be fulfilling this remit, with a high proportion of children and young people supported by the Western NSW and New England North West FRS of Aboriginal and/or Torres Strait Islander origin (60 per cent and 40 per cent respectively). For the Mid North Coast, this is lower, with 14 per cent of all children young people identifying as Aboriginal and/or Torres Strait Islander. Across all FRS, Aboriginal children and young people represent 21 per cent of all children and young people accessing FRS. It is too early however, to determine the impact of access for CALD communities, with the South West Sydney and SE&N Sydney FRS established for fewer than 12 months.

There is some evidence to suggest FRS are supporting improved coordination and collaboration, however, this is a work in progress in light of the early stage of program establishment.

FRS are performing a number of functions that have supported improved coordination and collaboration for individual clients. These include the use of information sharing provisions to inform assessments, and convening case conferences where families have multiple referral needs. While FRS are having some of their intended effects at the client level, FRS do not appear to have the mandate within their local service systems to take a lead role in addressing systemic issues. In this regard, FRS were perceived to be participating in and building on existing efforts to improve collaboration and coordination. Given the relatively early stage of establishment, with most FRS operating for fewer than two years, this is to be expected. There is however, a need to clarify expectations of the FRS program in this regard.

There are clear interdependencies between FRS and other Keep Them Safe initiatives

The evaluation found evidence that FRS have an important role to play within the NSW child protection system. However, many stakeholders reported a lack of clarity regarding expected links or interdependencies with other initiatives. Reported interdependencies, or lack thereof, include:

- **Increased statutory threshold**. FRS are intended to be a key resource and referral point when the level of risk to a child or young person is determined to be below the reporting threshold. Stakeholders to the evaluation noted that Mandatory Reporters may use the

FRS to put families in touch with services in their local area, however that many continue to directly refer families to services that they require. This is consistent with intent outlined in the Wood Report, whereby FRS were intended to be one of many referral pathways for reports below the statutory threshold.[4] Several stakeholders also commented on the fact that FRS can only work with families when the child or young person is below the reporting threshold and cannot accept a referral for a child or young person while their case is open and unallocated. This was described as a limitation of the program as these children, young people and families are the most vulnerable, and would benefit from more timely access to a range of supports and services. At the same time, the voluntary nature of the service was reported by some FRS to be paramount to its capacity to effectively engage families.

- **Child Wellbeing Units**. FRS are a critical resource for the Police CWU, and are relied upon by Police to connect families to services. Health and Education Mandatory Reporters are actively encouraged by the CWUs to refer families to services, and anecdotally these Mandatory Reporters may refer directly to services they know of in their local communities, with or without the support of FRS. Formal protocols are in place to support referrals from the CWUs and FRS.
- **Universal, early intervention and community based services.** There are no structural or process links, such common referral protocols, between FRS and universal, early intervention and community based programs funded under KTS (e.g. Sustaining NSW Families, Brighter Futures, Child and Family Support, Youth and Family Support). However, FRS can and do refer families into these programs. .

Findings: client outcomes

Forty-seven percent of FRS clients were referred to, and accessed, a service to address some or all of their needs

An outbound referral, that addressed some or all needs, was able to be provided for 47 per cent of families (n=1,286 of 2,760 families) that accepted the service offered by FRS. This is likely to be an under-estimate with reasons why referrals were not able to be made, including that families: required information only; were already linked to the most appropriate service; or self-referred.[5] Where an outbound referral was unable to be made, this primarily related to a family declining the referral (27 per cent, n=749). Given the voluntary nature of the service, this is to be expected.

Where the uptake of a referral has been recorded, the average number of days taken for a family to access an outbound provider ranged from zero to one day (in Western Sydney and Western NSW) to 20 days in the Far North Coast. Variation reflects differences in data recording practices and service delivery models, for example, variation in 'contact' (i.e. an appointment made) compared to ongoing engagement (i.e. appointments attended). The availability of suitable programs and services and the capacity of outbound agencies to accept a referral may also impact on timeliness of access. Notwithstanding these issues, findings suggest that most families are able to access at least one service within four weeks of contact with FRS.

More than 7 in 10 FRS clients surveyed agreed or strongly agreed that FRS had supported them to access the services that they most needed

A survey of 106 FRS clients identified strong positive benefits of the program, noting however, that the number of respondents is too small for findings to be conclusive. Of the clients surveyed:

[4] Recommendation 10.1.
[5] Some FRS do not record a family's self-referral to the service as a successful outbound referral.

- 80 per cent agreed that *the FRS identified services that would be beneficial to them and their family*
- 78 per cent agreed that *the FRS referred them to services that they most needed*
- 71 per cent agreed that *the services that the FRS assisted their family to access were helpful*
- 72 per cent reported that *they felt confident in their ability to access services if required in the future.*

Positive changes to personal and family situations as reported by clients commonly included improved emotional and mental wellbeing, access to housing, and greater capacity to manage their personal circumstances. Respondents particularly valued the dedication and skills of staff, and reported that they felt listened to and well supported. Reflecting the high level of general satisfaction with FRS, survey respondents offered limited suggestions for improvement.

Findings: economic analysis

FRS cost an average of $4,010 per family that accessed an outbound service provider

The primary measure of program effectiveness of FRS is the extent to which families accessed the service provider/s to which they were referred. The evaluation found that the average cost per family that was referred to, and accessed, a service provider for some or all needs was $4,010. A cost allocation methodology identified a range of unit costs for provision of support by the FRS, based on the outcome of a needs assessment and length of support provided. At present activity levels, the unit cost per family, by level of support required, is:

- information only ranges from $201 to $1,734
- simple referral (i.e. a referral to one service provider) ranges from $780 to $3,326
- complex referral (i.e. multiple referrals) ranges from $1,482 to $3,206.

FRS workers reported that the duration and intensity of support required (and therefore the unit cost) is a function of the underlying vulnerability of a family, rather than the number of referrals required. For example, a family assessed as requiring a single referral may require extensive support to engage in a service (e.g. domestic violence counselling) while others requiring multiple referrals may be addressed relatively easily (e.g. advocacy with Centrelink, referral to a financial counsellor and a community health service). For these reasons, the upper range of the unit cost for a “simple” and a “complex” referral are comparable.

FRS cost per inbound referral is higher than similar programs and activities for which published data was available – however, direct comparison is limited as FRS provide more intensive support than other programs identified.

The comparison of FRS cost to other models both in Australia and internationally was limited by the public availability of program activities, outcomes, and corresponding financial data. Three factors make direct comparison difficult: few comparable programs were identified; where identified, publicly available data was limited to total client volumes and budget; and the primary cost-driver (labour costs) are likely to vary in line staffing models. As a result of these limitations, analysis was limited to a top-down comparison of volume of inbound referrals against program budget. At an average cost per inbound referral of $934, the FRS is more expensive per referral than similar services in Australia such as the Gateway Services in Tasmania, and the Child FIRST intake function in Victoria (approximately $237 and $498 per referral respectively). However, three factors contribute to the comparatively higher cost of the FRS program: FRS provide more intensive support through the provision of case coordination; data implementation challenges mean that present activity is likely to be under-estimated; and, as a newly established program, FRS are yet to achieve forecast program reach and a level of operational efficiency associated with program maturity.

The cost of FRS intervention was compared to that of other early intervention and placement prevention programs, as well as statutory child protection services. The average unit cost per family assessed as requiring a simple referral is approximately half the cost of six months of casework provided via Brighter Futures (noting FRS clients may be referred on to early intervention programs such as Brighter Futures). More detailed longitudinal analyses are required to establish the longer-term cost-effectiveness of FRS compared to other early intervention programs.

Next steps

The evaluation has found that FRS, in the context of their early stage of operation, have been broadly implemented as intended. Consistent with the vision outlined in the Wood Report, the FRS have demonstrated that they are effective in linking vulnerable children and families who fall below the threshold for statutory intervention to appropriate services to meet their needs. There are positive early indications of progress toward the achievement of broader program objectives, including improved service coordination and collaboration, however this remains a work in progress as the FRS program matures and services establish a presence within their local service systems.

The evaluation has identified a number of considerations for future program development. These include:

- ensuring staff are provided with sufficient training to undertake their roles
- monitoring the impact and effectiveness of dedicated community liaison positions
- developing consistent state-wide program guidelines, that:
    - clarify expectations with respect to the role of FRS in influencing service system gaps
    - clarify the scope and definition of each activity provided by FRS, including requiring that all FRS provide home visiting, where it is safe and appropriate to do so
    - require all FRS to follow-up with families and service providers to ensure engagement with the service provider, and to provide feedback to inbound referrers
    - require all FRS to have clear and transparent approaches to the use of brokerage
    - establish guidelines with respect to the duration and intensity of service provision provided to a family, as a basis to manage demand.
- maintaining a focus on developing relationships with a range of professional referrers, with an emphasis on Aboriginal non-government organisations and CALD communities
- continuing to promote the capacity of FRS to provide information and advice to professionals
- exploring mechanisms to respond to referrals from Police CWU, given the difficulties contacting and engaging these families particularly where domestic violence has been identified
- embedding the FRS data collection to enable more rigorous assessment of client outcomes. Improved data collection will also provide a strong basis for NSW Kids and Families to establish more robust unit costs that take into account differing intensity of service provision.

1. Introduction

In June 2013, New South Wales Kids and Families engaged an independent consultant to evaluate the effectiveness of the Family Referral Services (FRS) program three years since its initial establishment. The evaluation will inform the *Keep Them Safe* outcomes evaluation[6] and future resourcing of the FRS program. This is the Final Report of the Evaluation.

1.1. Evaluation scope

The evaluation was overseen by an Evaluation Steering Committee, and was chaired by NSW Kids and Families.[7] The evaluation sought to answer six key questions mapped to four domains as outlined in Table 1 below.[8]

Table 1: Evaluation domains, questions and sub-questions

Domain	Evaluation questions
Implementation	• To what extent have the FRS been implemented as intended? • What have been the key findings from implementation to date?
System outcomes	• To what extent have the FRS achieved their stated objectives? • What have been the key system impacts?
Client outcomes[9]	• To what extent have client impacts and outcomes been achieved?
Economic analysis	• Are the FRS cost-effective?

Source: Adapted from the NSW Kids and Families Request for Tender. The Request for Tender outlined some 25 evaluation questions, which were mapped to the domains and key questions. Refer Appendix B for details.

1.2. Evaluation methods

The following methods informed the evaluation:

- **A review of guidelines, policies and procedures** provided by each of the 11 FRS, as a basis to understand the various models of service delivery. Appendix C presents an overview of the operation of each of the 11 FRS.
- **Stakeholder consultations** conducted across the 11 FRS as a basis to gather richer qualitative data about how FRS are operating in practice, the implementation experience, and the impact of the service within each of the catchments.
- **Key informant interviews** conducted with the directors of the three Child Wellbeing Units (CWUs), NSW Health policy and program staff, the Child Protection Helpline, and peak bodies (Aboriginal Child, Family and Community Care State Secretariat (NSW) [AbSec], NSW Family Services Inc [FaMS], and the Local Community Services Association).
- **A survey of clients** of FRS. The survey sought to understand client experiences of support from FRS, including the extent to which families had been supported to access the services they require. The survey was open to clients that had received a service from a

[6] Keep Them Safe will be subject to an independent evaluation in 2013-14.
[7] The Committee membership is provided at Appendix A.
[8] The Request for Tender presented over 25 evaluation questions, which were summarised up to the six overarching questions presented in Table 1. The evaluation questions as listed in the RFT were mapped to these 6 overarching questions, as detailed in Appendix B.
[9] The scope of the evaluation initially included consideration of the extent to which the FRS had reduced risk of harm and neglect, and prevented escalation into the statutory child protection system. Upon consideration of the program logic for the FRS, the Steering Committee agreed that the capacity of the FRS to directly influence these outcomes was limited. Therefore these questions were removed from the scope of the evaluation.

FRS, and had recently been closed. A total of 106 responses were received. The survey questions and data are provided at Appendix D.

- **Analysis of Family Referral Service administrative data** to assess the activity delivered by the FRS for the period 1 January 2013 to 30 June 2013, to determine the effectiveness of the FRS in successfully linking families to the services that they require. Summary data tables are presented at Appendix E.
- **A high-level desktop scan** to identify comparable models within Australia and internationally, as a basis to inform an assessment of the cost-effectiveness of the FRS.
- A series of **brief case studies** – drawing on feedback provided during the consultations – to highlight the good practice approaches adopted by FRS to engage vulnerable children and families, and the benefits these practices are having for family engagement in services.

All 11 FRS were included in scope of the evaluation, and the stage of implementation of each FRS was considered in the synthesis and interpretation of evaluation data. However, FRS established in April 2013 were excluded from the demand analysis and economic analysis, in recognition that insufficient activity data, combined with one-off establishment costs, would limit the analysis. Refer to the *Evaluation Plan* (July 2013) and the summary provided in Appendix B for further details of the methodology.

1.3. Limitations

Limitations of the evaluation primarily relate to implementation timeframes, data availability, completeness and accuracy, timeframes for effective stakeholder engagement and absence of baseline performance data.

Timeframes, data availability, completeness, and accuracy

The FRS program implementation timeframes have had implications for the capacity to report on the outcomes achieved. Recent changes to FRS data collection and reporting tool, and concerns regarding the quality of the previous dataset, meant that the evaluation has relied on a snapshot of service data for the period 1 January 2013 to 30 June 2013. In addition, availability of data/information to inform an analysis of achievement of outcomes for those FRS that commenced in April 2013 was limited due to their short operational lifespan, while some FRS had only been in operation for five to six months at the start of the period of time measured. NSW Kids and Families developed a data dictionary to guide FRS in collecting administrative data. During the course of the evaluation it became apparent that FRS had adopted variable data recording practices, which has impacted on the comparability of data across the 11 FRS. Specific issues include:

- *Response type*: FRS record the types of response/s provided to families. Two FRS recorded only one response type for all families.
- *Assessment outcome*: some FRS automatically recorded an assessment outcome as complex based on the inbound referral source.
- *Method of contact*: many FRS recorded the source of the inbound referral (e.g. email or inbound phone call) rather than the method of contact with the family.
- *Date closed*: FRS close a client in their systems after confirming that a client has, or has not, accessed the outbound referral agency. However, FRS vary in their policies regarding how long they will persist to follow up in this regard, ranging from between two and six weeks. The result is that the 'duration of intervention' reported overestimates the period of time that a family is receiving direct support from the FRS.
- *Occasions of service*: some FRS appeared to record the number of occasions that they had attempted to contact a family (e.g. via telephone) in addition to the number of

occasions a service was provided to a family. As a result, the number of occasions of service per family is likely to be an overestimate.

As a result of the aforementioned limitations, the evaluation was not able to rely on the administrative data to address some evaluation questions. Perceived outcomes have been captured through the client survey and stakeholder consultations.

Stakeholder engagement

The evaluation sought participation from a range of stakeholders of FRS, including service providers in each of the 11 catchments that refer families to FRS (providers of inbound referrals) or receive referrals from FRS (recipients of outbound referrals). The evaluation experienced difficulties engaging these providers for two reasons:

- During the course of the evaluation it became apparent that individual service providers have either provided or received only a few referrals. As a result, many service providers approached to provide their input declined participation, indicating that they had had limited contact with FRS.
- Service providers had difficulty finding the time to participate, in the context of high workload and concurrent evaluation activities in the sector. In order to overcome this barrier, the evaluators conducted follow-up interviews via telephone with interested parties.

As a result, the capacity to obtain consistent data across all FRSs from a stakeholder perspective was constrained.

Absence of a baseline level of performance

A limitation of the analysis is that no baseline data is available regarding the nature of pre-existing infrastructure and challenges associated with service access within each FRS catchment. As noted in the *Keep Them Safe Interim Review*, rigorous comparable data on variations in pre-existing universal and early intervention services is difficult to identify.[10] Therefore, the evaluation has relied on reported perceptions of stakeholders regarding the extent to which desired system outcomes, notably collaboration and coordination and service access, have improved as a result of the establishment of FRS.

1.4. Report structure

This *Final Report* is structured as per the sections outlined below.

Section	Overview
Section 1: Introduction	This section provides an overview to the project, the scope of the evaluation and limitations of the evaluation.
Section 2: Overview of the FRS	This section provides an overview of the background, policy environment and other contextual factors to the evaluation.
Section 3 - 6: Findings	These sections provide detailed findings relating to FRS as they relate to the scope of the evaluation outlined in Section 1.1.
Appendices	Appendices A through to E provide details on the Evaluation Steering Committee, methodological approach to the evaluation (including a list of stakeholders consulted during the course of the evaluation), and a summary of the models implemented by each FRS, and data tables.

[10] cited in *Keep Them Safe Interim Review*, p.20.

2. Overview of the Family Referral Services

This section provides an overview of the policy context for the establishment of the FRS, giving consideration to the issues that FRS were designed to address. It then provides a description of the model of service provision, and relationship to other *Keep Them Safe* initiatives.

2.1. Policy context: Keep Them Safe

A Special Commission of Inquiry into Child Protection Services in New South Wales ('the Inquiry') was established in 2007 in response to two high profile cases of child death through abuse and neglect. The purpose of the Inquiry, which was conducted by the Hon James Wood AO, QC, was "to investigate changes needed in the child protection system to provide more effective services to protect children and to meet future levels of demand."[11] The Inquiry handed down its findings ('the Wood Report') in November 2008. The Wood Report made 111 recommendations, underpinned by a number of principles focussing on collective responsibility, improved systems and ways of working and improved, and more holistic and needs based service delivery.[12]

The Inquiry found that there was a need for appropriate responses for families who fall below the threshold for statutory intervention. These are families who would benefit from specific services to address their current problems and prevent escalation. On this basis, the Wood Report recommended:

- the establishment of Regional Intake and Referral Services (RIRS), to link families with the most appropriate local service to meet their needs
- there should be at least one RIRS in every Department of Community Services' Region and the services should be operated by non-government organisations.

The introduction of the RIRS (now termed Family Referral Services, [FRS]) are part of the Government's response, set out in *Keep Them Safe: A shared approach to child wellbeing 2009-2014* (hereafter *Keep Them Safe*). NSW Health is the lead agency for the FRS program on behalf of the whole of government.

2.2. Aims and intended outcomes

FRS have been established to assess the support needs of children and young people who are below the threshold for statutory child protection intervention and their families (i.e. they do not meet legislated definition of Risk of Significant Harm [ROSH]), and to link them with appropriate support services available in their local area. FRS also have a role in improving the knowledge of service providers about local support services in their catchment area, and strengthening coordination and collaboration.[13] The objectives of FRS, as set out in *Keep Them Safe*, are to:

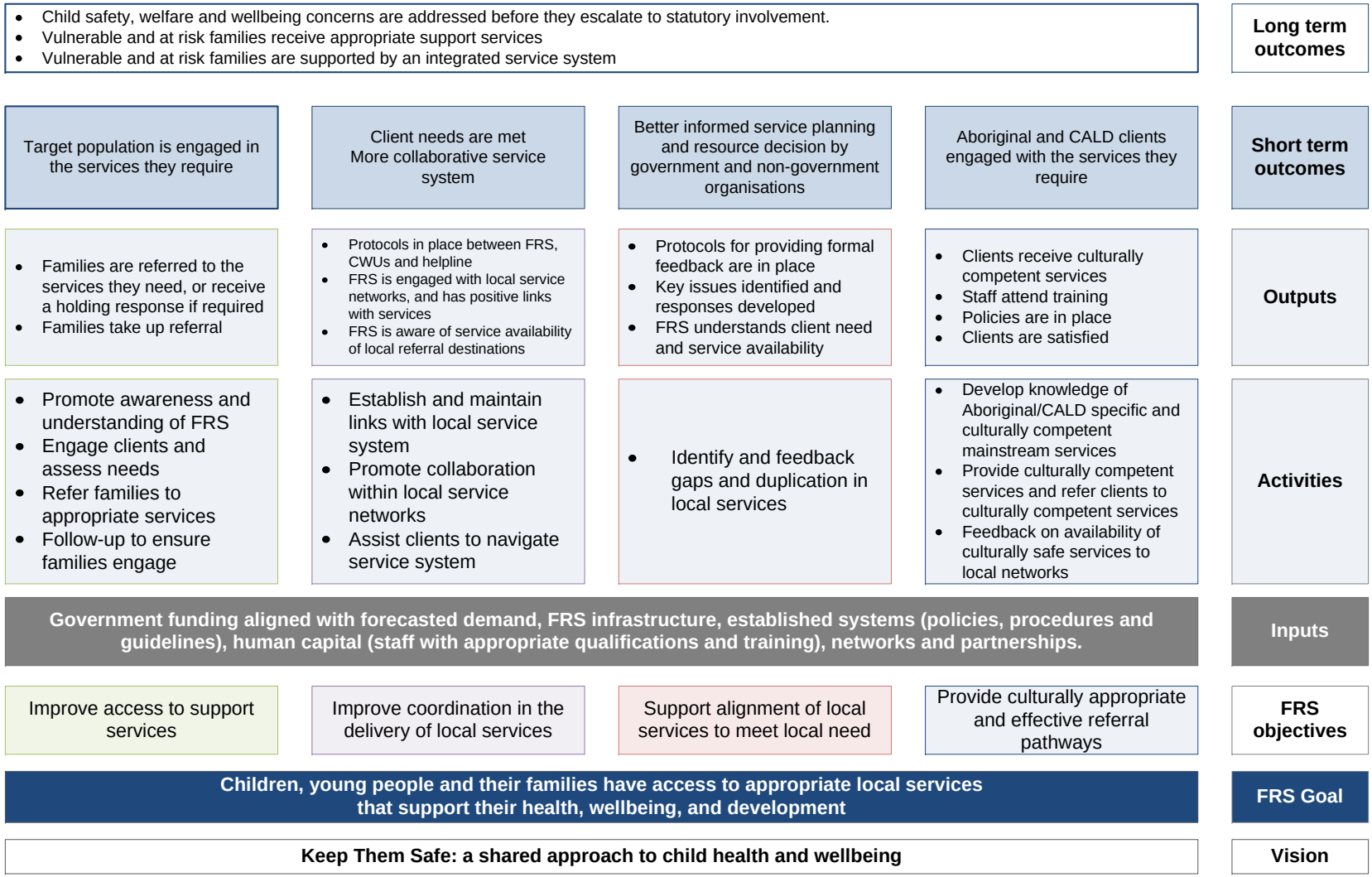
- improve access to services for vulnerable children, young people and families by putting families in touch with services in the local area
- improve coordination and collaboration in the delivery of local services to clients
- support optimal alignment of local services to meet local need

[11] Department of Premier and Cabinet 2009, *Keep Them Safe: A shared approach to child wellbeing*, Department of Premier and Cabinet: Sydney, accessed 21 June 2013, <http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0004/57145/Keep_Them_Safe.pdf>, accessed May 2013.
[12] State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW 2008, *Report of the Special Commission of Inquiry into Child Protection Services in NSW: Vol 1*., NSW Government: Sydney, accessed 21 June 2013, <http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0010/33796/Volume_1_-_Special_Commission_of_Inquiry_into_Child_Protection_Services_in_New_South_Wales.pdf>, accessed 21 June 2013.
[13] NSW Health, Guidelines for the referral of children, young people and families to Family Referral Services http://www0.health.nsw.gov.au/resources/initiatives/kts/pdf/gl_for_mandatory_reporter.pdf

- provide improved culturally appropriate and effective referral pathways for Aboriginal families.

The program logic for the FRS program is provided in Figure 1 below.

Figure 1: Program logic for Family Referral Services



Source: KPMG

The scope of the evaluation initially included consideration of longer-term outcomes including:

- the extent to which the FRS initiative was reducing risk of abuse and neglect
- whether users of FRS are less likely to be re-notified to the Child Protection Helpline than non-FRS users
- whether FRS were reducing escalation of vulnerable children and young people entering the statutory child protection system.

However, as demonstrated in the program logic, these are not direct objectives of the FRS program. While FRS are a key component of the *Keep Them Safe* infrastructure, it is difficult to draw a causal link between their implementation and improvement in outcomes for children, young people and families (with respect to escalation into the statutory child protection system). As a referral service, the capacity for FRS to directly impact on outcomes beyond supporting families to access the services they require is limited. Further, the capacity to influence these longer-term outcomes is likely to differ based on the complexity of client need and availability of outbound services in each FRS catchment.

On this basis, the Evaluation Steering Committee agreed that it was not possible to determine, with sufficient rigour, the contribution of FRS to achieving these outcomes. As a result, this Evaluation Report focuses on the activities delivered by FRS, with the primary client outcome being a family's engagement in the services that they require.

2.3. Implementation of FRS

Keep Them Safe included a commitment for the staged implementation of FRS, with trials to be conducted in three locations as a precursor to state-wide roll-out. Organisations were selected to operate FRS through a competitive tendering process. The first FRS were established as a pilot in January 2010, coinciding with the commencement date for the new statutory threshold and other key legislative reforms contained in the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009.[14] The pilot sought to trial two service models for FRS (one providing telephone advice and referrals only and the second providing an augmented service with more active referrals and possible use of brokerage funding).

The evaluation of the pilot recommended some changes to the model and implementation of FRS and now all FRS provide both a telephone and augmented service. With this augmented functionality, NSW Health commissioned demand and financial modelling, to provide a stronger basis for determining future resourcing requirements. NSW Health provided flexibility to FRS in the way that the augmented model was implemented to meet local community needs.

The staged roll-out was completed in April 2013 with the commencement of FRS operations in the Riverina Murray, Southern NSW, and South Eastern and Northern (SE&N) Sydney. The timing of establishment of the 11 FRS is provided in Table 2 below.

Three FRS have a specific focus on improving service access for Aboriginal children and families. This is consistent with the *Keep Them Safe* objective to improve outcomes for Aboriginal children, young people and families, recognising that Aboriginal children and young people experience poorer outcomes than non-Aboriginal people on nearly all the headline indicators of social and economic wellbeing[15], including higher rates of involvement with child protection. Two FRS have a specific focus on culturally and linguistically diverse communities. The table also identifies those FRS that are funded to provide culturally appropriate services

[14] NSW Health, *Final Report of the Regional Intake and Referral Services Planning Workshop with NGO Peak Groups*, 5 June 2009, available at http://www0.health.nsw.gov.au/pubs/2009/pdf/rirs_workshop.pdf
[15] The Steering Committee for the Review of Government Service Provision 2007, *Overcoming Indigenous Disadvantage: Key Indicators 2005,* Productivity Commission, Canberra.

for Aboriginal children, young people and their families, or families from culturally and linguistically diverse backgrounds.

Table 2: Overview of the schedule of establishment of the 11 Family Referral Services

Name	Date established	Special focus
Western Sydney*	May 2010^	
Western NSW*	May 2010^	Aboriginal
Hunter Central Coast*	May 2010^	
New England North West	June 2011^	Aboriginal
Illawarra	June 2011	
Mid North Coast	July 2012	Aboriginal
Far North Coast	July 2012	
South West Sydney	July 2012	Culturally and linguistically diverse
SE&N Sydney	April 2013	Culturally and linguistically diverse (South Eastern Sydney only)
Southern NSW	April 2013	
Riverina Murray	April 2013	

*Source: KPMG. Note: * formerly Mt Druitt FRS, Dubbo FRS, Newcastle FRS respectively. ^ A revision of FRS boundaries saw these services expanded July 2012.*

2.4. Role of NSW Kids and Families

NSW Health is lead agency for the FRS program on behalf of the whole of government, and were selected for this role with the vision of achieving a strong health/NGO partnership based on holistically meeting the needs of vulnerable children and young people below the statutory child protection reporting threshold and their families. Contract management and policy support was provided by the Family Health and Community Partnerships Branch in the then Department of Health.

In 2012, a new statutory health corporation (known as NSW Kids and Families) was established to provide leadership within NSW Health in promoting the health and wellbeing of children, young people and families and reducing the health impact of sexual, domestic and family violence, child abuse and neglect. Responsibility for the FRS program has since been transferred to NSW Kids and Families. NSW Kids and Families has played a key role in the implementation of FRS in a number of areas:

- coordinating with FRS providers, the development of common data definitions and quarterly reporting requirements
- profiling the role and progress of FRS in interagency forums such as the KTS Senior Officers Group
- facilitating FRS involvement at key KTS interagency meetings
- encouraging networking meetings of the providers to share their experience and discuss common issues
- giving effect to the findings of the evaluation of the Pilot of FRS
- establishing in partnership with NSW Family and Community Services and FRS, a pilot that will place a Community Services Caseworker within five FRS.

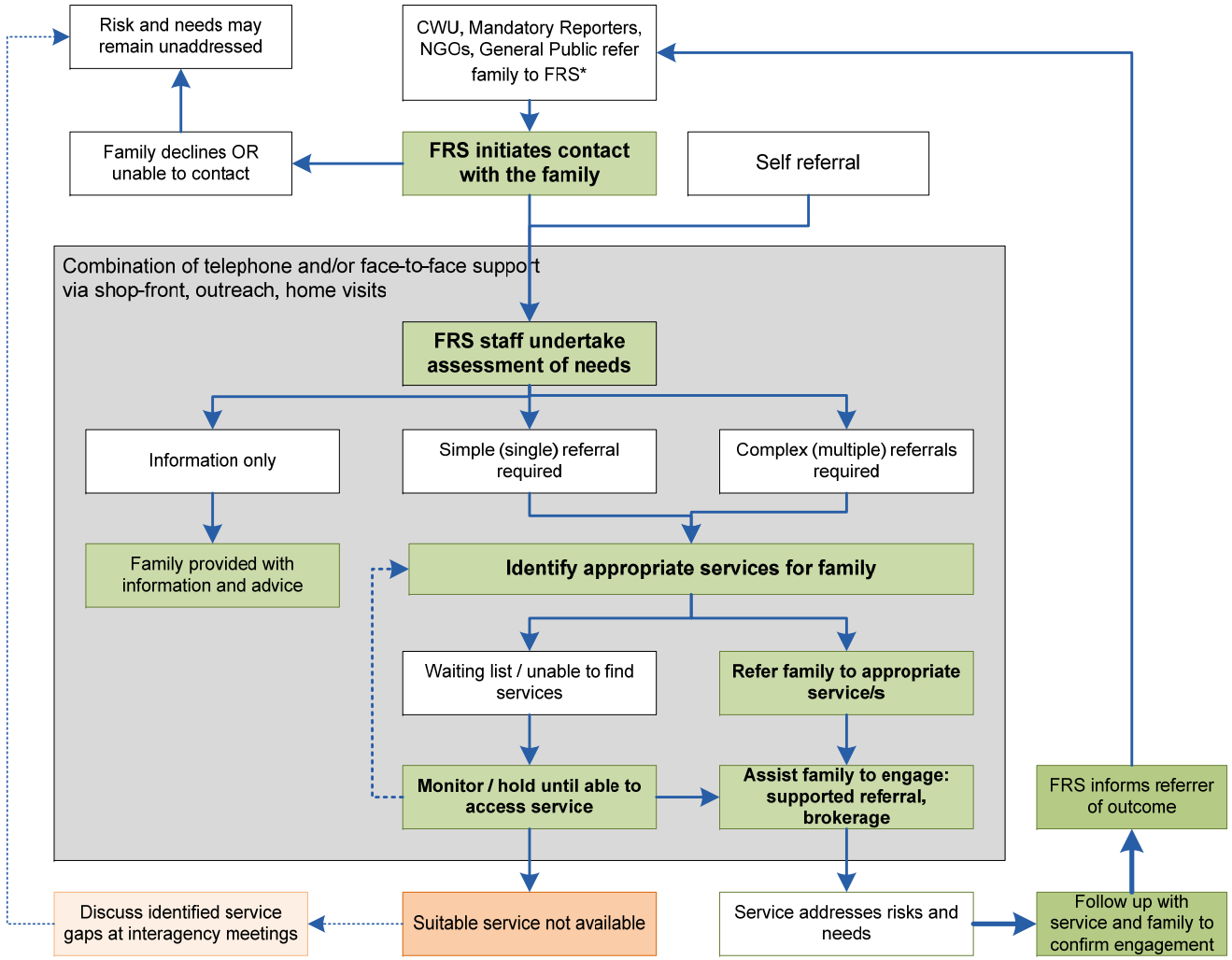
2.5. Model of service delivery

FRS are expected to provide telephone advice, conduct telephone referrals and offer face-to-face referrals from shop front locations and through outreach services. FRS are also expected to develop local networks and/or use established networks within local service systems as a basis to support referral into the program. This includes creating linkages with other agencies to source programs and activities that might benefit children, young people and their families, and connect them with their local communities.

The client journey through a FRS is represented schematically in Figure 2. FRS service provision commences with an inbound referral. Children, young people and their families may self refer to a FRS by telephone or by presenting at a FRS shopfront. Vulnerable children and young people below the ROSH reporting threshold and their families may also be professionally referred by: Mandatory Reporters from Government agencies, NGOs and the private sector (e.g. General Practitioners), or by members of the community. Standard referral protocols have been established with the NSW Police CWU[16] and with NSW Health and Department of Education and Communities (DEC) CWUs to provide consistency in the CWU referral processes. Recognising that *child protection is everyone's business*, the expectation is that the referrer will discuss their intention to refer a family to a FRS, and obtain their consent to do so.

[16] Standard Operating Referral Protocol NSW Police Child Wellbeing Unit and Family Referral Services http://www0.health.nsw.gov.au/resources/initiatives/kts/pdf/standard_operating_proced.pdf

Figure 2: Family Referral Services – service delivery model



Source: KPMG adapted from documentation provided by various FRS. Note, NSW Kids and Families have not been prescriptive on a specific service delivery model.

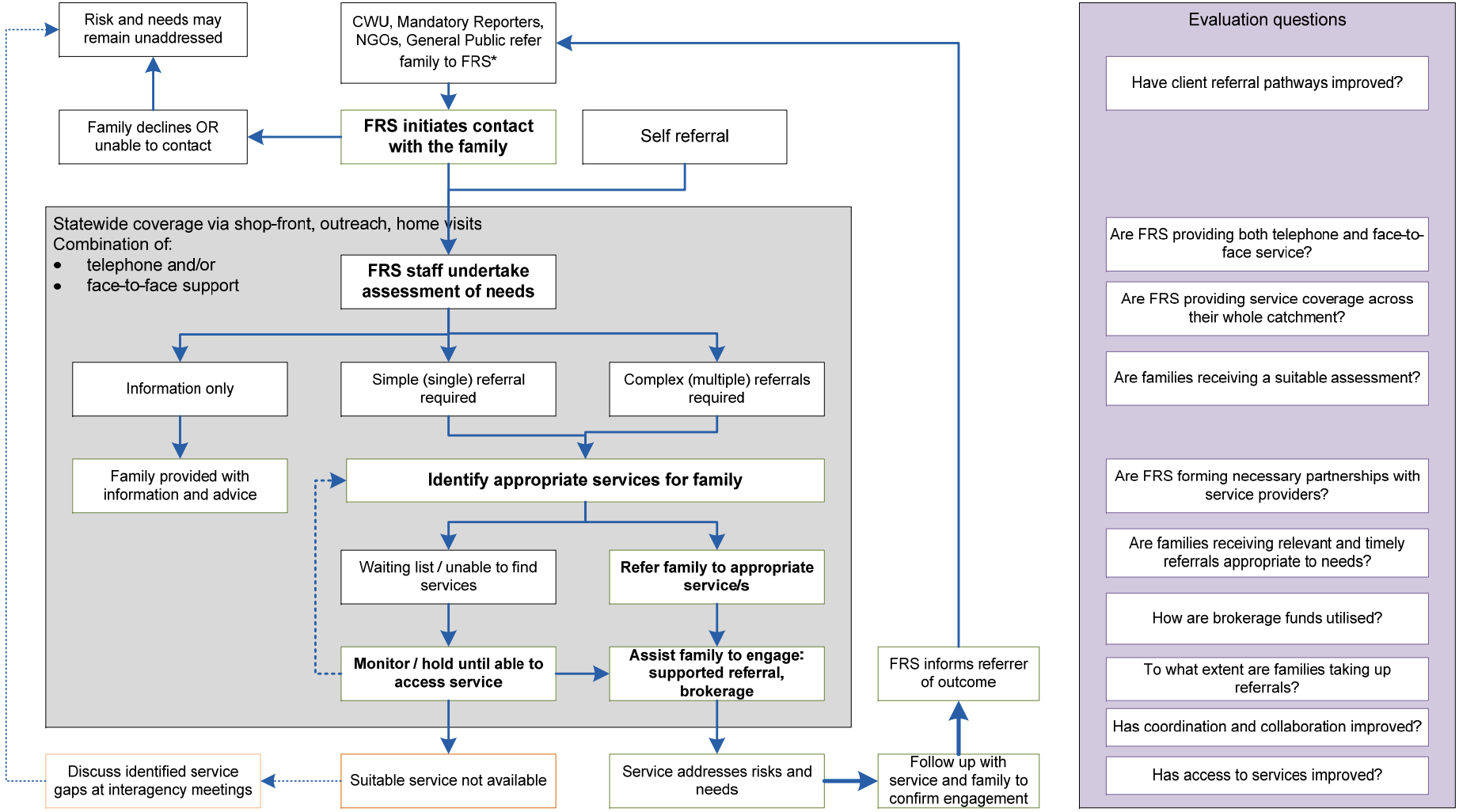
Where a professional has referred a family, the FRS will then endeavour to make contact with the family, generally via telephone, or an outreach visit to other services. Once contact is established, the FRS will identify family needs, and determine the nature of information or referrals required by the family.

The FRS will then refer the children, young people and family member/s to appropriate support services in their local area (an 'outbound referral'), so that identified needs and vulnerabilities are able to be addressed. These services are provided by non-government organisations and Government agencies and may include case management, intensive family support, quality child care, housing, parenting education, supported play-group, drug and alcohol treatment programs, mental health services, youth support services, respite care, etc. In this regard, client outcomes such as reduction in risk and safety concerns, and prevention of escalation of risk or progression into statutory child protection, are mediated by the quality of the intervention provided by the agency that receives the referral.

Where a referral cannot be made immediately, or the outbound agency has a waiting list, the FRS may remain engaged with the family, providing an 'active holding' response for up to six weeks. In these cases a FRS worker remains in contact with the family to provide some support while appropriate referrals are sought, and to identify any change in needs or risks over time. Where appropriate services cannot be identified within the local area, the FRS may use brokerage funds to support access, or refer families to the "next best" service offering. FRS provide feedback regarding service system gaps via quarterly reports to NSW Kids and Families and interagency meetings.

The evaluation questions, sub-questions, and data indicators link directly to the client journey, as illustrated in Figure 3 below.

Figure 3: Relationship between FRS model and evaluation scope



Source: KPMG adapted from documentation provided by FRS. Note, NSW Kids and Families have not been prescriptive on a specific service delivery model.

3. Implementation of the FRS program

This chapter provides an analysis of the implementation of the FRS program, and identifies the enablers of effective implementation to date, and challenges experienced in establishing the program. In doing so, it addresses the evaluation question: *to what extent have the Family Referral Services been implemented as intended?*

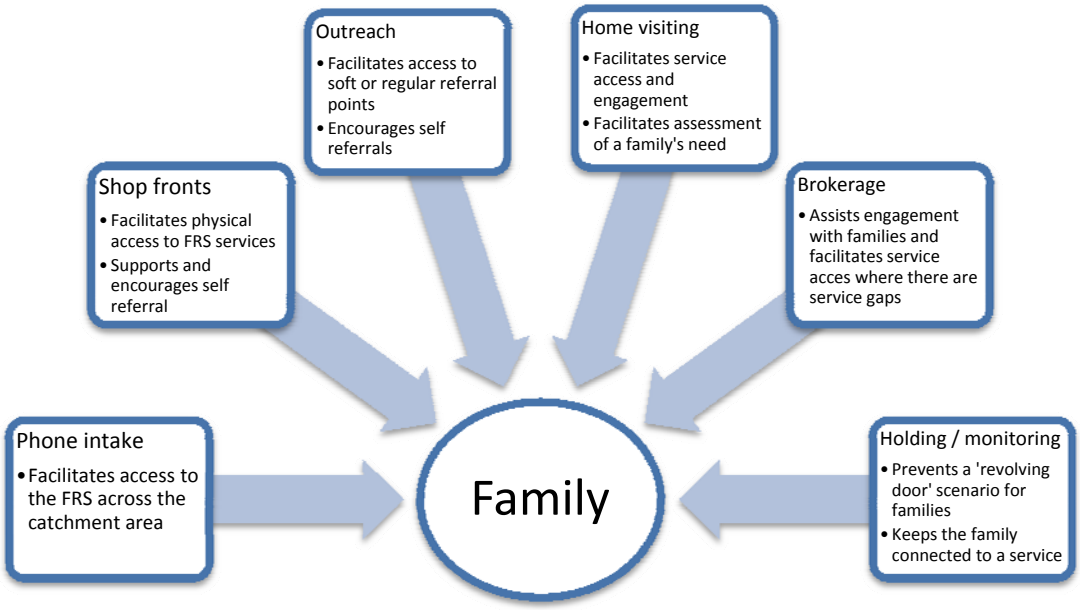
3.1. Key elements of the model

Key features of FRS, as outlined in the program service specifications, are:

- an intake service, provided through telephone and shop fronts
- prompt contact
- assessment of client need
- direct assistance through outreach
- use of brokerage
- referral to appropriate services
- provision of a holding / monitoring response, to support family engagement in services.

FRS are expected to support access for families across their entire geographic catchment. Figure 4 outlines how the key elements are intended to support engagement of children, young people and families. Collectively, these elements of the model are designed to ensure that families are linked in with services that can address their needs and vulnerabilities, and in doing so, help prevent the potential for escalation into the statutory child protection system.

Figure 4: How key features of FRS support the engagement of families



Source: KPMG

The evaluation found that the staged implementation process, and an emphasis by NSW Health on providing flexibility in the implementation of the program to meet local need, has resulted in a diverse range of models implemented across NSW. Regardless of the specific models in place, all FRS were found to have incorporated the above elements to varying degrees. The remainder of this chapter discusses the variation in each element of the model, considering both the operational form of each FRS (staffing and geographic coverage), and each of the elements in turn.

3.2. Geographic coverage and accessibility

The evaluation found that the FRS have implemented a range of strategies to maximise access for children, young people and families from across their geographic catchments. The distribution of families referred, and families accessing the FRS, are a factor of the locations of FRS shop-fronts and staff, and the population distribution within each FRS catchment. Future considerations include ensuring all FRS shop-fronts and outreach locations are highly accessible and family friendly.

The evaluation found a range of strategies adopted by the FRS to maximise service coverage, broadly categorised as:

- **establishing multiple shop-fronts** to provide a physical presence (e.g. New England North West, Illawarra, Riverina Murray)
- **dividing the catchment into sub-regions** for which nominated staff, or in the case of FRS delivered by a partnership, nominated providers, have responsibility (e.g. Far North Coast, SE&N Sydney)
- providing services via a **planned roster of outreach** to designated smaller communities (e.g. Western Sydney, Western NSW, Riverina Murray).

The specific strategies implemented by each FRS are provided Table 3 below.

Table 3: Strategies implemented to support FRS geographic coverage

FRS site	Strategy to facilitate service access
Western Sydney	Provision of outreach services across the local government areas LGAs) within the catchment.
Hunter Central Coast	Two team leader positions established to divide team responsibilities between Hunter and the Central Coast. Specific outreach positions exist, with workers also facilitating access through hubs across the catchment.
Western NSW	Main base is in Dubbo, however, planning is underway to establish a hub in Broken Hill, FRS staff also spending one week in every three working in various outreach locations.
New England North West	Established shop-fronts in four regional centres specifically chosen to maximise geographic and population coverage
Illawarra	Established shop-fronts in three locations across the catchment
Mid North Coast	Intentionally set up their shop-fronts in two centres (Kempsey and Taree) that are not well serviced.
Far North Coast	Three outreach workers are posted in the three regional centres (Lismore, Grafton and Tweed), and have designated areas of coverage
South West Sydney	Outreach hubs established in each of the six local government areas
SE&N Sydney	Responsibility for service provision in each region is split between the two providers
Southern NSW	Three service outlets (with a fourth being established) that provide outreach to targeted areas
Riverina Murray	Six service hubs established across the catchment, no more than a two hour drive from each hub to the furthest point of each designated area.

Source: KPMG analysis

These strategies were reported by stakeholders across most locations to be appropriate mechanisms, given the resource constraints of the program. Some inbound and outbound service providers, however, perceived that the location of some FRS premises in some FRS (notably Western NSW and Mid North Coast) meant that limited coverage was provided for families in some larger regional centres. However, analysis of client postcode data does not fully support this claim. Client postcode data was analysed to assess the geographic spread of service provision by FRS.[17] Data presented in Table 4 for the 'top five' postal areas[18] *from* which inbound referrals were received, and for which clients *were able to be contacted*, indicates:

- The distribution of inbound referrals (based on the known postcode of family) for regional FRS are broadly representative of the major regional centers, for example, Mid North Coast received referrals from all major centers and Coffs Harbour and Port Macquarie are well serviced despite no shop-front presence.
- The distribution of inbound referrals is generally consistent with staff distribution. For example, the high proportion of inbound referrals for New England North West for Tamworth reflects the proportion of FRS staff located in that office, and that the Tamworth office was the first established.
- The exceptions are Western NSW and Western Sydney FRS, with a significant proportion of referrals originating from the locations where shop-fronts are situated: Dubbo/Narromine (45 per cent) and Mt Druitt (41 per cent) respectively. For Western NSW, this reflects that the FRS has one central shop-front location in Dubbo. Some specific concerns about the capacity of the Western NSW FRS to provide appropriate regional coverage were reported, related to difficulties and/or delays in the FRS providing outreach to families in locations outside of Dubbo. For Western Sydney, the apparent high rate of inbound referrals for clients from Mt Druitt is due to the FRS location in a shopping centre, with a proportion of self-referrals to the shop-front.
- The location of clients that were able to be contacted is comparable to the location of all inbound referrals, suggesting that once a referral is received, geography is not a barrier to making contact with a family.

It should also be recognised that regional FRS experience specific challenges associated with supporting access across catchments that cover large geographical areas with dispersed populations. These were reported by FRS staff to include:

- maintaining currency of knowledge and supporting service access for diverse communities with variable needs, across a diversity of local service systems
- capacity to build the profile of the FRS in communities where the FRS does not have a permanent physical presence
- resource management in terms of travel time, cost of travel, and staff deployment.

[17] For the purposes of the evaluation, the term "client" refers to an inbound referral where the FRS has been able to establish contact, and offer its services. Unless otherwise specified as being specific to adults or children, the term client refers to the family unit.

[18] Client postcodes were mapped to Australian Bureau of Statistics Postal Areas. POAs are ABS approximations of Australia Post postcodes, created by allocating whole SA1s on a 'best fit' basis to postcodes. Postcodes are used for delivering mail and in many cases have no specific boundaries. 1270.0.55.003 - Australian Statistical Geography Standard (ASGS): Volume 3 - Non ABS Structures, July 2011.

*Table 4: **Referrals by location for the period** 1 January 2013 to 30 June 2013*

	INBOUND REFERRALS			CLIENTS WHERE CONTACT MADE		
FRS	**Postal Area**	**Count**	**Per cent**	**Postal Area**	**Count**	**Per cent**
Western Sydney	Bidwill - Hebersham - Emerton	483	41	Bidwill - Hebersham - Emerton	372	45
	Hassall Grove - Plumpton	96	8	Hassall Grove - Plumpton	80	10
	Blacktown (South)	79	7	Rooty Hill - Minchinbury	64	8
	Rooty Hill - Minchinbury	73	6	St Marys - Colyton	55	7
	St Marys - Colyton	70	6	Blacktown (South)	30	4
	Total top five		73			74
Hunter Central Coast	Bateau Bay - Killarney Vale	73	9	Bateau Bay - Killarney Vale	53	9
	Warnervale - Wadalba	64	8	Warnervale - Wadalba	40	7
	Cessnock	59	7	Gorokan - Kanwal - Charmhaven	38	7
	Gorokan - Kanwal - Charmhaven	45	6	Cessnock	35	6
	Gosford - Springfield	41	5	Gosford - Springfield	28	5
	Total top five		35			34
Western NSW	Dubbo - South	127	37	Dubbo - South	85	43
	Narromine	28	8	Narromine	21	11
	Orange	27	8	Orange	12	6
	Walgett - Lightning Ridge	23	7	Walgett - Lightning Ridge	9	5
	Broken Hill	13	4	Condobolin	9	4
	Total top five		64			69
New England North West	Tamworth - East	113	44	Tamworth - East	73	49
	Inverell	33	13	Inverell	19	13
	Armidale, Armidale North, Armidale Sth	23	9	Quirindi	13	8
	Moree	21	8	Moree	10	7
	Gunnedah	17	7	Gunnedah	9	6
	Total top five		81			83

	INBOUND REFERRALS			CLIENTS WHERE CONTACT MADE		
	Postal Area	Count	Per cent	Postal Area	Count	Per cent
Illawarra	Warilla	61	15	Warilla	46	14
	Berkeley - Warrawong - Windang	44	11	North Nowra - Bomaderry	34	10
	Jervis Bay, Sanctuary Pt and surrounds	40	10	Jarvis Bay, Sanctuary Pt and surrounds	31	9
	North Nowra - Bomaderry	38	9	Albion Park - Macquarie Pass	30	9
	Albion Park - Macquarie Pass	35	9	Wollongong	24	7
	Total top five		54			49
Mid North Coast	Coffs Harbour - North	34	18	Taree	20	16
	Kempsey	32	17	Port Macquarie - East	19	15
	Port Macquarie - East	28	15	Coffs Harbour - North	19	15
	Taree	27	14	Kempsey	16	13
	Forster	13	7	Forster	10	8
	Total top five		71			67
Far North Coast	Lismore Region	60	24	Lismore Region	33	22
	Tweed Heads, Tweed Heads - South	34	14	Tweed Heads, Tweed Heads South	26	17
	Grafton	23	9	Ballina	12	8
	Maclean - Yamba - Iluka	20	8	Casino	11	7
	Ballina	17	7	Grafton	11	7
	Total top five		62			61
South West Sydney	Rosemeadow - Glen Alpine	92	19	Rosemeadow - Glen Alpine	50	20
	Liverpool - Warwick Farm	71	15	Liverpool - Warwick Farm	39	15
	Macquarie Fields - Glenfield	29	6	Green Valley - Cecil Hills	19	7
	Green Valley - Cecil Hills	28	6	Macquarie Fields - Glenfield	18	7
	Cabramatta - Lansvale	24	5	Minto - St Andrews	14	5
	Total top five		51			54

Source: KPMG analysis Note: Southern NSW, Riverina Murray and SE&N Sydney excluded as fewer than 3 months of data was available.

This data suggests that FRS have established geographic coverage across all locations,[19] and emphasises the importance of regional FRS establishing a strong physical presence across their catchments to support provision of inbound referrals.

The location of shop fronts and their ambience was also reported by FRS management, staff, and inbound referrers to be an important factor in supporting the accessibility of FRS and may work to encourage opportunistic self referrals by families not already involved with the service system. Notable in this is the strategic positioning and fit-out of the Western Sydney FRS. The shop front is located within a large shopping centre, between an MP office and GP clinic. Its location increases incidental foot traffic, and its family friendly fit-out (comprising couches, internet booths, and children's play equipment) ensures the service is approachable and not immediately associated with a "welfare services". Other FRS, including South West Sydney and New England North West, noted that some of their outreach locations or shop-fronts were not particularly accessible to families. All reflected on the value of a family friendly presentation, and the importance and desire to:

- be located in areas with high foot-traffic
- provide a similarly welcoming environment for families.

However, for many FRS, the organisation's pre-existing locations and budgetary constraints precluded the establishment of shop-fronts that meet these characteristics. As the FRS program matures, and should services seek to re-locate, NSW Kids and Families should encourage providers to seek out locations and premises that maximise incidental engagement while at the same time maintaining capacity to engage 'hard to reach' families.

3.3. Staffing models, skills, and qualifications

There is some variability in staffing models adopted. Three FRS have established dedicated positions to develop relationships with service providers and the broader communities that they service. There is insufficient data available to determine the effectiveness of these dedicated positions.

FRS staff across most locations hold skills and qualifications necessary to engage, assess and refer families to appropriate services. It is important that FRS maintain a focus on recruiting staff with appropriate skills and qualifications, and where workforce shortages present difficulties, that appropriate training and supervision is provided to mitigate against potential skill gaps.

FRS were provided flexibility to recruit and deploy staff as appropriate to the needs of their geographic catchment. Consistent with this direction, the evaluation found variation in the staffing models adopted across the FRS. Table 5 shows the overall full time equivalent (FTE) per site by position title. The table demonstrates that:

- Eight FRS have adopted a Manager / Team Leader / FRS worker structure, with Team Leaders assisting in the management of teams responsible for discrete parts of the catchment are the most common model.
- Four FRS, Far North Coast, Western Sydney, South East and North Sydney, and Hunter Central Coast have established roles with specialist community development/liaison functions. These roles work to promote FRS by building networks in the community and service system of the areas they target. They are generally deployed to areas that are under-represented in the referral data, or whom FRS are targeting. At the Far North Coast FRS, the role is an Aboriginal community liaison position focused on building relationships with Aboriginal communities and organisations. While the Far North Coast FRS is the only

[19] While the evaluation did not seek to map this distribution to the population density of each locale, the distribution broadly correlates with known large population centres.

FRS to specifically name this position, this role is informally undertaken by Aboriginal staff within other FRS.

- One FRS, Mid North Coast, has a dedicated Aboriginal Team Leader position and Aboriginal FRS worker positions. The value of these positions is discussed in Section 4.2.

Two FRS, Far North Coast and Hunter Central Coast, initially adopted a "functional" team structure, with dedicated intake and outreach teams. However, internal reviews undertaken by these FRS identified some limitations of this model: blockages in transition of cases to outreach teams due to capacity issues, and concern at the high workload and potential for burnout associated with the intake position. Revisions to the models have seen staff work across both intake and outreach functions, with expected benefits to clients including consistency in worker.

Sites have balanced their staffing models with both the financial resources available to them, and the need to have the sufficient capacity to provide core referral services for families (establishing a community development position for example would decrease capacity to staff intake lines). As a result of data limitations and the relative 'newness' of the dedicated positions, the impact of these community liaison positions on referral patterns cannot be established. However, FRS staff and management report that the community liaison positions have proven to be effective to date. The value of these roles should be monitored over time, and if proven to be effective, may show potential to expand the model to FRS in other locations.

Table 5: Staffing levels (FTE) by position, by FRS

FRS	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South Western Sydney	SE&N Sydney	Southern NSW	Riverina Murray
Manager	1	1	1.2	1	1	1.2	1	1	2	1	1
Team Leader	1	2	2.1	0	1.8	2	1	3	0	0.8	0
FRS Worker	8	5	12.2	7.5	7.4	3	4	10	12.75	4.2	8.8
Community Liaison	2	0	1	0	0.8	0	0	0	0.75	0	0
Aboriginal specific	0	0	0	0	0	0	0.8	0	0	0	0
Administrative	1	2	0.5	0.5	0	0.7	0	2	1	0	0
Project Officer	0	0	0.2	0	0	0	0	0	0	0	0
Total	13.0	10.0	17.2	9.0	11.0	6.9	6.8	16.0	16.5	6.0	9.8

Source: KPMG

The FRS Service Specifications, like most government contracts, do not require FRS to employ workers with specific qualifications, but rather, to ensure that staff are appropriately skilled to undertake the role. Data provided by FRS management demonstrates that the majority of FRS employees hold a Diploma or Bachelor level degree, with some in the process of obtaining qualifications. Staff hold qualifications in a variety of fields, that include:

- community work
- social work
- social science
- education and teaching

- psychology.

Focus group data indicates that many FRS staff had extensive experience in providing family services and community services (for example they had previously worked as a Brighter Futures caseworker, or as a child protection caseworker). FRS management from one service noted that as the program has developed, recruitment was modified to weight selection towards individuals with backgrounds in social work and psychology, due to the greater level of vulnerability experienced by families than initially expected, and strong understanding of existing service systems that this experience afforded.

Figure 5: Qualifications held by FRS staff

Qualification level	Number of FTE	Per cent of FTE
None	9.45	8
Certificate	14.3	13
Diploma	23.05	21
Bachelor	65.3	58
Total	112.1	

Source: KPMG

Demonstrable skills and behaviours of staff were reported by the majority of FRS managers and external agencies to be more important than qualifications, in supporting the delivery of an appropriate service and achieve outcomes for families. Sought after skills and behaviours included:

- a strong understanding of the family support service system, with knowledge and relationships within local service systems particularly valuable
- an understanding of trauma and neglect, and contemporary theory
- persistence and resilience, to support active engagement of hard to reach families, build trust and rapport, and facilitate engagement in referrals
- public speaking and presentation skills, to support interagency and promotional aspects of the role and increase the profile of the service
- experience working with Aboriginal communities and service providers.

The capacity to recruit appropriately qualified and experienced staff was reported difficult for some regional FRS. This situation is not unique to the implementation of the FRS program but is common to many programs. However, FRS staff at one site identified themselves as not having had the appropriate qualifications to work with highly vulnerable families, and that this was exacerbated by little managerial support in the work they undertook, and supervision for debriefing. These findings emphasise the importance of provision of appropriate on-the-job training and supervision to ensure staff are appropriately supported, and are able to develop necessary competencies for working with vulnerable children and families.

3.4. Developing relationships with service providers

All FRS have placed a strong emphasis on building and maintaining relationships with a range of service providers across their catchments, as a basis to encourage inbound referrals and identify appropriate services link families to. Strategies include attendance at inter-agency meetings, organising community events, and undertaking targeted visits to service providers.

However, these relationships are yet to translate into inbound referrals: 38 per cent of referrals were received from the Police CWU, 10 per cent from Police, while 29 per cent were self-referrals. An ongoing focus by FRS on building relationships with professional referrals, including the NGO sector, in addition to further state-wide promotion of the purpose of FRS, may be warranted.

FRS require an understanding of local services within its geographic area as a basis to both receive referrals, and to link families with the services that they require. Further, it has been observed elsewhere that agencies are unlikely to refer to a program unless they see merit in it.[20] Therefore, a critical enabler of the model is the capacity of FRS to develop relationships with other service providers. Reflecting this requirement, all FRS management and staff reported that the development of relationships was a key focus of FRS management and staff, particularly in the early establishment phase. Strategies used across all FRS include:

- attending interagency meetings and forums, with responsibility shared across all team members and levels of management
- attending, organising, and/or sponsoring community events (for example, participating in NAIDOC week activities, or delivering 'community fun days')
- undertaking agencies visits, for the purposes of introduction and information provision
- co-locating FRS workers in outreach hubs with established services such as family service hubs (Far North Coast, Hunter Central Coast)
- outreach to other services, including Neighbourhood Centres, Centrelink, and Aboriginal Child and Family Centres (Illawarra)
- creating positions specifically focused on building relationships (as described in Section 3.3 above). These roles have been used particularly to build relationships with Aboriginal communities, where long term engagement to build credibility and trust is a necessary precursor to FRS working with those communities.

The engagement in inter-agency networks and forums is distributed across a range of sectors, as demonstrated in Table 6, which provides an analysis of FRS participation in networks, forums and events during the period January to June 2013 per quarterly performance reports.[21] While there is variation in the level of detail contained within quarterly reports, interviews with staff and management support the finding that there has been strong engagement by most FRS within Aboriginal and Domestic Violence inter-agencies and forums. There are, however, notable gaps, for example in relation to FRS engagement with health, mental health, drug and alcohol services and youth services. Gaps in engagement with Family Support networks is consistent with feedback from FaMS, and suggests a need for more focused attention in engaging with these service types. This is discussed further in Section 4.

[20] Watson J, 2005, Active engagement: Strategies to increase service participation by vulnerable families. Centre for Parenting & Research, NSW Department of Community Services. Available at http://www.community.nsw.gov.au/docswr/_assets/main/documents/research_active_engagement.pdf

[21] A limitation of the quarterly reporting data relates to variability in the level of detail provided. FRS are not required to identify the sectors with which they have promoted their service, rather the number of events and reach of networking activities. Information reported in quarterly performance reports was supplemented by focus group and interview data.

*Table 6: FRS participation in interagency meetings, networks and events**

FRS	Western Sydney	Hunter Central Coast	Western NSW	Illawarra	New England	Mid North Coast	Far North Coast	South Western Sydney	SE&N Sydney	Southern NSW*	Riverina Murray
Child Protection						✓	✓		✓	✓	
Child and Family / Family Support		✓					✓			✓	
Early Childhood			✓				✓			✓	
Education							✓	✓	✓		
Disability		✓					✓				
Domestic Violence		✓		✓	✓		✓			✓	
Housing / Homelessness					✓		✓	✓			
Aboriginal^		✓	✓	✓	✓		✓	✓			
CALD / Migrant								✓			
Employment / Centrelink								✓			
Youth								✓			
Health, Mental Health, Drug and Alcohol		✓						✓			
Keep Them Safe		✓	✓		✓					✓	
Interagency (unspecified)	✓		✓		✓				✓	✓	✓
Community Events+			20		4	7	8	9	3	1	

*Source: KPMG analysis of FRS quarterly reports provided to NSW Kids and Families. * Note FRS quarterly report requests networking and promotional activity.*
^Most FRS reported attendance at multiple NAIDOC week events; these have been counted only once.
+Community events vary in nature from regular community BBQs hosted by FRS, to one-off "family fun-days" coordinated by the FRS.

Inbound and outbound service providers reported mixed views on the effectiveness of these strategies. Participants to the evaluation variously reported that FRS were "well known" in the community and amongst other service providers, due to the high degree of promotional activity and attendance at inter-agencies, while other participants perceived that they had seen limited activity in the community by FRS. Perceptions typically related to the level of personal contact, and the extent to which the individual had benefited professionally from the service (in either providing or receiving a referral). As noted by one evaluation participant:

> *I have been in region for a while and what makes a difference is the personal relationships; when you are new there is a the need to get out there and build relationships. They do this, FRS staff are out and about and get involved in everything.*

There were, however, notable gaps in engagement, particularly with Family Support networks and providers. This is discussed further in Section 4.

Despite the breadth of promotional activity, this has yet to translate into inbound referrals from a diversity of referral sources. Government agencies, non-government organisations, and the private sector (e.g. General Practitioners, childcare workers) can refer families to FRS where circumstances do not warrant statutory intervention. Analysis of FRS administrative data shows that, of the 4,171 referrals received by FRS from 1 January to 30 June 2013:

- 38 per cent were made by the Police CWU
- 29 per cent were self-referrals
- 10 per cent were made by Police
- seven per cent were made by a non-government organisation.

The data indicate an ongoing requirement for FRS to build relationships with a range of stakeholders as a basis to encourage inbound referrals from a variety of sources. It is noted that the comparatively low proportion of referrals from existing NGOs is not surprising: one of the objectives of FRS is to support workers and agencies with limited local service and systems knowledge. As such, some FRS reported that building non-traditional sources of referrals into the system (for example, from schools and child care centres) was more of a focus than non-government organisations that are likely to already have a strong awareness and knowledge of referral pathways within their local communities.

A range of structural factors and interdependencies with other *Keep Them Safe* initiatives which may be influencing the profile of inbound referral source, are discussed further in Section 4: system outcomes.

3.5. Service response provided to children and families

Key findings:

- **All FRS are providing an augmented service, with a combination of telephone and face-to-face support. Face-to-face support is primarily provided through outreach to other service providers.**
- **Three FRS do not currently provide home visiting, and the level of home visiting undertaken by FRS to support initial engagement was reported by many participants to the evaluation to be a significant service gap.**
- **Timely access is facilitated by the use of good practice active engagement strategies, including making contact within 48 hours of receipt of a referral, multiple call backs, and timely follow-up. Of the referrals where contact was unable to be established, more than five attempts at contact were made in 60 per cent of cases.**
- **There is an opportunity to increase the provision of outreach to other service providers as a basis to support engagement with FRS.**
- **Most FRS evidenced assessment processes that are strengths based, child centred and family focused, consistent with good practice. There is, however, a need to clarify the approach taken by FRS in assessing risk, particularly where referrals are received from a CWU in order to avoid unnecessary escalation of referrals to the Child Protection Helpline.**

This section draws on FRS administrative data and provides an analysis of the service response provided to children, young people, and families by FRS. The analysis is structured against the client journey through service provision: contact and engagement, assessment, and provision of an outbound referral, to consider the extent to which:

- FRS are providing timely access by telephone (and other means)
- families are receiving a suitable assessment
- FRS are providing a sufficient level of service to clients
- families are receiving relevant, timely referrals appropriate to their needs.

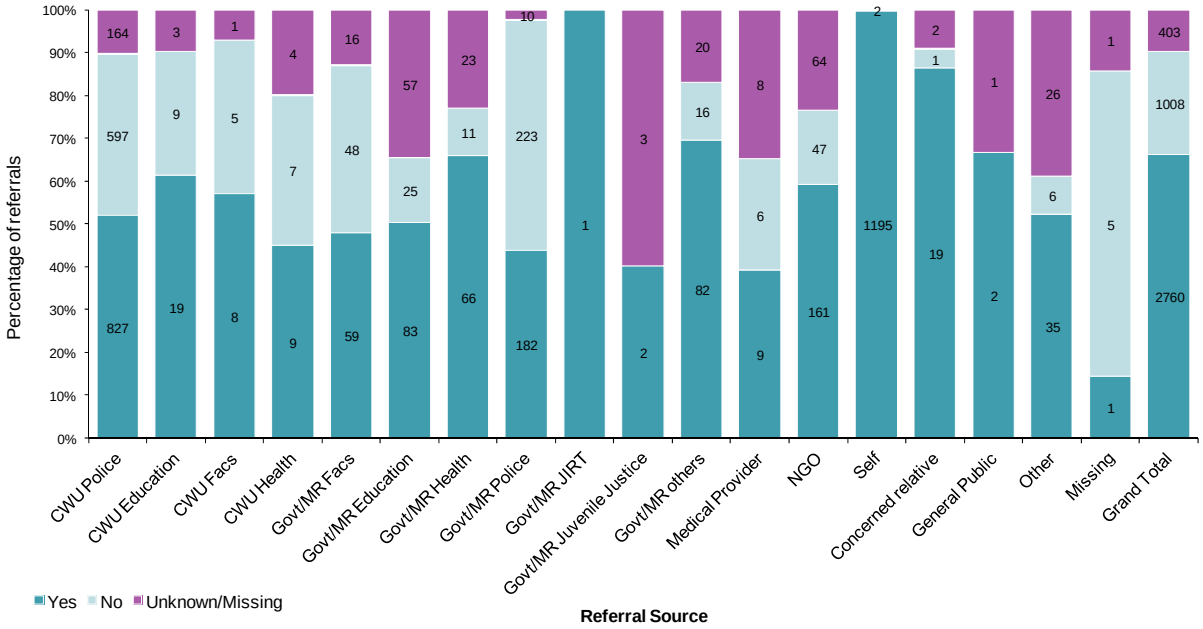
3.5.1. Timeliness of access

The evaluation found some evidence that FRS are supporting timely access for families. Most FRS have established policies and procedures that require staff to respond to a referral within 48 hours of receipt of the referral. This includes a first attempt to contact the family. Focus group data suggests that these policies have been consistently implemented, however, quantitative data is not available to verify these findings.

A proxy indicator of access is the extent to which FRS are able to engage families in the service, and the effort expended in doing so. State-wide, FRS were able to establish contact with 66 per cent of inbound referrals. That 34 per cent were not able to be contacted may in part be attributed to families electing not to engage, e.g. where telephone messages were not returned. This is consistent with the voluntary nature of the service: reviews of refusal rates find that voluntary early intervention services have a refusal rate of up to 25 per cent, while refusal rates may be higher amongst families who have had statutory involvement.[22]

[22] NSW Centre for Parenting and Research (2005). *Active engagement: Strategies to increase service participation by vulnerable families*, Ashfield, NSW Department of Community Services, p.iii.

Figure 6: Proportion of referrals where contact was able to be made with the family, by referral source



Source: KPMG analysis of FRS administrative data

Where contact was not able to be made with a family, these were primarily where the referral had been made by the Police CWU or Police mandatory reporters. As shown in Figure 6, 80 per cent of referrals where contact was not able to be made (n=820), were received from CWU Police (n=597, or 38 per cent of CWU referrals) and directly from Police (n=223, or 54 per cent of Police mandatory reporter referrals). While this is not proportionally greater than other referral sources such as the Health CWU and Family and Community Services (FaCS), this is of some concern given the comparatively high volume of referrals received from these two sources. The challenges in establishing contact were attributed by FRS staff to a number of factors:

- a protocol has been established whereby Police are not required to seek consent from a family to provide a referral to a FRS. Therefore, and despite leaving messages with a family or providing contact information via post, a family does not return FRS calls or messages
- in some cases, information provided by Police that has been documented at the time an incident is incorrect. Alternatively, sufficiently detailed information may not be available to contact the family through other means
- for some domestic violence incidents where the perpetrator may be in the home, FRS staff are mindful of balancing the requirement to offer support with the safety of the victim.

While recognising these issues, some inbound referrers including the Police CWU and Police reported concerns that FRS were not making sufficient effort to contact and engage families. Of noted concern was the capacity to respond to domestic violence issues, given that for 74 per cent of Police referrals, domestic violence is an identified issue.[23] Anecdotally, access may be limited by the failure of some FRS to follow up with the inbound referrer to obtain additional information that may support contact and engagement (e.g. an alternate phone number).

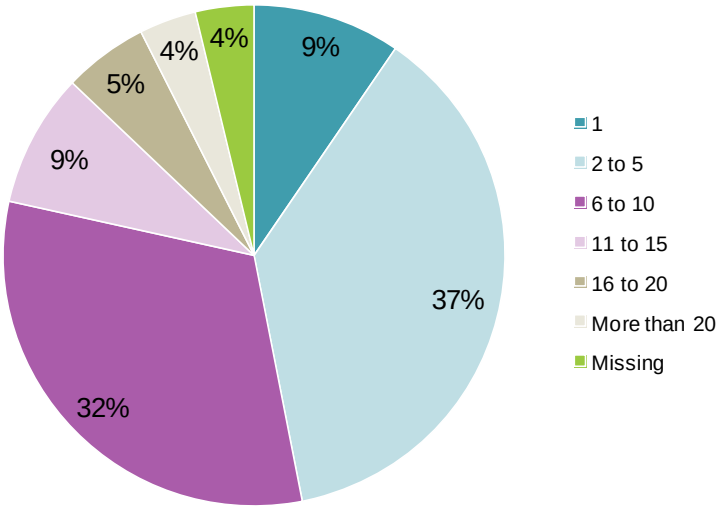
[23] Refer Appendix E for presenting issues by referral source. Note presenting issues are only counted where a family was able to be contacted.

FRS data neither refutes nor supports the concerns raised by inbound referrers regarding efforts made to contact families. The data demonstrates that for inbound referrals that where contact was unable to be made:

- 9 per cent of cases are closed with one attempt at contact
- 37 percent of cases are closed after between two and five attempts at contact
- 32 per cent of cases are closed after between six and 10 attempts at contact.

This is consistent with established policies to attempt to call a family a minimum of three times, at various times of the day, and if unable to contact the family within a period of a month, closing the referral. That more than one third of referrals are closed with fewer than five attempts at contact may indicate some scope for some improvement. However, all FRS staff reported that they were also mindful of respecting the choice of the individual to engage, emphasising the voluntary nature of their service offering.

Figure 7: Number of attempted contacts, where contact was not able to be made



Source: KPMG analysis of FRS administrative data.

Staff across all FRS reported that they persist with multiple callbacks, to first make contact and secondly offer support. Indeed, a prompt initial response, timely follow-up, and frequent contact are strategies reported in the literature to be effective and appropriate strategies to support engagement of vulnerable families.[24] Most FRS reported that they make concerted efforts to engage families using mechanisms such as: assertive outreach to the family home[25], accompanied by another worker already known to the family (i.e. the inbound referrer), or contacting other services known to the family (such as the local school) to encourage the family to "get in touch".

As noted above, a key challenge impacting initial uptake of service is associated with referrals from Police that relate to domestic violence. FRS staff and managers reported that there are a number of factors that need to be considered in relation to contacting a family where domestic violence has occurred, including whether the adult victim of domestic violence is in a position to make contact or is afraid to do so, and whether contact may exacerbate the risk to the victim/s. Understanding of the vulnerabilities of families in situations involving domestic violence can therefore influence both the number of attempts to contact families and the way that contact is attempted.

[24] Ibid.
[25] Risk assessment processes exist at an individual FRS level as a precursor to conducting home visits.

Given this, the findings suggest the need for the establishment of a shared understanding between the Police CWU and FRS regarding what constitutes a reasonable effort to engage a family, particularly in the case of referrals following an incident of domestic violence.

Further, there may be value in FRS sharing good practice active engagement strategies as a basis to support practice improvement.

3.5.2. Assessment

FRS are required to identify what services a families might most benefit from, in order to address current problems, prevent escalation, and foster a protective and nurturing environment. In order to do so, FRS will undertake an assessment of client needs. Analysis of the various assessment tools used by FRS, and qualitative data from focus groups, indicates that the assessments conducted by FRS:

- are often guided by a pro-forma assessment tool or detailed guidelines (eight of the 11 FRS have established tools, while the remaining three have guidelines)
- adopt a strengths based approach, that is child focussed and family centred
- are holistic, covering a range of domains to identify both risk and protective factors
- are conducted over a number of contacts with a family (either telephone or face-to-face); as trust and rapport is built, a more detailed picture of need and vulnerability emerge
- sometimes include screening for risk of significant harm.

In addition, some FRS workers noted that they often focussed on identifying the “issue that was most important to the family”, and were mindful of the danger of “over-assessing” families. This is appropriate in the context of providing a short intervention.

Some inbound referrers did, however, note concerns regarding FRS conducting their own risk assessment. A review of policies and procedures identifies that some FRS assessment guidelines commence with screening for risk of significant harm. In the case of the Child Protection Helpline and Police CWU, this was considered inappropriate, as these referrers had already determined the case did not meet the statutory threshold. However, it was acknowledged that ROSH is not a static state, and that a FRS assessment may uncover additional risks (in which case reporting to the Child Protection Helpline is appropriate). These findings suggest a need to clarify the scope of the assessment of risk by FRS, particularly where a referral has been received by from a CWU.

Feedback from outbound service providers regarding the quality of assessments undertaken by FRS was positive in most catchments. Recipients of outbound referrals noted a benefit of referrals received via FRS was the quality and thoroughness of the information accompanying the referral. Associated benefits included that it was clear that the referral met eligibility requirements for the program, that family would not have to “repeat their story” and the outbound service provider would be in a position to commence “doing real work” with the family immediately.

Feedback from families also confirmed the appropriateness of assessments undertaken by FRS. The data in Table 7 shows that the majority of respondents (85 per cent, n=90) either agreed or strongly agreed that their FRS understood the issues that affected their child(ren) and family.

Table 7: Level of agreement that FRS understood the issues that were affecting my children and family

Level of agreement	Count	Per cent
Strongly disagree	0	0
Disagree	0	0
Not sure	15	14
Agree	36	34
Strongly agree	54	51
No response	1	1
Total	106	100

Source: KPMG analysis

3.5.3. Type of support provided

FRS provide a range of responses for families, comprising: telephone case coordination; face-to-face case coordination; supported referral; and outreach / home visits. FRS are expected to provide both telephone and face-to-face support to families, via shop-front access or outreach / home visiting.

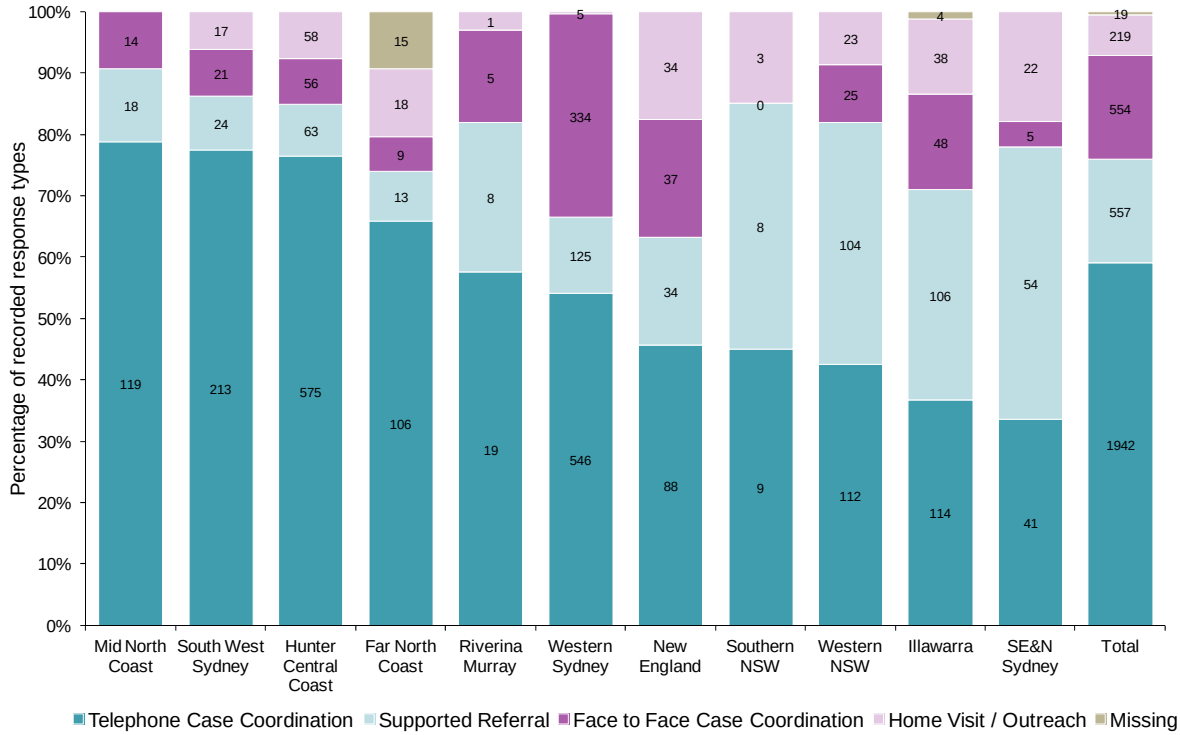
Analysis of FRS program data indicates some variability in the types of support provided to families.[26] As shown in Figure 8, and considering FRS that have been established for the full six months for which data was available:

- telephone case coordination is the predominant response provided in the Mid North Coast, South West Sydney, and Hunter Central Coast. Across each of these locations, over 70 per cent of support provided was telephone case coordination
- face-to-face case coordination is greatest in Western Sydney and New England North West, at 33 and 19 per cent of support respectively
- provision of supported referrals varies across sites, ranging from 39 per cent in Western NSW and 34 per cent in Illawarra, to 13 per cent in Far North Coast and Hunter Central Coast
- home visiting / outreach ranges from 18 per cent of support in New England North West and Hunter Central Coast, to 0 per cent (i.e. home visiting is not provided) in Western Sydney and Mid North Coast.

A number of factors influence this distribution of type of support, including accessibility of shop fronts, assessment outcomes, and FRS policies and procedures regarding home visiting and supported referrals. These are discussed briefly below.

[26] The FRS data collection allows up to five types of support to be reported.

Figure 8: Type of support provided



Source: KPMG analysis of FRS administrative data. Note: Two FRS, Far North Coast and Illawarra, appear to record only one type of response.

The accessibility of shop-fronts influence the type of support provided. Highly accessible shop-fronts were reported to promote a high rate of walk-ins, which are recorded as face-to-face contact. For example, Western Sydney has a highest proportion of face-to-face co-ordination, and SE&N Sydney has the lowest rate of telephone case co-ordination, in part due to the accessibility and welcoming nature of their shop-fronts. FRS policies and procedures are also a significant factor. Some FRS endeavour to address simple referrals via telephone-based contact only, while face-to-face support was prioritised for families assessed as having multiple referral needs, where the complexity of presenting circumstances warranted this, and/or to support engagement with the FRS and/or services.

An assessment outcome may also inform the type of response provided. Inbound referrals are classified into one of three categories based on the number of referral needs identified: information only, simple referral (one referral required), and complex referrals (two or more referrals required). In order to prioritise the deployment of resources, some FRS, such as Far North Coast, will endeavour to address all simple referrals via telephone, with complex referrals prioritised for outreach support.

Policies and procedures adopted by FRS also contribute to the significant variability in home visiting. Home visiting is not provided by all FRS: Mid North Coast does not conduct home visiting as a matter of policy, and at the time of the evaluation, Western Sydney was just commencing preparation for home visiting. The rationale put forward by some staff for this decision was that home visiting presents risks to worker safety, and/or that some FRS workers did not have sufficient skills or experience to conduct a home visit. Inbound and outbound referrers across all regions reported that home visiting was critical to engage hard to reach families, and noted the lack of home visiting to be a significant gap in the service provided.

The reason for the high level of variation in the provision of supported referrals is not known. Consultations with FRS staff across all sites suggested that provision of a warm referral was common practice as a basis to support engagement with outbound providers.

For example, South West Sydney and Western NSW FRS have established two tiers of supported referral:

- Type one – a family requires transport only to access services and needs assistance. In these instances, FRS workers seek to identify available transport options.
- Type two – a family requires support with a warm and supported introduction to the service, that is, to be there and sit with them. In this instance FRS workers can and do transport the client to and from the service.

The likely explanation is that the definition of each type of support has been variably interpreted (for instance, face-to-face coordination may also include a supported referral to another provider). This is likely to be the case for Far North Coast and Illawarra recorded only one response type per client, while qualitative data suggests that support provided to clients in these locations is often by multiple channels.

These findings suggest that there is a need to:

- clarify the scope and definition of each activity provided by FRS so that there is a consistent understanding of the types of responses available and provided to clients (including that a client may receive support via more than one mechanism)
- require that all FRS provide home visiting, where it is safe and appropriate to do so.

3.5.4. Provision and uptake of outbound referrals

Where families accept the service offered by FRS, FRS were able to provide an outbound referral for 47 per cent of families. Where a referral was unable to be made, reasons included a family declining the referral or disengaging.

The evaluation found inconsistent practice implemented across FRS with respect to following up to determine whether a family had engaged with the outbound service provider. Inconsistent recording of data limits the capacity to draw conclusions regarding the proportion of families that have engaged with an outbound provider. These findings suggest a need for improved practices to ensure families successfully engage with the services they require.

The primary objective of the FRS program is to link vulnerable children and families to the services that they require, in order to address these issues and ultimately, prevent escalation of these issues. FRS data shown in Figure 9 indicates that an outbound referral was able to be made that met some, or all of a family's needs in 47 per cent of cases (n=1,286 of 2,760 families). Where an appropriate outbound referral was unable to be made, this primarily related to a family declining the referral (27 per cent, n=749). Where families declined a referral or disengaged, anecdotal feedback from FRS staff and outbound referrers suggested that reasons include that some families are by their nature complex and hard to engage. Despite concerted efforts by FRS and other providers, a proportion of families will decline a referral noting the voluntary nature of the service.

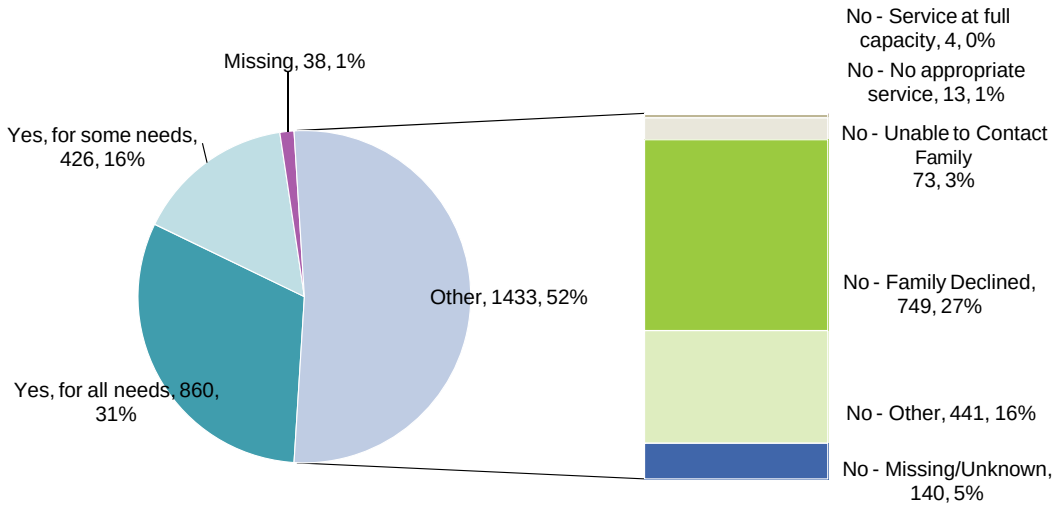
Other reasons noted by FRS as to why an outbound referral was not able to be made for 16 per cent of families (n=441) included that the family:

- were found to be already linked to services
- requested information only (where assessment outcome indicated a simple or complex referral)
- self-referred to the service
- were still receiving assistance
- no longer required assistance

- were found to be at ROSH or have an open Community Services case plan
- moved out of the area
- did not engage with the outbound service provider.

Given that some of the above indicators are positive, i.e. that a client self-referred or was found to already be linked to appropriate services, FRS administrative data may somewhat under-represent the capacity of FRS to provide an appropriate referral.

Figure 9: proportion of families for whom an outbound referral was able to be made



Source: KPMG analysis

Interestingly, FRS data suggests that "no appropriate service" was an issue in fewer than one per cent of cases.[27] This is in contrast to feedback from outbound referrers and FRS staff, who identified a number of consistent challenges to providing appropriate referrals, which were often beyond the control of the FRS. These include:

- Service availability. The efficacy of FRS is highly reliant on their ability to link in with service systems and navigate these for families; pre-existing service gaps present a significant structural impediment. To some extent, FRS are able to address service gaps with the use of brokerage, for example, to purchase private allied health services, and to monitor a client while they are on a waiting list for service.
- Geography. Families may not have the means to travel vast distances to access the most appropriate services for them; this is particularly the case in rural and remote communities where there is service scarcity and concentration of services within more densely populated areas. Feedback from FRS also noted anecdotally that services funded to provide services across geographies did not always do this, and concentrated services in more densely populated areas.
- Client complexity. Anecdotally, FRS work with families that range in the level of complexity and risk from low risk early intervention, to highly complex with a history of ROSH reports. There are often insufficient services within the community that are able to work with families at the sub-ROSH threshold.

These issues are discussed in more detail in Section 4.

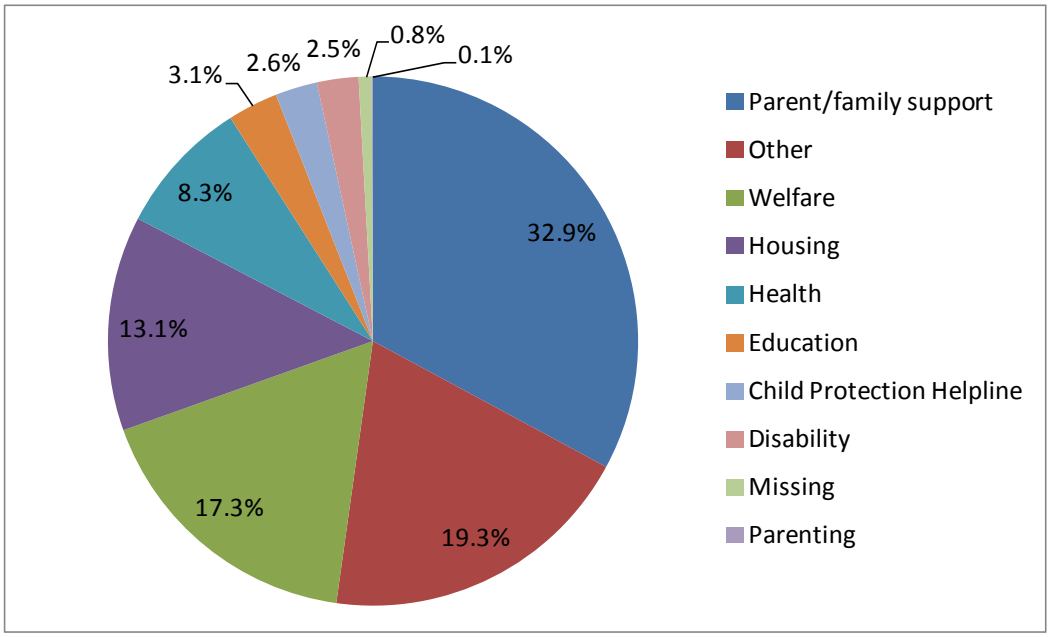
[27] FRS staff indicated that where a referral was able to be made for some needs, other needs may not be addressed as no appropriate service was available. However, the data collection does not allow this to be reported.

Type of referrals provided

As demonstrated in Figure 10, FRS administrative data indicates that the majority of referrals, by family, were to parent and family support services. The specific breakdown of outbound referrals by service type is:

- 33 per cent to parent/family support
- 19 per cent to other services not specified
- 17 per cent to welfare services
- 13 per cent to housing services
- eight per cent to a health service
- three per cent to disability services
- three per cent to education services
- three percent to the Child Protection Helpline
- one percent of responses missing.[28]

Figure 10: Proportion of outbound referrals by type of service



Source: KPMG analysis of FRS administrative data.

Given that 'welfare' and 'other' were the most frequently recorded categories, it is difficult to determine whether these referrals were consistent with identified presenting issues or vulnerabilities.[29] As demonstrated in Figure 11, the most frequent presenting issues, for families that were able to be contacted include:

- domestic violence was identified as an issue for 38 per cent of families
- parenting issues were identified as an issue for 26 per cent of families
- financial stress was identified as an issue for 19 per cent of families
- mental health was identified as an issue for 18 per cent of families

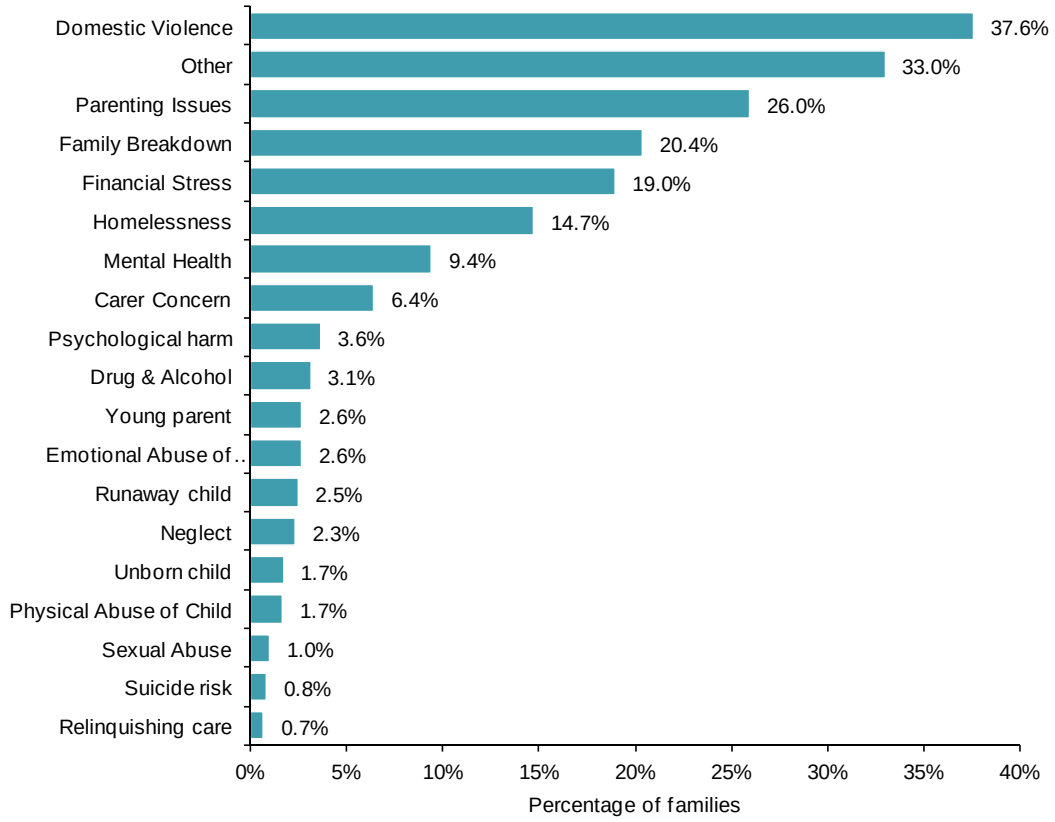
[28] A family can be counted more than once if it has accessed more than one type of service. e.g. Family A with children A-1, A-2 and A-3 has accessed the child protection helpline, disability and education. This family will be counted three times in the data.
[29] The high rate recorded as 'other' suggests a need to refine the categories available in the data collection.

- homelessness was identified as an issue for 15 per cent of families
- drug and alcohol was identified as an issue for 10 per cent of families.

The high proportion of families with domestic violence noted as an issue is likely to be a function of the high rate of referrals from the Police CWU and Police Mandatory Reporters. Of the 1038 families for whom Domestic Violence was an identified issue, 59 per cent (n=615) were referred by the Police CWU.

Consistent with the high proportion of referrals to 'welfare' services, almost one third of outbound referrals (73 per cent) were to NGO services, 16 per cent were to State Government services (primarily consisted of health, housing, and services categorised as 'other'), and three per cent of referrals were to Aboriginal specific services. The rate of referral to Aboriginal specific services is discussed further in Chapter 4.2.

Figure 11: Proportion of families with specified presenting vulnerabilities



Source: KPMG analysis of FRS administrative data

Timeliness of referrals

FRS data suggests that referrals are also able to be accessed in a timely manner. Of the families that FRS were initially able to engage and conduct an assessment:

- 19 per cent of families engaged with an outbound service provider within one day of the FRS receiving their referral
- 15 per cent of families engaged with an outbound service within two to seven days of the FRS receiving their referral
- 24 per cent of families engaged with an outbound service within 7 days and two months (60 days) of the FRS receiving their referral.

The high proportion of missing data is likely to reflect families that were still receiving support from FRS at 30 June 2013.

Table 8: Average number of days between inbound referral and accessing outbound service provider

Time taken to access outbound provider	Number of families	Per cent of children, young people and adults
0 to 1 day	641	19
2 to 7 days	504	15
8 to 14 days	351	10
15 to 29 days	406	12
30 to 59 days	399	12
60 to 89 days	176	5
> 90 days	65	2
Missing	874	26

Source: KPMG analysis.

Table 9 below shows that the average number of days taken for a family to access an outbound provider ranged from zero to one day (Western Sydney and Western NSW) to 20 days in Far North Coast. The capacity for individual family members to access a service within 0-1 days was primarily reported by the Western NSW, Illawarra, and Western Sydney FRS. The apparent rapid access to services may be a factor of FRS:

- providing "information only" to a family, resulting in a referral need being met – this may explain why a greater number of families are recorded as having been able to access a service provider in Illawarra and South West Sydney FRS, than for whom an outbound referral was noted as being made for some or all needs
- providing an internal referral to other programs delivered by the auspice agency
- supporting the family with an immediate warm referral to another service provider (for example, sitting with the family at a shop-front, and calling the outbound agency with the family), at which point FRS consider the family to have engaged in the service and closes the referral.

However, that a family has been referred does not confirm that a family has in fact engaged in the service and received the support that they require. Some FRS staff and management noted that the time taken for a family to be recorded as having accessed a service provider also related to the timeliness and/or capacity of outbound referrers to make contact with the family.[30] The evaluation sought to verify the timeliness and uptake of referrals through interviews and focus groups with providers of inbound referrals, and agencies that receive outbound referrals.

[30] this points to differences in interpretation of what constitutes a family accessing a service.

Table 9: Average number of days taken to access outbound service provider

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Riverina Murray	Southern NSW
Outbound referral made for some or all needs	433	191	104	174	88	32	81	113	49	8	13
Number families where access to service provider recorded	245	193	73	92	162	29	64	131	40	11	14
Uptake as per cent of outbound referrals able to be made	57	101	70	53	184	91	79	116	82	138	108
Total days	68.1	3500.1	109.7	625.2	1400.2	459.8	1271.4	1908.3	688.7	91.3	48.0
Average days*	0.3	18.1	1.5	6.8	8.6	15.9	19.9	14.6	17.2	8.3	3.4

*Source: KPMG analysis. Note: *average days calculated by summing the total number of family members provided with a referral, and dividing this through the total days taken to access a service provider.*

Anecdotal feedback from agencies receiving outbound referrals supported the view that there had been a high uptake of the referrals made by FRS. FRS management, staff and outbound referrers reported that a number of practices had supported timely uptake and engagement of families with service providers. These include:

- the targeted and appropriate nature of the referrals made, with FRS possessing strong knowledge of local service systems and eligibility requirements
- the provision of a warm and supported referral, which increases the likelihood of engagement
- the development of direct referral pathways and/or channels of communication with service providers, for example, the Illawarra FRS reported that some medium term housing providers will now contact them when they have a vacancy, which in turn is usually able to be filled by a client of the FRS
- that FRS can act as an advocate for families, and actively follow up on referrals
- the use of brokerage to address immediate needs, support access (e.g. via transport), and purchase private services outside of the funded system.

However, this feedback was not uniform. Outbound referrers in some locations noted that there was greater capacity for FRS to provide supported referrals. As one stakeholder observed:

> *The FRS appear to do solid client work to gain an understanding [of client need], however, this does not translate into sufficient support to the family to ensure that they engage… the referral provided to us is via fax or email… it would be far more beneficial if a discussion took place. At present, they only call to confirm that we received the referral, and to check if the referral was taken up. In these cases the families could flow back to the FRS to get a more suitable referral.*

The engagement of a family with the services that they require could not be confirmed by inbound referrers; many inbound referrers raised concerns that they received limited feedback from FRS regarding whether a family's needs had been met. In support of this view, some FRS reported that ensuring client confidentiality was important as a basis to support meaningful engagement. These FRS actively assure clients that they will not tell the Police or FaCS whether the client decided to engage. This information however can be requested under the information sharing provisions under Chapter 16a of the *Children and Young Persons (Care and Protection) Act 1998.* The approach that these FRS take in engaging vulnerable families through a focus on not disclosing engagement outcomes to other agencies can lead to a tension in FRS supporting the CWUs to demonstrate their effectiveness

Collectively, these findings suggest that there is a need for consistent state-wide program guidelines, which require that FRS follow-up with families and service providers to ensure engagement with the service provider, and to provide feedback to inbound referrers.

3.5.5. Use of brokerage

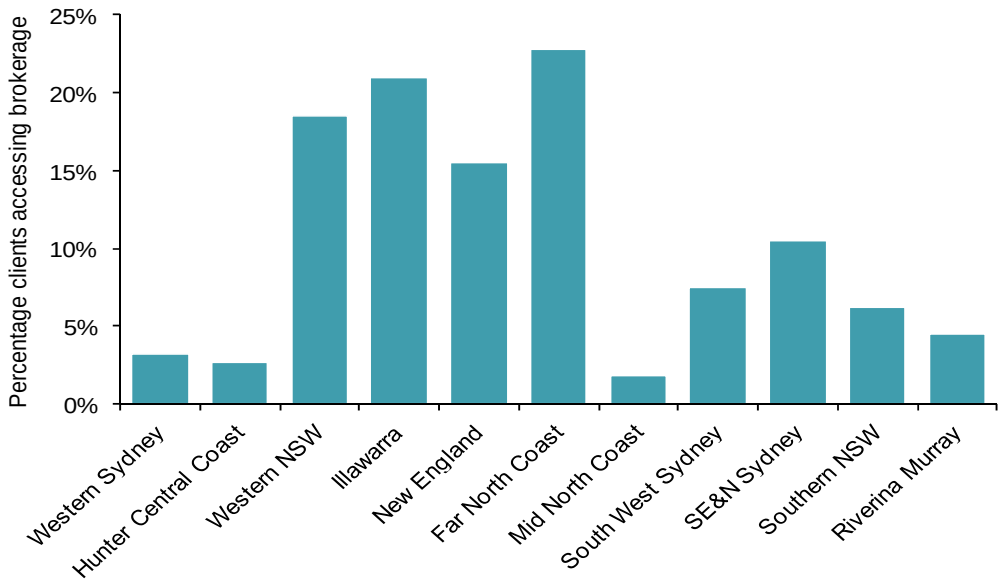
Within the FRS program model, brokerage is available to support client access to services, and fund access to community support. The evaluation found strong qualitative evidence that brokerage is a critical element of the model. Inbound referrers, staff and management across most FRS locations indicated that brokerage has been an important enabler of the service, in its capacity to:

- addressing practical needs and resolving crisis
- facilitating timely referrals, and uptake of referrals to outbound referrers through provision of transport

- addressing service gaps through sourcing services outside of the funded system or augmenting FRS own capacity to provide services, for example, in Western NSW brokerage has been used to fund a caseworker for a housing service that was at capacity.

However, FRS data and feedback from FRS staff suggests that there is variation in the way that brokerage funds are accessed and used across sites. As shown in Figure 12, fewer than five per cent of all families who were able to be contacted by FRS accessed brokerage, ranging from over 20 per cent of families in Far North Coast and Illawarra, to fewer than five per cent in Western Sydney, Hunter Central Coast and Mid North Coast. Staff in some of these locations reported difficulties in obtaining management approval to use brokerage for clients. Expenditure on brokerage was not able to be verified through the financial data. There is a need for NSW Kids and Families to ensure, through its contract management processes, that brokerage is being utilised by all FRS as intended.

Figure 12: Proportion of families accessing brokerage, by FRS



Source: KPMG analysis

3.5.6. Level of service provision

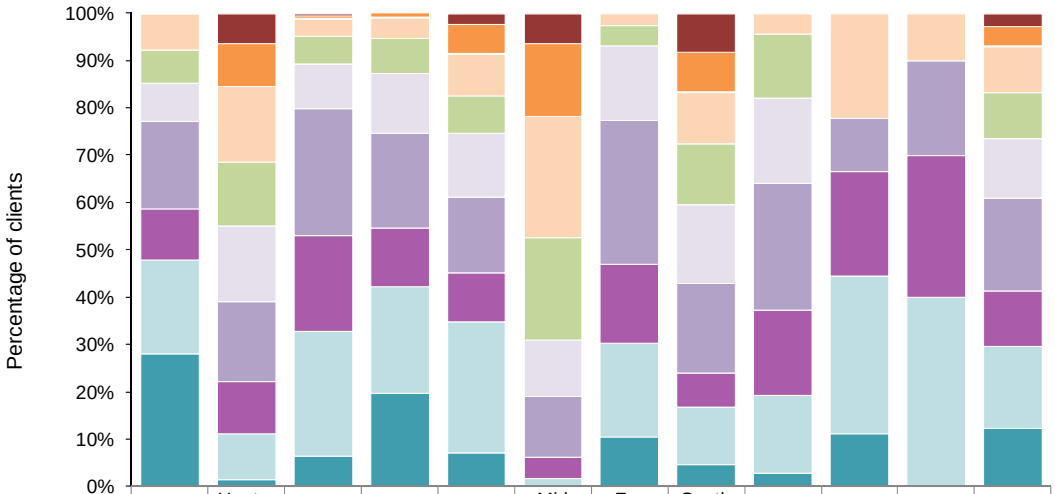
FRS Service Specifications provide for FRS to work with families for up to six weeks, to support initial engagement, assessment, identification of appropriate service providers to whom they may be referred, and actively link them to the required services. As shown in Figure 13:

- of the 2,760 families where contact was able to be made, 57 per cent (n=1568) of families received support for six weeks or less, consistent with the intended model
- the duration of the intervention is, however, skewed by the high volume of families supported by Western Sydney, which closed 18 percent of inbound referrals (n=150) within one day.
- across all locations FRS are working with a small proportion of families for longer than the intended period of six weeks, with some cases being monitored for a period of up to 12 weeks
- both Hunter Central Coast and Mid North Coast have a high proportion of clients (62 per cent and 38 per cent) supported for greater than six weeks.

The flexibility to keep in contact with a family for longer than six weeks was considered necessary in many cases, with FRS staff reporting that for clients with more complex needs

and vulnerabilities, “every bit of the six weeks” may be required to engage the family, conduct an assessment and identify a suitable referral. Hunter Central Coast and Mid North Coast noted that a longer duration of intervention did not necessarily indicate actively working a case, but rather, monitoring a family until such time that they were able to engage with the outbound provider. This is consistent with the data presented in Figure 13 above, where Hunter Central Coast and Mid North Coast FRS had the highest proportion of engagement outcomes recorded (100 per cent and 91 per cent respectively), and were at the higher end of average number of days taken to engage with the service provider.

Figure 13: Average duration of engagement from inbound referral to closure by FRS location



	Western Sydney	Hunter Central Coast	Western NSW	Illawarra	New England	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
More than 16 weeks	0	31	1	0	3	7	0	16	0	0	0	58
12 weeks to 16 weeks	1	45	1	3	8	17	0	17	0	0	0	92
8 to 12 weeks	41	78	6	13	11	28	3	21	3	2	1	207
6 to 8 weeks	37	66	10	23	10	24	5	25	9	0	0	209
4 to 6 weeks	43	78	16	39	17	13	18	33	12	0	0	269
2 to 4 weeks	99	83	45	62	20	14	35	37	18	1	2	416
1 to 2 weeks	58	54	34	38	13	5	19	14	12	2	3	252
Less than 1 week	106	48	44	69	35	2	23	24	11	3	4	369
0 days	150	7	11	61	9		12	9	2	1		262

Source: KPMG analysis

These findings provide strong indications that FRS are providing an appropriate level of service to families. However, consideration to monitor a family for longer than a six week period to ensure engagement with an outbound service provider may be warranted.

3.6. Assisting vulnerable children and families

The evaluation explored the extent to which FRS were supporting vulnerable children and families, as opposed to FRS servicing the ‘worried well’. Three sources of evidence were considered: qualitative feedback and case studies provided during interviews and focus groups; the characteristics of children and families supported by FRS; and the extent to which FRS were meeting predicted program reach.[31]

FRS staff and inbound referrers provided strong evidence, through numerous case study examples, that indicates FRS are assisting highly vulnerable children, young people and families. Case study examples demonstrating the complexity of need and issues experienced by families, including provision of assistance for multiple issues included:

- A high school student who was taking on the primary care taker role in their family. The student was supporting an ill mother and three siblings, two of which had a disability. The

[31] Demand modelling was undertaken by NSW Kids and Families as a basis to provide equitable distribution of funding. This does not yet form a service activity target for the FRS.

student was going to start home schooling in order to care for their mother. The FRS worked with the family to link them in with medical services to provide in-home support for the mother, respite services, and support for home-schooling.

- A high school student with drug and mental health issues, and disengaged from schooling. Their mental health issues were exacerbated when their mother sent them to live with their father because of serious ongoing family issues. The FRS linked the family with mental health services, and arranged for support to be provided to the young person at school.
- An Aboriginal family with a young child that was struggling because they had run out of services that would assist them. The child was violent and the risk of entering the home led other services to refuse to engage with them. This caused significant stress for the child's mother, who was also raising other children in the house. The FRS engaged an Indigenous Consultant and Youth Worker with the family and facilitated a more suitable housing arranging. The child moved to live with their other parent, which allowed services to support the child's mother in raising her other children.

There is a well established body of evidence that suggests certain family characteristics make children and young people more vulnerable to adverse outcomes. These include "having parents with mental health needs or substance misuse issues, living in a home where domestic violence occurs, and living in poverty"[32]. Analysis of client level of education and income source, and the breadth of vulnerabilities identified (with domestic violence and financial difficulties frequently identified)[33] further confirm that FRS are supporting vulnerable children and families from low socio-economic backgrounds.[34] Of those clients with an education level recorded, nine per cent had a university qualification, 21 per cent had completed technical or further education, and 64 percent had completed secondary school.[35] Receipt or otherwise of a Centrelink benefit was recorded for 59 per cent of adult clients; of these, 30 per cent were in receipt of a parenting payment, 13 per cent Newstart, and nine per cent were in receipt of the Disability Support Pension. A further 31 per cent were not in receipt of any Centrelink benefit or payment.[36]

Demand and funding modeling commissioned by NSW Health (now Kids and Families) was based on FRS reaching approximately six to seven per cent of vulnerable/weighted families in their catchment. A comparison of activity against forecast reach suggests that some FRS are yet to meet anticipated service capacity.[37] However, program reach appears to have increased in line with duration of establishment. Most FRS have received more than 80 per cent of estimated occasions of service.[38] It is noted that higher throughput does not necessarily indicate that a service is targeting the most vulnerable or hard to reach families, nor does it take into consideration the varied levels of intensity of service provision that may be required by vulnerable families. NSW Kids and Families note that demand modelling will be refined, and will include a case-mix model for different activities with corresponding differing weights of investment. Updated demand modelling is expected to provide more equitable weightings to the different activities performed by FRS, and in turn provide a greater understanding of service capacity across the range of activities performed by FRS.

There are a number of reasons why the expected volume of referrals is lower than predicted, discussed in Chapter 4 below. This may in part be due to a lack of awareness of FRS: as noted in the *Keep Them Safe* Workforce Survey (conducted in early 2012), a relatively high proportion of mandatory workers who worked in areas served by a FRS were unaware or uncertain of this fact.[39]

[32] Munro, E (2011). *The Munro Review of Child Protection Final report: A Child Centred Approach*. London: The Stationery Office, p.70.
[33] Refer Figure 11, page 34.
[34] There is no commonly accepted definition of vulnerability.
[35] Refer Table E-20, page 132.
[36] Refer Table E-21, p.133
[37] The demand modelling has not yet been integrated into the performance and accountability framework for FRS, and may not reflect the figures incorporated into some FRS contacts.
[38] An occasion of service is defined as the total number of families contacted by FRS plus the total number of consultations/inquiries.
[39] Keep Them Safe: Interim Review Final Report, op cit.

FRS staff and management confirmed that presently, they are able to meet demand for their services: there are no waiting lists. As a result, FRS have not needed to identify strategies to manage demand or moderate the level of support provided to families. However, as demand increases, consideration should be given to supporting FRS to develop clear processes by which to prioritise access to ensure the most vulnerable families are able to receive support.

Table 10: Comparison of estimated program reach with actual demand, January to June 2013

FRS	Estimated units of service[40]	Inquiries	Inbound referrals	Total inbound demand	Activity as a percentage of forecast reach
Western Sydney	1082	157	1194	1351	125
Hunter Central Coast	1057	194	812	1006	95
Western NSW	444	17	343	360	81
New England North West	524	0	255	255	49
Illawarra	610	71	403	474	78
Far North Coast	431	191	246	437	102
Mid North Coast	451	32	193	225	50
South Western Sydney	927	663	474	1137	123

Source: KPMG analysis of FRS administrative data and unpublished demand modelling provided by NSW Kids and Families.

3.7. Adequacy of data collection to assess client outcomes

FRS have a well established data collection, supported by a data dictionary. However, despite significant efforts on behalf of FRS and NSW Kids and Families to implement a consistent data collection, the evaluation identified a number of limitations. These include:

- **A lack of clarity in definitions**, resulting in differing interpretations of key terms. For example, there appear to be differing interpretations of what constitutes a supported referral. There was strong feedback from FRS staff that ongoing changes to the data collection dictionary have contributed to some confusion across FRS.
- **Inconsistency in the application of counting rules**. For example, many FRS appear to be counting 'attempts to contact a family' in the same field as 'occasions of service provided to a family'. Other FRS are also reporting only one type of support provided to a family. This makes it difficult to distinguish between attempts by FRS to engage a family, and compare the responses provided across FRS.
- **Inconsistency in applying data items that would support a better understanding of client engagement**. Data items exist that indicate whether a family was able to be contacted by the FRS, and if contacted, whether the family accepted or declined the support of the FRS. However, there is inconsistency in the use of these categories.

[40] Demand modelling provided a low-point, mid-point, and high-end estimated 3-year Units of Service. The mid-point was used to compare estimated 6-monthly demand to reported activity levels. The demand model considered "occasions of service" for a family, however, did not define what an occasion of service comprised.

- **Limited capacity to measure client outcomes.** The FRS data collection presently identifies whether a family has made contact with an outbound referrer. However, there are arguably differences between contact and successful engagement. There is an opportunity, in line with clarifying definitions, to ensure that this data item captures sustainable engagement with a service provider.
- **Poor quality data entry, with a high level of missing data**. The evaluation found that the outcome of a referral was unknown for approximately 30 per cent of families where contact was able to be made. Benchmark levels of incomplete data for human services datasets are at fewer than five percent.[41]
- **Changes to the data collection**. While FRS have been operational for approximately three years, a state-wide data collection was first implemented in January 2013, and FRS providers report that data collection requirements have changed over time.[42] Now that the staged roll-out is complete, there is a need to settle on a final agreed dataset, in order to inform service planning, and to measure the achievement of outcomes over time.

Despite these limitations, the existing data collection provides a strong foundation for the program going forward. The implementation of program guidelines, coupled with clear definitions should address the issues identified.

3.8. Enablers and barriers to effective implementation

The preceding discussion has foreshadowed a number of enablers and barriers to effective implementation of the FRS program. These are briefly summarised below.

Enablers

A number of factors were seen to have supported effective implementation of the FRS program. These included:

- **The flexibility of the model**. Service specifications have provided considerable flexibility to FRS in the way that the model is implemented. For FRS management, this has enabled: consideration of the geography and local needs; flexibility in the deployment of staff; creation of specific roles to address identified service gaps; and provision of outreach to target specific communities or locations.
- **Opportunities to learn from the implementation experience of other FRS**. The staged implementation process has provided newer FRS sites an opportunity to learn from established FRS. Illawarra and New England North West FRS for example visited and consulted with Pilot FRS at the tender stage as part of the process of designing their service delivery models. Similarly, Southern NSW looked to the Child FIRST model in Victoria when developing their model. The openness and willingness of other providers to share their experiences was reported to have supported a smooth implementation and/or FRS to avoid early implementation barriers.
- **Leveraging existing resources and networks**. FRS reported that their capacity to draw on their existing networks and internal programs has increased the range of referral options available to families. Further, where an organisation has had a historical presence in the area, this has provided immediate credibility and visibility of the service to both community members and service providers. In contrast, FRS reported challenges in "breaking into" communities where they were seen to be a new provider in town.
- **A strong focus on promotion of the service within local communities and service systems**. Attendance at inter-agencies, conferences and networking events, as well as provision of community activities, has been critical. Community events have increased the

[41] For example, the AIHW as the custodian of the specialist homelessness data collection has a threshold of five per cent incomplete data. This includes selection of data items under the category "don't know".
[42] NSW Kids and Families note that data definitions have not changed, however, the FRS have required significant support to implement and improve compliance with the minimum data set requirements.

visibility of FRS in the community, and provide a soft entry point into the service for families.

Barriers

Barriers to implementation primarily related to the underlying structure of FRS rollout, and challenges faced by FRS. They include:

- **The absence of program guidelines to support consistent state-wide service provision** was noted by FRS and CWUs to be of concern. While acknowledging the benefits of adapting models to meet local needs, the absence of guidelines has resulted in variable expectations regarding the service the FRS is, and is not able to deliver. Further, as evidenced in the data, there have been different interpretations of the various types of support provided, and some FRS do not presently undertake home visiting.
- **Difficulties with changing data collection requirements**. FRS were able to select their own client management systems to handle the FRS data collection. However, in the three years since establishment, there have been changes made to the data dictionary that FRS program staff note has contributed to difficulties in data collection. This has had three notable consequences. At the operational level, significant cost is borne by FRS lead agencies in modifying their own back end systems, while generating some confusion over definitional issues. There are also inconsistent applications of the data collection requirements across different FRS sites. At a strategic level, the implications are that after three years of operation, the FRS program does not have a strong and consistent understanding of the outcomes achieved by the program.
- **Acceptance within local service systems**. FRS managers and staff experienced some difficulties developing relationships with service providers systems in their area during initial implementation. This was attributed two factors. Firstly, the competitive tendering process was perceived to have impacted initially on the acceptance and use of the program by some agencies that were unsuccessful in their submission. Secondly, some providers (particularly of family support) perceived FRS to be duplicative of the support already available, or that FRS were "doing their work". Established sites reported that these issues have been addressed through continuous interagency work and relationship development; however, it has taken time for other providers to develop an understanding of the service being offered by FRS.
- **Awareness of the program**. Related to the above, the evaluation found that service providers participating in focus groups and interviews had a mixed understanding of the purpose and role of FRS. This was also borne out by difficulties in engaging providers in the evaluation, and is reflected in referral data. FRS management and staff suggested that consistent guidelines and state-wide publicity would be helpful strategies to overcome this challenge.
- **Systemic service gaps**. Common feedback from FRS managers and staff was the difficulty in providing outbound referrals when there is no appropriate service to refer to. Pre-existing service gaps in the system mean that there were either no appropriate services for a family, or limited services with extensive waiting lists. FRS sites have little influence over the existence or availability of services within their local service systems. While demand for FRS is low, some support needs are able to be addressed through more active work with families, supporting families for longer than the intended six-week period, and/or use of brokerage to source private services. However, the extent to which this is sustainable is unclear.
- **Inappropriate case closure by Community Services**. FRS cannot work with families that have an open case with Community Services. Anecdotal reports by some FRS indicate that Community Services caseworkers will often close unallocated cases, in order to refer them to FRS. However, this practice does not address the underlying risk, and may result in families 'bouncing' between the statutory service system without having their

needs met. The issue reflects ongoing capacity constraints within Community Services. It is anticipated that the Community Services Caseworker in FRS Pilot may identify some strategies to address this issue.

Given that the FRS program is still a maturing service offering, with roll-out only recently completed, many of these challenges should be easily addressed through contract management processes. However, the more systemic challenges associated with service gaps and Community Services capacity to respond to children and young people where there is suspected ROSH will require ongoing whole-of-government attention. These issues are discussed further Chapter 4: System Outcomes.

4. Service system outcomes

The FRS program is expected to:

- improve access to services for vulnerable children, young people and families.
- improve client referral pathways
- improve culturally appropriate referral pathways for children, young people and families
- enhance coordination and collaboration in the delivery of local services to clients.

This section draws on FRS administrative data, quarterly reports, and consultations both outbound and inbound referrers to assess the extent to which FRS are achieving these objectives.

4.1. Service access and capacity to meet local need

Where used, service providers generally agreed that FRS had improved service access and capacity to meet local need, due to: the provision of high quality and appropriate referrals; use of active engagement; capacity to engage hard to reach families; use of brokerage; and capacity to address practical needs. However, a number of structural challenges and service gaps limit FRS capacity in this regard.

FRS help to link vulnerable children, young people and families who are below the threshold for statutory child protection intervention with appropriate support services in their local area. Access to early intervention services for families who are identified as vulnerable can help prevent subsequent contact with the statutory child protection system. The evaluation explored the extent to which access to services for vulnerable children, young people and families improved since the establishment of FRS in the various regions. This section draws on findings from focus groups with inbound and outbound referrers. Client perceptions of service access are reported in Chapter 5, client outcomes.

The evaluation found some evidence that FRS have improved service access, however, there were mixed views both across and within the 11 FRS locations. Where service access was reported to have improved, this was directly related to the service model. These include:

- **The provision of high quality, appropriate referrals that meet eligibility criteria**. Referrals received from FRS in some locations were reported to have strong credibility, with outbound referrers having confidence in the quality of assessment of need and suitability of family for the program.
- **The use of active engagement strategies**, including supported referrals: *A FRS worker may attend the first appointment, so the client feels comfortable and don't have to tell story again and again…this reduces 'no shows' with benefits in terms of an engaged family.*
- **That FRS are flexible in their response** to vulnerable families, and provide accountability within the system. Requiring FRS to follow-up to check if clients had engaged with a service provider was reported to 'keep services accountable' in their efforts to engage clients. "*The FRS has stop[ed] people from falling through the gaps by remaining in contact with families until they've gotten into the agency they've been referred to. They're also developing processes to follow up families and/or agencies post-referral, to make sure the referral was successful; and to improve referral pathways and support the family in cases where the referral was not successful*."
- **The use of brokerage** as a basis to assist families who would not otherwise had the means to access services. The capacity to transport families to appointments was noted to be of significant benefit.

- **The capacity to address practical needs, which in turn enables a family to engage with a service to address underlying therapeutic needs**. Multiple examples were provided by outbound referrers of FRS supporting families to deal with a crisis and address practical needs, which is a necessary precursor to successful engagement with a more intensive and therapeutic service:

  There are not a lot of services in a regional area that can help sort out a Centrelink overpayment, tenancy, childcare, then refer [a family] to a service that can do the more complex work which requires people to be in a more stable place…

  The outreach workers are doing a huge amount of work, legal, childcare, etc., and once this is sorted, they will pick which bit they will refer family into (e.g. ongoing family support) but certainly they clear up a lot of quite practical issues for the family which are huge barriers to addressing [underlying issues].

  I have a family where the referral probably avoided a notification entirely because the family managed to get a house as a result of the FRS. In turn, the FRS was able to get mental health services linked in… FRS really help in this regard, because clients often need stable accommodation before [other] services will get in and do the work.

- **A child focussed, family centred approach**. *The FRS has identified quite a number of young people who require support, and have been able to be linked to our service. If the FRS hadn't had a holistic, whole of family support we may never have connected*.

- **A strong skill set in engaging difficult families, with capacity to advocate to services on their behalf**. This was reported to be particularly valuable for families that may have been 'barred' from services in the past, and for families who may experience communication barriers. For example:

  The FRS had a client who was quite chaotic…. the kind of service user that was constantly being labelled as 'resistant' or 'difficult'. A combination of the FRS worker being able to do a good assessment at intake role, focus on some quick practical changes to help the client engage… and have the time to provide a therapeutic relationship in the short term and was a great combination.

Some FRS did, however, raise concerns that they were becoming a "provider of last resort" where services are unable or unwilling to engage with 'hard to engage' families. FRS management noted this issue was more pronounced in areas where collaboration is not strong, and in smaller communities where available programs are limited, and individuals can eventually find themselves in a situation where they have been 'barred' from the majority of services in town. While on the one hand this suggests FRS are perceived to have the skills and capacity to engage hard to reach families, it also points to a need to up-skill all service providers in engaging difficult clients.

Many service providers were also reluctant to report that access improved, as they had not had sufficient feedback from FRS at either the individual client, or broader service level. This finding suggests there is an opportunity for a greater level of information sharing by FRS within broader inter-agency networks would be of value and may support greater buy-in for the work FRS are doing.

Where inbound and outbound referrers were of the view that service access had not improved, this related to structural challenges, rather than the actions of FRS. Gaps in availability of services in particular continues to be a challenge for referring families to services that will meet their needs, and support sustainable change for families. The most commonly reported service gaps included:

- intensive case management services
- case management services with a capacity to work with clients over an extended period
- housing and homelessness services

- services for adolescents
- allied health and specialist health services
- capacity for FRS and other services to work with clients that have an unallocated open case with Community Services.

These findings are consistent with the service gaps reported in the *Keep Them Safe Interim Review*. The *Interim Review* also found evidence of service gaps for children, young people and families who are "not merely vulnerable, but at risk without being at risk of significant harm"[43]. The implementation of the Child Protection Caseworker in Family Referral Service Pilot aims to build the capacity of FRS to address this service gap. The pilot commenced in five FRS in July 2013. It remains to be seen whether the pilot translates into capacity of other services to accept onward referrals and work with families at the higher-risk end of the spectrum of vulnerability.[44]

In order to overcome the aforementioned service system gaps, some FRS are providing an extended monitoring/holding response to families through face-to-face case coordination. While FRS have had capacity to provide a more involved monitoring/holding response during their initial establishment phase, as demand for their services increases, there will be a need to clarify guidelines on the duration and intensity of response provided.

4.2. Referral pathways

There is emerging evidence to suggest that FRS are having a positive impact on client referral pathways: they are perceived by many agencies to be a key source of information and referral point, and in some instances have established referral protocols with local agencies to streamline service access. However, as evidenced in current referral patterns, there is an ongoing requirement to promote the availability of FRS amongst all service providers and mandatory reporters.

Where inbound referrers reported a positive improvement in referral pathways, this was related to the extensive knowledge held by FRS regarding the availability of local services, and program eligibility criteria. Three key benefits ensued:

- Clients were supported to navigate what is acknowledged as an increasingly complex and ever service system. This was also reported to result in appropriate, high quality, and complete referrals: "*the FRS will not refer into a program unless a client is clearly eligible, and this saves time for everyone involved*".
- Clients were referred to services for which they would be eligible, and if circumstances of the client changes, FRS are able to facilitate alternatives: "*the FRS ensures that clients get the appropriate services because they filter services that aren't appropriate. There is also flexibility in the approach, so that if a situation changes with a client's needs they can promptly adjust services provided to the client".*
- Service providers were able to seek information from FRS via consultation or inquiry, as a basis to identify services that their existing clients may benefit from: "*The FRS has linked us in with services we weren't aware of. It has also narrowed down the appropriate services for clients"*. This was also reported to free the capacity of existing providers to focus on their core offering: "it's *great in terms of not having to do the ring around – allowing services to focus on core business while FRS can source programs*".

[43] Keep Them Safe Interim Review, op cit, p.21.
[44] The Community Services Caseworker in FRS Pilot will be subject to an independent evaluation in early 2014.

This is consistent with the results of the pilot evaluation, as well as the *Keep Them Safe* Workforce Survey, where a significant proportion of respondents who had contacted a FRS agreed that they were effective in linking families with services.[45]

There was, however, considerable variation in the reported level of consultations and inquiries by FRS. Table 11 provides the number of consultations recorded for the period 1 January to 30 June 2013. Excluding the three newly established FRS, the number of consultations and inquiries recorded ranged from 17 in Western NSW, to 633 in South Western Sydney. The evaluators observed that where the number of consultations and inquiries were high, feedback from inbound and outbound service providers regarding the impact of FRS on referral pathways was generally more positive. While the number of participants to the evaluation was small and many FRS are still in the establishment phase, these findings suggest that, where used, there is strong value derived from the consultation/inquiry function.

Table 11: Consultations and inquiries by FRS, January to June 2013

FRS	Consultations and inquiries
Western Sydney	157
Hunter Central Coast	194
Western NSW	17
New England North West*	-
Illawarra	71
Far North Coast	191
Mid North Coast	32
South Western Sydney	663
SE&N Sydney^	45
Southern NSW^	3
Riverina Murray^	7

*Source: KPMG analysis of FRS administrative data. *New England North West data not available within evaluation timeframe. ^SE&N Sydney, Southern NSW and Riverina Murray were established in April 2013.*

Other tangible impacts on referral pathways have occurred through the development of specific agreements. For example:

- SE&N Sydney FRS have developed a partnership with the Eastern Sydney Medicare Local, to fast track support for clients to access the Access to Allied Psychological Services program
- Western NSW has used brokerage funds to employ a caseworker in a housing program, to address demand. In turn, access to the program is streamlined for FRS referrals.

In addition, Riverina Murray has developed a Memorandum of Understanding with the Brighter Futures provider and Community Services to support the 'overflow' of unallocated ROSH cases experienced in the Wagga Wagga area. While supporting families above the ROSH threshold is not currently within the remit of the FRS, the capacity to do so will be tested in the

[45] Keep Them Safe Interim Review, op cit.

pending pilot that will place a Community Services Caseworker within five of the established FRS.

Where limited or no impact had been observed, service providers (generally non-government organisations) reported some scepticism regarding the need to use FRS. Staff from programs such as Brighter Futures and Early Intervention and Placement Prevention (EIPP) programs reported a reluctance to "get another service involved" and felt that it was "easier" for them and the client to ring around and identify appropriate services. As noted by one NGO provider: "the FRS is another cog in the wheel". In this regard, there were also concerns that the FRS are "doing the work that family support programs have typically done". This is consistent with feedback from many FRS that an early implementation challenge was a resistance on behalf of other NGOs, and perceived to be a result of residual animosity associated with a competitive tender process, as well as concerns by agencies that FRS were "taking their clients". Other possible reasons for the low number of referrals from NGOs suggested by some FRS staff and management include that NGOs (including family support programs) are opting not to make referrals to FRS as they already have a good knowledge of local services and the ability to support existing clients to navigate through the service system.

All FRS confirmed that they have had to consistently educate the sector and "push the message" that their service was complementary, and that they are available to provide advice on service options, and "do the ringing around on behalf of the NGO providers". This suggests, as identified elsewhere, a need to continually raise awareness of the availability of FRS to provide information and advice to professionals.

Notwithstanding these challenges, all participants noted that limited other services or infrastructure exists to support families to access services they need. Where services do exist, these tend to be issue or target group specific (for example, Womens' Info Line, or specific disability service providers), or too generic (e.g. information available from Neighbourhood Houses and community centres). FRS were therefore seen to fulfil a unique need, with its capacity to provide face-to-face contact and supported referrals a noted point of difference.

4.3. Culturally appropriate referral pathways

FRS are yet to have a measurable impact on improving culturally appropriate referral pathways.

The evaluation explored the extent to which FRS are achieving their objective to improve culturally appropriate referral pathways for children, young people and families. All FRS are expected to provide a culturally appropriate response. In addition, recognising the importance of meeting the needs of Aboriginal children, young people and families, and culturally and linguistically diverse communities, five FRS were funded to have a specific focus on one or other of these communities.

4.3.1. Aboriginal children, young people, and families

FRS have undertaken a range of activities to build relationships with Aboriginal communities and service providers, as a basis to firstly encourage the use of FRS by Aboriginal children, young people and families. Activities undertaken by FRS to build relationships with Aboriginal organisations and communities include the employment of Aboriginal community engagement workers or liaison officers, establishing dedicated positions, and/or employment of Aboriginal staff who are able to foster links with the local communities, and provide advice or secondary consultation to non-Aboriginal staff. For example:

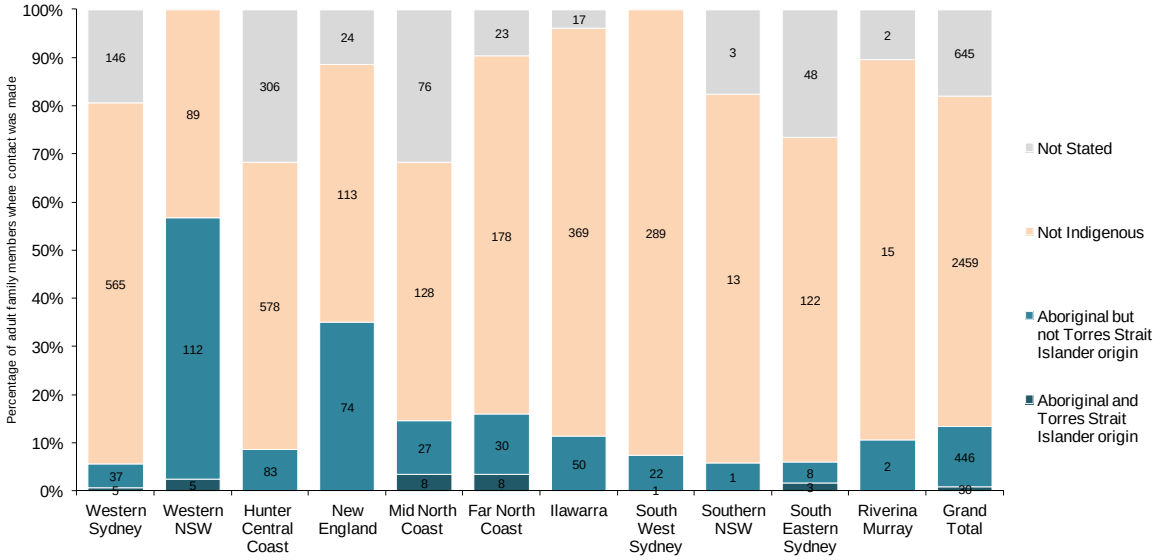
- Dedicated Aboriginal Team Leader / Aboriginal FRS worker positions. The Mid North Coast FRS has established dedicated Aboriginal team Leader and FRS worker positions. The positions are located at either end of the catchment area, to support appropriate engagement of the three key Aboriginal communities that are located within the region.

These workers have responsibility for building relationships with local community members, Aboriginal service providers, and are available to support Aboriginal clients where an Aboriginal client chooses to work with an Aboriginal worker.

- Employment of an Aboriginal Community Engagement Worker. Hunter Central Coast FRS, during the FRS pilot period (2010), identified that there was low engagement of Aboriginal people in the service. In order to address this need, an Aboriginal service provider was subcontracted to employ an Aboriginal community engagement worker. The worker's role was to conduct community consultation and promote the FRS within a targeted Aboriginal Community, and identify strengths and barriers related to Aboriginal engagement in the program. The process highlighted that there was no prior knowledge of the program or its availability for Aboriginal families, and the need for grass roots consultation during program development, implementation and review. The need to redesign promotional materials to be culturally appropriate was also identified.[46]
- Dedicated Aboriginal Development Worker position. As part of their tendered model, the Far North Coast FRS established this position to build relationships with Aboriginal communities within the catchment. The focus of the role is to ensure all promotional materials are culturally appropriate, and to work from a community development perspective to build local relationships and in turn, knowledge of FRS.

Despite the implementation of these strategies, the FRS data collection suggests that there is still some work to be done to support engagement of Aboriginal children, young people and families across all locations. Of referrals where FRS were able to make contact with the family, 13 per cent of adults identified as Aboriginal and/or Torres Strait Islander, while 21 per cent of children and young people identified as Aboriginal and/or Torres Strait Island. Consistent with the Aboriginal specific focus, Western NSW and New England North West are engaging a high proportion of Aboriginal families; with 60 per cent and 40 per cent of children and young people identified as Aboriginal and/or Torres Strait Islander in these regions.

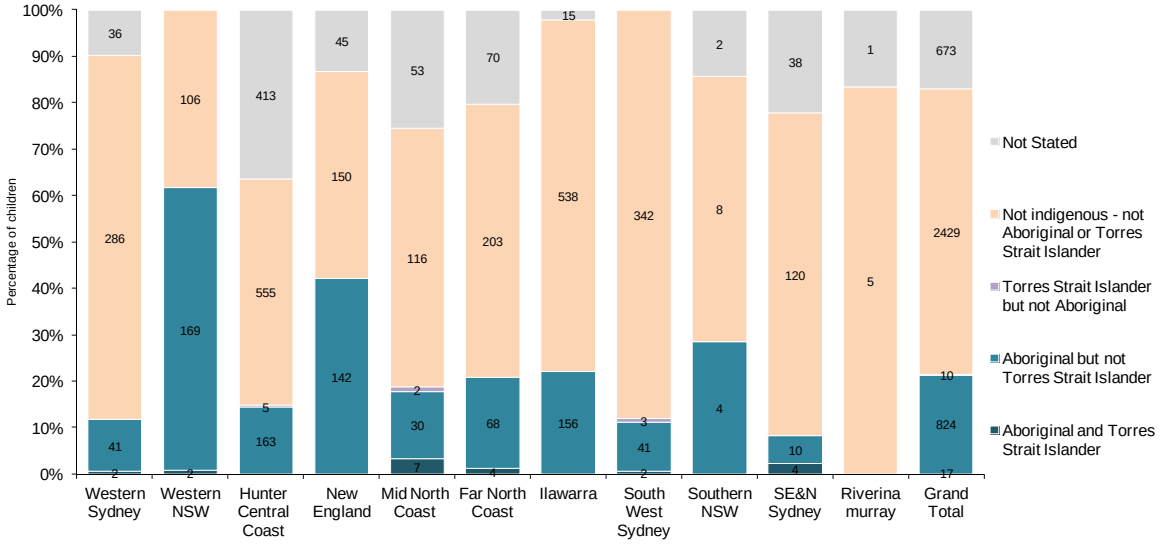
Figure 14: Proportion of adult clients that identified as Aboriginal and/or Torres Strait Islander.



Source: KPMG analysis of FRS data. Note: clients were counted as adults if they were greater than 18 years at the time of referral.

[46] Newcastle Family Referral Service, Aboriginal Community Consultation, unpublished report dated March 2011.

Figure 15: Proportion of children that identified as Aboriginal and/or Torres Strait Islander.



Source: KPMG analysis of FRS data. Note: clients were counted as adults if they were fewer than 18 years of age at the time of referral.

Data from the client survey suggests that there is some variability in the extent to which FRS are offering Aboriginal and Torres Strait Islander families the choice to work with mainstream or Aboriginal services. Of the 106 survey respondents, 18 identified as Aboriginal and/or Torres Strait Islander. When asked if their FRS provided a choice of accessing Aboriginal or mainstream service providers, seven agreed or strongly agreed, while three indicated that no choice had been provided. A further seven chose not to respond to the question. While the number of respondents is small, this feedback suggests a need for a greater focus on offering Aboriginal and Torres Strait Islander clients a choice in this area.

Table 12: Level of agreement that FRS offered the choice to work with an Aboriginal specific service

	Count	Per cent
Strongly Disagree	1	6
Disagree	2	11
Not sure	1	6
Agree	2	11
Strongly Agree	5	28
No response	7	39
Total	18	100

Source: KPMG analysis

Consultation with Aboriginal non-government organisations within the three FRS that focus on Aboriginal children, young people, and families confirms a need for an ongoing focus on developing relationships with Aboriginal services and workers. Some Aboriginal non-government organisations that participated in the evaluation reported limited awareness of the FRS program – a view confirmed by AbSec, the peak body. Where the program was understood and used, this was reported to be due to local knowledge of, and trust in, individual workers (Aboriginal and non-Aboriginal) within each FRS.

4.3.2. Culturally and Linguistically Diverse communities

Two FRS, SE&N Sydney, and South West Sydney, are funded to provide a specific focus on supporting culturally and linguistically diverse communities. Focus groups and interviews were conducted with service providers that support culturally and linguistically diverse communities, to assess the extent to which FRS have improved referral pathways for children, young people and families from culturally and linguistically diverse backgrounds.

Given the relatively recent establishment of these FRS, and the small number of participants to the evaluation, it is too early to determine the whether FRS have improved referral pathways for children and young people from culturally and linguistically diverse backgrounds. However, the South West Sydney and SE&N FRS have implemented a number of strategies to target the engagement of culturally and linguistically diverse children, young people and families, and service providers. These include:

- mapping the availability of CALD focussed services in the catchment
- a focus on building relationships with non-government organisations service culturally and linguistically diverse communities (for example, Migrant Services, Refugee Health)
- providing advocacy for clients, with a focus on face-to-face support and assistance to engage with outbound service providers (for example, through the completion of intake forms)
- attending events that target culturally and linguistically diverse communities
- promoting the availability of FRS via community-specific newsletters and newspapers. For example, South Eastern FRS advertises in the Multicultural Newsletter (with a reach of 1200) while South West Sydney has advertised in various community newspapers.

Employment of staff from diverse communities was also reported to be of some benefit.

Despite these strategies, these FRS are yet to support access for culturally and linguistically diverse communities: although it is early in the establishment of each service, FRS administrative data indicates that few clients of each FRS are from culturally and linguistically diverse backgrounds (refer Appendix E). Challenges reported by these FRS and service providers in improving culturally appropriate referral pathways are no different to those generally experienced by agencies in reaching and supporting diverse communities. These include:

- a shortage of bilingual workers for some language groups
- that individuals on temporary visas are often not eligible to receive support from government funded services
- difficulties identifying and engaging with some smaller migrant groups.

However, specific challenges identified included:

- difficulties engaging families from culturally and linguistically diverse communities in support services generally, due to the stigma associated with seeking outside help, and a preference to be supported within the family or extended family unit
- a high rate of domestic violence in some culturally and linguistically diverse communities, with associated gaps in culturally appropriate domestic violence services. Further, the risk of retaliation associated with speaking out is high
- that the promotional material (FRS branding) was not culturally appropriate.

The aforementioned issues appear to be those that FRS in their focus on meeting the needs of children, young people, and families from culturally and linguistically diverse communities, should be working towards addressing. However, as discussed in Section 4.2 above, FRS do not appear to have the mandate within their local service systems to take a lead role in addressing systemic issues may be limiting their capacity to so. Additional considerations at the service level would include developing state-wide resources or guidelines on considerations when attempting to engage different cultural groups, and providing training to staff to develop necessary skills.

4.4. Coordination and collaboration

Collaboration and coordination in the delivery of local services to clients has improved as a result of the establishment of FRS in some catchments, and stakeholders identified strong potential for FRS to fulfill this role. While there are positive qualitative examples of improved coordination and collaboration for individual clients, FRS are not yet sufficiently mature service offering to demonstrate a broader impact.

The impact of FRS on collaboration and coordination at the service system level has been limited to date. The evaluation found that FRS are not sufficiently empowered within the local service systems to take on this role.

FRS were intended to improve coordination and collaboration[47] in the delivery of local services to clients, as a basis to improve service access for children and families, reduce duplication, and support re-alignment of local services. The evaluation considered coordination and collaboration at two levels:

- Client level – characterised by joint case management, case conferences, care team meetings and coordination at the client level.
- System level – comprising joint planning and service system development, networking, shared training, shared protocols and procedures, and use of structures to share good practice.

FRS were reported by many inbound and outbound referrers to provide the necessary structures for collaboration and coordination at the client service delivery level. This relates to their function, whereby there is now a dedicated individual or team with funded responsibility for the coordination activity. Activities undertaken by FRS to support coordination and collaboration were reported to include:

- identifying the range of services that a family may already be linked to, through the use of 16A information sharing provisions[48]
- undertaking joint visits with other service providers, to support handover and minimise the need for a family to 'repeat their story'
- convening a case conference for more complex families to ensure a collaborative approach for the family and to delegate coordination to a lead agency
- attending interagency case discussions (held in some regions where Community Services is closing an unallocated case).

The extent to which these activities are undertaken varies considerably across and within FRS. Where evaluation participants had observed these activities, they agreed that FRS had supported marked improvement in coordination and collaboration around individual children and families. Illustrative case studies provided by inbound and outbound referrers in support of this finding are provided in Table 13 below.

[47] Coordination and collaboration may involve informal and formal arrangements (such as partnerships) designed to support vulnerable children and young people. Collaboration occurs at a governance (organisation and program) level and may involve informal and formal arrangements (such as partnerships), and include activities such as networking, joint training, and information sharing. Coordination occurs at a service delivery level and ensures that children and families have access to the services they need, and may include activities such as care team meetings, and joint case management.

[48] A new Chapter 16A in the Children and Young Persons (Care and Protection) Act 1998 authorises agencies and NGOs to share information that helps deliver services and supports to promote the safety, welfare and wellbeing of a child or young person. This allows information to be exchanged between prescribed bodies despite other laws that prohibit or restrict the disclosure of personal information. Refer Child Wellbeing and Child Protection – NSW Interagency Guidelines available at http://www.community.nsw.gov.au/kts/guidelines/info_exchange/provide_request.htm

Table 13: case studies demonstrating value of collaboration and coordination

We have made referrals for families that need someone to coordinate their services because often we can provide referrals but there is no one to coordinate them. Having the FRS doing this prevents all the services from trying to play this role. – Inbound referrer
The consistency of having the same caseworker dealing with the family as often you have too many people dealing with a client. Having the one service to coordinate allows continuity of contact, which makes it easier for the client. They are also easy to talk to and easy to get in contact with. – Inbound referrer
We recently had a situation with a family that had multiple needs. The FRS was able to put a net over the family and facilitate communication across the services involved. As a result of the collaboration and information sharing between services we were able to put a picture together that was very different to the initial scenario provided by the mother. – Outbound referrer
The FRS is able to figure out who is working with who, and has been able to coordinate a range of services for clients, which I am not able to do in my role (e.g. to access Domestic Violence counselling, housing, and a low interest loan for a woman experiencing domestic violence). – Outbound referrer

Source: KPMG analysis

Again, feedback was not uniform. In one location, outbound referrers raised concerns about the negative impact of FRS driving coordination for families who would have benefited from a case management service. In particular, in the absence of a service that can provide the ongoing case management, too many referrals may be overwhelming for complex clients.

> *While it is positive that [FRS] are taking a holistic approach, a few [families] have been quite complex, and it's been unclear why they have been referred onto a wide range of multiple services… One case study, a client had been referred to 10 different services. [It was] unclear where or who was considering a genuinely planned approach from the family – this appeared to be lacking. These families should be referred to a case management service, as opposed to multiple services.*
>
> *– Outbound referrer*

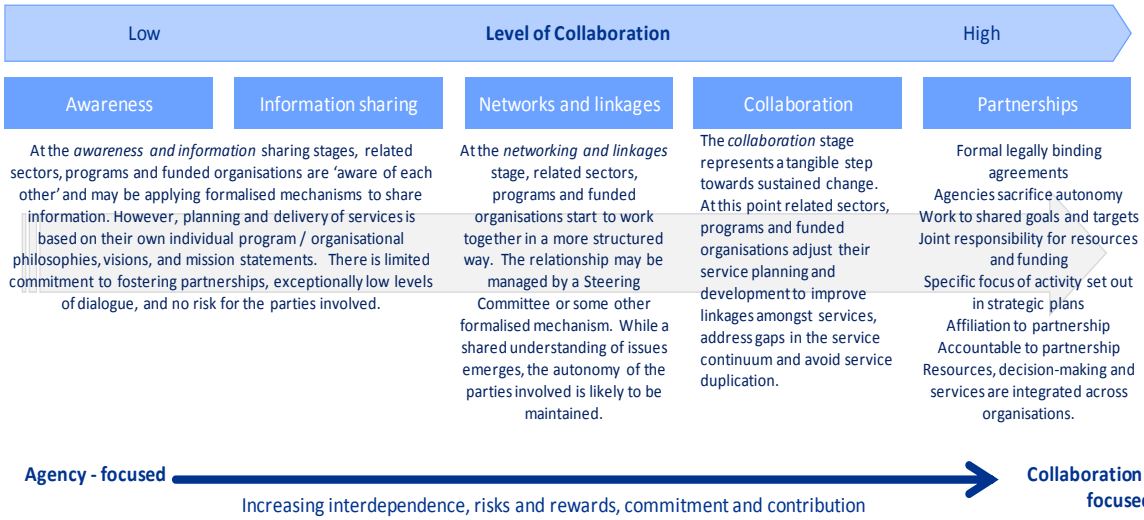
FRS management and staff reported that in some instances, there was a risk of FRS workers acting as "de-facto case managers". Particularly for complex clients, there was a fine line between the provision of case coordination and case management. In the absence of sufficient intensive case management services, FRS staff risk becoming de-facto case managers, as they work to refer a family to a range of services to address multiple (and often complex) needs.

Where inbound and outbound referrers had not observed any change in collaboration and coordination for individual families, this was generally because they felt they had not had sufficient involvement with FRS to provide an informed opinion. All acknowledged that case coordination required funding, and the potential of FRS to fulfil this function was a valuable addition to the service system.

At a service system level, the strength of collaboration and coordination exists on a continuum. As demonstrated in Figure 16, systematic collaboration ranges at the awareness, through to formalised partnerships. The evaluation considered the extent to which FRS had improved the level of collaboration and coordination within their local service systems,

exploring indicators such as participation in local service networks, service planning and development, and identification of service gaps and duplication

Figure 16: Level of collaboration within a service system



Source: KPMG

The evaluation found that FRS were demonstrating activities and strategies suggesting that they were working with related sectors, programs, and funded organisations in a structured way. FRS have ensured that they have "a place at the table" within existing local networks, and have in some instances implemented structures to support greater coordination and collaboration. Examples, evidenced elsewhere in this report, include:

- co-location of services and provision of outreach to other service providers.
- regular attendance at inter-agencies and networking events
- development of memorandum of understanding with other providers
- chairing regional case coordination panels for complex clients.

While these practices are positive, referrers and key stakeholders were reluctant to attribute improvement in coordination and collaboration directly to FRS implementation. Other *Keep Them Safe* initiatives, such as the 16A information sharing provisions, and formal structures such as the *Keep Them Safe* Regional Project Managers and Regional Implementation Groups were reported to be the driver of improvements in coordination and collaboration. FRS were, however, considered to be leading by example with their positive work at the client level:

> *They are demonstrating that collaboration is possible, that using 16A doesn't have to be difficult. I think they're also building good will between agencies, because they're so willing to assist other services when they're stuck for referral options, and to take on tasks like temporary case management or crisis work, which other agencies may not be confident in or have the capacity to do.*

The capacity of FRS to drive coordination and collaboration, including better alignment of services, was reported by many stakeholders (within and external to FRS) to be constrained by a number of factors. These include:

- the absence of defined roles and responsibilities in relation to expectations for leading collaboration and coordination
- related to this, that FRS are not yet looked to as the 'lead agency' for this function, and that the role was typically seen to sit with the *Keep Them Safe* Regional Implementation Groups

- that many FRS had only been established for 12 months, and were reported to still be "finding their feet" and developing trust with the wider service networks
- that amongst some stakeholders, there was a lack of understanding of the value that FRS was providing
- a lack of formal processes through by which FRS could feed back identified service system gaps into broader planning mechanisms.

Despite these challenges, it was acknowledged that FRS were well positioned to be advocating for improved service system collaboration and coordination, as well as to identify service system gaps and duplication. Further, in locations where FRS actively shared information on the volume of activity and referrals, this provided a clear and transparent feedback loop to broader system stakeholders.

Collectively, these findings suggest that FRS are endeavouring to influence service system collaboration and coordination within their scope of influence. However, while there are examples of improved coordination and collaboration for individual clients, FRS are not yet a sufficiently mature service offering to demonstrate an impact on collaboration and coordination at the system level.

4.5. Interdependencies with Keep Them Safe initiatives

The evaluation found evidence that FRS have an important role to play within the NSW child protection system, but that there is a high degree of variability between FRS with respect to the way they interact with other elements of the system. More time will be required to develop and embed their function.

Keep Them Safe, the NSW Government's response to the recommendations contained in the Wood Report, aims to build an integrated system that supports vulnerable children, young people, and their families. Central to the reformed system are new reporting and referral arrangements that provide alternative ways for children and families to access the support services they need. FRS are therefore intended to be a key element within the architecture of the new system. Other key elements include:

- increasing the threshold for reporting children and young people to the Child Protection Helpline from 'risk of harm' to 'risk of significant harm'
- establishing CWUs in the major government reporting agencies
- enhanced service provision, including prevention and early intervention services and acute services
- increasing the role of non-government organisations in delivering services
- changes to out-of-home care
- changes to processes in the Children's Court
- providing better services to Aboriginal children and young people, with the aim of reducing their over-representation in the child protection system.[49]

This section of the report describes the interdependencies between FRS and other *Keep Them Safe* initiatives, and considers the extent to which these are contributing to the achievement of better outcomes for the children and families. It focuses on the three points at which the FRS have a direct relationship: changes to the statutory reporting threshold, CWUs, and enhanced service provision including prevention and early intervention services.

[49] Keep Them Safe: A shared approach to child wellbeing. NSW Government. Accessed at http://www.keepthemsafe.nsw.gov.au/about/key_changes.

4.5.1. Changes to the statutory reporting threshold

The change to the *Children and Young Persons (Care and Protection) Act 1998* to increase the point at which concerns about the safety, wellbeing or welfare of a child should be reported to the Community Services Child Protection Helpline from 'risk of harm' to 'risk of significant harm' (ROSH) came about in response to the Wood Report's findings that many children being reported did not require a statutory intervention but were using up vital resources. The higher threshold is intended to enable Community Services Child Protection Caseworkers to focus on the most serious cases, while children and young people who are vulnerable but below the threshold are supported locally by government and non-government services.

To assist Mandatory Reporters to determine whether the level of risk to a child or young person meets the new threshold, a Mandatory Reporter Guide (MRG) has been developed. If the level of risk does not meet the threshold and hence require reporting to the Child Protection Helpline, mandatory reporters should refer the child or young person (and their family) to a service or services to that can provide appropriate supports with the aim of keeping the child or young person from escalating to the reporting threshold. In this regard, FRS are a key resource available to Mandatory Reporters to give effect to their responsibility to support children, young people and families. FRS are intended to be a key resource and referral point when the level of risk to a child or young person is determined to be below the reporting threshold.

The views among stakeholders were that FRS are, collectively, yet to make a measurable impact as the first and most appropriate referral point for children and young people who are below the ROSH threshold. That said, perspectives of inbound and outbound service providers were diverse: while some considered FRS to be "essential" and a "fabulous resource" other inbound referrers considered to be "another cog in the wheel". Where an impact was yet to be observed, this was attributed to a number of potential factors including:

- a lack of understanding about the role of FRS linked to a lack of state-wide promotion, possibly associated with the staged roll out of the services
- variability in the service models between FRS – stakeholders reported not being sure what each service would do or could do
- variability in skill levels of staff in engaging with families and understanding needs, and therefore in capacity to provide appropriate referrals to agencies to provide support
- reports of push back from some FRS and advice of waiting lists (notably in one location) although the data shows that no FRS is yet at capacity
- FRS are one of many referral options available; professionals may make a referral directly to service providers or specific programs (such as Brighter Futures)
- a reliance on relationships, and a reluctance (on behalf of NGOs in particular) to refer clients to a service that they were yet to build a professional trust and rapport with.

Several stakeholders also commented on the fact that FRS can only work with families when the child or young person is below the reporting threshold and cannot accept a referral for a child or young person while their case is open at the Child Protection Helpline. This was described as a significant limitation of the model as many children, young people and families could benefit from being linked into a range of supports and services (e.g. housing, counselling, drug and alcohol services) in parallel with child protection interventions.

Overall, feedback from stakeholders indicates that with time and the opportunity for FRS to mature, and with greater consistency of services and information about their function, FRS should become an important part of the service system as a pathway for referrals and should play an important role in the provision of supports that intervene early and divert children and young people from requiring statutory intervention.

4.5.2. Child Wellbeing Units

CUWs have been established within the four NSW Government Departments, that were identified with the Wood Report as being responsible for the majority of reports to the Child Protection Helpline: NSW Police, DEC, NSW Health (including Local Health Districts, affiliated health services, and certain general practitioners), and Family and Community Services (ceasing operation in June 2013). The purposes of CWUs are to:

- help agency Mandatory Reporters identify the level of suspected risk to a child or young person, including whether matters require a report to the Community Services Child Protection Helpline
- provide advice to agency mandatory reporters about possible service responses by the agency or other services to assist children, young people, and families, and in some cases initiate direct referrals
- drive better alignment and coordination of agency service systems, to enable better responses to vulnerable children, young people, and families[50].

Overall, the feedback from stakeholders indicated that FRS have a critical role to play in relation to the Police CWU, but that their role in respect to DEC and NSW Health is more limited. This is supported by referral data. Across all CWUs, feedback regarding the role of FRS reported that the greatest benefits of FRS are that they:

- provide a single point of contact for the CWUs, a generally easy referral process
- have good knowledge of local services: with a preference to refer Mandatory Reporters to FRS for more complex cases, recognising that FRS can provide an extra layer of support, expertise and advice closer to the ground
- are often able to engage families that may otherwise be difficult to engage.

However, and despite supporting the view that they are a critical part of the child protection system, the Police CWU identified particular challenges and opportunities for improvement including:

- There is concern around FRS not accepting a referral without the consent of the family, and confusion about whether the 'yellow card' issued to victims (and which the victim signs) to indicate that their details can be passed along to a support service is acceptable as consent.
- The view that FRS primarily contact families by phone, and that this is challenging and may not result in the kind of engagement needed for some difficult to engage families.
- That although the Police CWU complete an assessment of risk using the MRG, some FRS will re-do the assessment and refer the child or young person to the Child Protection Helpline – this was seen as duplicative and confusing given that the CWU had already completed the MRG or the notification had already been de-escalated by the Child Protection Helpline. Consistent with the observations in Section 2.3, some FRS also appear to be using their own risk assessment tool, and there was concern that this was unnecessary. The structure of the MRG may be a confounding factor, as the MRG directs cases where Domestic Violence to be reported to the Helpline.
- Related to the above, there is variability in how individual FRS respond to referrals, particularly those associated with domestic violence. Given the high proportion of clients presenting with domestic violence (40 percent), the capacity of FRS to respond to domestic violence is an area that needs to be addressed.

[50] Keep Them Safe: A shared approach to child wellbeing. Fact Sheet 4 Child Wellbeing Units. NSW Government. Accessed at http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0008/84878/04a_KTS_FACT_SHEET_-_CHILD_WELLBEING_UNITS.pdf

Feedback from the NSW Health CWU and DEC CWU indicated that there has been a high level of variability in engagement with the different FRS. In general, these CWUs encourage mandatory reporters to take responsibility for identifying local responses in the case of concerns that do not meet the reporting thresholds. Feedback from inbound and outbound health professionals supports this view: health professionals reported that as they grew confident with the use of the MRG and established relationships with the local FRS, they would refer a family directly to the FRS rather than contact the CWU for advice. Similarly, the DEC CWU reported that where a school identifies a child as being at risk of harm, they may be inclined to contact service directly rather than contact a FRS. Where there has been a high level of contact, this was attributed to a specific strategies implemented by FRS to build relationships. For example:

- a high level of contact with the Illawarra FRS was attributed to the fact that in Wollongong the FRS has spent a lot of time engaging with hospital social workers to explain their role and how the FRS could assist
- the Far North Coast FRS presented a *Keep Them Safe* school engagement forum, attended by a large number of school principals. Anecdotally, this translated into an increase in referrals from participating schools.

Given the preference to refer on the basis of personal relationships within these systems, there is an ongoing requirement for FRS to build personal relationships with both education and health professionals.

The relative newness of FRS within the system was seen to be a key reason for the low level of referrals to date, with the expectation that as they become more embedded within the system there will be an increase in referrals. However, like the Police CWU, the DEC CWU also observed that many FRS want to conduct their own risk assessment and determine whether to accept a referral or escalate to the Child Protection Helpline, despite that CWU has already conducted an assessment using the MRG, and determined that referral to a FRS is appropriate.

Given the above feedback, it appears that strengthening the role of FRS with respect to CWUs will require greater consistency between services, clarity about use of the MRG and the assessments conducted by FRS, and improved feedback processes to provide the CWUs with greater confidence about FRS responses and referrals, and the outcomes for families.

4.5.3. Early intervention and community based services

Keep Them Safe included strategies to increase access to early intervention and community based services. These included establishing, or increasing investment in, early intervention programs (e.g. Sustaining NSW Families), and strengthening Community Services suite of early intervention and placement prevention services (EIPP). EIPP services are an integrated system of services whose purpose is to provide appropriately targeted parenting and other support services to families and young people in NSW that will reduce the likelihood of children and young people from entering or remaining in the child protection and out of home care systems. These services are provided along a continuum of family and community needs: from lower level parenting and youth support providing information and short-term assistance (child and family support, and youth and family support), to higher intensity and longer-term targeted support to prevent escalation of identified problems (Brighter Futures[51]), to intensive family and youth interventions to prevent children and young people from coming into care (Intensive Family Support / Intensive Family Preservation).

The evaluation found limited interdependences between FRS and early intervention and community based services. In considering inbound referrals to FRS, some stakeholders reported that FRS may be well placed to provide families with much needed links to other

[51] Referrals to Brighter Futures may be made by the Child Protection Helpline where there is a determination that a child or young person is not at risk of significant harm, or they may be referred by other organisations including FRS.

services, or address practical needs, while they waited for a service from Brighter Futures or other targeted early intervention programs, however that the NGO service providers did not always consider this to be an option.

Given that FRS are not intended to provide a case management function, some FRS reported that their ability to form links with and refer families requiring an on-going or intensive case management service to prevent an escalation in the risk of harm to children and young people to early intervention and community based programs was critical. Feedback from various stakeholders, however, suggested that the effectiveness of this referral pathway – as with referrals to other services – is variable across FRS and depends on the extent to which the FRS had established relationships with the local funded providers of these programs. In some instances, stakeholders expressed concern that referrals from FRS to Brighter Futures may be receiving priority over other referrals, enabling families to "jump the queue" for this service.

In the absence of structural interdependencies such as formal referral protocols or state-wide processes for prioritising access to Brighter Futures or EIPP via FRS, this will remain the status quo. Given the value of these more targeted early intervention programs and the service gaps identified above, consideration should be given to strengthening these referral pathways (subject to appropriate consultation and the findings of evaluations of these programs).

5. Client outcomes

The evaluation found that for the majority of clients, FRS are having a positive impact on their capacity to provide and safe and nurturing environment for children, and are therefore contributing to improved outcomes for children.

FRS are intended to have a key role in supporting families to provide a safe and nurturing environment for children by engaging with families where children are identified as being vulnerable or at risk in order to understand their needs and assisting them to access services that will meet these needs. This section draws upon the data collected throughout the evaluation to examine the extent to which FRS are contributing to positive client impacts and improved outcomes.

5.1. Supporting vulnerable families to provide a safe and nurturing environment for children

This section draws on the findings of a client survey conducted for the purpose of this evaluation, FRS quarterly data collection provided by NSW Kids and Families, and case study examples provided during consultations to examine the extent to which:

- FRS understand the needs of families and children accessing their service
- FRS are assisting families to access services they require
- FRS are having a positive impact on clients' confidence and ability to access services in future
- service users are satisfied with the support they received from FRS.

5.1.1. Capacity to address needs

The client survey explored the extent to which FRS understand the needs of the children and families with whom they engage. The majority of respondents agreed that *the FRS understood the issues that were affecting their children and family.* Of the 106 responses provided, 51 per cent (n=54) strongly agreed with this statement and 34 per cent (n=36) agreed with this statement. Of the remaining responses, 14 per cent (n=16) either did not respond or provided a neutral response to this item.

Table 14: Agreement that the FRS understood issues that were affecting their children and family

	Count	Per cent
Strongly Disagree	0	0
Disagree	0	0
Not sure	15	14
Agree	36	34
Strongly Agree	54	51
Did not respond	1	1
Total	106	100

Source: FRS Evaluation Client Survey

Survey respondents were also asked to consider if there was any support that they needed but had not received from the FRS. Of the 106 respondents that provided a response to this item:

- 75 per cent (n=79) indicated that they were provided with the support that they needed
- 21 per cent (n=22) indicated that there was support needed that was not provided

- five per cent (n=5) provided a neutral response to this item.

Where clients reported that the FRS had not provided the support they felt they required:

- one respondent was still receiving ongoing support from the FRS
- three respondents provided feedback in relation to their dissatisfaction with the services provided by the FRS itself as opposed to outbound support
- four respondents indicated that the FRS was not able to support them to access the specific service type they requested
- three respondents indicated that they were dissatisfied with the service offered by the outbound referral agency, as opposed to the FRS itself.

The finding that the majority of client survey recipients reported that FRS understood their needs is consistent with anecdotal reports by FRS Managers and other stakeholders, including services receiving referrals from FRS, who reported that FRS staff are generally highly skilled at working with families to understand their needs.

5.1.2. Service access

The data indicates that FRS have had a positive impact on client outcomes by being able to identify and link clients to appropriate services. As demonstrated in Table 15, feedback from the client survey demonstrated that FRS have contributed to client access to service across a number of domains:

- identifying health and community support services of benefit to the client's children and family
- providing referrals to services that were most needed
- developing an understanding of the services that the client was being referred to
- timely access to services.

Of the 106 responses recorded across these domains:

- 44 per cent (n=47) of clients strongly agreed, and 36 per cent (n=38) agreed that *the FRS found services that were beneficial to the client's children and family*. Three per cent (n=3) of clients disagreed with this statement and 17 per cent (n=8) either did not respond or provided a neutral response to this statement.
- 48 per cent (n=51) of clients strongly agreed, and 30 per cent (n=32) agreed that *the FRS referred them to services that they most needed*. 18 per cent (n=19) of clients disagreed and one per cent (n=1) strong disagreed with this statement. 20 per cent (n=20) of clients either did not respond providing a neutral response to this item.
- 44 per cent (n=47) of clients strongly agreed, and 30 per cent (n=32) agreed that *they were always able to understand the services that they were being referred to and the reasons surrounding the referral*. Four per cent (n=4) of clients disagreed with this statement and 22 per cent (n=23) either did not respond or provided a neutral response to this statement.
- 47 per cent (n=50) of clients strongly disagreed, and 37 per cent (n=39) disagreed that *they had to wait a long time before they were able to access the service that they need*. Four per cent (n=4) of clients agreed with this statement and 10 per cent (n=10) either did not respond or provided a neutral response to this statement.

Table 15: Client Survey Responses Regarding Access to Services

	The FRS was able to identify services that would benefit my children and family	I was referred to the service that I most needed	I always understood what service/s we were being referred to and why	I had to wait a long time before I was able to access the services that I needed
Level of agreement	**Per cent**	**Per cent**	**Per cent**	**Per cent**
Strongly Disagree	0	1	0	47
Disagree	3	1	4	37
Not sure	15	18	18	6
Agree	36	30	30	6
Strongly Agree	44	48	44	1
Did Not Respond	2	2	4	4
Total	100	100	100	100

Source: FRS Evaluation Client Survey

Despite reports from stakeholders that there are significant gaps in the service system that impact on the ability by FRS to refer to the "most appropriate" service or which create delays in access to services for clients, the survey responses did not indicate that these were significant issues for clients. Rather the majority of respondents reported that they were referred to the service they most needed, and only seven per cent reported having to wait a long time to get access to needed services.

However, there was significant variation between the responses provided by clients and the state-wide FRS data collected by NSW Health regarding the extent to which FRS are effectively assisting clients to access services.

In contrast to the client survey in which 78 per cent of clients (n=83) reported that the FRS had facilitated referrals in line with their needs, the state-wide FRS data indicated that of the 2760 families that FRS have made contact with, only 47 per cent of clients were able to be referred to services that met some or all of their needs (n=1286). This may reflect the high number of clients that declined referrals from FRS (27 per cent, n=749) as well as those that provided 'other' reasons for the referral not meeting their needs, as captured by the NSW Health data.

The variation in the data may also be related to the voluntary nature of the client survey that may result in a response bias, and the fact that the client survey is not necessarily representative of all FRS service users.

Access to different service types

The client survey also provided evidence that the FRS are assisting clients to access a range of services. As demonstrated in Table 16, of the 106 responses provided, 90 per cent of clients (n=96) were assisted to access a service, with many clients reporting that they had been assisted to access more than one service. Of these clients:

- 41 per cent (n=43) accessed mental health related services
- 35 per cent (n=37) accessed family or domestic violence services
- 31 per cent (n=33) accessing housing services
- 29 per cent (n=31) accessing legal services.

Table 16: Client survey responses regarding services accessed by clients, by service type

Service Type	Count	Per cent
General health	27	25
Mental health	43	41
Drug and alcohol services	13	12
Housing	33	31
Family or domestic violence services	37	35
Legal services	31	29
Education, training or employment services	24	23
I was not referred to any other services	10	9
Other	77	73

Source: FRS Evaluation Client Survey

Of the 73 per cent of clients (n=77) who responded that the FRS enabled them to access a service type 'other' than those listed in Table 17, 40 respondents provided information about the 'other' services that the FRS had assisted them to access. These were:

- Family Support Services and Networks (eight per cent, n=8[52])
- Counselling Services, Financial Counselling and Social Support (seven per cent, n=7)
- Brokerage support for practical assistance (seven per cent, n=7)
- Centrelink and Welfare Support (four per cent, n=4)
- Child Care (three per cent, n=3)
- Parenting support and parenting programs (three per cent, n=3)
- Disability Support Services, Respite and Care Support (three per cent, n=3).
- Community Services (one per cent, n=1)
- Complex Case Management (one per cent, n=1)
- Aboriginal Women's Group (one per cent, n=1)
- Mediation Support (one per cent, n=1)
- Child Behaviour Support (one per cent, n=1).

Direct comparison between the results of the client survey and the state-wide FRS data collected by NSW Health about the type of services clients are referred to is not possible. The client survey looks at the service or services that each client was assisted to access by their local FRS, while the state-wide FRS data shows the type of services that clients were referred to as a proportion of all outbound referrals.

Stakeholder consultations highlighted that the majority of children, young people and families accessing FRS have complex needs that require multiple service responses. Consistent with this, the majority of survey respondents reported that they had been assisted to access more than one service. As demonstrated in Table 17, of the 106 responses provided:

- six per cent of clients (n=6) did not access any outbound services
- 25 per cent of clients (n=27) accessed one outbound service

[52] Percentages have been calculated using a denominator of 106.

- 25 per cent of clients (n=27) accessed two outbound services
- 22 per cent of clients (n=23) accessed three outbound services
- 20 per cent of clients (n=21) accessed more than three outbound services.

Table 17: Number of Outbound Services Accessed by Clients

Number of services	Count	Per cent
None	6	6
One	27	25
Two	27	25
Three	23	22
More than three	21	20
Don't know	1	1
Did Not Respond	1	1
Total	106	100

Source: FRS Evaluation Client Survey

5.2. Impact of support provided

The state-wide FRS data collection does not report on whether clients perceived that the services to which they were referred had a positive impact on their capacity to provide a safe environment for children. However, the client survey did provide an opportunity for respondents to indicate whether they perceived that support they received from FRS and the services they received as a result of referrals from FRS had helped meet their needs. The data, although reliant on self-reporting, provides some insight into the families' own perceptions about whether there had been positive impacts as a result of accessing FRS.

The majority of respondents reported that *they had learned how to access and use services that are available within the wider community.* Of the 106 responses provided, 40 per cent (n=42) strongly agreed with this statement and 34 per cent (n=36) agreed with this statement. Of the remaining responses, one per cent (n=1) strong disagreed, two per cent (n=2) disagreed and 24 per cent (n=25) either did not response or provided a neutral response to this item.

The majority of survey respondents also indicated that *they felt confident in their ability to access services if required in the future.* Of the 106 responses provided, 41 per cent (n=43) strongly agreed with this statement and 31 per cent (n=33) agreed with this statement. Of the remaining responses, 26 per cent (n=27) either did not respond or provided a neutral response to this item.

Table 18: Impact of support provided by the FRS

Level of agreement	I learned how to access and use services that are available to me in the wider community	I feel confident in my ability to access services if required in the future
	Per cent	Per cent
Strongly Disagree	1	1
Disagree	2	2
Not sure	21	23
Agree	34	31
Strongly Agree	40	41
Did not respond	3	3
Total	100	100

Source: FRS Evaluation Client Survey

Clients also reported positive changes related to their capacity to access services that were helpful to them and their family. The majority of clients agreed that *the services that the FRS helped the family to access were helpful.* Of the 106 responses provided, 42 per cent (n=45) strongly agreed and 29 per cent (n=31) agreed with this item. Of the remaining responses, 4 per cent (n=4) strongly disagreed, one per cent (n=1) disagreed with the item, and 24 per cent (n=25) either provided a neutral or no response to the item. This is likely to reflect the timing of the survey, as the survey was conducted when the client had only recently discontinued receiving assistance from a FRS and commenced engagement with the outbound referral service, and as a result may not have formed views about the appropriateness of the outbound referral service.

When asked to indicate whether there had been a change to their situation as a result of receiving support from FRS, 95 per cent (n=101) indicated that their situation had changed and only five per cent (n=5) indicated that their situation had not changed.

Table 19: Change to client situation as a result of support received

	Count	Per cent
Something	101	95
Nothing	5	5
Did not respond	0	0
Total	106	100

Source: FRS Evaluation Client Survey

Survey respondents also commented on the general benefit that the FRS has on their life. Of the 100 participants that indicated changes to their personal and family situation as a result of assistance from the FRS, 84 per cent reported positive change. Six per cent reported no change, and a further nine per cent reported no change in their circumstances as they were still receiving ongoing support. One participant stated that were unsure if any change was attributable to the support of the FRS.

Where positive changes to personal and family situation were reported, these included:[53]

- improved emotional and mental wellbeing for themselves (25 per cent, n=21), or their children (10 per cent, n=8)
- access to housing (13 per cent, n=11) or placement on a waiting list for housing (n=2)

[53] Percentages calculated using denominator of 84.

- greater understanding of their situation, identify challenges that they are facing and learn how to manage challenges (12 per cent, n=10)
- support to exit domestic or family violence (n=3), and be in a safer environment (n=1).
- greater connection to their Aboriginal culture (n=2)
- general improvement in personal circumstances (n=5) and family relationships (n=1)
- improved school attendance for their children (n=1)
- capacity commence employment (n=1).

This data is indicative of the positive outcomes that FRS have been able to influence, and suggest that significant benefits are being afforded to families as a result of being supported to access the services that they require. The capacity of FRS to contribute to positive outcomes are further evidenced in case studies provided during interviews and focus groups with inbound and outbound referrers, a selection of which are provided in Table 20.

Table 20: Case studies demonstrating achievement of positive outcomes for families

When I have caught up with families, the family has been connected with services over a long-term period. One referral that I made was for a boy with behavioural problems at school. An outreach worker met with the boy and his mother and was able to link the boy to appropriate services as well as providing financial assistance to the mother. This made a big difference to his school behaviour.
At one stage they provided advocacy for client – in relation to issues with Centrelink. In this situation they helped facilitate parent to get in touch with right person at Centrelink because they were hitting brick walls in terms of getting payments. The father was incarcerated and it was obvious that Centrelink were dragging the chain. The family were facing huge debts that the father hadn't paid and were experiencing significant stress and financial burden. At the time the parent wasn't able to access benefits. The outcomes associated with the practical assistance provided by the FRS were huge for this family.
I have seen families move forward as a result of the assistance from FRS. They have been able to engage with families and make significant changes. An example of a referral that I made was for a young person from an Aboriginal family that were really struggling. They had run out of services available to them…workers were refusing to engage with them because the young person was violent and the risk of entering the home was too great. The FRS assisted in communicating with the family and getting an Indigenous consultant and youth worker involved. The young person moved in with their father, who was able to better the young person's behaviours, at which time another service was then able to assist the mother with the parenting of her other children. The mother's stress was significantly reduced, which improved her capacity to meet the needs of the other children in the family.

Other benefits reported by clients that related directly to the capacity to access services and/or to meet immediate practical need included:

- brokerage for practical assistance (e.g., uniform, transport, food and bills, n=7)
- increased awareness of available services and how to access them (n=5)
- support and advocacy to access the services they required,[54] (n=4), or that their children required (n=3)
- provision of transport, and education on how to use public transport, which had enabled them to access services(n=2).

[54] Centrelink, respite, rehabilitation, and legal advice were specifically identified.

Where FRS had not supported positive changes to personal and family situation:

- four clients did not provide a specific reason to why no change had occurred
- two clients disengaged as the outbound referral made was not appropriate.

In order to understand client perceptions about the most effective aspects of the work of FRS, survey respondents were asked to consider what the most beneficial aspect of the FRS was for them. Respondents (n=99) to this question identified:

- characteristics and skill mix of the staff (e.g., their dedication and friendliness to clients) (n=34)
- feeling that they are listened to and supported at all times (e.g. participants felt that they could contact FRS staff at any time and appreciated that FRS made regular attempts to contact them) (n=33)
- advice, information and outbound referrals provided (n=15)
- the timely response provided by FRS (n= 9).

Other benefits included:

- the role that the FRS provides in coordinating services
- being assigned to a single case worker for the duration of the holding period
- having face-to-face contact with FRS staff
- being provided with brokerage to pay for food and rent.

Overall, these findings demonstrate the positive impact that the FRS has had on building the capacity of families.

5.3. Satisfaction with service provided

The satisfaction expressed by clients reflects similar feedback provided during many of the outbound and inbound referrer focus groups, where participants described FRS staff to be skilled, supportive and informative. In addition, the role that FRS play in coordinating services, providing brokerage, facilitating face-to-face support and providing a timely response to incoming referrals were also positive themes that emerged during focus groups.

Reflecting the high level of general satisfaction with FRS, client survey respondents offered limited suggestions for improvement. Of the 19 respondents that suggested changes to FRS:

- six participants suggested that the six week holding period be increased
- three participants suggested increased face-to-face service delivery from FRS
- three participants suggested that FRS employ more staff.

A number of other suggestions were made by survey respondents including:

- requests to increase the number of shopfronts in rural areas
- increase brokerage provided to facilitate service access
- improve referral response time
- implement a father's support group
- ensure that clients are allocated a single case worker rather than multiple case workers.

The suggestions to increase the six week holding period, the capacity of FRS to provide face-to-face support, the number of staff and the number of shopfronts in rural areas were also

repeated suggestions made during focus groups with FRS staff, management, inbound referrers and outbound referrers.

6. Economic appraisal

This section presents an analysis of the cost of delivery of the FRS program, and considers:

- What is the unit cost of FRS (with consideration of variables such complexity of client need, geographical location, and length of operation)?
- How cost effective are FRS compared other similar programs or activities, both in Australia and internationally?

It draws on FRS administrative data, financial expenditure for the six months to 30 June 2013, and a desktop review of other services. The analysis excludes FRS established in April 2013 as these FRS had high establishment costs during that period and few inbound calls – which is to be expected as they were yet to be fully operational.

6.1. Method and limitations

There are two general approaches to identifying, or developing, a unit cost for the delivery of social programs. The first takes a top down approach, whereby a unit cost is calculated by dividing the total cost of service delivery by the total number of units of output (in this case, number of families supported). This method however, does not take into account the varying length of the intervention. The second adopts a bottom up approach, and utilises data at the client unit record level to estimate the total number of hours of service provided. The inputs required to deliver each activity (time, staffing, and resources) are then used to establish a cost associated with the delivery of an activity. The latter approach provides a foundation for the development of activity based costing. As noted elsewhere in the report, variable data recording practices mean that a there is a high degree of uncertainty associated with the available activity data. Both approaches have their strengths and weaknesses

The analysis therefore includes consideration of the relative time spent on each type of direct client activity, however, also presents a top-down approach to counter differences in recording practices between FRS and to enable comparison against other programs.

The results presented herein therefore provide an assessment of indicative costs of service provision only. The results of the analysis need to be considered in the context of the following:

- Detailed cost data was available in the form of financial acquittal reports for each FRS. However, differences in reporting structure make it difficult to analyse the underlying cost structure of operating a FRS. The analysis utilised actual expenditure for the period under investigation, however, did not explore reasons for underspend or variation against budget.
- One-off establishment costs, where identified, were excluded from the analysis recognising that some FRS were established or expanded in July 2012.
- FRS financial data is not linked to activity data; financial data, as reported in the acquittals, was split into two equal six-month periods.
- The analysis relied on individual FRS-recorded activity, as reported to NSW Kids and Families via established program data collection and reporting mechanisms.
- The analysis established the proportional quantum of time spent supporting a family, based on all client records within the FRS dataset. An analysis of variable levels of support was conducted based on the assessed needs of families, by category: information only, simple referral, and complex referral.
- It is assumed that the time spent by FRS staff on networking and promotional activity is a necessary input that enables both consultations and inquiries, and inbound referrals, irrespective of the type of support subsequently provided to a family.

- The analysis provides a point in time assessment of cost that is likely to vary over the longer-term, given that many FRS are still in a period of establishment.

As a result, the unit costs presented should be interpreted as preliminary only. There is an opportunity to collect more robust activity data, once FRS have embedded the program data collection, to inform future demand modelling and unit costing work.

6.2. Inputs: expenditure and activity

FRS Expenditure

Table 21 provides a high-level breakdown of FRS expenditure by cost category, while Table 22 compares the proportion of costs by category for each FRS. Labour costs comprise the majority of costs for each FRS although the proportions vary between FRS. Illawarra and Hunter Central Coast had higher labour costs compared to other FRS. In the case of Hunter Central Coast, this is due to a comparatively high FTE. In the case of Illawarra, the absence of a financial acquittal report at the time of the evaluation being conducted meant financial information was only available at a high level (labour and overhead line items), making it difficult to ascertain the reason for the lower than average operating expenditure.

Within operating expenses, rent and utilities comprise the majority of costs in this category. New England North West, Mid North Coast and South West Sydney had higher than average operating costs which relate to management fee expenses (New England North West and South West Sydney), community partner payments (Mid North Coast) and staff vacancies (Mid North Coast). FRS total expenditure is lower than the program budget for the same period. Reasons for under-spends, as reported by FRS to NSW Health include:

- some FRS carried staff vacancies for a period of time
- slower than anticipated expansion of services, associated with negotiating Memoranda of Understanding, establishing attendance in outreach locations or other towns within the catchment, with associated slower than anticipated recruitment and demand for services
- capacity to utilise low cost facilities within existing agency premises early in the program establishment, with negotiations regarding rental of premises temporarily delaying rental expenditure.

FRS Activity

FRS data collection includes provision for FRS workers to record the length of time spent providing services to a family.[55] Table 23 provides a summary of the number of inbound referrals, by outcome of needs assessment. The needs assessment defines the complexity of service response/s required by a family: information only, simple referral (one referral only) or complex referral (two or more referral needs). An outcome of “no assessment conducted” denotes that a family was not able to be contacted, declined the support of the FRS, or changed their mind.[56] Therefore, this outcome represents the time expended by FRS workers in following up inbound referrals that do not translate into an outbound referral.

It was not possible to disaggregate time spent by type of activity (e.g. face-to-face coordination, telephone support, supported referral) as the FRS data collection did not provide for this level of detail. Further, it is expected that FRS will provide support in accordance with client need and preference, with the mode of delivery depending on a number of factors – including location. The total time recorded was aggregated by FRS; Table 24 presents the proportion of time spent, by outcome of needs assessment.

[55] Includes time spent in consultation or taking an inquiry prior to accepting the family as a referral, as well as phone calls to or on behalf of clients that are part of the family, written correspondence, and face-to-face meetings with, on or on behalf of clients that are part of the family.
[56] NSW Kids and Families, FRS Data Dictionary Version 4, January 2013.

Table 21: FRS actual expenditure, by category, July 2012 to June 2013

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney
Labour	$902,687	$683,299	$1,384,840	$800,475	$475,044	$ 406,464	$487,063	$650,514
Operating	$689,922	$431,677	$539,266	$246,135	$430,921	$ 504,127	$276,445	$437,474
Other	-	-	$10,740	-	-	$16,678	$12,955	-
Travel/Accommodation	$8,595	$40,696	$70,931	-	$14,612	$47,070	$42,189	$47,476
Brokerage	-	$28,023	$13,759	-	$18,039	$24,397	$ 5,708	$4,546
Set up costs	-	$37,564	-		-	-	-	$351,285
12 month total*	$1,601,204	$1,183,695	$2,019,536	$938,617	$1,046,610	$998,736	$824,360	$1,140,010
6 month total*	$800,602	$591,848	$1,009,768	$469,308	$523,305	$499,368	$412,180	$570,005

Source: FRS activity data and financial acquittals provided by FRS to NSW Health. Note: totals exclude set-up costs.

Table 22: Proportion of costs, by category (per cent)

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney
Labour	56	69	56	51	76	41	59	44
Operating	43	27	35	46	24	50	34	29
Other	0	1	0	0	0	2	2	0
Travel/Accommodation	1	4	3	2	0	5	5	3
Brokerage	0	1	2	2	0	2	1	0
Establishment	0	0	3	0	0	0	0	24
Total	100	100	100	100	100	100	100	100

Source: FRS activity data and financial acquittals provided by FRS to NSW Health. Establishment costs excluded from the subsequent analysis, while 'other' includes capital expenditure.

Table 23: Number of clients, by assessment outcome, 1 January 2013 to 30 June 2013

	Western Sydney	Hunter Central Coast	Western NSW	New England North West	Illawarra	Mid North Coast	Far North Coast	South West Sydney
No assessment conducted	364	191	94	120	131	75	74	235
Information Only	449	80	15	2	14	28	33	20
Simple Referral	222	87	63	8	32	5	76	70
Complex referral	130	451	133	114	213	83	57	120
Missing	29	3	38	11	13	2	6	29
Sub-total	1351	1006	360	255	494	225	437	1137
Consultations / inquiries	*157*	*194*	*17*	*0*	*91*	*32*	*191*	*663*

Source: KPMG analysis of FRS activity data provided by FRS to NSW Health

Table 24: Proportion of time recorded, by outcome of needs assessment (per cent), 1 January 2013 to 30 June 2013

	Western Sydney	Hunter Central Coast	Western NSW	New England North West	Illawarra	Mid North Coast	Far North Coast	South West Sydney
No assessment conducted	23	13	21	17	5	26	11	30
Information Only	19	5	2	0	1	11	7	3
Simple Referral	26	8	14	2	5	3	31	14
Complex Referral	26	66	57	78	86	52	39	34
Missing	3	0	6	2	0	1	2	6
Consultations / inquiries	3	7	0	0	3	7	10	13
Total	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS activity data provided by FRS to NSW Health

Having established FRS recurrent expenditure and time spent by outcome of needs assessment, these were compared to identify the unit cost of delivery of support by FRS. Given the variation in activity detailed in Table 23 above, four costs were considered:

- cost per consultation / inquiry
- cost per family supported, by outcome of needs assessment: information only, or outbound referral
- cost per inbound call, as a basis to compare FRS cost to other like programs, and
- cost per outbound referral, to provide a measure of cost per outcome.

6.3. Cost per consultation or inquiry

An analysis of the time recorded against expenditure shown in Table 25 indicates that the cost per consultation or inquiry ranges from $149 per inquiry in Western Sydney, to $1,147 in Mid North Coast. The comparatively high cost in Mid-North Coast is underpinned by a high overall operating cost compared to volume of recorded activity. The average cost per consultation or inquiry across all FRS (excluding Mid-North Coast and New England North West as outliers) is $200.

Table 25: Cost per consultation or inquiry

	Western Sydney	Hunter Central Coast	Western NSW	New England North West	Illawarra	Mid North Coast	Far North Coast	South Western Sydney
Consultations	*157*	*194*	*17*	-	*91*	*32*	*191*	*663*
Proportion of total time (%)	3	7	0	-	3	7	10	13
Cost per unit of activity	$149	$173	$345	-	$186	$1,147	$207	$150

Source: KPMG analysis

6.4. Cost per family, by outcome of needs assessment

An analysis of the time recorded against expenditure, based on the outcome of a needs assessment, was conducted to ascertain an approximate unit cost with consideration of complexity of need. Table 26 presents the unit cost per family supported by outcome of needs assessment. The analysis indicates:

- the unit cost for a family requiring information only ranges from $201 in Illawarra, to $1,734 in Mid North Coast, averaging $826
- the unit cost for a family assessed as requiring a simple referral[57] ranges from $780 in Illawarra to $3,326 in Mid North Coast, averaging $1,454
- the unit cost for a family assessed as requiring a complex referral[58] ranges from $1,482 in Hunter Central Coast to $3,206 in New England North West, averaging $2,391.

The variation in unit costs reflects both the average hours of service provision per family as well as the total volume of activity by FRS. For example, as shown in Table 27, New England North West had a comparatively higher cost per family requiring a complex referral, in part attributable to the greater average length of service provision (9.8 hours of support). In contrast, Hunter Central Coast's comparatively lower cost is associated with a lower average length of service provision (3.2 hours).

[57] One referral. Note the distinction between a simple and complex referral should be interpreted with caution, as additional referral needs may be identified during the course of support provided.
[58] Two or more referrals

A number of other factors, notably overall volume of inbound referrals, and conversion of inbound referrals to the engagement of a family, also impact on the identified unit costs. The unit costs also do not provide an assessment of effectiveness (that is, successful access to an outbound service provider). These factors are explored further below, through an analysis of a cost per inbound call and cost per outbound referral.

Table 26: Cost per family, by outcome of needs assessment

	Western Sydney	Hunter Central Coast	Western NSW	New England North West	Illawarra	Mid North Coast	Far North Coast	South Western Sydney
No assessment	$511	$713	$1365	$684	$201	$1,734	$610	$960
Information Only	$332	$693	$679	$832	$328	$1,948	$858	$938
Simple Referral	$931	$934	$1391	$1,126	$780	$3,326	$1,695	$1,449
Complex Referral	$1,613	$1,482	$2,665	$3,206	$2,103	$3,111	$2,818	$2,130

Source: KPMG analysis

Table 27: Average time spent supporting a family (hours), by outcome of needs assessment

Average time (hours)	Western Sydney	Hunter Central Coast	Western NSW	New England North West	Illawarra	Mid North Coast	Far North Coast	South West Sydney
Information only	0.7	1.5	2.3	2.5	0.5	3.1	1.4	3.1
Simple Referral	1.9	2.0	4.7	3.4	1.1	5.3	2.8	4.8
Complex referral	3.3	3.2	9.1	9.8	3.0	5.0	4.7	7.1

Source: KPMG analysis of FRS administrative data

6.5. Cost per inbound referral

A top down analysis of cost-per inbound referral was conducted, as a basis to:

- identify underpinning activity ratios that may be impact on the identified unit costs
- provide a basis for comparison of costs with other programs.

Cost per inbound referral was determined by dividing estimated[59] six-monthly expenditure for the period 1 January 2013 and 30 June 2013 by the volume of inbound calls (the sum of inbound referrals, consultations and inquiries) received during the same period. The data presented in Table 28 provides the unit cost per FRS. The evaluation found that the average cost per inbound call was $934. Green shaded cells denote unit cost more than 20 per cent below average total cost per inbound call; orange shaded cells denote unit costs more than 20 per cent above average total cost. South West Sydney has the lowest cost per inbound call received ($501), followed by Western Sydney ($593) and Far North Coast ($943). The Mid North Coast is the most expensive ($2,219), followed by New England North West ($1,840).

The higher cost of servicing regional areas was accounted for in the FRS funding model, which provided a 20 per cent loading to regional areas. However, the data suggests that, on a cost-per-call basis, regional FRS incur a cost differential that is greater than 20 per cent of the average unit cost.

[59] With the exception of Illawarra, 12/13 FRS audited financial acquittals were available for analysis. Illawarra FRS financial data is therefore subject to variation.

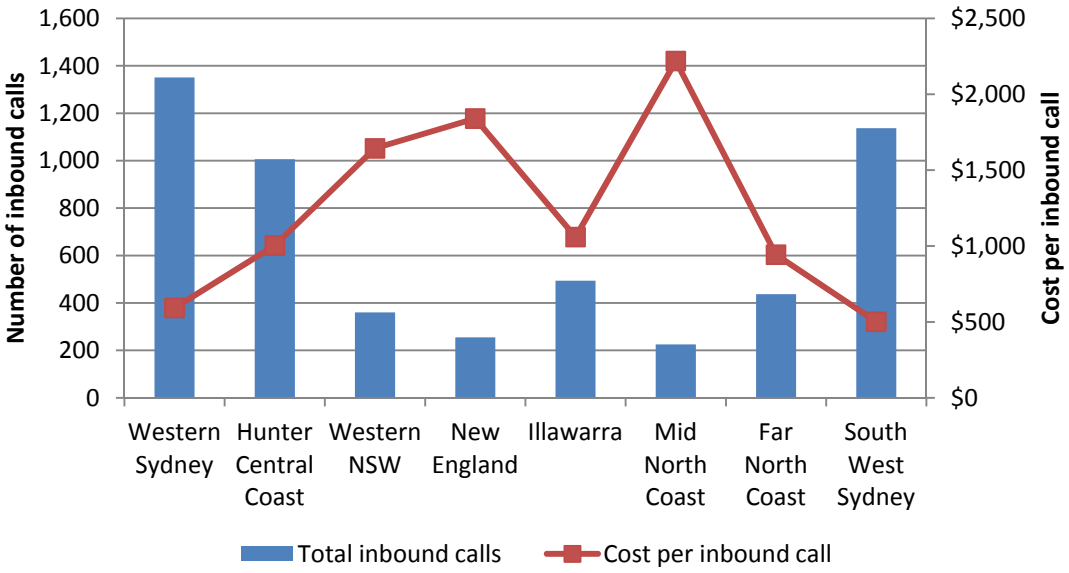
As would be expected, a lower cost per inbound call is associated with higher levels of inbound call/inquiry activity. This relationship is illustrated in Figure 17. This is indicative of the capacity for greater operational efficiencies with increasing referrals, however, it should be noted that a higher throughput may not necessarily translate into an effective outcome (successful contact with a family, and/or a family accessing an outbound service provider). Consideration of the volumes of activity and service delivery models implemented by each location further suggests that a lower unit cost is associated with:

- a high ratio of consultations / inquiries to inbound referrals, with South West Sydney recording over 600 consultations and inquiries, 3.5 times greater than any other FRS
- high throughout associated with a comparatively high rate of self-referral to a shop front (for example, Western Sydney)
- the extent to which home visiting is conducted, with Hunter Central Coast and Western Sydney undertaking few home visits, which are by their nature more labour and time intensive.

Despite comparatively higher travel costs as a proportion of operational expenditure (five per cent) Far North Coast has one of the lower unit costs. This may relate to its current staffing model which utilises dedicated intake workers to address consultations and inquiries, which in turn provides for more efficient throughput of simple referrals.

The comparatively high cost of service provision by Mid North Coast *may* in part be attributed to some staff vacancies. However, as shown in Table 29 the Mid North Coast FRS also has one of the lowest calls per FTE and in the context of limited provision of outreach and home visiting (compared to FRS with similar calls per FTE, namely New England North West and Western NSW). Therefore, greater operational efficiencies should be able to be realised from this service via a greater conversion of inbound referrals to outbound referrals.

Figure 17: Activity and cost per inbound call, by FRS, Jan-June 2013



Source: FRS activity data and financial acquittals provided by FRS to NSW Health

Table 28: Cost per inbound call, by FRS

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Total / Average
Total inbound calls	1,351	1,006	360	255	494	225	437	1,137	5,265
Expenditure	$800,602	$1,009,768	$591,848	$469,308	$523,305	$499,368	$412,180	$570,005	$4,876,384
Cost per inbound call	$593	$1,004	$1,644	$1,840	$1,059	$2,219	$943	$501	$926

Source: FRS activity data and financial acquittals provided by FRS to NSW Health. Green shaded cells denote unit cost >20 per cent below average total cost per inbound call; orange shaded cells denote unit costs >20 per cent above average total cost. Note: 2012/13 full year financial results were halved to reflect the six months of activity data used in the analysis, while one-off establishment costs are excluded hence total expenditure does not equal total FRS budget.

Table 29: Number of inbound and outbound calls per FTE, by FRS

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Total / Average
Number of families that accessed an outbound service provider	433	191	104	174	88	32	81	113	1,216
Inbound calls	1,194	812	343	255	403	193	246	474	4,171
Consultations and inquiries	157	194	17	-	91	32	191	663	1,405
Total inbound activity	1,351	1,006	360	255	494	225	437	1,137	5,576
FTE	13.0	17.2	10.0	9.0	11.0	6.9	6.8	16.5	111.4
Inbound volume by FTE	104	58	36	28	45	33	64	69	50
Families accessing service provider, by FTE	33	11	10	19	8	5	12	7	11
Ratio of outbound referrals to inbound referrals	2.8	4.3	3.3	1.5	4.6	6.0	3.0	4.2	2.8

Source: KPMG analysis of FRS activity data.

6.6. Cost per outbound referral

The average cost per family that accessed a service to which they were referred was $4,010 per family. There was no difference between regional and metropolitan FRS, suggesting that location and/or service delivery model does not impact the cost per outcome.

Recognising that the consultations and inquiries, and the provision of information only to families does not provide a 'cost per outcome', further analysis was undertaken to identify cost per family that accessed a service provider (i.e. the family was provided with an outbound referral for some or all needs, and contact with the service provider was confirmed).

A cost per outbound referral was determined using the same approach outlined in calculating the cost of an inbound call. In this case, only an outbound referral where a FRS was able to make a referral for a family for some or all identified needs was included. The data presented in Table 30 provides the unit cost per outbound referral by FRS.

The evaluation found that the average cost per family that received support to access an outbound referral was $4,010. Western Sydney has the lowest cost per successful outbound referral ($1,849), followed by New England North West ($2,697). While Western Sydney demonstrated a lower unit cost than other FRS through high activity levels, New England North West demonstrates a lower than average unit cost through converting a higher proportion of inbound referrals to outbound referrals. In achieving this level of outbound referral activity, New England North West's outbound referral cost is closest to its inbound referral cost ($1,840). In contrast, the Mid North Coast is the most expensive ($15,605), followed by Illawarra ($5,947). Mid North Coast had a low proportion of families contacted for whom an outbound referral was able to be made (32 of 123, or 26 per cent); combined with high expenditure and low number of inbound calls per FTE, Mid North Coast has the highest outbound referral unit cost.

These unit costs are, however, likely to be over-estimated. As noted throughout the report, one reason for the high cost may be the challenges associate with the consistent implementation of the data collection, including following up with all families and recording the outcome of the referral (i.e. that the family accessed the service provider). Improved data collection will support a more robust analysis of the unit cost.

The relationship between inbound and outbound cost is illustrated in Figure 18. When considering the average cost per outcome, there is no apparent difference in cost between regional and metropolitan FRS. This finding suggests that with present funding and activity levels, regional and metropolitan FRS are equally cost effective.

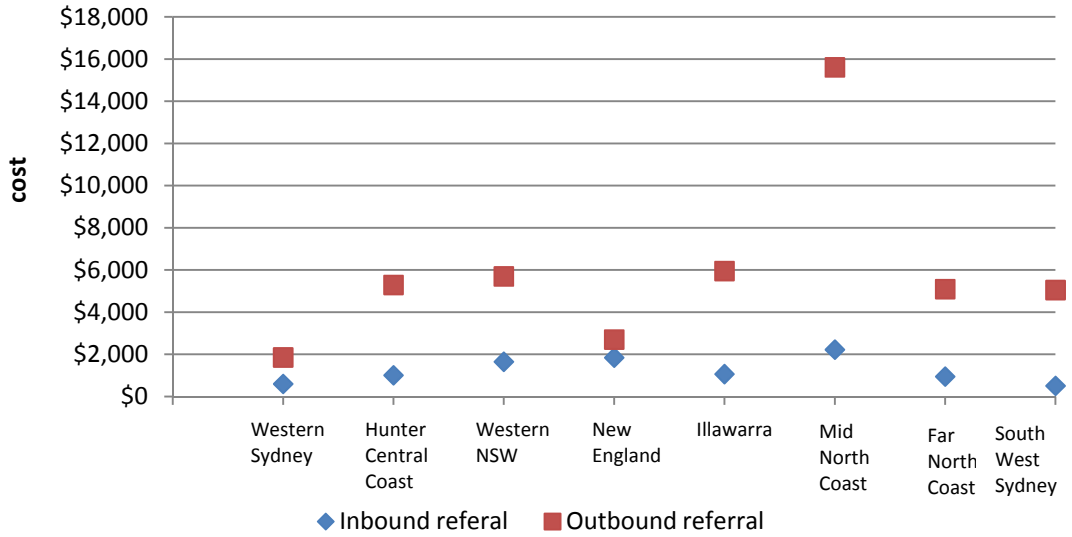
The following section considers how these costs compare with other services to support vulnerable children and families, including early intervention programs funded by the NSW government, and other similar service models within Australia and internationally.

Table 30: Cost per contact and cost per outbound referral, by FRS

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Total / Average
Expenditure ($)	800,602	1,009,768	591,848	469,308	523,305	499,368	412,180	570,005	4,876,384
Number of families where contact was made	840	583	195	148	330	123	162	255	2,636
Number of families where outbound referral made for some or all needs	433	191	104	174	88	32	81	113	1,216
Cost per outbound referral ($)	1,849	5,287	5,691	2,697	5,947	15,605	5,089	5,044	4,010

Source: KPMG analysis of FRS activity data and financial acquittals provided by FRS to NSW Health. Newly established FRS were excluded from the analysis.

Figure 18: Cost per inbound and outbound referral, by FRS



Source: FRS activity and financial acquittals provided by FRS to NSW Health.

6.7. Comparison to other programs

Early intervention and child protection programs in NSW

There is an extensive body of evidence to suggest that timely access to services may increase the likelihood of vulnerable families achieving positive outcomes in the longer term.[60] On average, the cost of support per family assessed as requiring a simple or complex referral is:

- approximately half the cost of the casework component of support provided by Brighter Futures
- one-eighth to one-fifth of the cost of statutory child protection services.

While supporting vulnerable children, young people and families to access services may incur a short-term additional cost, it is expected that this will be associated with a reduction in costs to government in the longer term. As noted by Statham and Smith, the cost-effectiveness and availability of longer-term savings from early intervention programs depends on the following assumptions:

- the program is sufficiently targeted and effective in identifying those who would otherwise go on to develop poor outcomes
- those who are identified will wish to take part in the program
- the program or intervention is effective, and
- the intervention will not result in more families receiving a service, who would otherwise have 'gotten by' without the support provided through the program.[61]

A more detailed longitudinal comparison study would be required determine such factors, including the longer-term impact, cost savings, and cost-effectiveness of FRS support. However, such a study would be complex, and require linking data across FRS, family support programs, and child protection programs.

Table 31: Comparison of cost of early intervention programs

	Brighter Futures*	Intensive Family Preservation^	Child protection intervention#	FRS (average)
Cost	$3,860 (casework) $12,265 (total cost)	$8,440 plus $1,150 brokerage	$11,565	$1,454 (simple) $2,391 (complex)
Description	Casework average 0.45 hours per week for 6 months. Total cost includes child care and home visiting	40 weeks of support, non-intensive component of program	Marginal costs associated with assessment, case management and court intervention	case coordination, supported referral, outreach and home visiting

*Source: *Social Policy Research Centre 2010, Evaluation of Brighter Futures, p.169. ^ NSW Community Services (2010), Intensive Family Preservation service model.*

Comparison to similar models in Australia and internationally

The evaluation sought to identify similar models to the FRS, both within Australia and internationally, to inform an assessment of whether the FRS unit cost was efficient. A desktop scan of government websites, policy documents, and the academic literature was undertaken to identify social support services that: were primarily telephone based; included a referral function; and provided a brief intervention, either by telephone or a face-to-face component, with or without a care-coordination component.

[60] Statham J., and Smith M. (2010) Issues in Earlier Intervention: Identifying and supporting children with additional needs. London: Department for Children Schools and Families. Available at http://www.ioe.ac.uk/about/documents/TCRU_Issues_in_Earlier_Intervention.pdf
[61] Ibid.

Table 32 provides a summary of the services identified that were most comparable to the FRS program. The services identified through the desktop scan fell into one of two categories:

- Entry points, or gateways, to a service system, such as family support or disability services, which provide an assessment and triaging function. These services may also provide a brief intervention, for example, delivery of group programs, or provision of a supported referral to a more appropriate service.
- Information services, i.e. services that provide telephone based-information service, and do not provide any face-to-face support.

The identified programs provide useful examples of the types of interventions that are available to support individuals, and families to access additional services, dependent on the type of presenting need or issues. However, they are limited in their ability to provide sufficient evidence to inform the evaluation's original intention: the cost of *comparable* models or interventions to FRS. The notable difference between the identified programs and FRS is the provision of a brief period of face-to-face case coordination support. However, each program does deliver similar activities – such as the provision of information only, or the capacity to refer on to other programs – that provide some basis for comparison against elements of the FRS program model.

Three factors make direct comparison between FRS activity costs and these program costs difficult. Firstly, few comparable programs are funded on a unit cost basis with available data limited to total call volumes or client numbers and budget. Secondly, as the primary cost-driver (labour costs) are likely to vary by jurisdiction and program in line with minimum staff qualification requirements and award agreements. Finally, the underlying cost structures were not available for analysis, therefore it is unclear whether any costs represent efficient or effective costs. As a result, comparison was limited to a top-down analysis of volume of inbound referrals against program budget. Table 33 provides a summary of the programs for which data was publicly available. The programs included:

- Child FIRST in Victoria, which provide a sub-regional intake for family support programs
- Gateway Services in Tasmania, which provide intake for disability and family services
- a pilot of the Western Australia Secondary Family Support Hubs, which provides a coordinated intake for a network of family support services (Armadale Family Support Network)
- proposed catchment-based Intake and Assessment and Care and Recovery Coordination functions for re-commissioned drug and alcohol treatment services in Victoria[62]
- Gambler's HelpLine Victoria
- the NSPCC Adult Helpline in the UK
- Family Lives National Helpline in the UK.

The analysis (provided in Table 33) indicates that there are two distinct unit costs:

- services that operate at only as an information based helpline (i.e. do not provide face to face support or interventions) are cost approximately $30 to $40 per inbound phone call: Gambler's Helpline delivered at $32 per call, and the Family Lives Helpline at $39 per call.
- services that act as a common entry point to family support or other programs costs are greater, due to the costs associated with assessment, with calculated costs per referral range between $257 (Child FIRST), $498 (Gateway Services).

The service that was most comparable to FRS, the proposed "care and recovery coordination" function for Victoria's re-commissioned Drug and Alcohol Treatment Services, has a proposed

[62] The Victorian Department of Health is currently reforming its drug and alcohol treatment services, which will include catchment based intake and assessment, and a care coordination function.

unit cost of $503 per comprehensive assessment and initial treatment plan, and $1431 per client for care and recovery coordination (with an average of 15 hours of service per client). The extent to which the unit cost reflects the true cost of service provision cannot be ascertained, as the program is yet to commence operation.

There are three reasons why FRS cost is presently higher than these programs:

- There is a lack of directly comparable models within Australia and overseas. FRS provide a more intensive face-to-face case-coordination function than other gateway services. With the exception of the proposed drug and alcohol treatment services care coordination function in Victoria,
- FRS activity levels are likely to be under-estimated, due to the range of data implementation challenges noted elsewhere in this report. An underestimate of activity acts to inflate the estimated cost of service provision per client.
- FRS were newly established at the time of the evaluation, and are yet to achieve anticipated program reach and a level of operational efficiency associated with a mature or established service.

Future considerations, in establishing a unit cost for FRS, include:

- Confirming the time taken to support a family, for each activity type. Improved consistency in reporting against the current FRS data collection will allow for a more robust analysis.
- Establishing and agreeing an expected range, or average, hours of support provided per family.
- Establishing agreed parameters for non-direct client service provision activities that are factored into the unit cost, such as networking and promotion of the FRS program.
- Undertaking a value for money assessment, to ensure FRS present cost structure government is obtaining represents an efficient cost of service provision.

Table 32: Overview of comparable models to the Family Referral Services

Service	Jurisdiction	Brief description
Child FIRST and Integrated Family Services	Victoria	Child FIRST provide a sub-regional community-based referral point into Family Services. Child FIRST receive referrals directly from mandated reporters regarding 'a significant concern for the wellbeing of a child', where the concern does not meet the threshold for statutory intervention. Access is prioritised based on need, and some families may be assisted by the provision of information and advice only. Where family services programs are at capacity, Child FIRST may provide an "active holding" response, which comprises maintaining contact with the family and referral to brief interventions while on a waiting list for services.
Gateway Services and Integrated Family Support Services	Tasmania	Gateway Services provide Family Services to vulnerable children, young people and their families to protect and promote their healthy development. Families requiring these services often have complex needs which can adversely impact on a child's development if appropriate supports and interventions are not provided in a timely manner. A community-based Child Protection Worker works in each of the Gateway Services and is able to act on notifications of neglect and abuse.[63]
Secondary Family Support Hubs: Armadale Family Support Network	Western Australia	The Armadale Family Support Network is a network of secondary family support services working in an integrated manner to support vulnerable children and families by: providing families with a single entry point to counselling, information and support services via telephone (helpline) and local shop front; providing family-centred coordinated care and referral; sharing information across agencies (with the consent of families); holding allocation and review meetings between partner agencies to ensure best practice and outcomes for families.
Drug and Alcohol Treatment Services: Intake, Assessment and Planning, and Care and Recovery Coordination functions.	Victoria	The Victorian Department of Health is in the process of re-commissioning its drug and alcohol treatment services. The proposed new service delivery model will operate on a catchment basis. Services are to include catchment-based intake, assessment and treatment planning as an entry point to services, with provision of brief interventions (e.g. information and referral to other service sectors) and onward referral to providers of specialist treatment services (in line with assessment outcome). Complex clients may also access care and recovery coordination, comprising an average of 15 hours of support, to coordinate treatment planning and support access to other health and human support services.[64]
ParentLine	NSW	ParentLine provides callers, including professionals working with parents and children, with professional advice and support from a team of trained counsellors. ParentLine has developed a clinical framework for telephone counselling, and counsellors participate in ongoing training and professional development. Referrals are provided as appropriate and additional parenting and child health information is provided on their website.

[63] Tasmanian Department of Health and Human Services (2012), Gateway and Family Support Services, Midterm Review Report, available at http://www.dhhs.tas.gov.au/disability/projects/gateway_and_family_support_services_mid-term_review
[64] Victorian Department of Health (2013), Advertised Call for Submission No. 2487.

Service	Jurisdiction	Brief description
Women's InfoLink	Queensland	Women's InfoLink provides free and confidential information and referral services to government agencies and community services supporting women. It is advertised as a first point of contact for women, to put them in touch with the services, agencies and organisations their local area. Resources include an online database of programs and services, fact sheets, and a toll free 1800 line that is available 8am to 6pm on weekdays.[65]
Gamblers' HelpLine	Victoria	Gambling Help provides 24/7 availability of state based telephone services, online chat and email counselling and support services, and the provision of extensive website content, self-help information and weblinks for additional support. Service staff are professional counsellors with expertise in problem gambling and online services and provide clients with referral to face-to-face counselling and other crisis management supports, as appropriate.
My Aged Care	Federal	The My Aged Care service provides a one 'stop shop' for Australians to access clear, consistent and reliable aged care information. It consists of a website and a national contact centre which, together, will provide comprehensive information on aged care. While not a care coordination referral system, the service allows for the navigation of the complex system of aged care services and supports available to older Australians and their carers.
NSPCC (Adult) Helpline	UK	A member of the public who has a concern about the welfare of child can report their concerns to the local authority child protection team, the police (in an emergency) or the NSPCC Helpline. If the NSPCC team decides a child has not been harmed / is not at risk, the case may be referred to other agencies if appropriate. [66] The NSPCC helpline service provides support for adults who are worries about a child, advice for parents and carers, consultations with professionals who come into contact with abused children or children at risk of abuse, information about child protection and the NSPCC.[67]
Extended Telephone Support Service	UK	Extended individual telephone support 'with longstanding issues or problems, who are ready to seek support to help them tackle their concerns'. One-to-one telephone support is provided to parents through the service, based on a 'coaching' model. Up to six calls are arranged at the parent's convenience with the same worker and last 45 minutes on average.[68]
Family Lives National Helpline	UK	Trained family support workers, both paid and volunteer, offer all family members free immediate and ongoing help on the phone, online or in local communities. Knowledge gained through this work is used to train professionals and campaign for changes to improve and support family life.

[65] http://www.communities.qld.gov.au/communityservices/women
[66] House of Commons Education Committee (2013) Children first: the child protection system in England, Fourth Report of Session 2012-13, Volume 1, p.15 available at http://www.publications.parliament.uk/pa/cm201213/cmselect/cmeduc/137/137.pdf
[67] NSPCC website http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/the-nspcc-helpline/how-to-contact-us/how-to-contact-us_wda89787.html
[68] ECOTEC Research and Consulting (2009) Extended Telephone Support Service Pilot, p.1 available at http://www.uk.ecorys.com/pdfs/telephone-support-evaluation.pdf

Service	Jurisdiction	Brief description
PlunketLine	NZ	Telephone advice s service for families and caregivers with children under 5. Nurses provide callers with advice and information about parenting issues and children's health and wellbeing. PlunketLine is also a gateway to family support services (included Plunket services – e.g. local nurses, car seat rentals and family centres).[69]

Source: KPMG analysis

[69] Plunket website http://www.plunket.org.nz/what-we-do/what-we-offer/plunketline/

Table 33: Cost per inbound referral for comparable services

Service	Period	Volume	Funding	Estimated unit cost
Child FIRST and Integrated Family Services	2008-2009	16,403 referrals[70]	$16,143,480[71] for combined Child FIRST / Integrated Family Services. Funding for Child FIRST provided for an increase in 46.5 FTE to provide the intake function. Estimated annual funding for Child FIRST is $4.22 million per annum.[72]	Between $257 (Child FIRST only) to $984 (incl family support)
Gateway Services	2009-2011	8,026[73] over two years	Estimated $2 million per annum for Gateway Function[74]	$498
Armadale Family Support Network	2012-2013	Opened 517 cases with 1,663 clients[75]	$1,458,700[76,]	$2,821 per case
Drug and alcohol treatment services in Victoria	2014-15	N/A – service yet to commence	Recommissioned services will be funded through an activity-based model, with payment made on the basis of a standard fixed price.[77] Prices for 2014 have been set at: • $58.60 per completed referral (phone and face-to-face) • $503 per completed comprehensive assessment and initial treatment plan, and • $1,431 for care and recovery coordination. Therefore the total unit cost for a client that progresses through to care and recovery would be approx $1,992	$1,992.60
Gamblers' HelpLine	2011-2012	Approx 21,000 calls	$686,523[78]	$32

[70] KPMG (2011a), Evaluation of Child FIRST and Integrated Family Services Evaluation Summary Report, p.11, available at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0007/646828/childFIRSTandIntfamservices-evalsummreport_09082011.pdf
[71] KPMG (2011b), Evaluation of Child FIRST and Integrated Family Services Evaluation Full Report, p.20, available at http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/646820/childFIRSTandintfamservicesfullreport_09082011.pdf; KPMG (2011a), op cit, p.4.
[72] A scan of recent position descriptions suggests Child FIRST workers are paid at the classification level Social worker Class 2. Annual funding estimated based on 2012 pay-scale with a 1.66 loading applied for on-costs.
[73] Tasmanian Department of Health and Human Services (2012), op cit, p.39.
[74] Ibid, p.5. Note $31.5 million over four years split between Gateways and IFSS.
[75] KPMG (2013), Evaluation of the Armadale Family Support Network Final Evaluation Report, p.2 available at http://whereto.org.au/images/KPMG%20Evaluation%20Report%20-%20AFSN.pdf
[76] Comprises $458,700 per annum to lead agency and $1 million per annum to build capacity of AFSN partner agencies. The Department also provides 1.0 FTE senior child protection worker, based at the common entry point. KPMG (2013), Ibid, p.1.
[77] Victorian Department of Health (2013), Advertised Call for Submissions No.2487, Annex 1.
[78] Victorian Government (2012), Community Support Fund, Victorian Responsible Gambling Foundation Project Approvals from 1 July 2011 to 30 June 2012.

Service	Period	Volume	Funding	Estimated unit cost
NSPCC (Adult) Helpline	2012-2013	Approx 51,000 contacts from adults concerned about a child	£22,216,000[79,80]	£435 / $AUD 741
Family Lives National Helpline	2012-2013	49,723 responses[81]	£1,178,000[82,83]	£23 / $AUD 39

Source: KPMG analysis. Foreign currency conversions based on published exchange rate of 0.587 on 8 October 2013, Reserve Bank of Australia, http://www.rba.gov.au/statistics/frequency/exchange-rates.html

[79] Expenditure on 'Child protection advice and awareness', of which the NSPCC Adult Helpline is one component. Breakdown of expenditure on Helpline alone not available.
[80] NSPCC (2013) Real life stories, The NSPCC Annual Report and Accounts 2012/13, p.40, available at http://www.nspcc.org.uk/what-we-do/about-the-nspcc/annual-report/annual-report-13/nspcc-annual-report-2013_wdf98707.pdf
[81] FamilyLives Annual Report and Financial Statements for the year ended 31 March 2013, p.13, available at http://pelorous.totallyplc.com/public/cms/209/432/269/1340/2012-13%20annual%20report%20and%20accounts%20FINAL.pdf?realName=hAH4tF.pdf
[82] FamilyLives national services include the Helpline, Live Chat and Email Support, Digital services and Bullying UK.
[83] FamilyLives Annual Report and Financial Statements, op cit, p.36.

7. Next steps

The evaluation has found that FRS, in the context of their early stage of operation, have been broadly implemented as intended. Consistent with the vision outlined in the Wood Report, the Family Referral Services have demonstrated that they are effective in linking vulnerable children and families who fall below the threshold for statutory intervention to appropriate services to meet their needs. There are positive early indications of progress toward the achievement of broader program objectives, including improved service coordination and collaboration, however this remains a work in progress as the FRS program matures and services establish a presence within their local service systems.

The evaluation has identified a number of considerations for future program development. These are summarised below.

1. Ensure staff are provided with sufficient training to undertake their roles
2. Monitor the impact and effectiveness of dedicated community liaison positions
3. Develop consistent state-wide program guidelines, that:
    - clarify expectations with respect to the role of FRS in influencing service system gaps
    - clarify the scope and definition of each activity provided by FRS, including requiring that all FRS provide home visiting, where it is safe and appropriate to do so
    - require all FRS to follow-up with families and service providers to ensure engagement with the service provider, and to provide feedback to inbound referrers
    - require all FRS to have clear and transparent approaches to the use of brokerage
    - establish guidelines with respect to the duration and intensity of service provision provided to a family, as a basis to manage demand.
4. Maintain a focus on developing relationships with a range of professional referrers, with an emphasis on Aboriginal non-government organisations and CALD communities
5. Continue to promote the capacity of FRS to provide information and advice to professionals
6. Explore mechanisms to respond to referrals from Police CWU, given the difficulties contacting and engaging these families particularly where domestic violence has been identified
7. Embed the FRS data collection to enable more rigorous assessment of client outcomes. More robust data collection will also provide the basis for the development of more accurate unit costs that reflect the varying intensity of activity undertaken by FRS.

Appendix A Evaluation Steering Committee

The Evaluation Steering Committee comprised:

- Mailin Suchting, Director Child Protection & Violence Prevention, NSW Kids & Families (Chair)
- Rosemary Fitzgerald, Director Child Wellbeing, NSW Health
- Jenny Marshall, Manager Child Protection & Wellbeing Unit, NSW Kids & Families
- Louise Wordon, Senior Analyst Child Protection & Wellbeing Unit, NSW Kids & Families
- Paul Wright, Senior Analyst Child Protection & Wellbeing Unit, NSW Kids & Families
- Peter Ryan, Manager Evaluation and Review, Keep Them Safe, Department of Premier and Cabinet
- Eija Roti, Director, Statutory Child Protection, Department of Family and Community Services
- Angela Webb, Chief Executive Officer, The Aboriginal Child, Family & Community Care State Secretariat (NSW) (AbSec)
- Brian Smith, Executive Officer, Local Community Services Association

Appendix B Evaluation methodology

This appendix provides supplementary details regarding the evaluation methodology.

B.1 Evaluation questions mapped to the Request for Tender

The request for tender outlined 25 evaluation questions. These were mapped to the four evaluation domains and key questions as outlined in Table B- 1 below.

Table B- 1: Evaluation questions mapped to questions in the Request for Tender

Domain	Key questions	Sub-questions from RFT
Implementation	To what extent have the FRS been implemented as intended? What have been the key findings from implementation to date?	Are FRS staff appropriately qualified and skilled? Are FRS providing service coverage across their whole catchment? Are the FRS forming the necessary partnerships with service providers in regions? Are families receiving a suitable assessment and relevant, timely referrals appropriate to their needs? Are the FRS providing timely access by telephone and a sufficient level of service to clients? Is the FRS referring children and young people below the ROSH reporting threshold and their families to appropriate support services in their local area? How are brokerage funds being utilised and has spending been beneficial for clients? To what extent are families taking up services they are referred to by FRS? Is the FRS assisting in meeting the support needs of young people and families most in need? What, if any, were the main barriers to implementing the services as planned and have there been any unintended consequences? Is the current FRS data collection adequate to assess client outcomes over time and if not, what additional data should be collected?
System outcomes	To what extent have the FRS achieved their stated objectives? What have been the key system impacts?	Has coordination and collaboration in the delivery of local services to clients improved as a result of the establishment of the FRS? Are the FRS building on rather than supplanting agency action, expertise and capacity in their catchment areas?

Domain	Key questions	Sub-questions from RFT
		What other services / infrastructure exists to support families to access services they need?
		What impact have the FRS had on client referral pathways?
		Have FRS provided improved culturally appropriate referral pathways for children, young people and families?
		Have local services improved their capacity to meet local need with the support of FRS?
		Has access to services for vulnerable children, young people and families been improved since the establishment of the FRS in the various regions?
Client outcomes	To what extent have client impacts and outcomes been achieved?	Are vulnerable families better supported to provide a safe and nurturing environment for children as a result of the establishment of the FRS?
		Is FRS reducing risks of abuse and neglect?*
		Is FRS reducing escalation of vulnerable children and young people entering the statutory child protection system?*
		Are FRS users less likely to be re-notified to the Child Protection Helpline than non-FRS users?*
		What are the interdependencies between the FRS and other *Keep Them Safe* initiatives? (e.g. Child Wellbeing Units, new child protection statutory reporting threshold, new and *enhanced early intervention and prevention services*).
Cost effectiveness	Are the FRS cost-effective?	What is the unit cost of FRS (with consideration of variables such complexity of client need, geographical location, cultural competence and length of operation)?
		How does this compare to other similar programs and activities both in Australia and internationally?

*Source: KPMG, modified from HAC_RFT 10/13. * The Steering Committee has agreed to remove this question from scope as this is not an objective of the FRS and it is not possible to accurately attribute the contribution of the FRS to achieving this outcome. *** This question was listed against implementation.*

The scope of the evaluation initially included consideration of the extent to which the FRS had reduced risks of abuse and neglect, reduced likelihood of re-notification to the child protection helpline, and prevented entry into the statutory child protection system. Upon consideration of the program logic for the FRS, the Steering Committee agreed that the capacity of the FRS to directly influence these outcomes was limited. Therefore these questions were removed from the scope of the evaluation.

B.2 Stakeholder consultation

Stakeholders were consulted within each FRS catchment as follows:

- FRS management and staff: representatives from the lead and partner agency management participated in a 1.5 hour semi-structured interview, while all available staff participated in a 2 hour focus group. Focus groups were held on FRS premises.
- Outbound referrers were invited to participate in a 2 hour focus group, with telephone conference facilities provided to support participation from across vast geographic catchments. Follow-up telephone interviews were conducted with select individuals who expressed an interest in providing input but were unable to attend on the day.
- Aboriginal service providers or culturally and linguistically diverse service providers were invited to participate in a 1.5 hour focus group, where the FRS had a specific focus.
- Inbound referrers were invited to participate in a 30 minute telephone interview. The evaluation sought to interview three inbound referrers per FRS.

A summary of the number of participants to each consultation process is provided below. In addition, key informants interviewed included:

- Directors of the Police, Health and DEC CWUs
- the Child Protection Helpline
- Peak bodies, including AbSec, the Local Community Services Association, and Families NSW (FaMS). FaMS convened a telephone based focus group of representatives from its networks, with 6 participants from across NSW.
- Policy and program staff from NSW Kids and Families.

Table B- 2: summary of stakeholders consulted within each FRS

FRS	Outbound referrers (focus group)	Inbound referrers (phone interview)	Culturally and linguistically diverse and Aboriginal service providers
Western Sydney	4	1	
Hunter Central Coast	7	0	
Western NSW	5	3	3
New England North West	4	3	1
Illawarra	7	2	
Mid-North Coast	4	3	0
Far North Coast	3	2	
South West Sydney	4	1	3
SE&N Sydney	4	3	3
Southern NSW	2	3	
Riverina Murray	4	3	
Total	48	24	

Source: KPMG

B.3 Financial analysis

The table below provides a list of the providers of each of the comparable programs.

Table B- 3: Providers and funders of comparable service models

Service	Jurisdiction	Provider	Funder
Child FIRST and Integrated Family Services	Victoria	NGO: various	Department of Human Services
Gateway Services and Integrated Family Support Services	Tasmania	NGO: Baptcare and Mission Australia	Department of Health and Human Services
Secondary Family Support Hubs: Armadale Family Support Network	Western Australia	NGO: Parkerville Children and Youth Care[84]	Department for Child Protection and Family Support
ParentLine	NSW	NGO: CatholicCare	Department of Family and Community Services
Women's InfoLink	Queensland	Queensland Government	Queensland Government
Gamblers' HelpLine	Victoria	NGO: Turning Point, auspiced by Eastern Health	Victorian Government (Victorian Responsible Gambling Foundation)
NSPCC (Adult) Helpline	UK	NGO: National Society for the Prevention of Cruelty to Children	Various philanthropic
Extended Telephone Support Service	UK	NGO: FamilyLives	Department of Children, Schools and Families, UK
Family Lives National Helpline	UK	NGO: FamilyLives	Various philanthropic
PlunketLine	NZ	NGO: Plunket	Various philanthropic
Heathline	NZ	Department of Health	Department of Health

Source: KPMG analysis

[84] In partnership with other secondary support agencies

Appendix C Family Referral Services

This appendix provides an overview of the 11 Family Referral Services.

C.1 Western Sydney

	Findings
Established	May 2010
Lead agency	The Western Sydney Family Referral Service is operated by Family Relationships Australia NSW.
Geographic coverage	The Western Sydney FRS covers the Blacktown, Hawkesbury, Blue Mountains, Penrith, The Hills Shire, Holroyd, Parramatta and Auburn LGAs.
Service outlets and locations	Western Sydney Family Referral Service operates from shop front located in the Mount Druitt Westfield Shopping Centre. In order to better cover their geographic region, the FRS has established a dedicated outreach Family Advisor role who provides outreach services one day a week at Westmead, Blacktown, Penrith and Hawkesbury.
Overview of model	The Western Sydney FRS was one of the original three pilot sites for the FRS program and commenced as a telephone referral service. After the evaluation of the pilot it introduced a face to face-to-face service. It now operates both the telephone and face-to-face service through a shopfront situated in the Mount Druitt Westfield Shopping Centre where it is located between the office of the local MP and a Medical Practice. This shop front site – both in its appearance and location – is accessible, non-threatening and non-stigmatising. The FRS does not currently make home visits to engage families or see clients, however there are plans to provide training in home visits to all staff in November 2013. Once all staff have been trained and policies and procedures to guide home visits are in place, it is anticipated that the team will undertake home visits in addition to the telephone and shopfront services now offered. While not performing home visits, the FRS has until now tried to accommodate clients who cannot or choose not to come into the shopfront by meeting them in public places such as schools, shopping centres or at other services.
Assessment process	The FRS does not use a standardised assessment form, but does have Assessment Guidelines to guide Family Advisors. The assessment process is described as being undertaken on a case by case basis, drawing upon the skills and professional expertise of the Family Advisors. In addition, there are specific guidelines for use if a Family Advisor identifies, or a client reveals, specific issues such as mental health issues, drugs and alcohol, educational neglect, or disability. The assessment process generally involves: • introducing self and explaining the service • advising client of confidentiality unless there is a disclosure that indicates there is a significant risk of harm to a child • obtaining key personal information

	Findings
	• identifying whether they have a child or young person in their care • asking about their issues, services currently accessed and support needs • providing information about available services • obtaining consent to make a referral for the client if that's their preference • getting consent to call back to check on how things are going.
Use of brokerage	Western Sydney FRS has established Guidelines for the use of brokerage funds. These include determining eligibility for brokerage based on: • having at least child or young person • living in Western Sydney • whether all other avenues of funding have been exhausted • the degree of impact on the wellbeing of child or young person • the level of vulnerability • the potential benefit • previous receipt of brokerage funds • availability of brokerage funds • competing applications. The types of things that brokerage can be provided for include: early childhood/preschool fees; transport; parenting or personal development counselling; therapy services for children; school uniforms; service fees where no free service is available.
Other points of interest	The FRS shopfront provides access to JP services and free internet and telephone access. These services are intended to empower families as well as enable a non-threatening, very soft engagement that may lead to the provision of service. The service has also established a close working relationship with local Police services, particularly around responding to referrals following incidents of domestic violence. The FRS is also trying innovative ways to engage with the Aboriginal population, particularly men, such as initiating a "men's circle" in the local park where Aboriginal men can come together in a culturally acceptable way to talk, share stories and give support to each other. The involvement of a Family Advisor in the men's circle provides an opportunity to engage softly with men who may be having problems but would not approach a service. The FRS also has a strong focus on community engagement and has two dedicated Community Liaison Officers on the team. These staff do not deliver referral services, but attend a wide range of community activities, undertake visits to schools and other services and similar activities for the sole purpose of building and strengthening links between the FRS and the community.

C.2 Hunter Central Coast

	Findings
Established	Established February 2010 and expanded in July 2012
Lead agency	Hunter Central Coast FRS is operated by The Benevolent Society.
Geographic coverage	The FRS originally covered 12 Local Government Areas (LGAs): Cessnock, Dungog, Gloucester, Gosford, Lake Macquarie, Maitland, Muswellbrook, Newcastle, Port Stephens, Upper Hunter Shire and Wyong. It has since been expanded to include Lithgow LGA.
Service outlets and locations	The FRS operates community hubs across the Central Coast to accommodate for its large geographical coverage, with staff located in: • Charlestown (covering 10 LGAs) • Central Coast (covering Wyong and Gosford) • Toronto • Mayfield • Raymond Terrace • Muswellbrook (when required) • Lithgow (staffed by 1 part-time worker).
Overview of model	Hunter Central Coast operates a centralised 1300 telephone service, which is operated on a rostered basis across the team. Outreach and networking is in important part of the FRS' model, which with staff co-located in community centres and external services across the catchment. The FRS also has an assigned position responsible for community development and capacity building across the catchment. Inbound referrals are received either through calls to the 1300 telephone service, email, shop fronts and outreach to co-locations and hubs. Inbound referrals are addressed as follows: • The phone system (software supported) has a call flow set up that directs calls to a Family Referral Worker based in the closest location to the origin of the caller, if a worker is unavailable in this site the call flows automatically to an alternative site. • The Family Referral worker conducts an assessment. • Depending on the needs of the family the Family Referral Worker either provides information or referrals or the worker may conduct further assessment via phone, face-to-face (outreach, home visit). This further assessment may involve liaising/ information exchange with a range of organisations/ professionals. • whenever possible one Family Referral Worker engages with a family from intake to follow up. • once a family is referred to outbound service providers Family Referral Workers monitor/hold until the family is engaged with the service.

	Findings
	• Follow up occurs following engagement with the outbound service (as opposed to making contact with). Follow up is conducted at 2 weeks and 6 weeks post engagement with both the family and the outbound service to ensure the family is engaged and that the referral is the best possible. • Feedback is provided to the inbound service (if not a self-referral) following a family's engagement with the outbound provider. If the family does not engage with an outbound provider, feedback is provided to the inbound service regarding FRS involvement.
Assessment process	Assessment is guided by standard templates, which include identification of: • history of ROSH • presenting issues, with a focus on the needs of the child • risk and protective factors, for the child/ren and parent/s • strengths and needs assessment across the domains: safety, material wellbeing, physical health, mental health and emotional wellbeing, relationships, and learning and development. A referral plan is then developed, that prioritises the needs of the family, referral options to address the need, and strategies to address barriers.
Use of brokerage	The FRS has clear guidelines in place to ensure that brokerage is used appropriately and that alternative options are exhausted. Brokerage funds are provided to meet client's needs in accessing services where there are service fees, lengthy waiting lists or service gaps. For example, brokerage funds were used to pay for a client to visit a speech pathologist where there was a waiting list of two years.
Other points of interest	The model initially comprised intake and outreach streams. An integrated approach is now provided as there were significant challenges with having two components separated – intake and outreach streams were starting to work as separate units and cases were not flowing through each stream seamlessly because of capacity issues. There were also challenges with staff burning out in intake because of the volume of calls that were coming through, as well as a lack of risk management and child protection management. The

C.3 Western NSW

	Findings
Established	February 2010, expanded in July 2012 (Aboriginal specific focus)
Lead agency	Western New South Wales FRS is operated by Uniting Care Burnside
Geographic coverage	Western NSW FRS covers 23 LGAs including Bathhurst, Blayney, Bogan, Bourke, Brewarrina, Broken hill, Cabonne, Central Darling, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid Western Council, Narromine, Orange, Parkes, Walgett, Warren, Warrambungle Shire and Wellington, and NSW unincorporated.
Service outlets and locations	The Western NSW FRS workers are based in the Western FRS shopfront in Dubbo. FRS workers are also responsible for providing outreach work to designated areas across the catchment, including: • Mid-Western NSW region • Cobar and surrounding regions • Lightening Ridge, Albert Shire and surrounding regions • Orange, Bathurst and surrounding regions. Due to the large geographic coverage of the FRS, consistency in outreach work is prioritised to ensure that communities are visited regularly and the presence of the FRS is maintained across the catchment.
Overview of model	The FRS targets but is not limited to providing services to Aboriginal families. More generally it provides services to disadvantaged families that are not currently accessing services. The FRS workers (referred to as family connectors) work across all functions: telephone intake, phone support, and face-to-face support. In addition to completing intake work, family connectors are required to complete one week of outreach across designated areas, on a tri-weekly basis. During this time, the workers generally stay in the area they are visiting as travel distances for outreach work are too great. The holding time for clients is generally around 3 months but this varies for each case and sometimes can last upwards of 6 months.
Assessment process	Western NSW use the same assessment process as South Western Sydney FRS. Detailed guidelines are in place to support the assessment process and include: • Initial screening questions and prompts relating to risk of significant harm for other agencies and for family members are included on the initial intake form. Where concerns are identified, identified referrals are made to the Child Protection Helpline. • A needs assessment is conducted once rapport is established. Priority areas of assessing client need include the identification of: needs of the children; needs of the parent/carer; and family strengths that could be built on to resolve these needs.

	Findings
	No common assessment form was provided.
Use of brokerage	The FRS provides a significant amount of brokerage to get families support (particularly medical support) from urban centres by subsidising transport costs, food costs accommodation costs and service fees. However, over time the amount of brokerage provided by the FRS has decreased. Western NSW FRS has used brokerage to address service gaps in housing by funding a caseworker for a housing service that was at capacity.
Other points of interest	The FRS initially began operating as a pilot and has since been operating for three years. Changes over time have included: • the addition of two team leader (coordinator) positions • the addition of two Family Connector positions, located in Broken Hill • a focus on supporting families to use buses and other transport options, as opposed to providing transport • reducing opening hours from 8am-8pm to 8am – 6pm as few families were presenting after 6pm • employing 1.0 FTE to maintain the client database and 1.0 FTE to perform administration work.

C.4 New England North West

	Findings
Established	June 2011 and expanded in July 2012 Aboriginal focus
Lead agency	New England North West FRS is operated by Pathfinders.
Geographic coverage	The New England North West FRS covers 14 Local Government Areas including Armidale, Dumaresq, Glenn Inness Severn, Gunnedah, Guyra, Gwydir, Inverell, Liverpool Plains, Moree Plains, Narrabri, Tamworth Regional, Tenterfield, Uralla and Walcha
Service outlets and locations	The FRS workers are located across four service outlets: • Tamworth with outreach to Gunnedah (3.0 FTE) • Inverell with outreach to Tenterfield, Glen Innes and the communities of Tingha and Bundarra • Moree with outreach to Moree Plains, Gwydir and Narrabri (0.5 FTE) • Armidale (1.0 FTE). Intake and outreach is provided from all four sites.
Overview of model	Policy Modules have been set up by the FRS to guide multiple aspects of the model and service delivery.

	Staff endeavour to contact new referrals within two working days of receiving a referral, and provide written feedback to referring agencies within 2 weeks of initial intake. An appointment is made with the relevant support worker within ten working days of initial contact. A Referral Plan is drawn up and clearly states the priority of needs to be addressed for each individual family member, as determined by the family. If contact cannot be established with the client within 4-6 weeks the FRS will close the case and advise the person that made the initial referral of the outcome.
Assessment process	Staff use the Pathfinders FRS Intake and Assessment form to assess the needs of the client, prioritise and refer to the most appropriate available services. The assessment includes a Client Support Needs Assessment. The needs of all members of the family are considered, with a specific focus on the needs of the child/ren. Information obtained during assessment is used to identify which services are most appropriate for their needs.
Use of brokerage	The FRS uses the NSW Health 'Family referral Services – A Best Practice Model' (November 2010) to guide their use of brokerage funding for individuals and to support greater access to services at community level; in order to engage and maintain client contact.

C.5 Illawarra

	Findings
Established	June 2011 and expanded in July 2012.
Lead agency	Illawarra FRS is operated by Barnardos Australia.
Geographic coverage	Illawarra FRS covers 5 Local Government Areas (LGAs): Wollongong, Shellharbour, Kiama, Shoalhaven, and Wingecarribee.
Service outlets and locations	The FRS operates in three different sites to accommodate the large geographical area in the FRS' catchment: Warrawong (shares a shopfront with Barnardos South Coast Child and Family Centre), Nowra, and Bowral. The Wollongong site has the largest concentration of staff (6). There is one full-time staff member placed in Kazcare at Bowral, with Wingecarribee Family Support; two full-time staff members based at Nowra Neighbourhood Centre; and 5 part-time and full-time staff based in the Barnardos South Coast office in Warrawong, along with the Program Manager.
Overview of model	Illawarra Family Referral Services Guidelines provide a detailed description of the model. The centralised phone service is operated on a rostered basis across the team, and all staff provide outreach to families. Service enquiries dealt with immediately. Inbound referrals are addressed as follows: • Intake and Assessment is undertaken within 24 hours. Simple referrals (one type of support) are managed by the person on intake and dealt with immediately. Complex referrals (more than

	Findings
	one type of support required) are allocated to a worker in the area the client lives. The worker can be involved for up to 6 weeks if needed. • Over the next three days thereafter, services are explored with family, brokerage is considered and with consent a referral is made. A checklist guides the identification of services and is completed before a referral is made. The checklist comprises eight questions covering consent, location of client, if ROSH threshold has been met and how. • The next six weeks involves follow up with referred services regarding client engagement, feedback to original referral source, and closure of the case. There is a strong focus on outreach and networking – evidenced by spread of their workers in different communities and investment in time and resources into relationship building and provision of soft entry opportunities for the community.
Assessment process	The assessment process includes consideration of risk, child protection and wellbeing, domestic and family violence, risk of significant harm, and police/community services helpline.
Use of brokerage	Clear guidelines are in place to ensure appropriate use of brokerage, including a requirement to evidence that all alternative options have been exhausted. Brokerage funds are utilised by the FRS to address client's immediate needs, address service gaps that the client may face and support existing services to build their capacity to provide services to families. The majority of brokerage funds have been used for food and clothing (72 per cent of brokerage in 2011/12).
Other points of interest	Illawarra FRS have adjusted the model to include additional staff positions: a Team Leader to help management oversee the wide geographic spread of the FRS' catchment, and a Community Liaison Officer to target communities that the FRS do not have a physical (shopfront) presence. There is also an identified a need for someone to provide a specialised intake role for CWU referrals.

C.6 Mid North Coast

	Findings
Established	July 2012
Lead agency	The Benevolent Society is working in partnership with Burrun Dalai Aboriginal Corporation.
Geographic coverage	The Mid-North Coast FRS covers 7 LGAs: Great Lakes, Greater Taree, Port Macquarie Hastings, Kempsey, Nambucca, Bellingen, and Coffs Harbour.
Service outlets and locations	The office located in Kempsey covers the Northern Mid-North Coast from Kempsey. The Regional Manager, Manager, Community Development Worker, FRS worker and the Aboriginal FRS Worker are

	based in the Benevolent Society shopfront in Kempsey, with the Burrun Dalai shopfront located upstairs. The office located in Taree covers the Southern Mid-North Coast. The Aboriginal Team Leader and an FRS worker are based in Taree. As there is currently no team leader in Kempsey, the Aboriginal Team Leader in Taree covers the role for both locations.
Overview of model	The Mid-North Coast FRS primarily offers a telephone-based service. The intake procedure is as follows: • an FRS worker is allocated to work on intake and receive telephone referrals for each shift • the Team Leader checks email referrals daily and forwards these to intake • if the referral is for Taree and comes into Kempsey or visa-versa, information is recorded and transferred to the other office • if the referral is information only, the episode will be closed after the request has been completed by the Intake Worker • the Intake Worker provides the intake and assessment form to the Team Leader or Manager for review, discussion and allocation at the next Allocation Meeting • clients are allocated to an FRS worker during the weekly Allocation Meeting, with Police CWU referrals allocated as a priority.
Assessment process	A three-part intake and assessment process is carried out that includes three forms, for progress notes, an intake tool and an assessment tool.
Use of brokerage	No information provided.
Other points of interest	The Mid North Coast primarily offers a telephone service – this includes referrals received and made by the FRS, as well as the majority of communication with the client. The Mid North Coast does not do home visits as a matter of policy. Limited outreach is provided – and generally only where a supported referral is required. The exception is the Aboriginal FRS Workers, who adopt a community development approach.

C.7 Far North Coast

	Findings
Establishment	July 2012
Lead agency	Far North Coast FRS operates as a Partnership between Northern rivers Social Development Council and Interrelate Family Centres.
Geographic coverage	The Far North Coast FRS covers 7 LGAs including Ballina, Byron, Clarence Valley, Kyogle, More, Richmond and Tweed.
Service outlets and locations	The Manager, Team Leader, and Intake workers are based in Lismore, co-located at the Inter-relate Family Relationship Centre. Three Outreach workers are located in Tweed Heads, Grafton and Lismore. In Tweed Heads and Grafton the outreach workers are

	Findings
	physically co-located with other family support services. The posting of outreach workers in the key regional centres ensures the FRS is well placed to enable coverage across the catchment.
Overview of model	Two Family Intake Officers provide a telephone intake service from the Lismore hub. Their role includes providing information to both clients and services and conduct phone case-coordination for clients. Intake respond to a referral within 48 hours wherever possible, and at a minimum make 3 phone attempts, and a letter. Simple referrals are managed through telephone case coordination by Family Intake Officers, for a period of two weeks. Complex referrals are handed to Family Outreach Workers who provide face-to-face case coordination. Outreach case coordination involves face-to-face meetings with family members to assess and assist families to link into appropriate local support services. Outreach workers can provide advocacy, supported referrals, coordination of case conferences for a period of up to 6 weeks. Other relevant eligibility criteria are that: • there is no existing open case with Community Services (FACS) • the referring agency is not currently providing case management support. Case closure occurs after a successful one-month follow-up call indicating that the family is successfully engaging with a service agency; when repeated telephone calls and or letters have failed to make contact with the family for a period of one month; or there is no further contact through other service agencies.
Assessment process	An initial risk assessment is undertaken as part of the intake process (at the time of intake), while secondary and ongoing risk assessments are conducted throughout case coordination. Detailed intake and assessment forms guide the process.
Use of brokerage	The Far North Coast FRS Handbook notes that priority areas will include the purchase of: transport to and from services; access to parenting programs or similar skill development programs; counselling; respite / occasional childcare; therapeutic services for children and young people such as speech therapy; material resources required to access universal services such as school uniforms; payment of fees for services, where an alternative free service is not available.
Other points of interest	The Far North Coast employs an Aboriginal Community Development worker, who is tasked with building relationships with the Aboriginal communities in the region. The intent is that this will support access for Aboriginal children and families. The position is partly funded by the FRS, and part funded by the Commonwealth.

C.8 South Western Sydney

	Findings
Establishment	Established July 2012 (CALD specific focus)
Lead agency	South Western Sydney FRS is operated UnitingCare Burnside.
Geographic coverage	South Western Sydney FRS covers 6 LGAs: Bankstown, Camden, Campbelltown, Fairfield, Liverpool and Wollondilly.
Service outlets and locations	The FRS has a shopfront in Liverpool, which also serves as its main office. The FRS also has a number of other service outlets used for outreach, within each of the LGAs.
Overview of model	The FRS targets but is not limited to providing services to CALD families. More generally it provides services to disadvantaged families that are not currently accessing services. The FRS operates a co-management model as it is made up of two teams: a North Team and a South Team. Each team has a coordinator and Manager, and team connectors are distributed across the two teams. The FRS operates a centralised telephone service, which is operated from the Liverpool office. Referrals are also received via email or in person at the Liverpool shopfront. The service is entirely mobile as Coordinators can allocate referrals to Connectors using mobile phones and iPads.
Assessment process	Initial Screening Questions and prompts relating to risk of significant harm for other agencies and for family members are included on the initial intake form. Where concerns are identified, identified referrals are made to the Child Protection Helpline. Once rapport is built with the client the next step a needs assessment is conducted. Priority areas of assessing client need include the identification of: needs of the children; needs of the parent/carer; and family strengths that could be built on to resolve these needs. An assessment pro-forma was not provided.
Use of brokerage	The South Western Sydney FRS Family Connector Guide states that priority areas for brokerage funding include the purchase of: centre based child care; transport to and from services; access to parenting programs or similar skill development programs; counselling; therapeutic services for children and young people such as speech therapy; material resources required to access universal services such as school uniforms; and payments of fees for services, where an alternative free service is not available. Brokerage funds will only be made available to client families who have agreed to one or more referrals for service or who are engaging in augmented services delivered by the FRS. Brokerage is capped to $2,000 per family per year, and items over $100 must be approved by management.
Other points of interest	The focus of the FRS is also expanding to now consider ethnic communities and refugees. The FRS is looking to understand ways to engage with these families and develop partnerships with services that already work with refugee families. It is also about to establish a third team, that will be located in Wollondilly, as the community in this

	Findings
	area has been difficult to engage. The FRS supports access for the diverse population within the area by employing staff that speak multiple languages. All of its promotional material is translated into eight key languages of the area. They also have telephone interpreters and other interpreters on site.

C.9 South Eastern and Northern Sydney

	Findings
Established	April 2013 CALD focus (South Eastern Sydney only)
Lead agency	South Eastern and Northern Sydney (SE&NS) is delivered by Barnados Australia operating the South Eastern Region, and CatholicCare Diocese of Broken Bay managing the Northern Sydney Region; with Barnados Australia as the lead agency.
Geographic coverage	South Eastern and Northern Sydney FRS covers 26 LGAs: • South Eastern: Ashfield, Botany Bay, Burwood, Canada Bay, Canterbury, Hurstville, Kogorah, Leichardt, Marrickville, Randwick, Rockdale, Strathfield, Sutherland Shire, Sydney, Waverly, and Woolahra. • Northern Sydney: Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah and Willoughby.
Service outlets and locations	The SE&NS Family Referral Service provides a regional focused service in two parts – South Eastern Sydney and Northern Sydney, and the FRS workers are based in one of these two regions. The South Eastern FRS location, managed by the lead agency Barnados, is located in Glebe, Sydney.
Overview of model	The FRS operates a centralised telephone service, which is operated on a rostered basis from the Glebe Office. The FRS also receives walk in referrals from its shopfront. Referrals are allocated to FRS workers in either Northern Sydney or South Eastern Sydney, depending on the location of the caller. Police CWU referrals are contacted within 48 hours of receiving a referral. The holding time for clients is generally around 6 weeks but this varies on a case-by-case basis.
Assessment process	On receipt of referrals from third parties, intake identifies whether an assessment of Risk of Significant Harm has previously been conducted. In cases where risk and safety concerns are identified, referrals are made to the Helpline in line with the MRG. Initial screening questions and prompts relating to risk of significant harm are captured in the intake form. Once the case has been allocated to a worker, the first point of call is to engage the client over the phone and perform a needs assessment, which involves identifying the issues that the client is facing and

	identifying their needs. Priority areas of assessing client need include the identification of: needs of the children; needs of the parent/carer; and family strengths that could be built on to resolve these needs. Face-to-face assessments performed where necessary. After the needs assessment has been completed the next step is to create an action plan to determine where the client will be referred to.
Use of brokerage	The FRS provides brokerage funds "where necessary", and FRS staff are required to complete a request form. No further details were provided on the approach to use of brokerage.
Points of interest	An MOU has been established with the Medicare Local to refer children under 12 years to ATAPS (Access to Allied Psychological Services).

C.10 Southern NSW

	Findings
Established	April 2013
Lead agency	MacKillop Family Services and Marymead have formed a consortium to operate the Southern NSW Family Referral Service, with MacKillop as the lead agency.
Geographic coverage	The Southern NSW FRS covers 15 LGAs: Eurobodalla, Bega Valley, Bombala, Snowy River, Cooma Monaro, Palerang, Queanbeyan, Yass Valley, Harden, Young, Weddin, Boorowa, Upper Lachlan shire, Overbon, and Goulburn Mulwaree. Geographical coverage is ensured through the governance structures (detailed below) that ensure high quality of service across catchment area and to ensure consistency in implementation.
Service outlets and locations	The Southern NSW FRS currently has three office shopfronts as follows: • Batemans Bay is the location of the telephone referral service, and where the FRS Coordinator (1FTE) is based. It provides outreach service to Palerang, Eurobodalla and parts of Bega Valley. • Bega, staffed by 1 FTE FRS worker, providing outreach service to Bega Valley, Bombala, Cooma Monaro, Snowy River. • Cooma, where the FRS worker will be located 1 – 2 days per week, and provide outreach to Cooma Monaro and Snowy River. • Goulburn will be staffed by 2.2 FTE FRS workers, providing outreach to two circuits. Circuit one includes Goulburn-Mulwaree, Upper Lachlan Shire, Oberon, Boorowa, Young, and Weddin. Circuit two includes Yass Valley, Harden, Palerang, and Queanbeyan. The shopfront will provide flexible hours by appointment between 7am and 7pm. • All locations have a shop-front, telephone services, and all but Cooma provide drop-in services.

	Findings
Overview of model	The Southern NSW FRS model provides a catchment-wide telephone service from shop-fronts as described above, with outreach to specified areas within the catchment. The model is based on the Victorian Child FIRST model and is run using a therapeutic service response framework, adopted from the Sanctuary model used by MacKillop and the CARE model used by Marymead. The holding response is dependent on the support needs of the client, determined using the client's wellbeing and risk assessment rating. Response is classified and carried out based as one of the two following options: • Minimum Active Holding Response – carried out on low risk families. Involves the allocation of FRS worker to a family, who is informed of their details, the active holding and referral process, an active holding plan is developed with family, and weekly phone contact with family in conjunction with other involved professionals. • Intensive Active Holding Response – carried out on families where there are high risk concerns for the safety and wellbeing of the children, a more intensive response may be needed.
Assessment process	The assessment process involves the identification of the family's needs, and any potential risk. Identification of risk is guided by a wellbeing and risk assessment tool.
Use of brokerage	Brokerage priority areas include the direct purchase of the following services on behalf of a family: transport to and from required services; counselling or specialist assessment services; practical support such as emergency accommodation; material aid; and financial aid. Brokerage may also be used to purchase block services to address gaps in community services including: disability respite programs for children (including school holiday programs or camps or day respite); specialised parenting program for families e.g. one adult member has a self-identified substance misuse issue impacting on the wellbeing of the children; and deliver a specific support service that an Aboriginal community has identified as being of value to their community.
Other points of interest	The Southern NSW FRS has developed a Strategic Catchment plan outlining key areas of service development that guide their approach to address needs of vulnerable families in the catchment area with the following priority areas: • service development and operations • ongoing service improvement • community engagement • stakeholder engagement.

C.11 Riverina Murray

	Findings
Established	April 2013
Lead agency	Relationships Australia is the lead agency and has a sub-contracting arrangement with Mallee Family Care to cover Balranald and Wentworth LGAs.
Geographic coverage	The Riverina Murray FRS covers 28 LGAs: Albury, Balranald, Berrigan, Bland, Carrathool, Conargo, Coolamon, Cootamundra, Corowa Shire, Deniliquin, Greater Hume Shire, Griffith, Gundagai, Hay, Jerilderie, Junee, Leeton, Lockhart, Murray, Murrumbidgee, Narrandera, Temora, Tumbarumba, Tumut Shire, Urana, Wagga Wagga, Wakool, and Wentworth LGAs.
Service outlets and locations	Given the large catchment area, planning for the Riverina Murray FRS involved a detailed mapping of the regions to ensure no more than a 2 hour drive to the furthest point from each hub. The FRS has seven service hubs, as follows: • Wagga Wagga: operational since April 2013. At the time of the evaluation, all FRS staff were located in this outlet. Covers Wagga Wagga, Urana Cootamundra, Lockhart, Coolamon, Temora and Junee. • Deniliquin: co-located with a variety of associated services (with 0.6 FTE), covers Deniliquin, Murray, Berrigan, Jerilderie, Conargo and Wakool. • Griffith: Griffith is a stand alone shopfront with other services offered by Relationships Australia (0.5 FTE) and covers Griffith, Leeton, Murrumbidgee, Narrandera, Hay, Carrathool and Bland. It is planned to have 0.6 FTE however one position of 3 days is currently vacant. • Albury: is a stand alone shopfront (2 FTE), covers Albury, Corowa shire and Greater Hume Shire. • Mildura (Mallee Family Care): Balranald and Wentworth • Tumut: Tumut Shire, Tumbarumba and Gundagai. Deniliquin, Griffith, Albury, were in the process of establishment at the time of the evaluation, followed shortly thereafter by Mildura and Tumut.
Overview of model	Active holding is expected to be an important component of the model, in order to offset regional and large geographical spread of clients and availability of services. At the time of the evaluation, no home visits had been conducted. FRS policy will be that the first contact and assessment will not be at the client home, however community locations are available for an initial face-to-face contact.
Assessment process	Intake workers complete an Initial Contact and Assessment form, which includes identification of up to five “main problems” that the family needs help with (consistent with the FRS data collection). The form also identifies issues impacting on the family across the domains of housing, employment, budgeting/finance, relationships/parenting,

	domestic violence, health issues, drug and alcohol, social supports, and other issues.
Use of brokerage	Brokerage is provided based on other avenues being exhausted and in assisting access to services. It is provided according to the following priority categories: food and clothing; fee membership; emergency accommodation; transport.
Other points of interest	The FRS have established an agreement with local Community Services that both the Riverina Murray FRS and Brighter Futures will receive overflow of referrals - dependent on the ROSH reported, a process of escalation and de-escalation is made both ways. Riverina Murray have set up a Facebook page to build awareness of the FRS, improve their interagency links other and communicate more effectively with the community. Arrangement with FRS, DEC, FaCS and three local high schools to develop a pilot project to support youth at risk of expulsion. DEC and FaCS will fund the employment of an FRS staff member to be located in high schools, offering assistance to 9-10 families at a time.

Appendix D Client survey and data tables

This appendix presents the client survey data by family referral service, followed by demographic data for participants.

D.1 Survey questions

1. In what region is your Family Referral Service?

- South West Sydney
- Western Sydney
- South Eastern and Northern Sydney
- Southern New South Wales
- Illawarra
- Hunter Central Coast
- Mid North Coast
- Far North Coast
- New England North West
- Riverina Murray
- Western New South Wales
- Unsure

2. How did you come into contact with the Family Referral Service?

- I approached the Family Referral Services myself
- The Family Referral Service contacted me directly
- My child's school referred me
- Community Services referred me
- A health professional (doctor/nurse/social worker) referred me
- NSW Police referred me
- Other (please specify below)
- If other, please describe:_____

3. Did you receive support by telephone or in person?

- Telephone
- In person
- Both

4. Thinking about how the Family Referral Service has helped you, do you strongly disagree, disagree, agree or strongly agree with the following statements?

- My family and I understood why we were referred to the FRS
- The Family Referral Service understood the issues that were affecting my children/me

- The Family Referral Service was able to identify health and community support services that would benefit my children and family
- I was referred to the service that I most needed
- The Family Referral Service considered my cultural needs
- I always understood what service/s we were being referred to and why
- I had to wait a long time before I was able to access the service/s that I needed
- The services the Family Referral Service helped my family to access were helpful
- I learned how to access and use services that are available to me in the wider community
- I feel confident in my ability to access services if required in the future
- If you are Aboriginal and/or Torres Strait Islander: I was provided with the option of being referred to an Aboriginal specific service or a local mainstream service

5. Which of the following services, if any, has the FRS helped you to access?

- General health (e.g. general practitioner, child health nurse)
- Mental health
- Drug and alcohol services
- Housing
- Family or domestic violence services
- Legal services
- Education, training or employment services
- I was not referred to any other service
- Other service not listed (please specify below)
- If other, please describe:

6. How many services did you access as a result of the support provided by the Family Referral Service?

- None
- One
- Two
- Three
- More than three

7. What changed for you and your family as a result of the support you received from the Family Referral Service?

8. Was there support that you needed that you did not receive? If yes, please tell us about this.

9. What was the best thing about the Family Referral Service?

10. What would you change about the Family Referral Service?

11. Did someone help you to complete this survey?

- Yes, a friend or family member
- Yes, a worker from the Family Referral Service
- No

Demographic information

These questions are optional. However, by completing them you will be helping us better understand your experiences of the Family Referral Service, and how views vary across the state and different groups of people. The information you provide is confidential and will be used only for this project.

12. What is your gender?

- Male
- Female
- Transgender

13. What is your postcode?

14. How many children are in your household?

15. Are you of Aboriginal and/or Torres Strait Islander origin?

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- No

16. Are any of your children of Aboriginal and/or Torres Strait Islander origin?

- Yes
- No

17. In which country were you born?

- Australia
- United Kingdom
- New Zealand
- Italy

- Greece
- Vietnam
- China
- India
- Germany
- Other
- If other, please describe:

18. What is your cultural background?

- Australian
- British
- Irish
- New Zealander
- Italian
- Greek
- Vietnamese
- Chinese
- Indian
- German
- Other
- If other, please describe:

19. What language/s do you speak at home?

- English only
- Italian
- Greek
- Vietnamese
- Cantonese
- Mandarin
- Hindi
- German
- Arabic
- Tagalog
- Other
- If other, please describe:

D.2 Survey data

A total of 106 survey responses were received. Table D- 4 shows that just over half (53 per cent) of survey responses were received from three Family Referral Services: Western Sydney, Far North Coast, and South West Sydney.

Table D- 4: What is the name of Family Referral Service?

Family referral service	Count	Per cent
Western Sydney	15	14
Western NSW	8	8
Illawarra	4	4
New England North West	10	9
Mid North Coast	5	5
Far North Coast	23	22
South West Sydney	17	16
SE&N Sydney	9	8
Southern NSW	5	5
Riverina Murray	4	4
No response	6	6
Total	106	100

Source: KPMG analysis

Table D- 5: How did you first come into contact with the Family Referral Service?

	Western Sydney		Western NSW		New England		Illawarra		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	N	%	N	N	%	N	%	N	%	N	%
Self-referral	8	53	0	0	2	20	0	0	1	20	2	9	3	18	2	22	0	0	1	25	1	17	20	19
FRS contacted me	0	0	1	1	0	0	0	0	0	0	3	13	0	0	0	0	2	40	0	0	0	0	6	6
Child's school	1	7	3	38	1	10	1	25	0	0	6	26	2	12	0	0	0	0	1	25	0	0	15	14
Community Services	1	7	0	0	0	0	0	0	1	20	4	17	2	12	1	11	0	0	0	0	0	0	9	8
A health professional	1	7	1	13	1	10	0	0	0	0	1	4	2	12	3	33	0	0	0	0	0	0	9	8
Police referred me	2	13	2	25	2	2	0	0	2	40	1	4	4	24	0	0	2	40	0	0	0	0	15	14
Other	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Don't know	0	0	0	0	1	10	0	0	0	0	1	4	0	0	1	11	0	0	2	50	1	17	6	6
No response	1	7	1	13	3	30	3	75	1	20	5	22	4	24	2	22	1	20	0	0	4	67	25	24
Total	15	100	8	100	10	100	4	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Table D 6: Did you receive support via telephone or in person?

	Western Sydney		Western NSW		Illawarra		New England		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Telephone	3	20	4	50	1	25	2	20	3	60	9	39	5	29	0	0	4	80	0	0	0	0	31	29
In person	4	27	1	13	0	0	2	20	0	0	2	9	0	0	2	22	0	0	0	0	0	0	11	10
Both	8	53	3	38	3	75	6	60	2	40	12	52	12	71	7	78	1	20	4	100	2	33	60	57
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	66	4	4
Total	15	100	8	100	4	100	10	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Table D- 7: Which of the following services, if any, has the FRS helped you to access

	Western Sydney		Western NSW		Illawarra		New England		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
General health	3	20	1	13	1	25	5	50	0	0	7	30	3	18	2	22	2	40	2	50	1	17	27	25
Mental health	5	33	4	50	1	25	5	50	3	60	9	39	4	24	4	44	4	80	2	50	2	33	43	41
Drug and alcohol	3	20	2	25	0	0	2	20	0	0	2	9	0	0	1	11	1	20	1	25	1	17	13	12
Housing	4	27	1	13	0	0	5	50	0	0	10	43	6	35	3	33	2	40	1	25	1	17	33	31
Family or domestic violence	6	40	2	25	0	0	3	30	3	60	8	35	6	35	2	22	3	60	4	100	0	0	37	35
Legal services	6	40	1	13	2	50	4	40	2	40	6	26	2	12	3	33	2	40	2	50	1	17	31	29
Education, training or employment	0	0	3	38	1	25	6	60	0	0	9	39	1	6	1	11	1	20	2	50	0	0	24	23
Not referred	1	7	1	13	0	0	1	10	4	80	2	9	0	0	0	0	0	0	1	25	0	0	10	9
Other	8	53	7	88	4	100	9	90	5	100	23	100	5	29	9	100	2	40	4	100	1	17	77	73
Total	15	100	8	100	4	100	10	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Table D- 8: How many services did you access?

	Western Sydney		Western NSW		Illawarra		New England NW		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None	1	7	1	13	0	0	0	0	0	0	0	0	1	6	2	22	1	20	0	0	0	0	6	6
One	3	20	3	38	2	50	3	30	3	60	7	30	2	12	3	33	0	0	0	0	1	17	27	25
Two	4	27	0	0	2	50	2	20	1	20	5	22	10	59	0	0	1	20	1	25	1	17	27	25
Three	5	33	1	13	0	0	1	10	1	20	4	17	3	18	3	33	1	20	2	50	2	33	23	22
More than three	0	0	3	38	0	0	4	40	0	0	7	30	1	6	1	11	2	40	1	25	2	33	21	20
Don't know	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
No response	1	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	15	100	8	100	4	100	10	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Table D- 9: Level of agreement with the statement "my family and I understood why we were referred to the family referral service"

	Count	Per cent
Strongly Agree	48	45
Agree	32	30
Not sure	24	23
No response	2	2
Grand Total	106	100

Source: KPMG analysis.

Table AD 10: Level of agreement with the statement "the family referral service understood the issues that were affecting my children and my family"

	Count	Per cent
Strongly Disagree	0	0
Disagree	0	0
Not sure	15	14
Agree	36	34
Strongly Agree	54	51
No response	1	1
Grand Total	106	100

Source: KPMG analysis

Table D- 11: Level of agreement with the statement "the family referral service was able to identify health and community support services that would benefit my children and family"

	Count	Per cent
Strongly Disagree	0	0
Disagree	3	3
Not sure	16	15
Agree	38	36
Strongly Agree	47	44
No response	2	2
Grand Total	106	100

Source: KPMG analysis

Table D- 12: Level of agreement with the statement "I was referred to the service that I most needed"

	Count	Per cent
Strongly Disagree	1	1
Disagree	1	1
Not sure	19	18
Agree	32	30
Strongly Agree	51	48
No response	2	2
Grand Total	106	100

Source: KPMG analysis

Table D- 13: Level of agreement with the statement "I always understood what service/s we were being referred to and why"

	Count	Per cent
Strongly Disagree	0	0
Disagree	4	4
Not sure	19	18
Agree	32	30
Strongly Agree	47	44
No response	4	4
Grand Total	106	100

Source: KPMG analysis

Table D- 14: Level of agreement with the statement "I had to wait a long time before I was able to access the services that I needed"

	Count	Per cent
Strongly Disagree	50	47
Disagree	39	37
Not sure	6	6
Agree	6	6
Strongly Agree	1	1
No response	4	4
Grand Total	106	100

Source: KPMG analysis

Table D- 15: Level of agreement with the statement "The services the family referral service helped my family to access were helpful"

	Count	Percent
Strongly Disagree	4	4
Disagree	1	1
Not sure	21	20
Agree	31	29
Strongly Agree	45	42
No response	4	4
Grand Total	106	100

Source: KPMG analysis

Table D- 16: Level of agreement with the statement "I learned how to access and use services that are available to me in the wider community"

	Count	Per cent
Strongly Disagree	1	1
Disagree	2	2
Not sure	22	21
Agree	36	34
Strongly Agree	42	40
No response	3	3
Grand Total	106	100

Source: KPMG analysis

Table D- 17: Level of agreement with the statement "I feel confident in my ability to access services if required in the future"

	Count	Per cent
Strongly Disagree	1	1
Disagree	2	2
Not sure	24	23
Agree	33	31
Strongly Agree	43	41
No response	3	3
Grand Total	106	100

Source: KPMG analysis

Table D- 18: What changed for you and your family a result of the support you received

	Western Sydney		Western NSW		Illawarra		New England		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N		N	%	N	%	N	%	N	%	N	N	N	%	N	%	N	%	N	%	N	%
Something	14	93	7	88	4	100	10	100	5	100	22	96	17	100	8	89	4	80	4	100	6	100	101	95
Nothing	1	7	1	13	0	0	0	0	0	0	1	4	0	0	1	11	1	20	0	0	0	0	5	5
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	100	8	100	4	100	10	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Free text responses describing the type of changes that had occurred were subject to thematic analysis, and are provided in Section 5 of the report.

Table D- 19: Was their support that you needed that you did not receive?

	Western Sydney		Western NSW		Illawarra		New England		Mid North Coast		Far North Coast		South West Sydney		SE&N Sydney		Southern NSW		Riverina Murray		No response		Total	
	N	%	N		N	%	N	%	N	%	N	%	N	N	N	%	N	%	N	%	N	%	N	%
Yes	4	27	0	0	1	25	2	20	1	20	3	13	7	41	2	22	1	20	0	0	1	17	22	4
No	11	73	7	88	3	75	8	80	4	80	17	74	10	59	6	67	4	80	4	100	5	83	79	11
Don't know	0	0	1	13	0	0	0	0	0	0	3	13	0	0	1	11	0	0	0	0	0	0	5	0
No response	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	15	100	8	100	4	100	10	100	5	100	23	100	17	100	9	100	5	100	4	100	6	100	106	100

Source: KPMG analysis

Free text responses describing the type of support that was not received were subject to thematic analysis, and are provided in Section 5 of the report.

D.3 Profile of respondents

Demographic data was collected to determine whether survey respondents were representative of all families that have been supported by the FRS. Categories with less than one response were aggregated into “other” in to protect participant privacy and confidentiality. Postcode data is not reported, as the small number of responses received means that the data is potentially identifiable. The profile of respondents was similar to the profile of clients supported by the FRS, based on proportion of Aboriginal children and language spoken.

Source: KPMG analysis

Table D- 20: How many children are there in your household?

Number of children	Count	Per cent
0	14	13
1	22	21
2	26	25
3	20	19
4	8	8
5	7	7
6 or more	4	4
No response	5	5
Total	106	100

Source: KPMG analysis

Table D- 21: What is your gender?

Gender	Count	Per cent
Male	15	14
Female	81	82
Transgender	0	0
No response	4	4
Total	106	100

Source: KPMG analysis

Table D- 22: What is your gender?

	Count	Per cent
Yes, Aboriginal	18	17
Yes, Torres Strait Islander	0	0
Yes, Aboriginal and Torres Strait Islander	0	0
No	84	79
No response	4	4
Total	106	100

Source: KPMG analysis

Table D- 23: Are any of your children Aboriginal and/or Torres Strait Islander?

	Count	Per cent
Yes	26	25
No	73	69
No response	7	7
Total	106	100

Table D- 24: In what country were you born?

	Count	Per cent
Australia	85	80
United Kingdom	1	1
New Zealand	2	2
Germany	1	1
Other	12	11
No response	5	5
Total	106	100

Source: KPMG analysis

Table D-25: What is your cultural background?

	Count	Per cent
Australian	71	67
New Zealander	2	2
Other	3	3
No response	30	28
Total	106	100

Source: KPMG analysis

Table D- 26: What languages do you speak at home?

	Count	Per cent
English only	86	81
Hindi	1	1
German	1	1
Arabic	2	2
No response	16	15
Total	106	100

Source: KPMG analysis

Appendix E FRS administrative data

The data provided in this appendix presents an analysis of key indicators of FRS activity for the period 1 January 2013 to 30 June 2013.

E.1 Inbound Referral Data

Table E- 1: Number of inbound referrals, by referral source, by FRS[85]

Referral source	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Concerned relative	3	4			8	2	1	1			3	22
CWU Education	6	2	1	2	4	3		10	2	1		31
CWU Facs	4	4		1	1		3			1		14
CWU Health		4	3	2	4	1	4	1		1		20
CWU Police	246	420	155	108	123	135	93	190	74	17	27	1588
General Public	1			1							1	3
Govt/MR Education	4	43	14	21	18	6	26	19	6	1	7	165
Govt/MR Facs	11	21	13	25	8	1	3	25	1		15	123
Govt/MR Health	1	42	6	4	7	3	17	4	16			100
Govt/MR police	380		8	6	2		10		3		6	415
Govt/MR JIRT									1			1
Govt/MR Juvenile Justice			1				1				3	5
Govt/MR others	13	10	1	14	60		1	18		1		118
Medical Practitioner		2	6		1	1	1	12				23
Missing			2				1	4				7
NGO	59	38	18	23	35	13	19	45	19		3	272
Other	33	7	1	1	1	1	5	11	3		4	67
Self	433	215	114	47	131	27	61	134	28	2	5	1197
Grand Total	1194	812	343	255	403	193	246	474	153	24	74	4171

Source: KPMG analysis of FRS administrative data

Table E-2: Proportion of inbound referrals, by referral source, by FRS[86]

Referral source	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Concerned relative	0	0	0	0	2	1	0	0	0	0	4	1
CWU Education	1	0	0	1	1	2	0	2	1	4	0	1
CWU Facs	0	0	0	0	0	0	1	0	0	4	0	0
CWU Health	0	0	1	1	1	1	2	0	0	4	0	0
CWU Police	21	52	45	42	31	70	38	40	48	71	36	38
General Public	0	0	0	0	0	0	0	0	0	0	1	0
Govt/MR Education	0	5	4	8	4	3	11	4	4	4	9	4
Govt/MR Facs	1	3	4	10	2	1	1	5	1	0	20	3
Govt/MR Health	0	5	2	2	2	2	7	1	10	0	0	2
Govt/MR police	32	0	2	2	0	0	4	0	2	0	8	10

[85] Note: includes all referrals received, including those where no contact was established.
[86] Note: includes all referrals received, including those where no contact was established.

Referral source	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Govt/MR JIRT	0	0	0	0	0	0	0	0	1	0	0	0
Govt/MR Juvenile Justice	0	0	0	0	0	0	0	0	0	0	4	0
Govt/MR others	1	1	0	5	15	0	0	4	0	4	0	3
Medical Practitioner	0	0	2	0	0	1	0	3	0	0	0	1
Missing	0	0	1	0	0	0	0	1	0	0	0	0
NGO	5	5	5	9	9	7	8	9	12	0	4	7
Other	3	1	0	0	0	1	2	2	2	0	5	2
Self	36	26	33	18	33	14	25	28	18	8	7	29
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data

Table E-3: Number of inbound referrals where FRS was able to contact family, by FRS location

Contact Established	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Yes	840	583	195	148	330	123	162	255	86	16	22	2760
No	339	177	66	64	39	67	52	166	6	8	24	1008
Unknown / Missing	15	52	82	43	34	3	32	53	61		28	403
Total	1194	812	343	255	403	193	246	474	153	24	74	4171

Source: KPMG analysis of FRS administrative data

Table E-4: Proportion of inbound referrals where FRS was able to contact family, by FRS location

Contact Established	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Yes	70	72	57	58	82	64	66	54	56	67	30	66
No	28	22	19	25	10	35	21	35	4	33	32	24
Unknown / Missing	1	6	24	17	8	2	13	11	40	0	38	9
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data

Table E-5: Outcome of needs assessment by FRS site

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Information Only	434	62	15		10	28	33	12	5	6	1	606
Simple Referral	222	84	40	6	29	5	65	66	10		11	538
Complex referral	130	420	77	94	188	80	40	111	38	7	2	1187
N/A – no assessment conducted	25	14	25	42	92	8	20	37	23	3	3	278
Unknown / missing	29	3	38	6	11	2	4	29	10		5	137
Total	840	583	195	148	330	123	162	255	86	16	22	2760

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-6: Proportion of outcome of needs assessment by FRS site

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Information Only	52	11	8	0	3	23	20	5	6	38	5	22
Simple Referral	26	14	21	4	9	4	40	26	12	0	50	19
Complex referral	15	72	39	64	57	65	25	44	44	44	9	43
N/A – no assessment conducted	3	2	13	28	28	7	12	15	27	19	14	10
Unknown / missing	3	1	19	4	3	2	2	11	12	0	23	5
Grand Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-7: Count of Presenting Issues by FRS location

Presenting issues	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	South Eastern Sydney	Northern Sydney	Southern NSW	Riverina Murray	Total
Carer Concern	16	63	6	17	17	14	18	14	2	6	0	4	177
Domestic Violence	296	278	62	56	114	74	46	62	16	17	9	8	1038
Drug & Alcohol	35	88	9	19	34	30	21	9	5	7	8	4	269
Emotional Abuse of Child	5	32	2	9	4	3	3	3	1	4	3	4	73
Family Breakdown	135	153	24	40	56	42	41	38	12	4	11	7	563
Financial Stress	93	98	49	29	118	12	40	51	18	9	2	5	524
Homelessness	50	116	41	26	48	13	29	69	10	2	1	2	407
Mental Health	53	150	16	35	72	29	47	53	18	13	6	3	495
Neglect	5	26	5	4	6	3	4	6	0	2	2	1	64
Parenting Issues	96	181	67	57	103	54	53	68	16	9	8	5	717
Physical Abuse of Child	5	14	1	2	1	3	8	2	2	4	2	2	46
Psychological harm	11	37	2	7	5	6	9	7	4	11	0	1	100
Relinquishing care	2	9	0	1	1	0	3	1	1	0	0	1	19
Runaway child	6	16	3	7	16	7	9	3	0	1	0	0	68
Sexual Abuse	4	6	0	2	0	6	3	3	0	1	0	2	27
Subsequent Assessment Required	4	8	4	1	2	3	1	1	2	1	0	0	27
Suicide risk	1	15	10	6	2	2	4	5	2	0	0	0	47
Unborn child	11	32	8	4	4	4	4	3	1	1	1	0	73
Young parent	376	150	124	14	104	13	26	89	10	2	3	0	911
Total clients	840	583	195	148	330	123	162	255	47	39	16	22	2760

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-8: Proportion of presenting Issues by FRS location

Presenting issues	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	South Eastern Sydney	Northern Sydney	Southern NSW	Riverina Murray	Total
Carer Concern	2	11	3	11	5	11	11	5	4	15	0	18	6
Domestic Violence	35	48	32	38	35	60	28	24	34	44	56	36	38
Drug & Alcohol	4	15	5	13	10	24	13	4	11	18	50	18	10
Emotional Abuse of Child	1	5	1	6	1	2	2	1	2	10	19	18	3
Family Breakdown	16	26	12	27	17	34	25	15	26	10	69	32	20
Financial Stress	11	17	25	20	36	10	25	20	38	23	13	23	19
Homelessness	6	20	21	18	15	11	18	27	21	5	6	9	15
Mental Health	6	26	8	24	22	24	29	21	38	33	38	14	18
Neglect	1	4	3	3	2	2	2	2	0	5	13	5	2
Parenting Issues	11	31	34	39	31	44	33	27	34	23	50	23	26
Physical Abuse of Child	1	2	1	1	0	2	5	1	4	10	13	9	2
Psychological harm	1	6	1	5	2	5	6	3	9	28	0	5	4
Relinquishing care	0	2	0	1	0	0	2	0	2	0	0	5	1
Runaway child	1	3	2	5	5	6	6	1	0	3	0	0	2
Sexual Abuse	0	1	0	1	0	5	2	1	0	3	0	9	1
Subsequent Assessment Required	0	1	2	1	1	2	1	0	4	3	0	0	1
Suicide risk	0	3	5	4	1	2	2	2	4	0	0	0	2
Unborn child	1	5	4	3	1	3	2	1	2	3	6	0	3
Young parent	45	26	64	9	32	11	16	35	21	5	19	0	33

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-9: Proportion of presenting Issues by referral source

Presenting Issues	Concerned relative	CWU education	CWU Facs	CWU Health	CWU Police	General Public	Govt/MR FaCS	Govt/MR Education	Govt/MR Facs	Govt/MR Health	Govt/MR JIRT	Govt/MR Juvenile Justice	Govt/MR others	Govt/MR police	Medical practitioner	Missing	NGO	Other	Self	Total
Carer Concern	21	26	13	0	5	0	0	11	13	24	0	0	6	1	11	0	8	3	6	6
Domestic Violence	32	5	25	11	74	0	0	13	39	9	0	0	18	85	22	0	29	9	13	38
Drug and alcohol	16	16	0	22	19	0	0	7	13	14	100	0	1	4	0	0	6	9	5	10
Emotional Abuse of Child	0	16	0	0	5	0	0	2	7	3	0	0	0	0	11	0	3	0	1	3
Family Breakdown	37	21	13	33	26	0	33	14	34	21	0	50	24	14	0	100	28	17	15	20
Financial Stress	21	11	13	0	6	100	67	22	25	27	0	0	44	7	11	100	37	23	25	19
Homelessness	11	5	50	0	3	100	67	8	29	24	100	50	40	3	22	0	16	23	22	15
Mental Health	37	26	38	44	18	50	67	31	25	59	100	0	15	5	33	0	24	23	15	18
Neglect	11	26	0	11	2	0	0	20	5	3	0	0	1	1	11	0	1	3	1	2
Other	26	11	38	22	13	0	0	37	23	38	0	0	34	15	56	100	29	43	50	33
Parenting Issues	37	74	25	56	27	0	67	51	39	44	100	0	29	14	22	100	34	14	22	26
Physical Abuse of Child	0	11	0	0	2	0	0	5	7	2	0	0	0	1	11	0	2	0	1	2
Psychological Harm	5	5	0	0	6	0	0	4	5	2	0	0	2	1	0	0	4	6	2	4
Relinquishing care	0	0	0	0	0	0	0	1	4	3	0	0	0	1	0	0	1	0	1	1
Runaway Child	5	5	0	0	5	0	0	2	0	2	0	0	2	2	0	0	1	0	1	2
Sexual Abuse	0	0	0	11	1	0	0	2	0	2	100	0	0	0	11	0	1	0	1	1
Subsequent Assessment Required	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide Risk	5	0	0	0	1	0	0	0	0	6	0	0	1	0	0	0	2	3	1	1
Unborn Child	0	0	0	0	1	0	0	0	2	9	0	0	4	0	11	0	1	3	2	2
Young Parent	5	0	0	0	3	50	0	2	7	9	0	0	1	2	11	0	4	3	2	3

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-10: Count of was outbound referral able to be made, by FRS location

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
Yes, for all needs	282	101	77	37	166	13	58	72	39	4	11	860
Yes, for some needs	151	90	27	51	8	19	23	41	10	4	2	426
No	407	392	91	60	137	91	76	142	25	8	7	1436
No - Service at full capacity	*0*	*4*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*4*
No - No appropriate service	*0*	*7*	*0*	*0*	*2*	*1*	*1*	*1*	*0*	*0*	*1*	*13*
No - Unable to Contact Family	*0*	*11*	*10*	*0*	*0*	*1*	*1*	*63*	*0*	*0*	*0*	*86*
No - Family Declined	*169*	*222*	*47*	*44*	*98*	*51*	*31*	*54*	*20*	*7*	*6*	*749*
No - Other	*234*	*99*	*22*	*3*	*22*	*37*	*5*	*16*	*2*	*1*	*0*	*441*
No - Missing/Unknown	*4*	*48*	*12*	*13*	*15*	*1*	*39*	*8*	*3*	*1*	*0*	*140*
Missing	0	0	0	0	19	0	5	0	12	0	2	38
Total	840	583	195	148	330	123	162	255	86	16	22	2760

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

Table E-11: Count of reason for re-referral, by FRS location

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Far North Coast	Mid North Coast	South West Sydney	Total
N/A - first referral	647	488	144	134	311	152	109	233	2218
Inadequate service	3	7	1	1	0	1	1	0	14
New presenting issue/vulnerability	140	65	19	12	18	5	11	6	276
Other	50	23	31	1	1	4	2	16	128
Total	840	583	195	148	330	162	123	255	2636

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made. Newly established FRS excluded.

Table E-12: Count of number of days between receiving referral and closing case by FRS

Elapsed time	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Southern NSW	Riverina Murray	Total
0 days	150	7	11	9	61		12	9	2	1		262
Less than 1 week	106	48	44	35	69	2	23	24	11	3	4	369
1 to 2 weeks	58	54	34	13	38	5	19	14	12	2	3	252
2 to 4 weeks	99	83	45	20	62	14	35	37	18	1	2	416
4 to 6 weeks	43	78	16	17	39	13	18	33	12	0	0	269
6 to 8 weeks	37	66	10	10	23	24	5	25	9	0	0	209
8 to 12 weeks	41	78	6	11	13	28	3	21	3	2	1	207
12 weeks to 16 weeks	1	45	1	8	3	17	0	17	0	0	0	92
More than 16 weeks	0	31	1	3	0	7	0	16	0	0	0	58
Missing or still open	305	93	27	22	22	13	47	59	19	7	12	540

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made.

E.2 Outbound referral data

Table E-13: Count of number of clients referred, by type of service provider referred to, by FRS

Type of service provider	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Riverina Murray	Southern NSW	Total
Child Protection Helpline	2	75	8	10	4	3	2	2	1			107
Disability	8	61	5	6	9		1	20	3	2		115
Education	2	30		13	45	9		3	4	7		113
Health	12	76	33	60	92	47	21	17	10	1	3	372
Housing	79	183	75	35	146	11	27	68	4		1	629
Parent/family support	231	369	145	38	243	66	92	173	36	4	4	1401
Parenting		3										3
Welfare	120	228	26	26	242	15	9	201	11	1	1	880
Other	123	142	154	51	199	33	72	113	8	1	7	903
Missing				18				25			8	51
Total	577	1167	446	257	980	184	224	622	77	16	24	4574

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made, and counts all family members referred

Table E-14: Count of number of clients referred, by type of agency referred to by FRS

Type of agency	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Riverina Murray	Southern NSW	Total
Aboriginal specific	3	12	10	13	7	6	15	48	2		1	117
Commonwealth Government	19	22	8	32	18		4	12	1		2	118
State Government	62	238	91	66	153	17	24	67	13		3	734
Local Government	13			2	44			5	3	2		69
NGO	477	866	301	113	728	154	174	461	54	12	10	3350
Professional	0	0	0	0	0	0	0	0		1		1
Other	3	29	36	19	28	7	7	4	4	1		138
Missing	0	0	0	12	2	0	0	25			8	47
Total	577	1167	446	257	980	184	224	622	77	16	24	4574

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made, and counts all family members referred

Table E-15: Count of number of clients by time taken to receive service from outbound agency, by FRS

	Western Sydney	Hunter Central Coast	Western NSW	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	SE&N Sydney	Riverina Murray	Southern NSW	Total
0 to 1 day	195	105	282	22	262	13	:	85	4	1	0	992
2 to 7 days	7	97	39	31	320	4	26	98	15	8	1	646
8 to 14 days	2	63	24	18	155	6	29	73	25	2	3	400
15 to 29 days	2	86	0	10	159	9	64	113	22	4	4	473
30 to 59 days	1	221	0	15	52	12	45	89	5	1	0	441
60 to 89 days	0	106	0	8	10	10	5	38	2	0	0	179
> 90 days	0	36	0	2	0	11	0	19	0	0	0	68
Missing	370	453	101	151	22	119	32	107	4	0	16	1375

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made, and counts all family members referred

E.3 Client demographic data

Table E-16: Aboriginal status, clients greater than 18 years of age

	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Southern NSW	SE&N Sydney	Riverina Murray	Total
Count												
Aboriginal and Torres Strait Islander	5	5	0	0	0	8	8	1	0	3	0	30
Aboriginal but not Torres Strait Islander	37	112	83	74	50	27	30	22	1	8	2	446
Torres Strait Islander but not Aboriginal	0	0	1	0	0	1	0	1	0	0	0	3
Not Indigenous	565	89	578	113	369	128	178	289	13	122	15	2459
Not Stated	146	0	306	24	17	76	23	0	3	48	2	645
Total	753	206	968	211	436	240	239	313	17	181	19	3583
Per cent												
Aboriginal and Torres Strait Islander	1	2	0	0	0	3	3	0	0	2	0	1
Aboriginal but not Torres Strait Islander	5	54	9	35	11	11	13	7	6	4	11	12
Not Indigenous	75	43	60	54	85	53	74	92	76	67	79	69
Not Stated	19	0	32	11	4	32	10	0	18	27	11	18
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made

Table E-17: Aboriginal status, clients less than 18 years of age

	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Southern NSW	South Eastern Sydney	Riverina Murray	Total
Count												
Aboriginal and Torres Strait Islander	2	2	0	0	0	7	4	2	0	4	0	17
Aboriginal but not Torres Strait Islander	41	169	163	142	156	30	68	41	4	10	0	824
Torres Strait Islander but not Aboriginal	0	0	5	0	0	2	0	3	0	0	0	10
Not Indigenous	286	106	555	150	538	116	203	342	8	120	5	2429
Not Stated	36	0	413	45	15	53	70	0	2	38	1	673
Total	**365**	**277**	**1136**	**337**	**709**	**208**	**345**	**388**	**14**	**172**	**6**	**3957**
Per cent												
Aboriginal and Torres Strait Islander	1	1	0	0	0	3	1	1	0	2	0	0
Aboriginal but not Torres Strait Islander	11	61	14	42	22	14	20	11	29	6	0	21
Not Indigenous	0	0	0	0	0	1	0	1	0	0	0	0
Not Stated	78	38	49	45	76	56	59	88	57	70	83	61
Total	10	0	36	13	2	25	20	0	14	22	17	17

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made

Table E-18: Count of language spoken at home, clients greater than 18 years of age

	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Southern NSW	SE&N Sydney	Riverina Murray	Total
English	547	206	952	181	427	237	234	70	17	125	25	3021
Aboriginal English	0	0	0	0	0	0	2	0	0	0	0	2
Arabic	28	0	1	0	2	0	0	19	0	6	0	56
Assyrian (incl Aramaic)	0	0	0	0	0	0	0	1	0	0	0	1
Australian Aboriginal Language	1	0	0	0	0	0	1	0	0	0	0	2
Bengali	0	0	0	0	0	0	0	2	0	0	0	2
Chinese	7	0	0	0	0	0	0	0	0	5	0	12
German	1	0	1	0	0	1	0	0	0	0	0	3
Greek	0	0	0	0	2	0	0	2	0	0	0	4
Hindi	34	0	3	0	0	0	0	1	0	0	0	38
Indonesian	0	0	1	0	0	0	0	0	0	2	0	3
Italian	1	0	0	0	0	0	0	0	0	0	0	1
Korean	2	0	0	0	0	0	0	0	0	1	0	3
Kurdish	0	0	0	0	0	0	0	2	0	0	0	2
Mandarin	0	0	0	0	0	0	0	1	0	0	0	1
Portugese	0	0	0	0	0	0	0	1	0	0	0	1
Russian	0	0	0	0	0	0	0	1	0	0	0	1
Samoan	0	0	0	0	0	0	0	2	0	0	0	2
Serbian	0	0	0	0	0	0	0	3	0	0	0	3
Spanish	4	0	1	0	0	0	1	2	0	0	0	8
Tagalog	18	0	0	0	0	0	0	0	0	0	0	18
Turkish	3	0	1	0	0	0	0	1	0	0	0	5
Vietnamese	1	0	1	0	0	0	0	0	0	0	0	2
Other	106	0	7	2	5	2	1	0	0	14	0	137
Unknown	0	0	0	28	0	0	0	205	0	28	0	261
Total	**753**	**206**	**968**	**211**	**436**	**240**	**239**	**313**	**17**	**181**	**25**	**3589**

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made

Table E-19: Language spoken at home, clients greater than 18 years of age (per cent)

	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Southern NSW	SE&N Sydney	Riverina Murray	Total
English	73	100	98	86	98	99	98	22	100	69	100	84
Aboriginal English	0	0	0	0	0	0	1		0			0
Arabic	4	0	0	0	0	0	0	6	0	3		2
Assyrian (incl Aramaic)	0	0	0	0	0	0	0	0	0	0		0
Australian Aboriginal Language	0	0	0	0	0	0	0	0	0	0		0
Bengali	0	0	0	0	0	0	0	1	0	0		0
Chinese	1	0	0	0	0	0	0	0	0	3		0
German	0	0	0	0	0	0	0	0	0	0		0
Greek	0	0	0	0	0	0	0	1	0	0		0
Hindi	5	0	0	0	0	0	0	0	0	0		1
Indonesian	0	0	0	0	0	0	0	0	0	1		0
Italian	0	0	0	0	0	0	0	0	0	0		0
Korean	0	0	0	0	0	0	0	0	0	1		0
Kurdish	0	0	0	0	0	0	0	1	0	0		0
Mandarin	0	0	0	0	0	0	0	0	0	0		0
Portugese	0	0	0	0	0	0	0	0	0	0		0
Russian	0	0	0	0	0	0	0	0	0	0		0
Samoan	0	0	0	0	0	0	0	1	0	0		0
Serbian	0	0	0	0	0	0	0	1	0	0		0
Spanish	1	0	0	0	0	0	0	1	0	0		0
Tagalog	2	0	0	0	0	0	0	0	0	0		1
Turkish	0	0	0	0	0	0	0	0	0	0		0
Vietnamese	0	0	0	0	0	0	0	0	0	0		0
Other	14	0	1	1	1	1	0	0	0	8		4
Unknown	0	0	0	13	0	0	0	65	0	15		7
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made

Table E-20: Level of education, clients greater than 18 years of age

	Western Sydney	Western NSW	Hunter Central Coast	New England	Illawarra	Mid North Coast	Far North Coast	South West Sydney	Southern NSW	SE&N Sydney	Riverina Murray	Total
Count												
Not Stated	590	123	501	136	214	158	68	70	11	146	9	2026
Not Yet at School	3	0	2	0	0	5	4	0	1	2	0	17
Primary	12	1	6	3	3	5	58	2	0	0	0	90
Secondary	69	73	326	68	166	45	62	154	5	16	8	992
Technical or Further Education	35	7	70	1	40	20	31	61	0	6	0	271
Other Tertiary Institution	0	0	0	0	0	0	3	1	0	0	0	4
Other	15	1	13	2	0	1	1	3	0	3	2	41
University	29	1	50	1	13	6	12	22	0	8	0	142
Total	**753**	**206**	**968**	**211**	**436**	**240**	**239**	**313**	**17**	**181**	**19**	**3583**
Per cent												
Not Stated	78	60	52	64	49	66	28	22	65	81	47	57
Not Yet at School	0	0	0	0	0	2	2	0	6	1	0	0
Primary	2	0	1	1	1	2	24	1	0	0	0	3
Secondary	9	35	34	32	38	19	26	49	29	9	42	28
Technical or Further Education	5	3	7	0	9	8	13	19	0	3	0	8
Other Tertiary Institution	0	0	0	0	0	0	1	0	0	0	0	0
Other	2	0	1	1	0	0	0	1	0	2	11	1
University	4	0	5	0	3	3	5	7	0	4	0	4
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made

Table E-21: Income, clients greater than 18 years of age

	Western Sydney	Western NSW	Hunter Central Coast	New England	Mid North Coast	Far North Coast	Ilawarra	South West Sydney	Southern NSW	South Eastern Sydney	Riverina Murray	Total
Aged Pension	27	2	3	1	5	2	6	2	1	0		49
Austudy/Abstudy	1	0	1	0	0	0	1	1	0	0		4
Carer Payment	14	14	34	6	5	27	15	10	0	3	1	129
Disability Support Pension	27	6	60	4	12	30	24	11	3	5	1	183
Newstart Allowance	41	8	73	11	12	36	39	46	2	4	2	274
Parenting Payment	120	29	169	34	40	49	134	46	1	14	6	642
Refused	1	4	431	14	114	0	0	2	0	0		566
Youth allowance	3	1	3	3	0	3	0	2	0	0		15
Other	52	6	41	1	4	6	21	26	0	0	1	158
Unknown	307	92	0	113	0	50	163	31	10	125	8	899
None	160	44	153	24	48	36	33	136	0	29		663
Total	**753**	**206**	**968**	**211**	**240**	**239**	**436**	**313**	**17**	**180**	**19**	3582
Per cent												
Aged Pension	4	1	0	0	2	1	1	1	6	0	0	1
Austudy/Abstudy	0	0	0	0	0	0	0	0	0	0	0	0
Carer Payment	2	7	4	3	2	11	3	3	0	2	5	4
Disability Support Pension	4	3	6	2	5	13	6	4	18	3	5	5
Newstart Allowance	5	4	8	5	5	15	9	15	12	2	11	8
Parenting Payment	16	14	17	16	17	21	31	15	6	8	32	18
Refused	0	2	45	7	48	0	0	1	0	0	0	16
Youth allowance	0	0	0	1	0	1	0	1	0	0	0	0
Other	7	3	4	0	2	3	5	8	0	0	5	4
Unknown	41	45	0	54	0	21	37	10	59	69	42	25
None	21	21	16	11	20	15	8	43	0	16	0	19
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: KPMG analysis of FRS administrative data. Note: includes only families where contact was made