

THE UNIVERSITY OF  
NEW SOUTH WALES



**FAMILIES FIRST STATE LEVEL  
REVIEW**

**FINAL REPORT**

**FOR THE CABINET OFFICE OF NSW**

SPRC Report 4/06

**University of New South Wales Consortium**  
January 2006

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## Abbreviations

ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
DADHC	Department of Ageing, Disability and Home Care
DET	Department of Education and Training
DG	Director-General
DoCS	Department of Community Services
FOA	Fields of activity
Health	NSW Health
HOG	Head Office Group
Housing	Department of Housing
LGA	Local Government Area
NGO	Non-government organisation
SAG	Statewide Advisory Group
TCO	The Cabinet Office
UNSW	University of New South Wales

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## UNSW Consortium Families First Evaluation Activities

This report is one in a series of seven undertaken by the UNSW Evaluation Consortium for The Cabinet Office as part of the evaluation of Families First.

The Cabinet Office's evaluation strategy considers whether Families First has been effective in supporting families and communities in NSW to care for children using an early intervention approach and in developing a coordinated, interagency approach to service planning and delivery (TCO, 2002:3)

The UNSW reports include the Outcomes Evaluation Framework and Area Review components of the evaluation strategy. Other activities include local area evaluations, as determined by the Regional Officers Group and program evaluation of the Families First funded projects.

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Families First Report	Key focus
Outcomes Evaluation Framework	Population outcomes measures at State and Families First Area levels using medium to long-term indicators designed to measure the health and wellbeing of children, families and communities in NSW.
Area Review Methodology	A detailed outline of the methodology of the Area Reviews that focus on the statewide development and implementation of Families First.
Area Review South West Sydney	Description and lessons learnt from the experiences of the first metropolitan Area where Families First was implemented.
Area Review Orana Far West	Lessons learnt from the experiences of a rural and remote Area with a high level of need in the middle stages of implementation.
Area Review Illawarra	Lessons learnt from the experiences of a regional Families First Area in moderate need for which the rollout was most recent.
State Level Review	Review of the state level strategic policy implementation of Families First.
Area Reviews Final Summary Report	Summary of the lessons learnt from the Area Reviews.

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Summaries of these reports and discussion papers will be available online at [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au).

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# **1 Introduction and Background**

## **1.1 Introduction**

Families First was introduced in New South Wales in 1998. It is a government strategy that aims to increase the effectiveness of the early intervention services to support families and communities to care for their children. The broad aim of Families First is to develop a coordinated network of services to identify children and families who require further assistance and link them to appropriate support early, before problems become entrenched.

The University of New South Wales (UNSW) Evaluation Consortium was commissioned by The Cabinet Office (TCO) in NSW to conduct the Area Reviews of Families First. The Consortium consists of academics and representatives of a number of research centres and universities. The Social Policy Research Centre, UNSW manages the Consortium.

## **1.2 Outline of the Report**

The State Level Review is one component of the Area Reviews of Families First. Other components include the Area Reviews of South West Sydney, Orana Far West and Illawarra. This report presents the main findings and lessons learnt from the State Level Review. The first section begins with a brief outline of the background to Families First and its aims and objectives. Following this, the methodology used in the State Level Review is described. Section 2 details the key implementation issues emerging and their implications. The final section summarises the main lessons from the State Level Review.

## **1.3 Description of Families First**

Families First is concerned with the welfare of young children and the implications of early childhood experiences for long-term outcomes in health, education and social development in childhood and adult life. Using a prevention and early intervention approach, the program framework is based on developing regional linkages between specialised health, community welfare, educational and other services to ensure a coordinated approach to initial intervention, follow-up visits and other forms of support (O’Looney, 1993; Fine, 1997; Provan and Milward, 2001).

Since many future problems stem from influences in the child’s environment, Families First is concerned with the factors affecting the biological and social development of children. Operationally, Families First contains a number of separate but interdependent elements. The strategy combines the elements of universal services and screening to targeted services, with an emphasis on service integration and networking, community outreach via services such as home visiting by early childhood nurses and volunteers and community development (Olds and Kitzman, 1993).

Families First seeks to improve the health and welfare of children aged from birth to eight years, by supporting parents and carers, so that they may grow to their full potential. There is a special focus on children aged between birth and three years, when development is rapid. Details about the strategy were described in a document from The Cabinet Office (2002).

The Statewide policy framework of Families First focuses on four fields of activity (FOA), babies, children, families needing extra support and communities including:

- FOA 1 Supporting parents who are expecting or caring for a new baby
- FOA 2 Supporting families who are caring for infants or small children
- FOA 3 Supporting families who need extra support
- FOA 4 Strengthening the connection between families and communities

Enhancements to the service networks are to be achieved by:

- building on and broadening existing structures so that a wider range of needs may be met;
- changing the practices of some services; and
- coordinated service planning and the establishment of new services where gaps have been identified and which have been proven to work for families.

The purpose of the networks is to develop linkages to collaboratively support families at different stages as outlined above in the fields of activities.

#### **1.4 State Level Review Approach and Aims**

The Area Review is a type of formative or process evaluation, monitoring the extent to which services are delivered in the form envisaged by the agencies responsible for policy development. Where the results of the strategy are not those envisaged by the central authorities, the design, based on the principles of action research, seeks to inform current and future developments of Families First (Wadsworth,1993).

Multiple qualitative data collection techniques including documents reviews, telephone and face-to-face individual and group interviews were used in this component of the Area Review. The evaluation framework, conceptual approach and methodology for the State Level Review is outlined in more detail in Appendix A.

## 2 Findings

This section outlines the key research findings from the Review based on analysis of the material gathered from the fieldwork. This analysis has been organised into key findings.

Although there is necessarily some overlap between them, these key findings fall into the following categories: Central Coordination; Central, Regional and Local Structures; Relationships with Families; and Projects.

### 2.1 Central Coordination of Families First

The key findings concerned with the central coordination of Families First relate to early intervention research, the role of The Cabinet Office (TCO) as lead agency; and a cross-agency approach and differences.

#### Applying early intervention research

Families First was credited throughout this and other Reviews as making the principles of early intervention and prevention visible across the human service agencies and elsewhere.

I think it did a massive amount in terms of awareness-raising about the whole notion of prevention and early intervention and the need for that [...] And a lot of the early promotion they did, like bringing people like Fraser Mustard out and talking like early brain development and how important that is, I think it was significant. (DADHC)

I think a facilitator was clearly the way that The Cabinet Office brought along in terms of understanding the importance of early intervention so the Statewide Advisory Group really focused on its composition and as such it had a lot of credibility. So we had access to people like Victor Nossar who could actually talk about what it meant and who described the research and who had a lot of standing. (DoCS)

Exposure to the research and evidence base of Families First emerges throughout the interview data as an extremely important factor in the amount of engagement and support of Families First held by individuals. Review participants highlighted the role of TCO in leading Families First as important to these successes. At State level, in contrast to Areas, many of the Review participants have not only been told that research is behind Families First but also given carefully constructed and accessible information about the research.

Most participants privileged brain research when talking about the evidence behind Families First, although they also noted the importance of screening and referral to targeted services. Families First has emphasised at a strategic level the importance of universal, strengths-based service delivery. Participants welcomed the increased attention to targeted services planned for the near future as both a natural development and imperative if Families First is to make a difference to the lives of the most vulnerable families and communities.

### **TCO as lead agency**

TCO's role as the lead agency for Families First was described as significant by a large majority of participants. In a few cases, alternative structures of reporting and accountability were suggested as a means of ensuring fuller participation from Human Services Directors-General (DGs). However, strong support emerges from the interview data for TCO's position as a central agency. It has the authority of the Premier, a policy focus and neutrality with regards to service delivery. Similarly, participants saw TCO as providing a different framework from that usually used in the implementation of programs. They argued that this was critical to Families First's focus on changes to planning, practice and a strengths-based service system.

I think the strength lies in having a central agency like The Cabinet Office coordinating Families First as opposed to any one agency [...] taking the lead role. I think it provides a level of influence and coordination that may be more difficult to achieve by any one of the human services agencies. (DET)

You need somebody independent of the departments to actually bring them together. Historically that's been difficult to do. Cabinet Office has both the prestige and the history and capacity to bring departments together. (Health)

At the same time, it has been mooted that Families First is likely to relocate from TCO to DoCS. Participants expressed concerns about the future sustainability of Families First in part because of this possible relocation. Some participants nominated the relocation itself as a contribution to this uncertainty, and they specifically questioned the capacity of DoCS to manage Families First with a cross-agency approach.

Assessments about which agency should lead Families First are outside the scope of this review. Nevertheless, our research does indicate that if DoCS, with a role and profile very strongly associated with child protection, is the lead agency for Families First, perceptions about any emphasis on universal and non-stigmatising service delivery may be difficult to sustain. This difficulty is likely to be exacerbated if future service planning focuses more closely on families who need extra support.

### **Cross-agency approach**

Participants supported the cross-agency approach of Families First and TCO's instrumental position in achieving this. They lauded the processes of interagency collaboration and the structures supporting cross-agency work. Some traditional tensions between departments have reportedly improved because of the Families First initiatives.

Participation in the Head Office Group (HOG) and Statewide Advisory Group (SAG) has achieved increased knowledge of and respect for the work of different agencies. Better personal relationships have been forged and increased opportunities for information exchange presented. Families First was described as probably 'the single most important mechanism for getting departments to work together' (Health). Another participant reported increased respect for the difficulties faced by other agencies:

I don't think I ever in the past stuck up for other agencies as I do now [...] if someone says something about Health or DoCS [I'll say], "now do you know what else they're doing, this is what they're doing". (DET)

Changes in the way agencies view each other has accompanied increased respect for the work done by other agencies, and improved knowledge of the range of services offered across the service network. . A more holistic approach to service delivery was described. The chance to gain a better sense of regional projects and services across the service systems, which in turn allows for reducing duplication of services, was endorsed. While participants differed in their accounts of the degree to which relationships have changed between agencies at a central level, the majority reported that these changes have been significant and beneficial.

Participants noted often that traditional rivalries and tensions between Departments have been relieved by Families First. This was demonstrated in the enthusiasm with which people described the achievements of projects run by Departments other than their own. Representatives of Housing spoke in detail about the benefits brought by Schools as Community Centres, representatives of DoCS lauded health home visiting. However, some interdepartmental relationships still need improvement. While it is difficult to assess to what extent interdepartmental tensions are caused or exacerbated by differences in management practices, real or perceived competition for resources and departmental priorities, each of these have an impact. Equally, the relationships between Government Departments and other agencies providing support to families is in some cases difficult. Families First provides opportunities to better these. For example, the relationship between DET and children's services may be enhanced through the planned emphasis on transition to school in the next year.

These changes to relationships between agencies have also brought about changes within agencies. Participants attributed cultural changes in work practices to the impact of Families First. Improvements to some traditionally competitive relationships between agencies are evident. This point is illustrated in one comment that:

agencies have started to see themselves as being more of a part of a network than, you know, this kind of competitiveness and territorialness that goes on from time to time. (Housing)

In summary, participation on these new management groups has improved specific interagency work and changes to work practices and culture. We found ambiguity around the extent to which this culture change has altered the work of individuals and individual agencies. There is also disagreement around how much individual agencies *should* change their practices.

An example of this was that participants expressed concern about recent enhancement money to DoCS. Some participants pointed to this as an opportunity for increased collaboration, if discussion about the uses to which it will be put is held between the five human services agencies. Some argued that the fact it was granted to DoCS is a lost opportunity for interdepartmental planning and programming. Assessments of these kinds of planning and budgeting decisions are beyond the scope of this Review. However, we think the presence of this disagreement and ambiguity around the

enhancement money is itself significant, indicating uncertainty at the State level about the extent to which central groups like the HOG should collaborate in planning.

Cross-agency relationships between NGOs and Government agencies did not emerge as important at central level to the same degree that we found at regional and local levels. This is, at least in part, a function of Families First State level management. Peak bodies representing NGO family support services, such as Family Services Inc and the Council of Social Services of NSW (NCOSS), are not represented in these management groups and so did not participate in this Review. However, as we argued in the Area Reviews, the engagement of non-departmental stakeholders is critical to the successful implementation of Families First. The absence of children's services, family support workers and community development organisations in central management groups is likely to present a barrier to that engagement. Some participants did acknowledge that, in retrospect, engagement with the non-government sector prior to roll-out was insufficient.

### **Cross-agency differences**

While representatives from each of the agencies endorsed Families First aims and principles, they also emphasised differences in capacity to participate and the kinds of participation undertaken. Broadly, these differences can be seen in the fact that universal home visiting has been the responsibility of Health, with significant funding implications; that DoCS has been the budget holder and funder of Families First contracted services; and that DET is the lead agency for two service models that have raised Families First's profile statewide, Schools as Community Centres and Parents as Teachers.

Relative to the other three human services agencies, State level stakeholders reported the roles of DADHC and Housing were unclear. There are two reasons for this, to do with resources and portfolios. First, participants from DADHC and Housing emphasised that these agencies have received fewer resources than others, and have not been responsible for Families First funded project delivery. This has had an impact on the clarity of their roles and responsibilities.

Second, the portfolio responsibilities of these departments are also barriers to participation at a central level. Within the population for which DADHC is responsible, families and their children are a small group compared to older people and their carers. While Housing is not restricted to particular groups of people in this way, Families First principles and objectives have been most useful in community development projects targeted at individual, concentrated communities of public housing. Participants made the point that a great deal of Families First literature is targeted at people who work directly with children. In contrast, State level stakeholders rarely mentioned programs that aim to improve the safety and inclusiveness of communities.

The different levels of agency engagement with Families First is accentuated by the initial priorities of the strategy. For strategic reasons, much programming, funding and promotion has been around FOA 1 and 2. Programs to assist families who need extra support and to strengthen the connections between families and communities have received less attention than programs to assist families with infants and small children.

Families First emphasises the importance of social environment as well as biological factors affecting the development of children. This reflects an ecological approach to children and families, with an emphasis on the interaction of forces operating across the levels of the individual, family, community and society. For this reason, it is important that each component of the policy framework, focussing on babies, children, families, communities and the service network (FOA 1 – 4), is given visibility.

The need for balance between universal and targeted service delivery, and the difficulties of achieving this balance, are evident throughout this and the other Reviews. Many participants welcomed the increased attention to FOA 3 planned for the next year, and agreed that DADHC and Housing are now better established within Families First structures.

### **Departmental priorities**

While interagency activities are clearly supported by stakeholders, balancing Families First with specific departmental priorities causes inevitable, if episodic, difficulties. In some departments Families First is not well integrated into operational work practices, and can be pushed to the background if there is disjunction between it and departmental priorities.

Many interview participants spoke about their own departmental programs and projects when discussing specific changes brought about by or coincident with Families First. There are probably a number of reasons for this. First, Families First built in part on departmental programs and policies, and from a departmental perspective these programs organise Families First, rather than the other way around.

Second, some agencies have been involved in other interdepartmental strategies, organised around shared funding arrangements. In contrast, Families First funded service models, such as Schools as Community Centres and Health home visiting, remain the responsibility of individual departments. The interagency planning of Families First risks being submerged under these departmental responsibilities. Third, the department managers viewed the structures and processes for cross-agency collaboration as initiated by, and largely the responsibility of, TCO.

Finally, as we found in each of the individual Area Reviews, Families First is visible to government departments and others because of its funded programs. Principles such as early intervention and interagency collaboration are much more well known at the State than Area level. Many participants were enthusiastic about the impact of these principles. Nevertheless, while these principles were discussed extensively in general terms, specific discussion of changes is often around programs for which individual departments have responsibility.

## **2.2 Central, Regional and Local Structures**

The key findings about the hierarchical relationships of Families First relate to management structures and processes; communication; and balancing regional decision-making and autonomy with centrally managed, statewide direction.

### **New structures and processes**

As with the Area Reviews, tension between older projects built around similar principles to Families First and the introduction of Families First was evident. Community development, integrated service delivery and early intervention and prevention have been in place in the five human service agencies, and in other agencies providing support to families and children, for some time.

A small number of participants expressed isolated criticism of the integration of Families First and pre-existing groups, in the context of broad understanding of the novelties and innovations of Families First. For example, the Early Childhood Intervention Coordination Program, for which DADHC is the lead agency, is a cross-agency early intervention program that is complementary to Families First. However, at a central level Families First did not build on this existing strategy.

In most cases, Families First brought about changes because of participation in new groups and structures. Most participants nominated membership of the HOG and SAG as important to these changes, although reservations were expressed about the functions of the former and the latter no longer exists. They described the HOG as good for getting broad interdepartmental agreements around policy and planning, but not an effective interagency mechanism. Some people expressed frustration with the amount of time spent discussing specific services in this forum.

This group, in common with regional and local Families First management groups studied during the Area Reviews, operates at the level of networking, that is, the relationships are based on cooperation and each member has their own autonomous goals. It does not yet operate as a network: little joint planning and programming is practised, and members of the group are autonomous rather than interdependent (Brown and Keast, 2003).

State level stakeholders nominated enhancing relationships and communicative processes between central and regional offices as important to the implementation of Families First. During the implementation of Families First, many agencies have experienced significant management restructuring. Managers are confident the changes within their own Departments will enhance the Families First approach in the long run. These same managers were not as confident about the extent of changes within other Departments achieving the same success.

Transition during these changes has delayed the implementation of Families First. Some restructuring has had a negative impact on the capacity of agencies to participate in Families First and on the communication between central and regional offices. The most obvious instance of this is in the case of DADHC. Representatives from that agency reported that it has taken time to consolidate new regional boundaries and management structures.

Historically or as a result of the restructuring, the management structure of some agencies is flatter than others, facilitating the regional decision making approach of Families First. The central offices of other agencies are largely responsible for project planning and decisions. While these differences need not have a detrimental impact on Families First in the long term, it has taken time to ensure all agencies are committed to the need for regional and local management structures.

## **Communication**

Communication between central, regional and local levels about the Families First strategy is crucial to its implementation. As in other Reviews, we found a relationship between participants' level of knowledge about Families First and their level of support for it. We found in the Area Reviews that communication between local and regional groups was important to the successful engagement of a broad range of agencies.

In this Review, State level participants acknowledged difficulties in communicating information about Families First implementation from central to regional groups, and described their efforts to improve this. As we noted above, human services agencies are changing their central structures to support regional decision making. Nonetheless, alongside the gap between central and regional communication, an unaddressed gap is evident in the awareness of Families First at the local level by fieldworkers responsible for service delivery.

We argued in each Review that it is imperative to convey the principles of Families First to the people being directed to change their work practice to be consistent with Families First principles. Difficulties in achieving this are apparent, and participants acknowledged these difficulties. Community midwives, child and family nurses, teachers and early childhood workers were all specified in this Review as difficult to reach or resistant to practice change. Participants made the point that Families First has not been communicated as well as it could have been, while arguing that training cannot be provided to everyone. Yet if the research and principles underpinning Families First are not communicated effectively, fieldworkers being directed to change their practice cannot be expected to see the advantage or understand the reasons behind it.

### **Local needs and successes**

State level participants strongly supported the privileging of local needs and regional decision-making. There is some tension evident between the prescribed implementation of Families First service models such as universal home visiting and smaller, locally responsive programs. Responsiveness to local needs is a cornerstone of Families First. However, there will not always be an exact match between locally identified needs and programs supported by the research that underpins Families First.

This echoes balancing the implementation of, on the one hand, research-based services expected to deliver long term outcomes and, on the other, the engagement of local agencies with Families First. The former task is illustrated in this comment by one participant:

I would like to think that we are supporting directions and initiatives that are supported by evidence, for example, and outcomes that are a shade more solid than feel-good. (DADHC)

The latter task is illustrated in this comment by another:

You need a few quick wins because that kind of helps to build enthusiasm and commitment. So if you can balance your planning and your strategies to [...] some short term as well as some longer

term goals that helps I think build in that commitment, because people can see some tangible results more quickly. (Housing)

A similar point was argued by some participants who spoke of the need to secure greater ‘buy-in’ from senior departmental staff and DGs. They argued that making DGs and senior officers more accountable for the success of Families First could achieve this.

### **2.3 Relationships with Families**

Changes in both interagency relationships and relationships between families and the service system emerged as perhaps the most significant benefits from Families First for the majority of participants. The success of Families First is predicated on changes to the relationships between the system and families themselves.

Changes in relationships emerged as crucial in three ways. First, relationships have improved between the human services agencies and between those agencies and NGOs, enabling more opportunities for information exchange and potentially allowing for higher levels of networking. Second, these relationships were represented throughout the Review as pivotal to changed processes and Departmental cultures. These two types of relationships have been discussed above. Third, strengths-based approaches to service delivery demand changes to the ways in which families are positioned in the design and delivery of services. We discuss this last set of relationships in this section.

State level participants perceived the relationship between families and the family service system was changing. They raised this in relation to universal and targeted family contact. In some cases these changes are incipient.

Changes in the relationship of the service system and all families are the first goal of Families First. Participants described universal, non-stigmatising service delivery integral to the success of Families First to this point, most obviously in home visiting to all parents with a new baby. The provision of universal services emerges in the interview data as important in three ways. First, the findings, based on international research available to senior and central office staff, emphasise universal provision as more effective than targeted. Second, they described the provision of services to everyone, and by an agency other than DoCS, as critical to ensuring services were welcomed rather than feared. Third, they viewed the effectiveness of the service system as tied to the system being a utility for the general population, rather than a tool to address the deficiencies of specific groups.

There is some ambiguity around the extent to which the third change has happened, and this appears to us to be significant. If changes to services are brought about only in terms of who delivers them, then the current public recognition of DoCS as the agency responsible for scrutinising and controlling the lives of vulnerable people could simply be transferred to other agencies. It is difficult to measure changes to the perceived place of families within the family services system; and to what extent that system is organised around the centrality of families’ needs.

Similarly, some participants expressed concern that the strengths-based approach has yet to be fully absorbed into the culture of different agencies. This is illustrated in the

comment of one participant who argued that reports of improved referral mechanisms and cooperation are inadequate:

you haven't stopped to think about you guys are a team working with families, and families are central to that; and you need to merge your service provision to meet the family needs, not get better at slotting the person through different chutes in the service system. (Key Personnel)

While recognition of the strengths-based approach to Families First was noted and endorsed throughout this and other Reviews, the gaps in the current service system and the very high needs of some communities represents a challenge to fully operationalising it.

Changes in the relationship between the service system and families who need extra support are also critical to the successful implementation of Families First. Representatives from DADHC argued that the relationship between the service system and people with a disability needs improvement. The degree to which communities are inclusive of and safe for people with a disability will be determined in part by the structures of the service system. This system in turn will be determined by the ways in which disability is perceived more broadly. This inclusiveness has yet to be attained within the service system, according to one participant, because that system mirrors broader social relationships:

the average person in the street [...] may not have a lot to do with someone with a disability and [feel], for want of a better word, a certain amount of fear, because they don't understand and they're scared so they'd rather just avoid it altogether. And I think that's certainly the case in say mainstream early childhood settings. (DADHC)

The impact of these changes in relationships with families are not always easy to place, in this and other Reviews. The Families First literature presents improved relationships as the basis for improved future outcomes for families, but these improvements are also discussed sometimes as ends in themselves. Participants reported the research most persuasive to them as that centred on brain development. In contrast, they did not appear to have a clear framework linking changes in service network relationships and family outcomes. We organised this section under the heading of 'Relationships' to signal both the importance and the indeterminacy of these changes.

## **2.4 Projects**

Developments in interagency relationships represent one component of the reported benefits of Families First. The success of Families First funded projects is the other. Participants argued that Families First has delivered projects with real benefits to this point and that additional funding is needed to ensure they are maintained and enhanced. They welcomed the new projects planned for the next year.

## **Success stories**

As we noted in the section on Central Coordination, engagement with Families First has been easier for lead agencies of Families First service models, such as universal home visiting and Schools as Community Centres. We reported on the problems with unequal engagement in that section. In this Review, as in others, participants were extremely positive about those projects. Many people made the point that it is too early to measure the effect of these projects on learning or other long term outcomes, but also that improvements in the kinds and numbers of services available to families are already evident.

The theoretical and philosophical logic behind Families First is grounded in research, much of it conducted overseas. The application of this research to a range of Australian settings has been difficult at times. Some participants in this Review also questioned the utility of Families First service models for Indigenous communities. This point is connected to a more general point about the effectiveness of Families First for Aboriginal people and the representation of Aboriginal organisations in central management structures. As with the engagement of NGOs, Aboriginal participation in Families First management emerged as critically important in two of the three Area Reviews. This indicates that attention to the effectiveness of Families First for Aboriginal families is important to Families First at a State level, and the representation of Aboriginal families and organisations in central management groups should reflect this.

Despite this, the service models funded by Families First were widely praised as flexible and responsive to local needs, accessible to more parents than many other models of service delivery, and bringing about immediate benefits to parents and children. For example, representatives from DADHC noted that Families First offers new ways of delivering disability services:

Traditionally disability services tend to be provided by, therapists for instance, you know middle-class white North Shore women, and I think Families First has the real potential to do some more. I mean they're going into communities where they're facing some very difficult issues and [they're able] to do things differently and start at a grassroots level and start slowly, and sort of be more responsive.  
(DADHC)

Participants were enthusiastic about the ways in which Families First has expanded and enhanced the existing projects of single departments, such as Schools as Community Centres, and about the recalibration of existing services, such as the shift from clinic-based services to universal home visiting.

## **Resourcing**

We argued in the Area Review reports that funding is necessary to sustain both interagency collaboration and service delivery. This is particularly relevant to projects such as sustained home visiting. Participants argued for the need for long-term funding, needed to both maximise the impact of universal home visiting and to implement sustained home visiting for families who need extra support. Combining universal with specific programs received wide support, but people also expressed

concern that universal home visiting would identify families who need extra support where no programs offering that extra support are available.

The central planning processes were subject to some criticism. The funding cycle of five years was described as too short. They also argued for clearer outcomes and a better sense of the integration of Families First into the service and policy framework.

The importance of funding to secure participation in Families First at a central level was emphasised by many participants. There are parallels with this emphasis and our findings in the other Reviews around network development. Participants reported that money was required in some cases to reorganise central office functions and work practices: in some cases to ensure that Families First remained on the radar for senior people within agencies; and in some cases to underline the political priority and standing of Families First.

As in the Area Reviews, we found that changes in practice to increase interagency collaboration can only be achieved if resources, including funding, are directed towards it. Equally, programs and projects that allow for a focus on early intervention and prevention need to be effectively resourced. Participants in this and other Reviews argued that funding to this point has been only just sufficient to provide all that has been planned, and that enhancing and expanding these programs will require more money, whereas less money is promised.

While Families First aims to recalibrate existing practices and build on programs and networks in place, this can only be done with direct and sustained resourcing. Families First is not cost neutral and cannot be absorbed into the core business of agencies, except in the long term, without the provision of funds to do so. Consistent with a whole of government approach, long term cost savings are likely to be experienced in different agencies to the ones that expend the early intervention funds.

## **2.5 Summary**

Several forces have been important in the *central coordination* of Families First. Much of Families First is new and demands substantial practice and cultural change. This has been supported by the development and support of new management groups and the careful communication of Families First research and evidence to senior officers at central level. TCO's role as lead agency has been critical in all of this. Improvements in cross-agency relationships and collaboration have also resulted from these central strategies. While the strategic emphasis on FOA 1 and 2 in the first five years of Families First has presented difficulties to full engagement for DADHC and Housing, improvements to management structures and processes have begun to address them.

The Families First emphasis on both local responsiveness and central coordination makes the *central, regional and local structures* important to its implementation. The difficulties and specificities of these relationships have had an impact on Families First, but participants were very positive about changes that have been made and the benefits these will bring. Nonetheless, knowledge of Families First differs in both kind and degree between central and regional levels. It is imperative that fieldworkers responsible for service delivery receive accessible, detailed knowledge about Families First. Without this, knowledge is inequitably distributed across these levels. Those

being asked to change their practice should be informed of the reasons why and provided with incentives to do so.

The Families First principle of a strengths-based approach require changes to *relationships with families*. This approach requires more than changes to the agencies that deliver services or the services delivered. An attitudinal shift is required such that the family service network is regarded as a utility for all families rather than a tool to address the deficiencies of individuals. While the provision of universal, non-stigmatising services is crucial to achieving this attitudinal shift, unmet needs and gaps in the service systems present difficulties to achieving it.

Finally, the *projects* that have been funded through Families First have delivered benefits to families and promise more in the future. Improvements in the kinds and numbers of services available to families are already evident. Sustained funding is needed to further maintain interagency collaboration and service delivery. Projects planned for the immediate future, such as those focusing on transition to school, provide opportunities for improving some difficult inter-agency relationships and consequently better services.

### **3 Conclusion**

The final section of the report summarises the main lessons emerging from the findings of the State Level Review in relation to improving the capacity of Families First to enhance the effectiveness of the family services system.

The goal-outcome model (Figure A.2) is applied to the main findings to synthesise and interpret the data. It allows us to conceptualise Families First in the broader context of the family service system, which aims to improve child, family and community outcomes. The model examines whether the capacity of each part of the Families First process enhances the capacity of the family service system to achieve this goal.

The model encompasses five elements of capacity: organisations, resources, staff, leadership and networks. Lessons from the Families First State Level Review about each of these parts of Families First capacity are outlined below.

#### **3.1 Organisational Structures**

Participants from each of the agencies involved in Families First support the strategy's aims and objectives. However, the capacity of different agencies to participate in interagency collaboration and structures supporting interagency work varied. Clearly defining the roles and responsibilities of each agency is important to achieving a balance between the Families First and Departmental priorities.

- A simultaneous ecological approach to implementation across the four Fields of Activity should be employed, in order to secure the engagement of all relevant agencies.

#### **3.2 Resources**

As in the Area Reviews, we found that participation in Families First was often dependent on availability of resources. Strategies designed to increase interagency collaboration are more effective if resources are directed towards them. Participants argued for the need for long-term funding for the implementation of universal home visiting and sustained home visiting for families, the latter of which is likely to identify families needing extra support.

- Resources are required for change management towards adopting Families First into core business and infrastructure.
- Resources are required for universal and targeted services.

#### **3.3 Staff**

We found, as in the other Reviews, that commitment to and participation in Families First was related to level of knowledge of Families First and access to the research and evidence base of Families First. At the State level many of the Review participants were exposed to the research behind Families First. Communication of information to local and regional groups is important to the effective engagement of a broad range of agencies and the implementation of changes in practice. We found that there is often a gap in the awareness of Families First held at local level by fieldworkers responsible for service delivery.

- Training and engagement of staff at all levels is vital to achieving planning and practice change.

### **3.4 Leadership**

There was strong support for TCO's role as the lead agency for Families First because TCO has the authority of the Premier and neutrality regarding service delivery. TCO also provides a policy framework that is perceived as different from that used in the implementation of programs. In particular, State level managers viewed TCO as having the capacity to effectively manage Families First's emphasis on early intervention and prevention, changes to planning and practice, strengths-based services and interagency collaboration.

- Central agency management has the capacity to facilitate the implementation of Families First due to its planning neutrality and freedom from the responsibility for program delivery.

### **3.5 Network**

New groups and structures established by Families First such as the HOG and the State Advisory Group functioned to increase knowledge and respect for the work and difficulties faced by different government and non-government agencies. Other positive outcomes from these groups include better personal relationships and increased opportunities for information exchange and networking. These groups did not yet operate as a network for joint planning, budgeting and programming.

- A shared definition and understanding of the degree to which agencies should be networking around central budgeting and planning of agency core programs is required.

### **3.6 Conclusion**

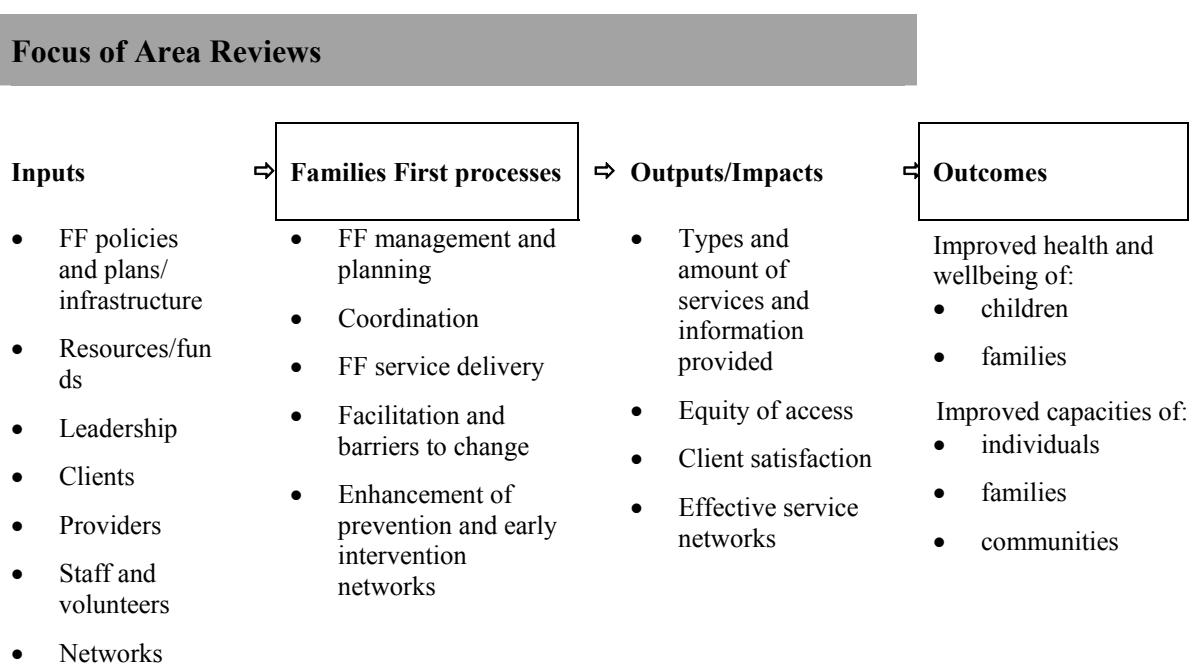
The key findings of the State Level Review concerned the central coordination of Families First and the role of TCO as the lead agency; management of the principles of early intervention and a cross-agency approach; funding; the hierarchical relationships of Families First in terms of management structures and processes; communication; and balancing regional decision-making and autonomy with centrally managed, statewide direction. In addition, perceived benefits include improved interagency relationships and an increase in the number and types of services available to families through the Families First funded projects. However it is evident that sustained resources are needed to ensure these benefits are maintained and extended.

## Appendix A: Evaluation Methodology

### Evaluation framework

The overall evaluation framework was based on concepts outlined in the *Production of Welfare Approach*, (Davies and Challis, 1986; Davies, Bebbington and Charnley, 1990). Derived originally from the economic analysis of the production processes, the approach links together service inputs, outputs and outcomes. Applying this approach to the evaluation of Families First the relationship between the different components of the project can be conceptualised in Figure 1.1. The approach draws attention to the importance of focusing on not only the outcomes, but also on the prior stages in the process of resourcing and providing supportive services to those families who will benefit most (Thomson et al, 2002).

**Figure A.1: Conceptual Approach to the Evaluation Design**



*Inputs and processes* describe the resources of Families First, and the service system and how it operates (including how it links with other services). *Outputs* describe the Families First services that children and families receive as a result of being part of the program, the changes in patterns and integration of services received and satisfaction with the support received. *Outcomes* measure the health and well-being and capacities of children, families and communities.

The Area Review methodology focuses predominately on the inputs, process and outputs stages (Thomson et al, 2002). Outcomes from children, families and communities are being evaluated by TCO through the Families First Outcomes Evaluation Framework (Fisher et al, 2002). The conceptual framework outlined here was used to determine the types of data and how they were collected in the review process. The State Level Review sought to examine the state level strategic policy implementation of Families First and the way Families First operates at a state level

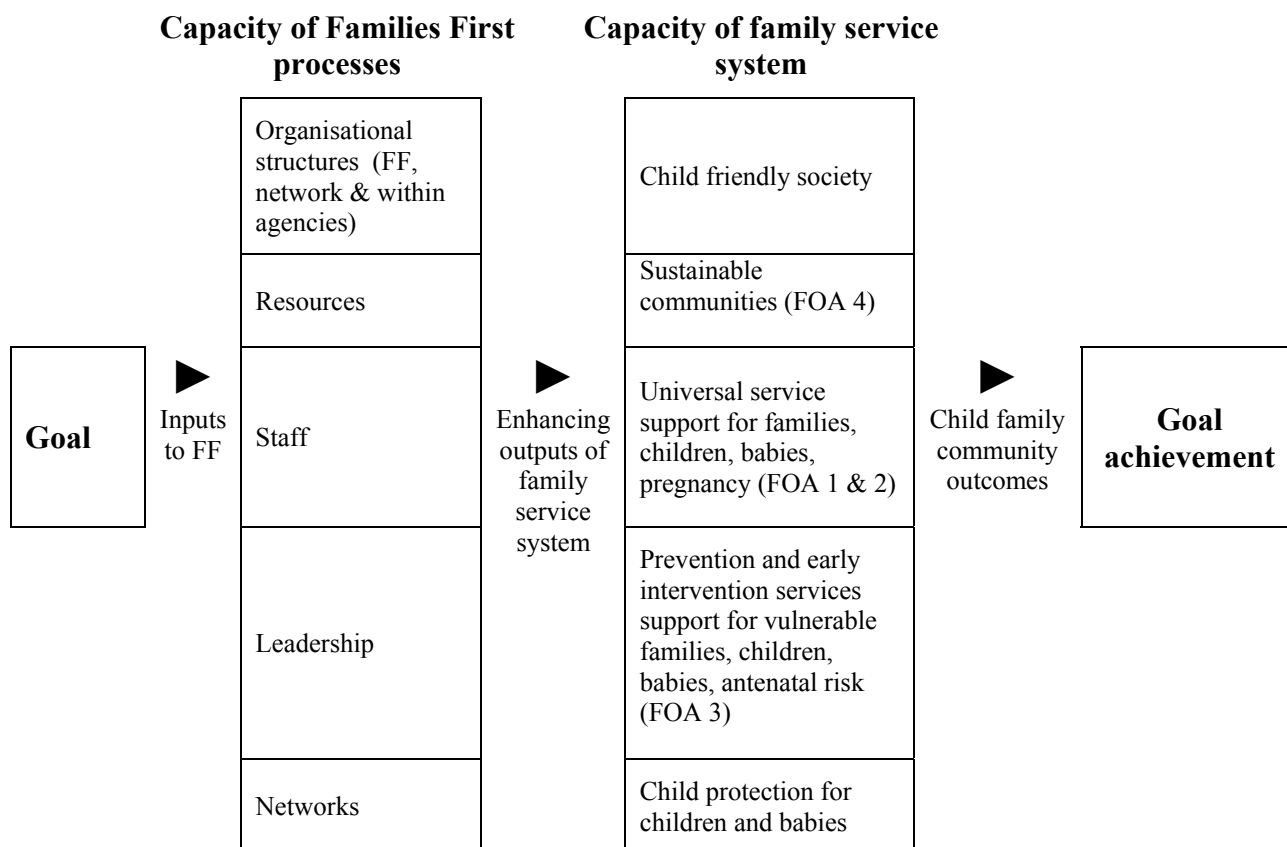
### **Application of the analysis framework**

As a way of synthesising and explaining the data gathered in the State Level Review the program logic model was applied to the following goal-outcome model (Figure 1.2). This framework was applied to the main findings to derive generalisable lessons for future implementation. The model consists of five elements including:

- *Organisational structures* - refers to processes such as policies, procedures, systems and practices that reflect the values and objectives of the organisation and enable an change to be managed effectively (NSW Health, 2001:10)
- *Resources* – include people, physical space, administrative support, planning tools and financial support (NSW Health, 2001:14)
- *Staff* – refers to people working within the system with the necessary skills and commitment to contribute to the overall goals of the strategy (NSW Health, 2001:12).
- *Leadership* – Leadership refers to people who are system thinkers and champions. The engage, mobilise and inspire others to act in ways that are consistent with the program’s aims and objectives (NSW Health, 2001: 16).
- *Network* – refers to the development of coordinated network of services based on collaboration and partnerships between different government and non-government services.

The model is a means of conceptualising Families First in the broader context of the family service system, which aims to improve child, family and community outcomes (Bronfenbrenner, 1979). The model focuses the analysis on whether the capacity of each part of the Families First process enhances the capacity of the family service system more broadly to achieve that goal.

**Figure A.2: Conceptual Approach to the Analysis - Goal-outcomes Model**



Source: Harris, 2003

Notes: FOA 1: Supporting parents who are expecting or caring for a new baby  
 FOA 2: Supporting families who are caring for infants or small child  
 FOA 3: Supporting families who need extra support  
 FOA 4: Strengthening the connection between families and communities

## Methodology

The data collection methods for the State Level Review consisted of two components:

- Document review
- In-depth interviews.

The fieldwork for the State Level Review was conducted in January and February 2004. In total 21 participated in the fieldwork.

### Interviews

Representatives from each of the five human services agencies involved in Families First participated in the interviews. Each was involved in Families First through membership of the HOG or the SAG or as Director-General of the department. In addition individual or group interviews were conducted with other key personnel, including members of the SAG not attached to a department, and staff within the Cabinet Office, including Project Officers who had been involved with Families First since its introduction. The topics investigated in the interviews included:

- Strategies developed to facilitate the implementation of Families First;

- Processes designed to foster inter-organisational relationships and their effectiveness at a central and regional level;
- Relations between central and regional implementation processes;
- Barriers to the implementation process;
- Factors that facilitated the implementation process; and
- Future directions.

## References

- Bronfenbrenner, U. (1979), *The Ecology of Human Development*, Cambridge Harvard University Press.
- Brown, K. and R. Keast (2003), *Networking, Networks and Network Structures: Unpacking Networked Forms for Optimal Community Connection*, unpublished paper presented at the 2003 Public Policy Network Conference, Victoria University of Wellington, New Zealand.
- Davies, B. and D. Challis (1986), *Matching Resources to Needs in Community Care*, Gower, Aldershot.
- Davies, B., A. Bebbington and H. Charnley, with B. Baines, E. Ferlie, M. Hughes and J. Twigg (1990), *Resources, Needs and Outcomes in Community-Based Care*. Avebury, Aldershot.
- Fine, M. (1997), 'Searching for a "one-stop-shop" and the seamless service system', *Social Policy Research Centre Newsletter*, 64, 1-5.
- Fisher, K.R., L. Kemp and J. Tudball (2002), *Families First Outcomes Evaluation Framework*, SPRC Report 7/02, prepared for The Cabinet Office NSW, [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au).
- Harris, E. (2003), *Goal-outcomes Model*, Centre for Health Equity, Training and Evaluation, unpublished.
- NSW Health (2001), *A Framework for Building Capacity to Improve Health*, [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
- Olds, D. and H. Kitzman, (1993), 'Review of research on home visiting for pregnant women and parents of young children', *The Future of Children*, 3(3), 52-92.
- O'Looney, J. (1993), 'Beyond privatisation and service integration: organizational models for service delivery', *Social Service Review*, 67(4), 501-534
- Provan, K. and H. Milward (2001), 'Do networks really work? A framework for evaluating public-sector organisational networks', *Public Administration Review*, 61(4), 414-423.
- The Cabinet Office (TCO) (2002), *Families First: A Support Network for Families Raising Children*, Office of Children and Young People, The Cabinet Office, Sydney.
- Thomson, C., K.R. Fisher and J. Tudball (2002), *Families First Area Review Methodology*, SPRC Report 2/03, prepared for The Cabinet Office NSW, [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au).
- Wadsworth, Y. (1993), *Do It Yourself Social Research*, Victorian Council of Social Services, Melbourne Family Care Council, Australia