

THE UNIVERSITY OF  
NEW SOUTH WALES



**FAMILIES FIRST AREA REVIEW  
SOUTH WEST SYDNEY**

**FINAL REPORT**

**FOR THE CABINET OFFICE OF  
NSW**

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**University of New South Wales Consortium**  
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## Abbreviations

ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
CEO	Chief Executive Officer
CFN	Child and family nurses
DADHC	Department of Ageing, Disability and Home Care
DET	Department of Education and Training
DoCS	Department of Community Services
FOA	Fields of activity
IPC	Infant Perinatal Care
LGA	Local Government Area
NGO	Non-government organisation
PC	Project Committee
PL	Project Leader
PMG	Project Management Group
SACC	Schools as Community Centres
SAG	Statewide Advisory Group
SWSAHS	South Western Sydney Area Health Service
TCO	The Cabinet Office

## 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.

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.

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

## **Executive Summary**

### **Introduction**

Families First is a New South Wales government initiative introduced progressively across the State over five years, from July 1999. The aim of Families First is to support families and communities to care for children. To achieve this, a prevention and early intervention approach is used to identify and support those children and families most likely to require further assistance. Drawing primarily on existing services and resources, the initiative is concerned with developing a coordinated network of services to link families to appropriate support.

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. This report presents the findings from the first Area Review in South West Sydney involving two sectors, Macarthur and Fairfield.

### **Method**

The Area Review used a triangulated methodology comprised of multiple qualitative and quantitative data collection techniques including documents reviews, observation studies, interviews, focus groups and surveys. The Area Review methodology captured a picture of the implementation of Families First at one point in time. As the design did not include before and after measures, the analysis reports on how the system currently operates and respondents' perceptions about changes. The methodology was designed so that it can be replicated within and across Areas in the future.

### **Families First in South West Sydney**

Families First commenced in South West Sydney in September 1998. The South West Sydney Families First Area includes the Bankstown, Camden, Campbelltown, Fairfield, Liverpool and Wollondilly Local Government Areas (LGAs). There was a staged rollout across the sectors.

The structure supporting the implementation of Families First operates at three levels, State, regional and local levels. Within each of these levels, specific structures are in place to guide the overall direction of Families First and to ensure that processes were established to facilitate the implementation of Families First.

A number of specific implementation priorities were established in South West Sydney. Over the last 3 years these priorities were to improve support to families with infants and young children by: improving the population coverage of contact with families by antenatal and early childhood services; developing service linkages between antenatal, maternity and postnatal services and support services for families; expanding the support available for families with young children; and developing community level support for families with pre-school aged children in identified communities.

## Service Network Structure and Operation

A number of distinct networks were observed in the Area Review, including policy implementation and service planning networks; service delivery networks for families with young children; and service providers' professional networks.

In South West Sydney, Families First has arisen out of and built on networks previously operating in the Area. The implementation of Families First in South West Sydney has strengthened the foundations of the service networks for families and children, developing a stronger focus on early intervention and prevention. For example, a child protection worker stated:

.... early childhood nurses ... [have] been a huge asset to the Department in terms of their initial involvement, often tapping families into required services and not necessarily involving the Department. And the ability of the nurses to coordinate some sort of response and inform the Department ... Certainly with their home visiting program ... that's been excellent ... If we're involved with the family and they look at what sort of supports they can provide to prevent these kids from coming into care or assisting the parents to look after the kids.

The Area Review also found that new network relationships have been facilitated. Some service providers are working collaboratively in service planning and provision. One worker commented:

There is more collaboration between services because we are working together. For example [an NGO] has the young mums program so we can work together. Before we would've had difficulty getting them into things. Now we're involving services a lot more at an earlier stage so families don't require further support.

The Area Review identified a number of challenges to the development and expansion of service networks. Many service providers recognised the potential benefits of collaboration but did not have the additional resource capacity required to expand this process. As the implementation of Families First rests on a few shoulders, a sense of 'implementation fatigue' was experienced among some key stakeholders. Network blockages as a result of waiting lists also inhibited the capacity of networks to intervene early.

Networks for coordinated planning were also operating in South West Sydney. While they provided a forum for information exchange, some service providers felt that membership was closed to certain agencies. The coordinated service planning had resulted in the development of service models that filled important gaps in service provision and facilitated access to the service network and more broadly to the community.

Area level planning was also difficult due to varying bureaucratic processes and a lack of systems building and planning capacity in some agencies. Some participants felt that the mechanisms to collaboratively review Families First funding and planning at the Area level were not yet working effectively.



## **Changes to Service Provision**

The Area Review found evidence of substantial achievements in changing the practices of some service providers towards an early intervention and prevention focus. The level of change in practice across the South West Sydney was mixed, with some agencies and service providers clearly having made considerable progress.

The way that health services operate to support families with young children is an example of the significant change achieved by some agencies. A comprehensive standardised antenatal assessment tool has been developed to identify women at risk. Women who were identified as at risk, for example of postnatal depression, have been linked to early childhood nurses in the early stages of pregnancy so that a supportive relationship develops before the baby arrives. Internal and external referral pathways have been developed between service providers so that supports are put in place before problems arise. In addition new data management systems have been developed and are in the process of being rolled out across South West Sydney to improve the tracking of information antenatally to postnatally.

Successful practice change was facilitated when management endorsed the changes and internal structures were developed to support the process. Another key element in implementing effective changes in practice was to first prepare, train and support staff through the process.

Families First increased the profile and legitimacy of early intervention and prevention focused service provision. The implementation of Families First has fostered an environment to develop and trial innovative services to meet the needs of a more diverse range of families. For example, one Schools as Community Centre found that the usual means of reaching families was not effective. Families found it too confronting to attend activities at the school or in community facilities yet many of these families had had little if any contact with service providers.

In order to make that first contact and to introduce families to services an innovative outreach strategy was started which meant families could make contact with other services, participate in community building and have their children experience positive play activities. The outreach strategy involved the service providers coming to families in their immediate neighbourhood and principally playing with children while developing a relationship with parents, carers and other key people in the area. For some families, this was the first time they had used a service or had had a positive experience of using a service. As a result of attending this program, many families developed closer ties with the local school.

The Area Review found that as a result of changes in services in South West Sydney there was increased support available to families and more families accessed services. Some services also intervened earlier with families who could potentially develop problems without support.

The capacity of the system to meet early or critical family needs was found to be the core challenge in the process of building effective service change. The inability of many services to be accessible to families from all cultural groups was another issue confronting South West Sydney. With reference to Aboriginal families, some Area

Review participants expressed a concern that many services were unable to meet these families ‘where they are at’.

It also appeared that families were accessing strengths-based interventions, an important foundation in the Families First principles. This approach builds on the achievements of families rather than deficits. It starts with an assumption that people have capacity and aspirations.

### **General Issues**

A central finding throughout the Area Review was that there was considerable effort to incorporate the Families First principles into methods of service provision. Through the implementation, service providers have been encouraged to reorient their practice in line with Families First objectives. The incorporation of Families First into core business was a vital component of reorienting services and building networks.

The Area Review found that some confusion had arisen over Families First being an initiative based on implementing principles of practice and system change rather than a funding program. Communicating this proved to be problematic. Without developing a comprehensive understanding of Families First at all levels, the capacity to coordinate planning and instigate system changes across the Area was inhibited.

The conceptualisation of early intervention and prevention in relation to chronic and crisis services also raised difficulties in the implementation process. It was often difficult to define where early intervention and prevention ended and crisis intervention began. Resource shortages created gaps in the support network for particular groups, such as families experiencing domestic violence or where there was concern about neglect, as they fell between the boundaries of early intervention and crisis services.

### **Lessons from Families First in South West Sydney**

As a result of the Area Review process a number of components of Families First in South West Sydney emerged as key implementation lessons including the following.

- *Key concept.* The aims and objectives of Families First were seen as logical and linked to evidence-based practice. This provided a clear justification and direction to the process of change. Families First drew together agencies and the community in a coordinated approach to early intervention and prevention with a view to improving the longer term outcomes of children, their families and communities.
- *Champions.* Families First had support from key stakeholders in South West Sydney. The strong commitment of the people involved, at all levels of the implementation, sustained the momentum needed for change.
- *Existing and supported structure.* Existing service networks were operating in South West Sydney. Families First was able to build on these structures and extend the networks towards early intervention and prevention. In addition, the impetus for change was supported from high levels of management.
- *Innovation:* Although being one of the first Areas to implement Families First created some challenges for South West Sydney, it also facilitated the

development of innovative and flexible service delivery models to meet the needs of the community.

- *Dedicated resources for the implementation process of Families First.* Having specific project leaders and other key personnel facilitated the implementation process. Funds dedicated to early intervention and prevention were also an important asset.
- *Additional Funding.* New funds were essential in South West Sydney to develop and manage service change and to instigate innovative service delivery models to fill gaps. Increasing the overall capacity of the service network was fundamental to meet the support needs of families earlier.

Overall, the Area Review found that Families First in South West Sydney has made progress towards achieving the core aims and objectives by implementing strategies addressing the priority issues of the Area. Families First in South West Sydney has in many cases: fostered relationships between service providers; put in place the mechanisms to further develop a more coordinated and integrated network of services to support families with young children; improved service access; and developed innovative service delivery models to fill gaps in service provision.

A number of important gaps and other challenges including resource and capacity limitations, communicating Families First as policy and meeting the needs of all families in the community have been identified in the Review process. However, South West Sydney continues to make significant gains towards developing the strategies to extend a service network system focused on prevention and early intervention support for families and children.

## **1 Introduction**

### **1.1 Purpose of this Report**

Families First is a New South Wales government initiative introduced progressively across the State over a period of five years, from July 1999. The aim of Families First is to support families and communities to care for children. To achieve this, a prevention and early intervention approach is being used to identify and support those children and families most likely to require further assistance. Drawing primarily on existing services and resources, the initiative is concerned with developing a coordinated network of services to link families to appropriate support.

The University of New South Wales Evaluation Consortium was commissioned by The Cabinet Office of NSW to conduct the Area Reviews of Families First. The Consortium consists of academics and representatives of a number of research centres and universities including, from UNSW, the Social Policy Research Centre (SPRC), the Centre for General Practice Integration Studies (CGPIS) and the Centre for Health Equity Training, Research and Evaluation (CHETRE). In addition, collaborators include researchers from the School of Women's and Children's Health, UNSW and Early Childhood Education Program, University of New England. The Consortium is managed by the SPRC.

The Area Reviews form part of the overall evaluation of Families First. Other components of the evaluation include local Area evaluations, as determined by the Regional Officers Groups; program evaluation of the projects funded through Families First; and the Outcomes Evaluation Framework (Fisher, Kemp and Tudball, 2002), which has population outcome measures at State and Families First Area levels. The Area Reviews focus on the statewide development and implementation of Families First. They are being carried out in three geographical Families First Areas, which are at different stages in the implementation process, South West Sydney, Orana Far West and the Illawarra, from 2002 to 2004. This report presents the findings from the first Area Review in South West Sydney.

### **1.2 Description of Families First**

#### **Background to 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.

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 initiative 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. Each of these key elements and the evidence on which they were based is discussed briefly below.

*The early intervention approach.* Studies both internationally and in Australia have shown that support for families during infancy and early childhood helps create a healthy environment that fosters children's lifetime development, educational attainment, minimises the risk of abuse or neglect, and reduces the likelihood of future criminality and addiction (Provence and Naylor, 1983; Weikart and Schweinhart, 1993; Johnson and Walker, 1987; Miller and Whittaker, 1988; Oates et al, 1995; Olds et al, 1997; National Crime Prevention Authority, 1999; Ontario Secretariat, 1999, Currie, 2000). It has been estimated by one researcher that the financial benefits of taking early preventative steps outweighs the costs of providing remedial and custodial programs later by a ratio of 7:1 (Barnett, 1993).

*Screening and referral.* It has been argued that the development of effective screening instruments in the early postnatal period, and their use to enhance and streamline the referral process will assist in the targeting of services to meet the specific support needs of the families. Some services are more effective when provided to all families as it reduces the stigma attached. Most births come to the attention of hospitals. However, prior to Families First it was evident that many of the parents of children in need of support did not regularly attend Early Childhood Clinics. Research has shown that home visiting programs that were comprehensively designed and targeted at families where there are certain vulnerability factors such as low income; young parents; or single parents, delivered by well-trained professional staff, were more likely to achieve positive outcomes. It was also noted that flexibly designed contact that enabled the families to establish a trusting relationship with the visitor and for the visitors to understand the families needs was also important (Olds and Kitzman, 1993).

*Service integration and networking.* Families First emphasises the coordination of existing specialist service providers into an integrated network, pooling information, eliminating duplication and maximising the effectiveness of existing resources by making appropriate referrals and through effective collaborative arrangements for follow-up support of client families over time. Improved coordination of services has the potential to enhance the effectiveness and efficiency of service delivery and to help provide cost-effective solutions within the levels of existing resources (O'Looney, 1993; Fine, 1997). However, research suggests that improving the coordination of otherwise independent services, particularly those from different sectors (health, welfare, education etc) is generally more difficult in practice than is anticipated (Bruner, 1992; Harbert, Finnegan and Tyler, 1997; Fine and Pancharatnam, 1999). The benefit is that groups that consciously collaborate with each other are more effective at providing a complex array of services than the same organisation when operating independently (Provan and Milward, 2001).

Brown and Keast (2003) identify three network structures. First 'networking' where relationships are shorter term and based on cooperation with each member having autonomous goals. The next level is 'network' where members are semi-autonomous as goals involve some joint planning and service provision through coordinated relationships. Finally 'network structure' involves longer term and formal relationships based on collaboration where new systems are developed based on highly interdependent goals. Network forms generally compromise a mix of

relationship types. Families First promotes the development of networks around evidence-based aims and objectives. An important strength of the initiative is that rather than being negotiated by the membership, which can cause conflict in relationships the network goals are derived from those core objectives (Provan and Milward 2001:417).

*Community development.* The social context in which families live has been recognised as an important influence on human development over the life span. According to Bronfenbrenner's theory of human ecology the way in which parents care for their children is influenced by structural characteristics and the interactions between families, social networks, neighbourhoods, communities and cultures. In more recent years Bronfenbrenner (1992) has emphasised the importance of personal characteristics, the nature of other relationships and processes on human development (Tomison and Wise, 1999). Gabarino argues that the wider social environment today, including the communities and neighbourhoods in which we live, encompass destructive factors such as violence, poverty, unemployment, poor housing and substandard schools. One of the long term aims of Families First is to enhance strengths in the community, develop relationships and reconnect communities so that those communities can better support families and children.

### **Aims and objectives of Families First**

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 (1999), *Families First: A Support Network for Families Raising Children*, and are summarised in the remainder of this subsection.

### **Outcomes for Families First**

The overall outcomes sought are:

- healthier children and parents;
- better functioning families who are able to enjoy and learn from one another;
- children who are better prepared to learn and develop when they start school;
- reduction in the conditions that lead to mental health problems in children (such as conduct disorder);
- improved recognition and early intervention for post natal depression and other mental health problems in parents and new babies;
- greater parental participation in education and training;
- communities whose members interact more positively and which are friendly places to bring up children;
- reduction in the conditions that lead to child abuse and neglect; and
- reduction in juvenile and adult crime.

### **Fields of activity**

The Statewide policy framework of Families First focuses on four fields of activity: children, parents, communities and the service network. Each is described below.

- FOA 1: Supporting parents who are expecting or caring for a new baby

Parents expecting or caring for a new baby need access to information to assist them to make choices about how to care for the baby. Maternity and child health services will broaden their services to a range of community settings and other venues, and in the parent's homes'. Health professionals are to make assessments of the whole family with regard to stresses that may develop into more complex problems. Parents needing extra support will be linked with other services.

- FOA 2: Supporting families who are caring for infants or small children

Parents are to be supported in increasing their parenting skills and sense of control. This will help sustain their ability to foster their children's growth and development by making it easier for them to love and care for their children. Parents can be supported with practical assistance such as Trained volunteers to provide practical support to parents in their homes, community services, or being in contact with other parents through playgroups and mothers'/fathers' groups.

- FAO 3: Supporting families who need extra support

Other families need extra support, whether for children with special needs or for parents struggling with their own problems and finding it difficult to sustain a healthy home environment for their child. The Families First network, through multidisciplinary teams and linked services, will enable professionals to work together to provide the range of assistance to parents and their children. This may take the form of agencies pooling funds or co-locating premises.

- FOA 4: Strengthening the connection between families and communities

It is intended that Families First will encourage communities to connect families by strengthening formal and informal neighbourhood networks. There will be a particular focus on disadvantaged communities. The forms of such connections will not be prescribed. Instead, communities will choose the form of interaction most appropriate to their circumstances.

### **Strategies of Families First**

The initiative aims to achieve the objectives of Families First through the development of a service network that adopts a coordinated, interagency approach to service planning and delivery. It aims, through this broad network, to support parents in raising children by assisting them to solve problems at an early stage, before they become entrenched.

The service network is 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 network is to develop so as to support families at different stages as outlined above in the fields of activities.

### Implementation of Families First

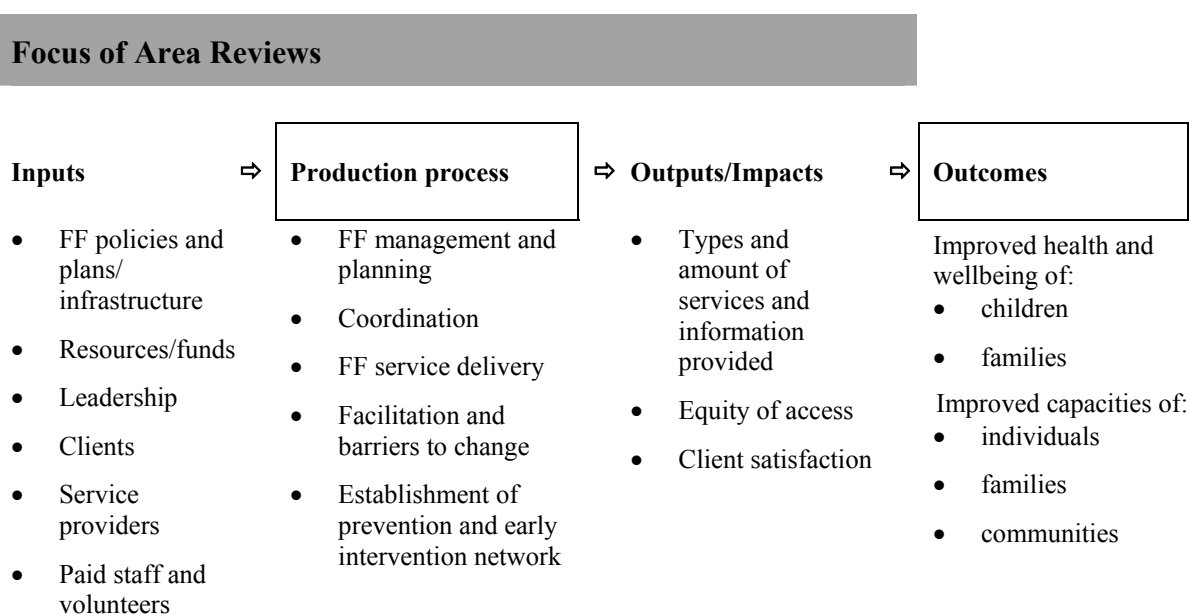
The implementation of Families First is the responsibility of a number of agencies including the Departments of Community Services (DoCS), Ageing, Disability and Home Care (DADHC), Education and Training (DET), Housing and NSW Health through Area Health Services, and non-government agencies funded by Government to support families. Human services CEOs, Directors General of the relevant government agencies, decide key issues in the implementation of Families First using information from project management and implementation groups (TCO, 1999).

### 1.3 Area Review Approach and Aims

The Area Reviews are a type of formative or process evaluation, monitoring the extent that services are delivered in the form envisaged by the agencies responsible for policy development. Where the results of the initiative 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).

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. Drawing these together is the production process itself (Thomson, Fisher and Tudball, 2002). As the Area Review forms one component of the overall evaluation this conceptual framework was used to determine the types of data and how they were collected in the review process.

**Figure 1.1: Conceptual Approach**





Applying this approach to 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, Fisher and Tudball, 2002).

Inputs and processes describe the resources of Families First, and the service system and how it operates (including how it links with other services). The 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 Reviews methodology focuses predominately on the inputs, process and outputs stages. Outcomes from children, families and communities are being evaluated by TCO through the Families First Outcomes Evaluation Framework (Thomson, Fisher and Tudball, 2002; Fisher, Kemp and Tudball, 2002).

Program logic (Department of Finance, 1994) and program theory (Bickman, 1996) are the theoretical tools were applied in the evaluation data analysis. Analysis through program logic involves identifying and taking into account the presumed logical and causal relationships between inputs, processes, outputs and outcomes. Program theory analyses two aspects of the program. First, the program implementation is assessed by examining whether the program inputs are in place as planned. Second, the program theory is investigated by considering whether the implementation occurs in the way it was envisaged and whether the outcomes are as predicted (Bickman, 1996).

The aims of the Area Reviews are to investigate the following questions.

1. What have been the priority implementation issues in this region?
2. What have been the key changes to Families First agencies (those responsible for implementing Families First) and relevant non-government agencies, as a result of the implementation of Families First in this region? Identify key strengths and key challenges in each region?
3. What is the description of the current early intervention and prevention networks in this region? What is the description of Families First networks and quality of networks (measured by density of connections) as a baseline measurement for future comparison?
4. How, and in what ways, have the Families First Framework and the Area implementation plan strengthened and/or reoriented a prevention and early intervention network? Is Families First being implemented according to design, as outlined in the Families First Framework and Area implementation plan?
5. What are the factors both at central government (program and departmental) and regional levels that support or impede the implementation of Families First?

#### **1.4 Outline of the Report**

This first section of the report reviews the background to the introduction of Families First, its aims and objectives. The methodology used in the Area Review is outlined in the Section 2. Section 3 focuses on what are referred to as inputs in Figure 1.1 and

describes the development and implementation of Families First in South West Sydney. Section 4 examines the production process in terms of planning and the operation of the service networks in South West Sydney. The factors that facilitated or impeded the implementation process are then discussed.

Section 5 follows by describing outputs in terms of changes in practice of existing service providers and examines the new service models that have been trialled in the Area. Following this a number of conceptual issues underpinning the development and implementation of Families First in South West Sydney are considered in Section 6. The final section of the report summarises the main findings of the Area Review and outlines the lessons learnt from the experiences in South West Sydney in the development and implementation of Families First.

## **2 Method of the Area Review**

### **2.1 Overview of the Methodology**

As outlined in the previous section, the Area Review methodology uses a process evaluation approach to examine whether Families First is being implemented according to the design, as outlined in the Families First Framework and Area implementation plans. The methodology was also designed to review the overall process of implementation and the strategies employed in working towards achieving the core objectives of Families First in South West Sydney.

The Project Leaders from the three Areas involved in the Area Reviews, members of The Cabinet Office (TCO) and the UNSW Evaluation Consortium formed a working party to assist with the development of the methodology. Feedback on the methodology was also sought from members of the South West Sydney Project Management Group and the Implementation Groups. The Area Review was not designed to evaluate or compare the performance of individual services or each sector but rather to consider the issues emerging at an Area level. The focus of the Area Review is to report on examples of best practice drawn from the principles of Families First found in each sector. Given this the agencies have generally been de-identified in reporting the findings.

Two sectors were involved in the Area Review of South West Sydney, Macarthur and Fairfield. These sectors were chosen as examples of the diverse populations covered in South West Sydney: Macarthur has a large Aboriginal and Torres Strait Islander population and Fairfield has a significant number of people from cultural and linguistically diverse backgrounds. In addition, Macarthur was the first sector in which Families First was rolled out.

The Area Review was conducted over six month period from July to December 2002. The interviews, site observations and surveys were carried out in November and December 2002.

### **2.2 Data Collection Methods**

The Area Review used a triangulated methodology comprised of multiple qualitative and quantitative data collection techniques including documents reviews, observation studies, interviews, focus groups and surveys. Using multiple data to explore the experiences of a variety of stakeholders from different perspectives overcomes the limitations of using only one method (Dockrell, 1995; Sarantakos, 1993). The methods used are summarised in Table 2.1.

The Area Review methodology captured a picture of the implementation of Families First at one point in time. As the design did not include before and after measures, the analysis can only report on how the system currently operates. Respondents' perceptions about changes were also included. This makes it difficult to attribute perceptions about changes directly to Families First activities. The methodology was designed so that it can be replicated within and across Areas in the future.

**Table 2.1: Summary of Data Collection Methods**

Area Review component	No.	Description
Document review		Analysis of documents relating to Families First at a local and central level
Service census		A survey of child and family organisations to detail the types of services and level of involvement in Families First
Questionnaire for service managers/coordinators	44	A detailed survey of organisations directly involved in Families First on service inputs, aspects of the service network and service outputs
Observations and site visits	4	Site observation to observe the processes of service delivery and connections with other services
Regional Officers Group and key personnel interviews	12	Interviews discussing the process of managing Families First, the perceived impact and barriers implementation
TCO interviews	2	Interviews discussing the management of Families First at the State level, perceived impact and barriers to implementation
Project Leader interview	1	Interviews reviewing the development of Families First, the achievements and barriers to implementation
Interviews with middle managers	6	Interviews reviewing the development of Families First, the achievements and barriers to implementation
Fieldworker interviews	22	Interviews exploring their experience with Families First, differences between process goals and practice.
Family interviews	13	Interviews with families in each sector to explore their experience of the service process and network

### Document analysis

Documentation relating to Families First at a local and central level was analysed as a means of determining the intentions of Families First and the reflection of those intentions in relation to network development in written records. The documents reviewed included minutes of key meetings relating to Families First such as the Project Management Group and Implementation Groups in each sector, Families First briefing papers, project briefs and reports from projects funded by Families First.

### Service census

Initially a service census of child and family organisations in the two sectors was proposed. However, due to time constraints and the lack of readily available contact details, this component of the Area Review has not been completed. It is envisaged that it will be conducted at a later stage and the results will be incorporated into a final report. The aim of the Census was to describe the service landscape in terms of the types of services and level of organisational involvement in Families First. The Service Census will be conducted with service managers from the following service sectors: health services, education, child care and early childhood support services, disability services and community facilities.

### **Survey of service managers**

The survey of service managers collected information on the service inputs, aspects of the organisational procedures and processes, network activities and service outputs of organisations in the service network. Detailed data were collected from organisations directly involved in Families First. Organisations completing the survey of service managers were not included in the service census list, as the census questions were incorporated into the survey of service managers.

The Project Management Group and Implementation Groups identified the organisations included in the sample for the service manager survey. The criteria for inclusion were organisations that received and made referrals to other organisations. Some agencies for which it was appropriate to only make referrals to other agencies, for example hospital antenatal clinics, were also included. It is interesting to note that it was difficult to identify which services should be included in the survey. SWS Families First had not previously comprehensively identified members of the network.

The first part of the survey asked managers to collect some service statistics over a period of a week. These statistics provided a snapshot of the characteristics of families with children aged 0-8 years using services. Information collected included the following:

- the number of new and ongoing clients;
- characteristics of new families referred to the organisation;
- referrals received and made by the organisation; and
- informal consultation and information sharing with other agencies.

The second part of the survey focused on the operation of the network and the perceived impact of Families First.

Before the survey was sent a number of briefing meetings were held with the staff from health services and non-government organisations (NGOs) that would be completing the survey. After piloting the survey, the survey was conducted over the week beginning 11 November 2002. A modified version of Dillman's method was used to distribute the survey (Dillman, 1978). Initially, an introductory letter outlining the rationale for the survey and notification of the types of information that needed to be collected was sent a month prior to survey proper. Following this an accompanying letter, survey and reply paid envelope were sent to those included in the list of services provided by the project leader. Three weeks later a reminder postcard was sent to the whole sample, to thank those who had returned the survey and to remind those who had not returned it to do so. Due to the Christmas break a replacement survey and another letter were sent to the non-respondents in the first week of February 2003.

### **Observations and site visits**

Two site visits and observations of meetings were conducted in each sector. Researchers visited supported play groups and attended an interagency meeting in each sector. The aim of these visits was to observe Families First in operation,

specifically in relation to services with an prevention and early intervention focus, links within and between agencies and the potential for community building activities.

### **Key personnel interviews**

Interviews were conducted with eight key personnel involved in the implementation process of Families First. The manager and a former Senior Project Officer, Office of Children and Young People were interviewed to gain the State level perspective on the Families First implementation process. The regional perspective on the implementation process was gathered from members of the Project Management Group including the Project Leader.

### **Regional Officers interviews**

Interviews were conducted with six members of the Regional Officers' Group from the different five human services departments including NSW Health, the Department of Community Services, Department of Ageing, Disability and Home Care, Department of Education and Training and the Department of Housing. The topics covered in the interview included identifying the priority issues for implementation in South West Sydney, the perceived impact of Families First and factors that facilitated or impeded the implementation process.

### **Middle manager interviews**

Middle manager interviews focused on the perspective of managers implementing Families First in South West Sydney. The aim of the interviews was to examine the intersection point of policy implementation and change in practice as middle managers are expected to lead the change process. Middle managers from the human service Departments involved in Families First were interviewed in addition to representatives from local government and NGOs.

### **Fieldworker interviews**

Interviews were conducted with 22 fieldworkers in different agencies to examine the differences between the process goals of Families First and what happened in practice working with families. The selection of service fieldworkers was made in consultation with the Area Review Working Party, the Project Management Group and the Implementation Groups in each sector and included people in the following positions:

- allied health worker;
- early childhood and parenting nurse;
- Ethnic Obstetric Liaison Officer/Aboriginal Home Visitor;
- Client Services Officer (Department of Housing);
- antenatal midwife;
- Child Protection Specialist (DoCS);
- family support worker;
- volunteer home visitor;
- Schools as Community Centres Coordinators; and
- Children Services Director.

Originally general practitioners (GPs) were identified as potential interview subjects. A number of unsuccessful attempts were made to contact GPs.

Fieldworkers were also asked to draw a diagram to represent their links with other agencies working with families and children. Workers were asked to indicate the types of links they had with other agencies, for example referral, joint assessment and intake or case planning, undertaking joint projects or joint training and information sharing. In addition information was sought on the strength and direction of links from other agencies. For example, referral links with an agency could be in one direction but joint project work and training or shared intake would be two-way.

### **Family interviews**

Thirteen families were interviewed about their experience of the service system, including attempting to access services, receiving support and referrals to other services. Each of the fieldworkers interviewed were asked to approach a family to participate in the research. Although there are inherent biases associated with this method of recruitment, it was felt that in order to maintain the confidentiality of these vulnerable families, researchers should not approach them directly. It was difficult for some services to recruit families due to the nature of their client base. However, the interviews provided case study material on the impact of Families First and allowed for some comparison of the service providers' perceptions of the operation of the network to the direct experience of clients.

### **2.3 Limitations of the Methodology**

It was evident in the preparation for the fieldwork that some services did not have a good understanding about Families First. Some participants questioned whether they should be involved in the Area Review process, particularly the service manager survey, because Families First did not fund them.

Another difficulty faced was the number of services and the size of the network in South West Sydney. Compiling the lists of services to be included in the service manager survey was time consuming for key personnel in South West Sydney. As we were only looking at two sectors and not the whole of South West Sydney, there were considerable gaps in the referral pathways for some services. This meant that while there was some overlap, it was limited. It was not possible to gain a clear picture of all the network relationships operating in South West Sydney.

### 3 Families First in South West Sydney

Families First commenced in South West Sydney in September 1998. The South West Sydney Families First Area includes the Bankstown, Camden, Campbelltown, Fairfield, Liverpool and Wollondilly Local Government Areas (LGAs). Within South West Sydney there was a staged rollout across the sectors. Macarthur was the first sector to establish Families First in 1998, followed by Liverpool, Bankstown and Fairfield. The Area Review focused on two sectors, Macarthur and Fairfield.

**Table 3.1: Selected Demographics of the South West Sydney Area**

	South West Sydney Area	Macarthur	Fairfield
Total population	728 755	226 928	181 936
Proportion of children 0-8 years	14.5%	15.3%	13.4%
Number of babies born in 2001 <sup>(1)</sup>	11 677	3 520	2 758
Proportion of people whose main language spoken at home is not English	40.7%	14.9%	65.8%
Proportion of people who speak English 'not well' or 'not at all'	7.9%	1.6%	16.6%
Five main community languages	Arabic Vietnamese Chinese(Cantonese) Italian Spanish	Arabic Spanish Tagalog Samoan Chinese languages	Vietnamese Chinese Spanish Arabic Italian
Proportion of Indigenous persons in population	1.3%	2.1%	0.6%
Unemployment rate	8.8%	7.0%	12.7%
% Low income (% of the population over 15 years with individual income less than \$300 per week)	40.9%	36.3%	47.5%
Index of Relative Socio-Economic Disadvantage <sup>(2)</sup>	Bankstown 969 Camden 1051 Campbelltown 964 Fairfield 905 Liverpool 956 Wollondilly 1028	Camden 1051 Campbelltown 964 Wollondilly 1028	Fairfield 905

Source: Census Basic Community Profiles 2001; (1) *Demography NSW 2001* ABS Catalogue No. 3311.1; (2) IRSED Index from *Regional Statistics NSW 2002* ABS Catalogue no.1362.1, based on SEIFA 1996. The lower the number the more socio-economically disadvantaged

South West Sydney Area has a total population of 728,755 persons, with a significant proportion of children aged 0-8 years (14.5 per cent) (Table 3.1). The Area has a large population of culturally and linguistically diverse persons, with 40.7 per cent of the population stating that English is not the main language spoken at home. Unemployment rates are high in the area (8.8 per cent) and over a third of the population over 15 years of age have low income less than \$300 a week.



Macarthur has a total population of 226,928 persons, which represents 31.1 per cent of the total South West Sydney Area population, and a significant proportion of children aged 0-8 years (15.3 per cent). Fairfield has a slightly smaller population of 181,936, this represents 24.9 per cent of the total South West Sydney Area population. Together these two LGAs represent over half the total South West Sydney Area population. A high proportion of the Fairfield population are from culturally and linguistically diverse backgrounds with 65.8 per cent stating that English was not the main language spoken at home. Fairfield has a high unemployment rate of 12.7 per cent and almost half the population has low incomes.

South West Sydney also includes the suburb of Claymore, which was identified in the top ten (out of 578 postcode areas) most highly disadvantaged areas in the State in Vinson's (1999) study on the distribution of social disadvantage. Along with measures socio-economic measures of income, employment, education and so on, the disadvantage rank used in the Vinson study incorporated indicators of children's health and wellbeing of particular interest to Families First specifically, such as low birth weight, child abuse and child injuries.

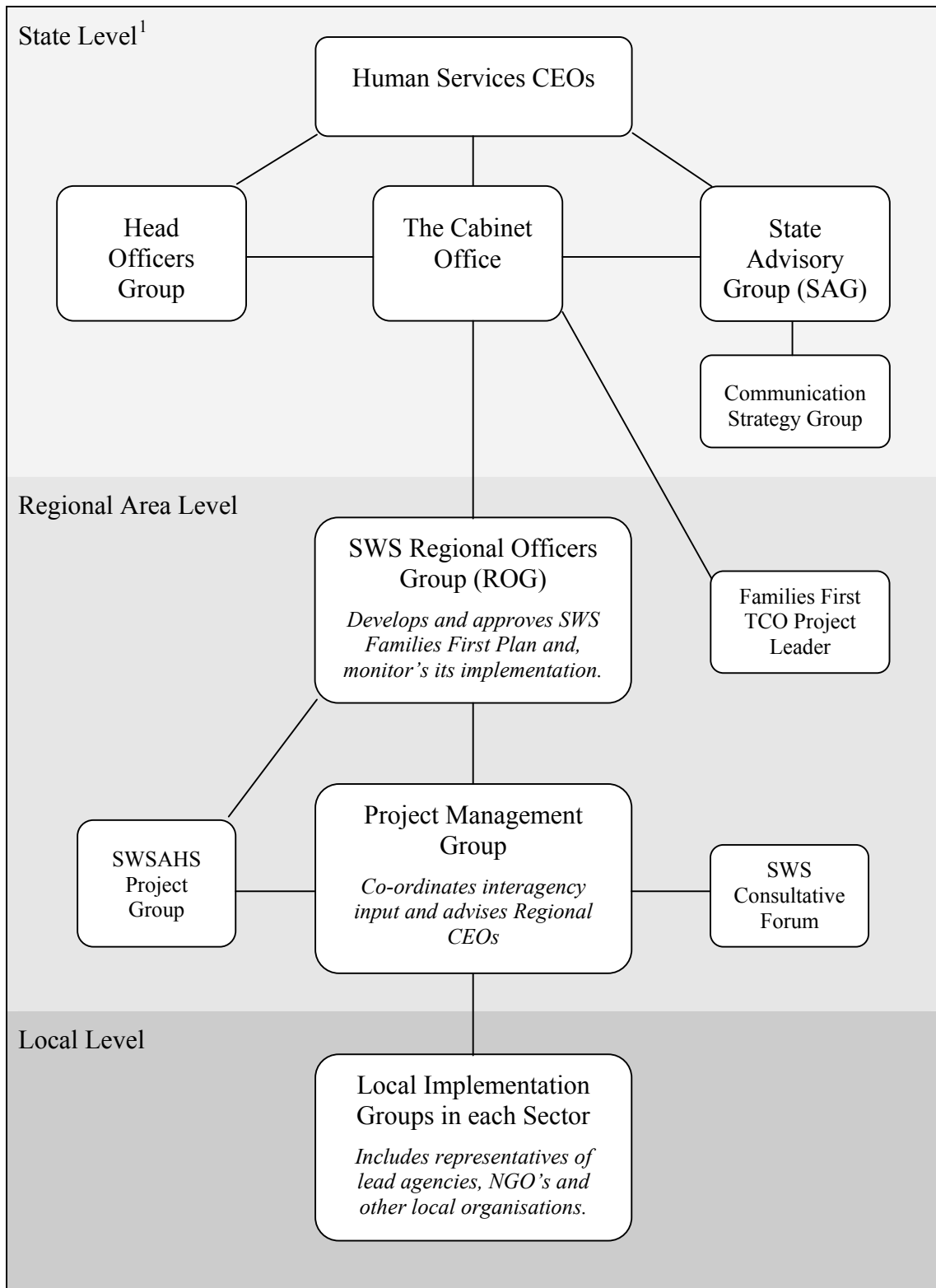
This section of the report provides an overview of the establishment of Families First in South West Sydney. In South West Sydney infrastructure already existed that supported the establishment of Families First, such as data management systems. The section is based information gained from documents such as briefing papers, minutes from management committees and the implementation group and various implementation plans, reports and interviews with key stakeholders.

Before outlining the priority implementation issues for the South West Sydney Area, the section begins with an overview of the State and Regional structures supporting the development and implementation of Families First. The final part of the section examines the implementation process and some of the challenges faced.

### **3.1 State Structure Supporting Families First**

Although the overall aims and objectives of Families First are quite straightforward, the structure that supports its implementation is complex. Families First operates at the State, Regional and local level. Within each of these levels, specific structures have been put in place to guide the overall direction of Families First and to ensure that processes were established to facilitate the implementation of Families First.

**Figure 3.1: South West Sydney Families First Organisational Chart**



<sup>1</sup> The state structure is now different; Figure 3.1 accurately represents how it was operating for South West Sydney at the time of the study.

The State structure developed to support the implementation of Families First at the time of the study consisted of a number of elements. The Chief Executive Officers (CEO) of the five Human Services participating in Families First including: NSW Health, DoCS, DET, DADHC and the Department of Housing are jointly responsible for the overarching management of Families First at a State level. They were also responsible for setting directions on key strategic issues and approving the regional implementation plans.

TCO played a pivotal role in the management and implementation of Families First. At the State level, TCO was responsible for the daily management of Families First. TCO, on behalf of the CEOs, facilitated the processes to establish Families First. A Project Leader (PL) employed by TCO worked in the Area, provided secretariat support and facilitated processes on behalf of the Regional Management Group and TCO centrally. The PL assisted with coordination and development of the Families First Implementation plans.

The Families First Statewide Advisory Group (SAG) was established by TCO to advise on statewide and regional issues. Membership of the SAG included organisations representing the interests of families including ATSI and culturally and linguistically diverse (CALD) families and families with a child with a disability and key peak organisations representing parts of the service system for example family support and professional organisations such as Child and Family Health Nurses Association. Later, the membership was expanded to include key workforce professional groups from each of the FOAs such as NSW Nurses Association and Midwives Association. Representatives from the Regional Management Groups in each Area where Families First was operational were also included as members of the SAG. PLs assisted in communicating information from the SAG to the regional level.

Also operating at the State level is the Communication Group, a sub-group of the SAG. All Departments involved in Families First were represented on this group, which reported to TCO. This group coordinated the communication strategy for Families First in three key matters: directly communicating with families; internal communication strategies to help staff understand more about Families First; and across ministerial roles and responsibilities. Initially it was difficult for foster a common understanding of the role of this group, particularly for organisations used to working independently. TCO appointed a Project Officer in early 2002 with communications expertise. A network has been established around this position and work on the communication strategies is underway. Products developed by this group go onto the Families First website and are distributed to the regional level groups.

A Head Officer Group was established in 2002 because TCO identified a missing link in communication between the Head Officers of participating agencies. Key personnel from the head office of the five Human Services Departments responsible for Families First, representing their CEO, meet regularly with TCO. The responsibility of this group is to ensure implementation of the State Plan.

### **3.2 Regional Structure Supporting Families First**

The planning structure for Families First in South West Sydney has four major components: Regional Officers Group, Project Management Group, the South West Sydney Area Health Project Committee and local interagency implementation groups.

#### **Regional Officers Group**

The oversight of Families First in the Area is conducted by the Regional Officers Group (ROG), responsible for the implementation of Families First in South West Sydney. It is comprised of the CEOs, Area Managers, and Department Heads of Government agencies. This group receives advice about the implementation from stakeholders. It approves plans and reports final approval to TCO and the Directors General of each of the human services agencies. This group was ultimately responsible for the key Families First activities of building the service network, allocating funds, and remodelling existing services.

#### **Project Management Group**

The Project Management Group (PMG) attached to the ROG links with the agencies and prepares documentation for the Regional Managers. The PMG consisted of representatives from the five human services agencies involved in Families First. These included the Director of Community Paediatrics; the Regional Manager from DADHC; the Director of Partnerships and Planning, DoCS; the Housing Business Services Manager; and the Student Equity Coordinator, DET.

#### **Consultative Forum**

In 1999 an Area-wide consultation group, the Consultative Forum, was formed. The aim of this group was to gain different perspectives about the needs of the Area and identify gaps in service provision. The members of the group included some of the PMG, representative from NGOs and consumer groups such as the Play Groups Association, Nursing Mothers Association and Divisions of GP. The Consultative Forum ceased to meet after the establishment of the local implementation groups.

#### **South West Sydney Area Health Service Project Committee**

Below this group is the South West Sydney Area Health Service Project Committee. This group provided advice to the SWSAHS CEO on the implementation of Families First and reforms required within Health services. This body occupied a key role in the early stages of the implementation of Families First.

#### **Local Interagency Implementation Groups**

At the next tier are the Local Interagency Implementation Groups in each sector. They are comprised of representatives from lead government agencies, Local Government, non-government organisations, Families First funded services, and other network services working with families and young children. Other organisations have joined the groups as their role in the service network developed. These groups advise the Regional Managers on funding and service priorities. They developed and monitored the detailed local implementation plans with reference to the specific population and service characteristics of each area, facilitate the development of local service networks and communicate with stakeholders.

The groups were also to ensure the integration of the range of Families First planning activities. This included identifying stakeholders that need to be included in the implementation process. The localised structure of the two groups permitted them to devise strategies in line with the overall goals of Families First whilst still adapting to, and drawing on, the particular characteristics of each area.

### **Consumer participation**

Consumer representatives were also invited to participate in the committees. Some found the committee process difficult to understand most particularly in terms of the language used and the issues discussed. One parent who had been involved in Families First commented:

Well I got asked to sit on a committee. We used to meet at Liverpool, but after a while it just got so confusing with all their long bureaucratic words. It was just a waste of time going... If they'd kept it simple we would have only been there twenty minutes instead of two hours. So I went for a while and then I started not understanding what they were gobbling on about, and I just stopped going.... They want to help families but they weren't just talking the same language as the families they wanted to help.

### **3.3 South West Sydney Implementation Plans**

From the outset it was envisaged that each region would develop its own implementation plan that took account of the specific characteristics of the Area and its needs. Between January and April 1999 PMG began work on the development of the first South West Sydney Area Implementation Plan. The PMG in consultation with South West Sydney Area Health Service, more generally and the Senior Officers (who were then referred to as the South West Sydney Regional Health Services CEOs Group) decided on the priority given to the increasing coverage strategy.

In 1999 the Directors-General endorsed the first Implementation Plan. This Plan described the overall approach for implementing Families First in South West Sydney, the budget, key outcomes and actions and time frame required. A number of priority issues were identified for South West Sydney around the four FOAs including:

- building supports for families with very young children and increasing the coverage and contact with health services for families having babies. The key strategy designed to achieve this aim was building more comprehensive home visiting services within the Child and Family Health Services;
- trialling new models of service delivery. A key part of this strategy was the establishment of the 'Community 4 Kids' strategy;
- that changes to services and practices were planned in conjunction with other parts of the system to prevent duplication of services and to facilitate referrals; and
- for organisations to work collaboratively.

The implementation of Families First commenced in Macarthur in order to test the changes to service delivery practices. The commencement of services across the four FOAs would occur in April 2000. Implementation Groups were established for each of health sector to facilitate a network approach. Each group would work to a 12-month work plan.

The South West Sydney Implementation Plan outlined how each of the four FAOs would be addressed:

- FOA 1: Supporting parents who are expecting or caring for a new baby

Initiatives to improve the responsiveness of early childhood health services included implementation of the Ingleburn Baby Information System (IBIS), Claymore Antenatal Visiting Programs, and the introduction of home visiting across SWS. The aim was for all families to receive a certain number of home visits initially and vulnerable and isolated families to receive intensive follow-up by the early childhood nurses or volunteer home visitors. The rollout of Families First would build upon these initiatives to increase the accessibility of services, assist families to identify their needs, and link families to formal and informal supports.

- FOA 2: Supporting families who are caring for infants or small children

Parents at this stage can be supported with practical assistance, community services, or being in contact with other parents. Families First would address the difficulties these parents face in accessing services by expanding volunteer service provision, improving support networks, and facilitating the use of good parenting resources.

- FAO 3: Supporting families who need extra support

Families First would implement a team approach to support these services by improving the coordination between existing specialist services, improving the support provided by specialist childhood health and family support services, assisting families to navigate the service system, and improving families' access to services.

- FOA 4: Strengthening the connection between families and communities

High need communities in South West Sydney would benefit from the different types of services operating from a single premise. It was proposed that there would be a commitment to these locations by government agencies for at least a 5-year period. The approach would incorporate the 'Schools as Community Centres' approach by building on existing services and providing new ones.

The implementation targets achieved from the first implementation plan as outlined in supporting documents stated:

- Establishment of an antenatal home visiting program for Aboriginal families in Macarthur,
- Antenatal home visiting commenced on a limited basis in all sectors,
- Area intake system to facilitate the flow of information to the relevant community nursing service,
- All sectors working towards a home visit for all families within two weeks of mother returning home from hospital,

- Development of a referral framework and Care/Support Review for primary health nurses to link families with support services,

The first two years of implementation concentrated on the provision of support to families with infants and very young children. Overall priority issues for next plan over the 12 month period from April 2001 were:

- The provision of further opportunities for services to develop prevention and early intervention approaches (eg. through training and planning activities);
- The provision of information for non-English speaking communities, in response to the needs expressed by individual communities, to assist parents and carers of young children;
- The development of further linkages between schools; families with preschool aged children and the range of children's services in SWS;
- The development of supported playgroups which are able to respond to the needs of both parents and children and ensure service model is appropriate for range of CALD groups; and
- The development of an Area wide interagency approach to maintaining a child focus when supporting families with drug and alcohol problems (TCO, 2001).

The third implementation plan (2001-2002) represented a continuation of the second implementation plan. The key priority issues in the fourth implementation plan over the period 2002-2003 focused on:

- Assisting services to further develop prevention and early intervention approaches;
- Providing information to non-English speaking communities to help families and carers of children;
- Extending the links between schools, children's services and families;
- Developing supported playgroups based on an appropriate service model to cater for the needs of families from CALD backgrounds; and
- Developing an interagency approach across the Area to support families with drug and alcohol problems that has a child focus (SWS Families First Project Management Group, 2002).

A number of funded projects both ongoing and time limited have been undertaken during the implementation of Families First in South West Sydney. These projects are documented in Appendix A.

### **3.4 Local Implementation Groups**

As outlined earlier, local Interagency Implementation Groups were established in each sector. Membership of these groups included representative from the five government agencies involved in Families First, NGO and all local councils. In both Macarthur and Fairfield these groups were chaired by Health representatives. They also took responsibility for the taking and distributing the minutes as no other agencies had the resources to assume this administrative role

### **Macarthur Implementation Group**

The Macarthur Families First Implementation Group was convened on 17 June, 1999. It included representatives of government departments, local councils, Macarthur Community Forum, Macarthur Division of General Practice and a Paediatrician (Macarthur Families First Implementation Group Minutes). Offers were extended to more NGOs to become members of the Group. Some initial difficulties were experienced drawing an adequate number of participants to this forum (PC Minutes, 1999).

The role of the group was to integrate a range of Families First activities, monitor the progress of implementation, and to identify stakeholders that needed to be included. The Group identified the locations of high need for the development of early intervention services and oversaw a number of projects including: early childhood health planning; development of the service network; home visiting in Aboriginal communities; early intervention strategies in seven high need locations (PC Minutes, 1999).

The services in Macarthur experienced some major barriers to genuine collaboration (Briefing for Families First Implementation Committee, 2000). The diverse range of agencies in the sector meant that there were many service models and philosophies regarding clients. There was also a general distrust of agencies that work differently and competitiveness over consumers and funding.

The *Macarthur Sector Implementation Report November 2000*, reported on progress against the objectives outlined in the *Macarthur Family and Early Childhood Services Plan 3 March 2000*. It noted that:

- Support for Aboriginal Families: Work was progressing towards developing the antenatal home visiting model for Aboriginal families.
- Work was being undertaken on developing the service model for home visiting and identifying levels of need. Antenatal home visiting was to commence in Airds and Macquarie Fields in October, to be expanded to 9 suburbs. Restructuring of Primary Health Nurses was taking place to move from the generalist model towards specialisation. Referral pathways were being redefined within Health.
- New data collection instruments were being established by the Family and Early Childhood Team. The IBIS information was being collected and measuring key outcomes for Families First. Nurses were being trained to retrieve and present data in order to monitor the home visiting service.
- A protocol had been developed to link families with appropriate supports but no progress had been made.
- A Forum was to commence in October to decide on referral agencies for vulnerable families. An antenatal and postnatal assessment guide developed was being developed.

#### *Macarthur Families First Working Group Action Plan 2002-2003*

The following recommendations were made in this plan:

- The Families First Working Group convened two Service Network Forums each year to maintain momentum.



- Take on the coordination role for the development of a common philosophy for working with families and young children.
- Establish a mixed agency subcommittee to coordinate regular short network discussions for workers (within a particular geographical location) about fundamental issues.
- Develop a process oriented referral agreement.
- Develop a process oriented information exchange agreement.
- Give priority to informing GPs and children's service workers about the range of services available to support families.
- Develop, with the individual services, an outreach marketing approach to informing families about services.
- Find an appropriate organisation to develop and coordinate a Macarthur-wide database for service providers.
- Initiate the expansion of the 'service folders' concept across Macarthur.
- Develop a service network inquiry process and tool/record.

Responsibilities for the implementation of the strategies and outcomes were allocated to members of the Implementation Group. A forum was held to develop a Rights and Responsibilities document that could be adopted by all services in Macarthur.

### **Fairfield Implementation Group**

The inaugural meeting of the Fairfield Interagency Committee was March, 2000. The main focus of the Implementation Plan 2000-2001 year in Fairfield was FOA1; to support parents expecting or caring for a new baby. A key objective of the first Plan was to develop a system to identify all pregnant women and new born infants in the Area.

Improving the response to families according to their level of need was addressed by increasing nurses' capacity to identify vulnerable mothers and families using the a modified Referral Guide discharge tool. The development of a central intake system was a key strategy. The goal was to visit all mothers in the Area at home within two weeks of delivery, with a priority focus on those mothers and babies identified as vulnerable offered a home visit within 48 hours of referral.

Strategies to engage with minority community communities were also instigated, in particular utilising interpreter services and bilingual staff. The remodelling of services to focus on Families First goals was a major component of the implementation. Therefore staff training was identified as a key objective.

The improvement of referral processes between Fairfield Health services and other services in SWSAHS was another key strategy. Objectives were to improve the coordination of existing services, develop links with and refer clients to volunteer programs and parent support workers, and by establishing best practice guidelines for providing information to parents.

There was also a commitment to strengthen the connection between communities and families. The main aim for 2000-2001 was to identify which communities needed

special attention. The Plan describes strategies intended to increase the awareness of staff to working with families in an empowering way within existing practice. Services were to modify delivery to reflect this capacity building focus. Community representatives were to be included on committees involved in service delivery.

The second Implementation Plan for 2001-2002 was altered to 2001-2003. The 2001-2003 Implementation Plan, represented an increased focus on the needs of priority groups such as women caring for or expecting a new baby. The assessment of families during the antenatal period was to be expanded to increase the number of pregnant women and new infants with identified priority need. There was to be greater monitoring of referral processes to the Social Work Department. There was to be an increased focus on the level of access for Aboriginal families by linking health services with specialist workers and by training patient registration staff.

The focus of objectives regarding the second field of activity, to support parents who are caring for infants and young children, was on fostering an interagency approach and the provision of information to parents. Referral guidelines were to be distributed to participating services. Access by parents was to be improved by offering programs in outreach clinics.

The identification of families needing extra support remained a key strategy, pursued through the mapping of services and ensuring a continuum of care plan at the point of referral. There was also a stress on families with children with a disability.

Action to address strengthening the connection between communities and families, included the distribution of information on services to GPs, schools, and other agencies. Services were to review their model of service delivery to build their capacity in community development approaches. Attempts were to be made to provide information to CALD communities on Families First.

### **3.5 Summary and the Challenges Faced in the Implementation Process**

In summary, the aim of the first Implementation Plan for South West Sydney was to establish a base for Families First in the South West Sydney by establishing a system of building blocks for the implementation of Families First. A number of priority issues were identified including: the focus was on maternal health particularly in Macarthur; the establishment of Volunteer Home Visiting across the area (Benevolent Society and Karitane); and early intervention family worker service in Macarthur. The second Implementation Plan put in place similar changes in the Bankstown Liverpool and Fairfield and the funding of family support workers in these locations. Some developmental projects were conducted to identify areas of high need or undergoing stress. The Communities 4 Kids strategy was established to support these communities and to build community capacity. The subsequent plans have been continuation of the previous plans.

At the last Families First South West Sydney planning day in May 2002 it was acknowledged by participants that South West Sydney was still in the establishment phase but it was now time to move towards consolidation and review of the implementation process.

This section of the report provided an overview of the development and implementation of Families First in South West Sydney, in particular the management

structures and formulation of the Area Implementation Plans. The following two sections outline the strategic achievements towards the overall aims and objectives of Families First in the process of implementation and as outlined in the Implementation Plans in South West Sydney. The focus of the analysis in these sections is on the process of building a service system that meets the Families First objectives listed in Section 1. As was outlined in that section, Families First has a number of specific strategies to better link early intervention and prevention services and to develop a comprehensive service system. These strategies operate at the level of individual services, within a network and in the broader planning and review of the service system. Facilitators and challenges in the process are also outlined.

## 4 Service Network Structure and Operation

*Families First* will better link early intervention and prevention services and community development programs to form a comprehensive service network capable of providing wide-ranging support to families raising children. (The Office of Children and Young People, 1999: 1)

This section of the report provides a snap shot of the operation of the service networks in South West Sydney in Fairfield and Macarthur. Information was not collected prior to the implementation of Families First so changes over time could not be measured.

Analysis of the data collected in the survey of service managers and interviews with stakeholders is outlined in the following section. The Area Review was not designed to assess the performance of different sectors, service networks or individual services. The section begins with a description of the current operation of the network as perceived by participants in the Review in terms of the number of connections between services as measured by referrals made and received by agencies, an estimation of the progress towards providing support with a prevention and early intervention focus and service providers' level of involvement in network activities. The discussion then turns to participants' opinions about their involvement in Families First and examines factors that facilitated and impeded the implementation process.

### 4.1 Services and Clients

The survey of service managers was one component of the Area Review as described in Section 2. Service providers included in the survey were those that received referrals for families with children 0-8 and that referred families on to other agencies. A wide range of government and non-government agencies were surveyed, including family support, health, early childhood, education, volunteer home visiting and housing service providers. As of February 2003, 44 completed surveys were returned yielding a response rate of 80 per cent. The quality of the responses varied greatly.

The agencies participating in the survey operated between 2 and 7 days per week, with the majority (62 per cent) operating 5 days per week and over a quarter available 7 days per week. Data for some of the survey was collected over the week beginning 11 November 2002. Almost half the sample (49 per cent) indicated this period did not represent a typical week for a number of reasons, including a staff resignation and staff absences due to compulsory meetings, accreditation courses, planning days, time off in lieu or training. Two per cent of the sample stated they did not know whether this was a typical week or not.

During the data collection week, service providers had contact, including phone or face-to-face, with 3 068 ongoing clients and 1000 new clients. Reflecting the demographic characteristics of the Area, over a third of the new clients had a family member from a CALD background, a quarter were low income families and 15 per cent were sole parents or were socially isolated (Table 4.1).

**Table 4.1: Number of New Clients from Selected Groups**

Selected groups	Per cent* (n=1000)
Culturally diverse background	33.6
Low income	24.5
Social isolation	14.7
Sole parents	14.4
Parents aged less than 20 years old	8.2
Families affected by domestic violence	6.6
Parents affected by drug and alcohol issues	5.7
Mothers with post natal depression	5.4
Aboriginal and Torres Strait Islander background	5.5
Parents affected by a mental health issues	4.6
A child with a disability (medical, intellectual or physical)	4.4
Geographical isolation	4.2
Other family members are primary caregivers	3.0
Parents with a disability (medical, intellectual or physical)	1.5
Other (includes gambling and literacy problems)	0.6
Department of Community Services involvement	0.5

## 4.2 Conceptualising Networks in the Context Families First

Three networks types are of most interest for the purposes of Families First: policy implementation and service planning networks; service delivery networks for families with young children; and service providers' professional support networks (Table 4.2).

**Table 4.2: Network Types**

Network type 1	Network type 2	Network type 3
Policy implementation and service planning networks	Service delivery networks for families with young children	Service providers' professional support networks

In the Area Review, there was evidence of networks operating at different levels. For example when asked to draw<sup>2</sup> their service network one fieldworker drew two quite distinct networks. One they described as their 'professional network', which included workers from whom they sought information and support (network type 3). The other

<sup>2</sup> Fieldworkers were asked to draw a diagram to represent their links with other agencies working with families and children see Section 2.2. Data Collection Methods: Fieldworker interviews for further details.

depicted the network of support services that the worker saw themselves linked into, with differing strengths of links to different agencies being represented (network type 2).

Many fieldworkers when asked to draw their service networks distinguished them in a number of ways. The first distinction was according to the function of the networks. One fieldworker, for example, drew two diagrams to illustrate, a network of services to support families, and a separate network for that workers own professional support. Other interviewees similarly commented on the distinct roles that other professionals and service providers have in their network. For example, one interviewee distinguished their network relationships into four relationship categories: information and support; referrals; management committee; and joint initiatives.

Another method for distinguishing networks was according to the core support issue of workers' clients. One fieldworker drew a number of different networks based around clients needs and potential referral pathways. These included networks for emergency housing, counselling, child care, child protection, women's health and family support. Finally, some fieldworkers conceived of networks as formal structures, including only those they had formal partnerships with.

In general, fieldworkers who reported a higher level of exposure to Families First or other interagency processes illustrated a more developed understanding of networks. For example, some fieldworkers illustrated an understanding of connections in the network in which they were not directly involved, but which they recognised formed part of the network.

According to the schema in Table 4.2, in the South West Sydney the network delivering services to children and families is the second type of network. It predates the introduction of Families First. One of the aims of Families First is to build on it and strengthen the prevention and early intervention focus, by strengthening both this network and developing the first type, the planning network. The following discussion focuses on this second type of network providing support for families and children.

### **4.3 Operation of the Service Networks**

As referred to in the previous section, it was difficult to get a picture of the network system as a whole. Within the Review process this created many challenges due to the vast number and diversity of services in the Area. The exercise of trying to identify who was involved in the service networks was in itself difficult. The network for the purpose of surveying was identified with the help of the Project Leader, the Project Management Group and the local Implementation Groups.

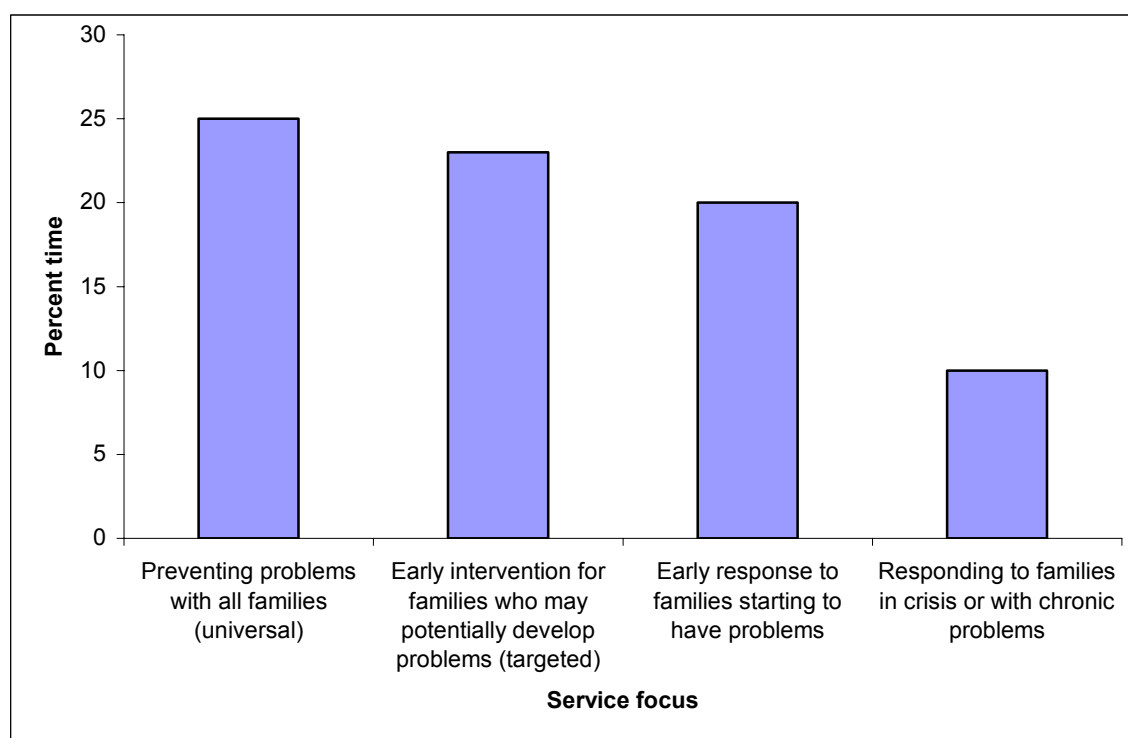
One of the aims of the Area Review was to examine whether the service networks were structured around the principles and aims of Families First. To investigate this question managers indicated the percentage of time their service, unit or agency provided support to different types of families including all families (universal), families who may potentially develop problems (targeted), families starting to have problems and families in crisis (Figure 4.1).

Although a range of service providers responded to this question the majority of them provided prevention and early intervention support rather than assisted families in crisis. Twenty three per cent of respondents were from family support services, 19 per

cent from hospital and other health services, 9 per cent from both early childhood and parenting services and disability services and 7 per cent were from both community health and education services. Other groups with only one respondent included housing and accommodation services, child protection and drug and alcohol services.

Figure 4.1 shows that of the services that responded to the question, early response and prevention proved to be a strong overall focus. Universal prevention services were the highest average service provision focus. However, responding to families in crisis remained an important aspect of services provision. This suggests a diversity of service provision strategies, which meets the Families First criterion of providing services that were adaptable to families’ needs and to their different types of problems. Overall, there was a strong emphasis on early intervention and prevention service provision by the survey respondents.

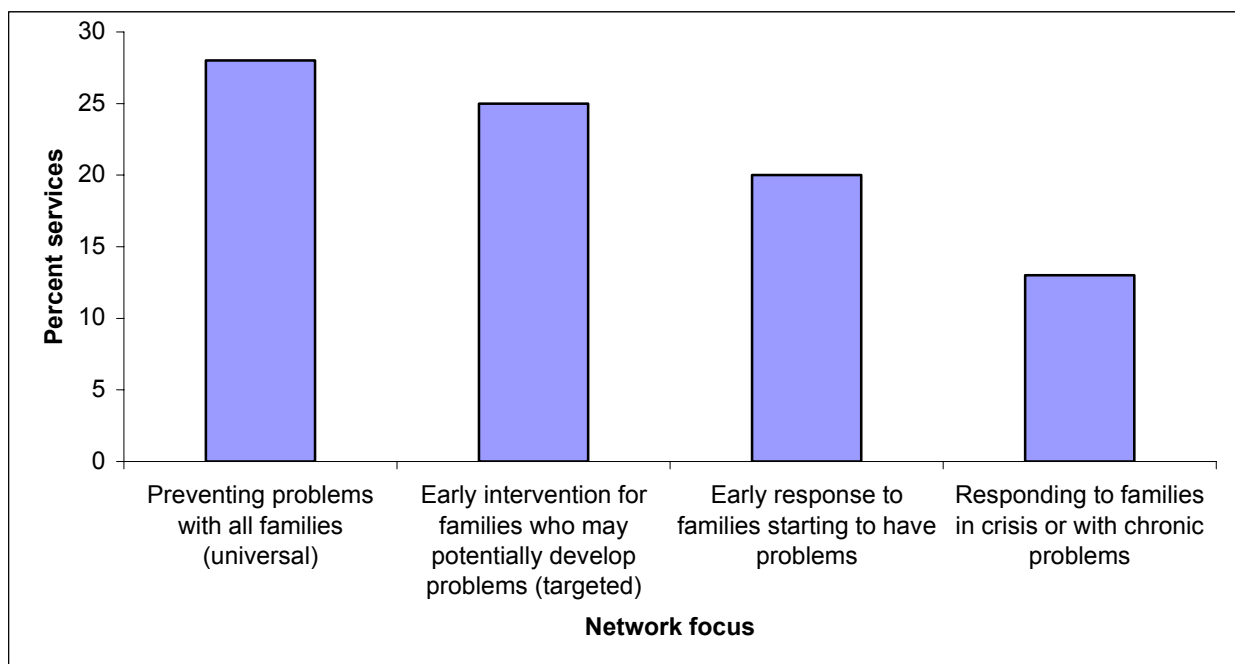
**Figure 4.1: Median Time Allocated to Each Type of Service Provision as Perceived by Service Managers**



Respondents to the survey were also asked to comment on the operation of the services network in terms of providing support with a prevention and early intervention focus (Figure 4.2). There was an almost identical pattern of responses to the questions on their own organisation’s service focus. Respondents perceived that each type of service provision received some attention by the network. Again, the dominant focus was on universal prevention services, with targeted services also receiving around one quarter of the attention of the network. This indicated that respondents felt the network provided a diverse range of services. Overall, more than three quarters of the time of the service network members were allocated to prevention services. This reflected a strong concurrence with the overall Families First ideal of early intervention and prevention.

The interpretation of the results in both these charts needs to be tempered by a consideration of which services responded. As outlined earlier, the majority of survey respondents provided prevention and early intervention support such as family support, child and family nurses and disability services rather than responding to families in crisis, such as child protection and drug and alcohol services.

**Figure 4.2: Median Proportion of Services Provided to Network Groups as Perceived by Service Managers**



Service coordinators and managers were asked to collate data on referrals made and received and informal consultation about clients over a one-week period. This information was used to form a matrix to depict the frequency of connections between agencies referred to as a network density matrix. As outline in section 2.1 two sectors within the South West Sydney Area were involved in the data collection. Only 17 services in Sector 1 and 18 services in Sector 2 responded to this question. The proportion of workers within the agency who tallied their referrals and informal consultation also varied between services. Services that did not have or report any new clients or other referral activity or consultation were not included in the network density analysis.

The network density matrix was developed from the survey data collected on the number of referrals and informal consultation to illustrate the operation of the service network. This information was used to visually represent the network activity between participating organisations. A separate table has been developed for each sector representing their distinct networks (Table 4.3 and Table 4.4).



**Table 4.3: Referral and Informal Consultation Activity in Sector 1**

Main service provided by respondent agency	n=17	Referrals made and received and informal consultation by main service																			
		Family support	Community health	Self referral	Child protection	Education	Hospital and associated health	Child and Family Nurses	Service from outside sector	Crisis services	Other (within sector)	Mental health	Disability	Counselling	Housing and accommodation	Centrelink	Drug and alcohol	Child care or preschool	Local information and resources	Volunteer home visiting	Local council
Child and Family Nurses	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Child protection	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Education	2	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Family support	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Hospitals and associated health	5	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Crisis Services	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Local information and resources	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Community health	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Housing and accommodation	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Counselling	1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Volunteer home visiting	2	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

**Table key**

□	Number of reported referrals or consultation
■	1-5 referrals or informal consultations
■	6-10 referrals or informal consultations
■	11 or more referrals or informal consultations

**Table 4.4: Referral and Informal Consultation Activity in Sector 2**

Main service provided by respondent agency	n=18	Referrals made and received and informal consultation by main service																		
		Family support	Hospital and associated health	Self referral	Child protection	Child and Family Nurses	Service from outside sector	Community health	Other (within sector)	Education	Child care or preschool	Crisis services	Disability	Centrelink	Volunteer home visiting	Drug and alcohol	Housing and accommodation	Counselling	Local information and resources	Mental health
Hospitals and associated health	4	6-10	6-10	1-5	6-10	1-5	1-5	6-10	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Education	5	6-10	6-10	1-5	1-5	1-5	1-5	1-5	6-10	6-10	1-5	6-10	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Family support	3	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Child and Family Nurses	1	1-5	6-10	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Child protection	1	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Crisis services	1	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	6-10	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Volunteer home visiting	1	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Child care or preschool	1	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Counselling	1	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5	1-5

**Table key**

	Number of reported referrals or consultation
1-5	1-5 referrals or informal consultations
6-10	6-10 referrals or informal consultations
11 or more	11 or more referrals or informal consultations

Many of the categories only had one or two respondent agencies, representing a low proportion of the agencies in that category in the sector. Thus even within a category only part of the networks is shown. For example local councils did not report receiving referrals despite other agencies reporting having made referrals to them.

Some child protection services did not count new clients because their referrals came through a confidential intake system. Similarly, Child and Family Nurses receive referrals through a centralised hospital administration system and are not visible in the matrix. Only other referrals received from parts of the hospital (eg. social work) are included in the referrals received information. Also some agencies collected data on a component of their service provision, such as a specific Families First funded project.

The position of child care and preschool services in the network may be under-represented in this matrix diagram as they have a more stable client population over time and so have less referral activity than other agencies.

The services in Tables 4.3 and 4.4 represent parts of the service networks in each sector. To assess the density of the referral activity and links, the service data in each sector was collapsed according to the main service that their agency or team provided: (eleven service categories in Sector 1 and nine in Sector 2). The services that respondents made referrals to or received referrals from and/or informally consulted with numbered over 100. These were grouped into categories according to the main service provided (for detailed explanation see Appendix B).

For the purposes of analysis referrals and informal consultation activity was combined in the matrix, as they both represent network linkages in each sector. Service providers in the Review identified informal consultation not resulting in formal referrals as an important network activity. The number of referrals made and received and informal consultation for each of the responding services are shown in Table 4.5.

Data on self referrals were also included in the network density matrix. Other Review findings indicated that self referrals represent important links in a service network, particularly one developing a more strength based approach. A number of service providers in the Area commented that supporting families often manifested itself in facilitating the process of families self-referring. Similarly some of the parents interviewed described referring themselves to support services, usually in response to information from other services providers or advertising.

Tables 4.3 and 4.4 show that there were similarly strong network linkages operating in both sectors. In both sectors Child and Family Nurses, family support, education services, hospitals and associated health services and child protection each reported a significant number of dense connections across a variety of services. Appropriate service relationships were evident in both sectors. For example, some crisis and child protection services reported good referral and consultation links with their counterparts.

Table 4.5 shows the strong links of both hospitals and associated health services and child and family nurses in both sectors. Community health appears to be well linked into the network in Sector 1 as are education services in Sector 2. Family support services and crisis services appear to be moderately linked into the services network in both sectors.

**Table 4.5: Number of Referrals for New Clients Received and Made and Informal Consultation**

Type of service	Sector 1 (n=17)					Sector 2 (n=18)				
	Number	Referrals received	Referrals made	Informal consultation	Total	Number	Referrals received	Referrals made	Informal consultation	Total
Child and Family Nurses	1	26	107	51	184	1	49	48	16	113
Hospitals, other health	5	84	25	20	129	4	53	59	75	187
Child protection	1	1	21	50	72	1	0	4	14	18
Community health	1	36	3	4	43		-	-	-	-
Family support	1	4	18	16	38	3	15	9	16	40
Crisis services	1	14	15	5	34	1	6	0	13	19
Housing and accommodation	1	22	7	1	30		-	-	-	-
Education	2	9	16	1	26	5	32	42	56	130
Counselling	1	7	1	5	13	1	6	0	0	6
Local information and support	1	4	7	1	12		-	-	-	-
Volunteer home visiting	2	5	1	2	8	1	3	6	10	19
Children's services and preschool	-	-	-	-	-	1	3	2	1	6

Before examining the effectiveness of the operation of the service network we asked service managers to indicate the number type of network activities they were involved in. Services had been involved in a number of activities including interagency meetings, joint assessments, joint projects and some community development activities (Table 4.6).

For the majority of respondents, their most common involvement in network activities was interagency meetings and participation in joint projects, with 57 per cent attending between 1-10 meetings and 57 per cent participating in joint projects in the last 3 months. A high proportion (58 per cent) of respondents had not been involved in joint assessments or intake procedures or community development activities (40 per cent). In the last 12 months most respondents had been involved in a number of joint planning sessions, developing information directories/brochures and joint training in child and family issues.

**Table 4.6: Service Managers' Participation in Network Activities, per cent**

Network activities in the last 3 Months	0	1-10	11-20	>21
Attended interagency meeting (n=37)	10.8	56.8	21.6	10.8
Joint assessment/intake (n=36)	58.3	36.1	5.5	0.0
Joint projects (n=37)	37.8	56.8	5.4	0.0
Community development activities (n=37)	40.5	59.5	0.0	0.0
Network activities in the last 12 Months				
Joint information directories/brochures (n=38)	39.5	57.8	2.6	0.0
Joint planning (n=38)	31.5	63.2	0.0	5.2
Joint training in child and families issues (n=38)	36.8	57.9	0.0	5.2
Local government social planning (n=38)	57.9	42.1	0.0	0.0
Joint protocols for information sharing (n=38)	55.3	39.5	0.0	5.2

#### 4.4 Achievements of the Service Networks

Although the Area Review methodology did not encompass pre- and post-test measures, service managers were asked about their perceptions of changes in the current operation of the service networks since the implementation of Families First (Table 4.7).

**Table 4.7: Service Managers' Perceptions about Changes in the Service Network Compared to Before Families First, per cent**

Changes in the network (n=35)	Greatly decreased	Decreased	Same	Increased	Greatly increased
Links with other agencies	0.0	0.0	22.9	65.7	11.4
Knowledge and awareness of other agencies	0.0	0.0	25.7	62.9	11.4
Early intervention and prevention focus	0.0	2.9	22.9	71.4	2.9
Focus on children and family service	0.0	2.9	28.6	60.0	8.6
Communication between/within agencies	0.0	0.0	31.4	62.9	5.7
Sharing resources between agencies	0.0	0.0	37.1	60.0	2.9
More appropriate referrals	0.0	0.0	37.1	60.0	2.9
Interagency information sharing	0.0	5.9	38.2	50.0	5.9
Commitment to working in partnership with other agencies	0.0	0.0	42.9	48.6	8.6
Joint planning	2.9	0.0	44.1	44.1	8.8

It can be seen from Table 4.7 that service managers perceived there had been positive changes since the introduction of Families First, most noticeably a greater knowledge and awareness of other agencies and what they provide, greater communication and links between agencies and more appropriate referrals and networking. Also 74 per cent of respondents thought that there had been an increase in the prevention and early intervention focus of the network. These findings were supported by data collected in the interviews and site observations. For example, a child protection worker stated:

.... early childhood nurses ... [have] been a huge asset to the Department in terms of their initial involvement, often tapping families into required services and not necessarily involving the Department. And the ability of the nurses to coordinate some sort of response and inform the Department ... Certainly with their home visiting program ... that's been excellent and the relationship with those nurses in the Area has been very good ... If we're involved with the family and they look at what sort of supports they can provide to prevent these kids from coming into care or assisting the parents to look after the kids.

Participants in the Area Review in some agencies reported disagreement with the professional practices of some other organisations and were hesitant to be part of a broader planning discussion to improve the effectiveness of the network. In some cases this meant that while collaboration had improved, it was mainly between different service types of the one agency.

However, this had been recognised as a challenge and was on the planning agenda for Families First. Various mechanisms were being used to overcome this issue, such as innovative forms of collaboration. An example was the Case Review Forum, which drew together community services from both government agencies and NGOs to discuss cases and by doing so build relationships and strengthen the service network.

Area level planning was also problematic because of differences in organisational cultures within agencies and between sectors. For example, although the Consultative Forum provided a good forum for information sharing and feedback on issues in South West Sydney it was originally perceived as providing leadership and a strategic management focus for the development of Families First in South West Sydney. This group proved difficult to maintain due to its diversity and the inability of some providers to focus on Area-wide issues and some members' lack of regional planning skills. An example of the problems associated with regional planning capacity was cited by a middle manager. One council service was operating at half its capacity and a government agency set up a similar services close by. The local implementation group was not consulted about this decision.

A consistent message from interview participants from CEO to fieldworkers and supported in the survey findings (Table 4.8) was that there was more interaction between agencies and service providers in South West Sydney since Families First was introduced. One fieldworker commented:

There is more collaboration between services because we are working together. For example [an NGO] has the young mums program so we can work together. Before we would've had difficulty getting them into things. Now we're involving services a lot more at an earlier stage so families don't require further support.

**Table 4.8: Service Managers' Perceptions of the Effectiveness of Network Activities, per cent**

Network activities	Ineffective		Neither	Effective		N/A
	very	somewhat		somewhat	very	
Attended interagency meeting (n=38)	0.0	0.0	13.2	57.9	23.7	5.3
Joint planning (n=37)	0.0	0.0	2.7	40.5	35.1	21.6
Joint training in child and families issues (n=36)	2.8	0.0	8.3	41.7	27.8	19.4
Joint projects (n=36)	0.0	0.0	5.6	36.1	33.3	25.0
Community development activities (n=35)	0.0	2.9	5.7	31.4	34.3	25.7
Joint information directories/brochures (n=34)	0.0	0.0	11.8	44.1	14.7	29.4
Joint assessment/intake (n=37)	0.0	2.7	8.1	35.1	21.6	32.4
Joint protocols for information sharing (n=36)	0.0	5.6	5.6	36.1	13.9	38.9
Local government social planning (n=36)	0.0	5.6	19.4	13.9	11.1	50.0

However, the degree of interaction varied between activities. To investigate this further, managers were asked to rate the effectiveness of the network activities (Table 4.8). Overall the majority of respondents rated the network activities as effective. Eighty two per cent of managers rated attending interagency meetings as effective, with 76 per cent rating joint planning as effective.

As well as fostering relationships between agencies, a number of service providers also commented that Families First had ~~the~~ strengthened links within their agency. For example, referral pathways within some hospitals were developed to streamline

antenatal referrals to the social work department and to the early childhood nurses so that problems could be identified and supports could be put in place early.

Sixty nine per cent of survey sample thought that joint projects and working collaboratively was effective. For example, in one sector a number of agencies came together to develop an innovative approach to meeting the psycho-social needs of families with high support needs through supported housing. Shared solutions arose out of joint assessment of the local needs. One fieldworker gave the example of a client who was experiencing problems with residency and domestic violence when referred antenatally. The fieldworker was able to organise housing and income support for her before the baby was born because she was referred early.

#### 4.5 Facilitators to Achievements in the Service Network

Respondents to the survey were also asked to identify the factors that facilitated the implementation process. Table 4.9 shows that 63 per cent of respondents cited the willingness of agencies to work in partnership as an important factor. Over forty per cent of the sample thought the commitment of agencies to change and the existence of strong local networks assisted with the implementation process.

**Table 4.9: Service Managers' Views about the Factors Assisting the Implementation of Families First**

Network activities	Number n=32)	Per cent
Willingness to work in partnership	20	63
Commitment of agencies to change	14	44
Strong local networks	13	41
Support from state level	10	31
Agency playing a coordinating role	9	28
Adequate resources	8	25
Strong leadership	8	25
Capacity within the community	5	16
Clear articulation of expectation	4	13
Commitment at a senior regional level	2	6

Table 4.9 shows that 28 per cent of service managers felt having an agency playing a coordinating role facilitated the implementation process. For example the local implementation groups were administered by the health services and service providers felt these groups had strengthened connections and partnerships between members. These groups formed the core of the Families First network (network type 1), but did not necessarily represent all of networks of services for children and families in the Area (network type 2).

One of the reported positive outcomes of service providers working more collaboratively was that they were developing a service system focusing on the aims and objectives of Families First. Some service managers and key personnel thought that the Families First funding mechanisms, which encouraged joint submissions,



fostered partnerships. In some cases the funding requirements were the initial driver instigating the development of relationships. Originally some providers worked together because they ‘had to’ or because it was ‘imposed’ on them. As the benefits of collaboration were realised and the relationships developed into partnerships and collaboration was actively pursued. As one fieldworker commented ‘people now know each other on a much more personal level [and there is] less suspicion now than earlier on’.

#### 4.6 Challenges to the Implementation Process

A number of challenges impeding the implementation of Families First in South West Sydney were identified in the interviews and survey responses. Table 4.10 shows that service managers perceived the difficulties associated with involvement in Families First as mostly due to a lack of time (54 per cent), lack of resources (44 per cent) and the limited participation of other services in the process (31 per cent).

**Table 4.10: Service Managers’ Opinions about Difficulties Associated with Involvement in Families First**

Difficulties	Number (n=39)	Per cent
Lack of time	21	53.8
Lack of resources	17	43.6
Limited participation of other services	12	30.7
Meeting structure	10	25.6
Lack of appropriate meeting venue	4	10.3
Delayed action on referrals and waiting lists	3	7.7
Lack of commitment to working in partnership	3	7.8
Lack of information	3	7.8
Unclear expectations	1	2.6

#### Capacity

Some key personnel identified the need for sufficient structural integrity within the service system if it is to operate without champions. The key personnel in South West Sydney who facilitated the network relationships and built the systems were thought to be at the core of Families First by many in the network members and were essential to the process. The findings of the Area Review suggest the degree to which this structural integrity has been established across the Area was mixed. The time frames put forward for the network to operate effectively without support from specific Families First project officers has been extended. However, some concerns were expressed among network members about what would happen when key personnel were moved out of the Area as they felt that support of Families First was not yet broad enough.

It was evident in the interviews that the responsibilities of the implementation of Families First fell on a few key people within each sector. The same people were often asked to sit on committees and working groups. Their Families First commitments were on top of their normal workloads. It was becoming evident that

their level of time commitment could not be sustained over the long term. In addition the interviews highlighted the problems associated with the increased amount of time it took to work collaboratively, particularly given the different ways of approaching issues and bureaucratic processes between agencies.

Another challenge in developing the service system in South West Sydney was the difficulty in recruiting and retaining staff both paid and unpaid. This had been a problem for many agencies in the Area for some time. This made the establishment of new services more difficult.

Family members also commented on the difficulties caused by staff turnover on adequate service intervention. One of the parents whose child had been in speech therapy observed that while his therapist had left the area some time ago they ‘...still hadn’t replaced her, they just couldn’t get anyone out here to work’.

Another barrier to broadening the service network was the resourcing of services in the network. Resource limitations also created blockages in the effective operation of the prevention and early intervention service networks. Service providers became frustrated when they identified a need early if there were no services to refer the client to or services had long waiting lists. One parent commented:

Just the waiting lists for everything out here is just unbelievable, there are so many kids that need help out here and there’s no help for them.

While families expressed concerns about services not being available they generally commented positively on the services they currently receive. As one parent commented, her experience was

[I found them]...very positive, excellent, couldn’t fault them... this place [referring to the children’s service her child attends] has been really wonderful, they have helped me thousands, you know immensely.

Concerns were also raised regarding the sustainability of Families First when the funding attached to Project Officers ended. Service managers and key personnel felt that these positions were critical to the development of the network system and the interagency committees. One of the key personnel commented that their role:

...is a dedicated position and function with time and resources to specifically focus on Families First. Everyone else has all their other workload still to cover.

### **Participation and communication**

A common response from service managers and fieldworkers in the Area Review was they had received little or no information about Families First. For example a service manager responding to the question of what needs to change to improve Families First in your Area stated that aside from an initial consultation with Families First they have received no information. One service manager commented:

[We] have not received anything to inform of meetings or how [the] structure is in place for Macarthur or South West, so what needs to change is information needs to be getting to services so services can be aware of what's happening especially for localised areas.

One of the limitations of the sample in the Area Review was the absence of GPs. This was also problem in the implementation of Families First in South West Sydney. In South West Sydney strategies were being implemented to link GPs into the network. The South West Sydney Area Health Service employed a Families First Project Officer specifically to work on liaison with GPs.

### **Professional trust**

Establishing collaboration between the diverse service providers was a major hurdle to the effective development of the service networks. The Area Review showed that the diversity of services, their different philosophies of service provision and the variation in their modes of operation produced suspicion amongst the some service providers and a reluctance to work cooperatively. Competition in funding processes in some parts of South West Sydney exacerbated this problem.

There was evidence of services negotiating between each other to address confidentiality issues in the interests of families. However, some agencies were concerned that sharing information with other services or agencies could potential raise medico-legal issues. Protocols had been developed between some hospitals and the community sector for information sharing. A number of service providers still expressed concerns about the confidentiality and privacy issues when discussing clients with other agencies.

### **Accountability**

The Area Review found there was some animosity between service providers where the implementation of Families First service models had not worked as planned. In some instances modifications and alternative models were implemented without formalised collaborative review or evaluation. This had resulted in duplication of support services. Some participants felt that the mechanisms to collaboratively review Families First funding and planning at the Area level were not yet working effectively.

## **4.7 Summary of the Service Networks**

Overall, the data from the Area Review showed that Families First in South West Sydney had fostered relationships, which had facilitated the development of a more coordinated and interdependent network of service providers to support families with young children focusing on prevention and early intervention.

Similarly, the broadening of the service networks was consistent with both the establishment aims of the Families First policy and the pre-existing service networks in South West Sydney.

A number of challenges to the further development of the service network were identified. These included competition for new resources, inclusion of the range of service providers in the implementation process, sharing client information and confidentiality issues, network blockages, implementation fatigue and a lack of collaborative monitoring and review of Families First funded services.

## **5 Changes to Service Provision**

### **5.1 Introduction**

This section of the report examines changes in service practice. Two main forms of service change were evident. First, were changes in the practice of some existing service types. Second, was the development and implementation of innovative service models. The achievements, facilitators and challenges of these two forms of service change are outlined.

#### **Changes to existing services**

The Area Review found that some service providers in existing agencies have achieved widespread changes in practice. Some agencies earmarked for change according to the objectives were only in the early stages of that process, where as in other agencies, a greater impact from change was apparent. It was not expected that all services needed to change. Others already worked according to the approach advocated by Families First, for example, a number of services such as child care providers and other children's services. Similarly, there were services that will necessarily remain crisis-focused to address the needs of families for whom problems have progressed. Understanding the complementarity of the focus of services is an important context for practice change in South West Sydney.

#### **Incorporation of Families First as 'core business'**

A critical component of effective change practice is the incorporation of Families First principles into the 'core business' of service providers. The degree to which this had been achieved varied across agencies. One fieldworker commented:

Because it's the core business of our service we all have a part in implementing [Families First]. Because our policies and philosophies have been made to fit the Families First aims and objectives, it feels like everything we do is towards implementing and maintaining Families First.

An encouraging finding was that a number of participants from the management level to fieldworkers felt while the initiative was in addition to their normal workload, it was slowly beginning to 'seep in' to parts of the agencies. Common facilitators to this process were managerial support, receiving dedicated early intervention or prevention support funds, having employees committed to implementing Families First projects and service structure change.

#### **New service models**

Another significant way in which service change was achieved was through the development of new service models. Appendix A gives a brief outline of all the new service models funded through Families First. One important function of coordinated planning has been to establish 'new services where gaps have been identified and which have been proven to work for families' (The Office Of Children and Young People, 1999:1). The new service models have been designed to complement what already existed through coordinated planning.

The remainder of this section discusses the achievements, facilitators and challenges to service change in new and existing services.

## **5.2 Achievements in Service Change**

There was evidence that Families First had attained considerable progress towards service change. These have included: increased prevention and early intervention supports; better links within agencies; and improved reach of services into the community. Each of these achievements is discussed below.

### **Towards prevention and early intervention**

Families First increased the profile and legitimacy of early intervention and prevention focused services. Dedicated funds were available for the provision of early intervention and prevention support within existing services and for the development of new service models. One parent who received intervention from a Families First funded family support service commented:

My life was really in a mess and she came up to me and put all the pieces together.

There was evidence in South West Sydney of significant change in the practice of a number of existing services towards an early intervention and prevention focus. The result of service change was that families who traditionally did not access support were now being linked into the service network and more families were being seen earlier. As a fieldworker commented:

The outcomes have been positive because access to the service is much better. Universal home visiting makes it easier to access families traditionally not accessing the clinic services and to build a relationship after that initial visit. Before, families that would've really benefited weren't accessing the service.

A number of the families interviewed also commented on the significance of early intervention support. One parent who had accessed a Families First funded early intervention program said:

I probably would have done that [referring to changes in parenting practice] but having that other person there to talk to and bounce those ideas off, we just got it together with some of them. ... I think in many ways I probably would have survived it anyway, but I don't know if I would have survived it as mentally and spiritually in tact. You know here I am, she's ten months or so and I have time in my day for reading, I have time in my day to put the dinner on of a night.

A large part of the plan for implementation of Families First in South West Sydney was to change the way that health services operated with regard to families with young children. Changing the practice of health services was a cornerstone of developing a network that could intervene early, as these services were more likely to see women who were pregnant and had new babies. Internal and external referral pathways were developed between service providers so that supports were put in

place before problems arise. Direct referral pathways were facilitated through a centralised intake system to child and family nurses who offered a home visiting or the Aboriginal home visiting service for all families where either one or both parents identify as Aboriginal or Torres Strait Islander. Also women who were identified as isolated during the early stages of pregnancy by the midwives at the antenatal clinic were referred to volunteer home visiting. This enabled a supportive relationship to develop before the baby arrived. As one of the volunteer home visitors commented:

The woman hadn't actually had the child but she was having a difficult pregnancy and needed support and someone to talk to. She had lots of questions and she needed to ask someone. She didn't have any family around that she could talk to. She couldn't drive herself so I drove her to appointments.

### **Within agency links**

As well as fostering relationships between agencies, a number of service managers and fieldworkers also commented on the strengthened links within their agencies or between the different departments or services types in a single organisation. For example referral pathways within some hospitals were being evaluated to improve their effectiveness, consequent to the introduction of new services.

Some service managers and fieldworkers commented that the relationships between acute health services and community health had improved. This involved careful negotiation around historically difficult relationships. This achievement was felt to be an effective model for other Area Health Services.

Within housing services increased collaboration resulted in systems being put in place to target identified vulnerable families for strengths-based early intervention. An example was a rapid system of response to housing referrals from the Aboriginal Antenatal Home Visiting team.

### **Aboriginal Home Visiting**

Under the Families First Program, Aboriginal Home Visiting antenatal nurses identified young Aboriginal women who were pregnant, or with children under 2 years of age, in an accommodation crisis and with a range of complex problems. It had been very difficult for the antenatal team and the Aboriginal women to access housing services. The Department of Housing responded by putting in a single point of contact, to facilitate a rapid response. The Department could fast track these women into the housing assessment process. Another pilot program called the Women's' Indigenous Supported Housing (WISH) developed from this project. The Department of Housing, Tharawal and Argyle Community Housing Association and the Antenatal Home Visiting Team SWSAHS are partners in the project, providing supported accommodation with the aim to improve long term outcomes for aboriginal women and their children. Other agencies are becoming involved in the provision of ongoing support such as Burnside and Campbelltown Family Support Service. After successful completion, the women can move into permanent Department of Housing or Argyle accommodation. At the time WISH was being established, Campbelltown Family Support Service recognised the need to support this project and allocated funds to recruit a Koori family support worker. This family support worker also visits the women in the WISH program. Her position has been extended for a further 6 months.

### **Linking families to services**

The Review found that changes implemented as a result of Families First improved the connection between families and service providers. For example, a comprehensive standardised antenatal assessment tool was developed to identify women at risk. Women who were identified as at risk, for example of postnatal depression were linked to early childhood nurses during pregnancy to develop a supportive relationship before the birth.

Some families stressed the importance of support coming to where they were living. A participant commented:

A person, especially a person who's got more than one child, isn't likely to go 'oh I'll just get my keys, grab my kids, grab enough nappies, get a change of clothes and throw everything in the car and go and see this support service.' ... Nup, that doesn't gel. The support has to come to place where that person is.

More families have also been linked into community and social supports using innovative strategies. For example, a SACC found that the usual means of reaching out to families was not effective. They consulted the community and devised an innovative outreach strategy that overcame multiple access issues such as a lack of transport and an unsuitable venue. The outreach strategy involved the service providers coming to the families in their communities to provide information for parents and activities for the children instead of the families coming to them. For some families, this was the first time they had chosen to use a service. As a result of attending this innovative program many developed closer ties with the local school.

*Better reach through family friendly services*

Participants including managers, fieldworkers and families in the Area Review described a crucial outcome in South West Sydney was that families were being better supported and linked in to a broader range of services. Service providers were using a number of referrals pathways to link families into the service network. This enabled better reach into the community to families without support that traditionally had not received any intervention.

One parent in South West Sydney who was visited by a volunteer home visitor since her child was 5 weeks old spoke positively about her experience of the volunteer home visiting service.

If only I had have heard about them a lot sooner than what I did. Earlier would have been better. They've made a big difference and the girls love it... I feel more comfortable with her [the volunteer] than I do with my own family actually. Having that time when I can say pretty much anything I want to say without copping an ear bashing, like I would with my family members... Me and the girls have always gotten on with any volunteer that's been sort of turning up so far. The kids enjoy [the volunteer] coming once a week... its just been a great help.

The volunteer home visitor provided the family with practical help as well as being someone with whom the mother could talk to about problems that arose. Prior to her positive experience with the volunteer home visiting service the participant thought service interventions were often judgemental and unsupportive.

I have come across other people that I weren't happy with, like before I got into contact with [the volunteer home visiting service] that would just go running to DoCS and, I call it dobbing you in, for like the slightest things.

She said she would now consider using other types of support.

Families in South West Sydney could access more support because models were developed which filled gaps in service provision. For example, a supported playgroup model trialled in the South West Sydney established as part of a SACC, has been successful from the point of view of both families and service providers. This was evidenced by the large number of families consistently accessing the service. Word of mouth from families had also increased the demand within the community beyond its capacity. Interview participants noted that it was not possible within the funding arrangements to expand the intervention to meet growing demand. From the perspective of service providers, this model established a more positive and effective way of distributing information and support to families. In this way, a strengths-based strategy was embraced by the community, an important foundation of the Families First principles.

*Supported referrals*

A further achievement in service change in South West Sydney was supporting the transition for families when they were referred on to other agencies. Some services



implemented a system of joint home visits between agencies to facilitate a smoother transition for families. Similarly the development of joint protocols for information sharing between agencies facilitated smoother transitions for families reluctant to retell their story.

The referral system was also enhanced through streamlining the referral pathways. A number of agencies for example a family support service, had centralised their intake process to ensure families were referred appropriately. Increased collaboration between agencies contributed to more effective referral systems because agencies were better informed about the types of support provided.

### **5.3 Facilitators of Service Change**

A number of factors assisted in facilitating these achievements in service change. The principles and strategies designed to bring about changes in practice of Families First were evidence-based. Promoting the evidence-based approach has been an important element in fostering acceptance of the changes in practice described. Other key facilitators described below included: structural and management support; dedicated resources; and utilising a strengths-based approach.

#### **Structural change and management support for practice change**

The Area Review found that one of the key facilitators of changing practice was to generate the structural change within the organisation necessary to support the process. For example, Families First funding was allocated to an existing family support agency to develop and implement a specific early intervention and prevention team. Within this agency distinct support programs and services were offered for families in a time of crisis or with a higher level of need and for families who may need some support to prevent problems or to intervene at the very early stages. There was a management structure for both teams and their roles were clearly defined. Management carefully facilitated this change and consciously included all staff in the process. On the whole, the service now has the capacity to be more early intervention and prevention focused.

Management endorsement of Families First principles was an important facilitator of change, yet management support varied between agencies. Organisations that successfully brought about change under Families First supported their staff through the process. A number of managers commented on how essential it was to make proper preparations for change and to ‘nurture’ staff through the process. One of these strategies to facilitate practice change was training programs with a holistic perspective on children and families.

### **Child and Family Nurses**

Establishing volunteer home visiting within the health service involved restructuring both the early childhood and generalist nursing teams. Managing the change process was complex. Initially nurses were provided with information and education about Families First. After this team meetings were held to examine the restructuring process. Nurses were asked to develop different options for the restructuring. These were discussed as a group and then voted on. The majority of nurses voted for two discrete services: a generalist nursing service and an early childhood and parenting nursing service requiring specialist qualifications. Once the new structure was decided nurses then elected where they wanted to work. Those electing to transfer from the generalist stream to the early childhood and parenting service were given the opportunity to develop the skills required to undertake early childhood activities such as home visiting. In addition nurses already working in early childhood had to examine how to change their practice so that universal home visiting could be implemented. This process was difficult for some, as they had to change their clinical practices. These nurses undertook significant training through this restructuring process.

### **Dedicated resources**

Having resources dedicated to the specific objectives of Families First was another important facilitator of service change. Committed funding was fundamental to the development of new, innovative services. It also facilitated practice change in existing agencies as the funds were tied to particular forms of service provision. In this way resources were dedicated to early intervention and prevention that may otherwise have been subsumed to meet the demands of service provision for families in crisis.

### **Strengths-based approach**

The Families First principle of a strengths-based approach to service practice was an important facilitator of change in the Area. Strengths-based practice enabled the positive attributes of families to guide the intervention. It took the focus off the deficits or problems of families and on to the remedies to fix these by building on the strengths. For example, some services have adopted a system of client-owned files that increased families' sense of ownership over the process. The strengths of the family were at the centre of the process. Service providers themselves felt that by working in this manner they were more effective and had a more positive impact on families.

### **Vulnerable Families**

The Department of Housing (DOH) does not have many evictions but when they occur there are few opportunities available for families and their long-term outcomes are severely reduced. The families most at risk are those with small children. A number of community organisations raised this issue with the DOH Campbelltown Area office. The local response was to look at how this could be addressed by developing partnerships and working in conjunction with services skilled in family work.

St Vincent De Paul Society refuge workers also recognised that evictions meant they were working with families in a refuge where options were reduced. In line with the Families First philosophy, both DOH and the St Vincent de Paul Society felt the outcomes would be better if families could be supported in their homes to sustain their tenancy thereby avoiding eviction. The DOH and the St Vincent de Paul Society worked in partnership to develop a program for vulnerable families.

The St Vincent de Paul Society refocused their work from crisis to prevention and DOH identified families on the verge of eviction and gave them time to work through their tenancy issues. DOH also identified incoming vulnerable families usually being housed on a priority basis.

The program depends on refuge workers undertaking home visits, working with families and offering new opportunities. As a matter of course other partnerships have also developed with schools, health workers and playgroups. Each worker still has the same number of cases but not all the cases are within the refuge. The program has been operating for 12 months and has successfully maintained 14 families with only one eviction.

## **5.4 Challenges to Service Change**

A number of key challenges discussed below emerged in the research about service change: capacity to intervene; context of the families; being one of the first Families First Areas; and conflicts over professional orientation.

### **Capacity to intervene**

The capacity of the service system to effectively support families, whether early or in crisis, was an issue of concern throughout the Review. One of the limitations of implementing some of the evidence-based changes was that South West Sydney did not have the resources to implement them in their entirety. A number of interviewees including key personnel, service managers and fieldworkers expressed concern about the capacity of early childhood nurses to meet the guidelines in terms of universal and sustained home visiting. A fieldworker stated:

The reality is that it's difficult to meet the requirement of visiting the [CALD] families within the first 2 weeks of birth. Often we have to wait 2 weeks for the interpreter so we don't often meet that deadline.

Another limitation on the capacity to bring about the desired changes in South West Sydney was problems associated with the recruitment of volunteers to meet the demand.

Resource limitations placed other constraints on the capacity of agencies to bring about change. Without developing adequate management support structures, it was difficult to enable or maintain effective practice change. For example, one agency employed a Families First funded worker to engage in early intervention and prevention-based practice in contrast to the more critical focus of the remainder of the agency. However, this re-orientation did not occur. Analysis revealed that where the basic structures within the service remained the same it was very difficult for one health based worker to operate under a priority framework that was inherently different to the rest of the staff. The additional worker employed for early intervention and prevention started doing crisis work because of high demand. This was not indicative of a lack of endorsement for the core objectives and principles of Families First within the service; indeed they strongly advocated the principles.

### **Context of the families**

A number of factors were identified in the interviews with families which made it difficult for them to access support including isolation, lack of transport and their attitude towards service provision derived from negative experiences. Similar challenges were also identified in the recent report on factors affecting women's health on housing estates (Macarthur Health Service, 2000). Together these issues present a challenge to the Families First initiative, but most directly to the service providers that work with families.

#### *Lack of transport*

The Area Review found that the lack of publicly provided and subsidised transport was a substantial barrier to families accessing services. One interviewee commented that the cost to get a bus for her and her three children to the train station to travel to surrounding suburbs was prohibitive. This made it difficult to access services such as play groups.

Services in South West Sydney were more densely located around centres such as Campbelltown in Macarthur, which meant that families in the outer lying communities were often unable to access them. Even services funded to be sector-wide, in practice service providers did not go to these areas. The networks had to some degree identified this systemic problem to be addressed on the planning agenda. In some parts of South West Sydney, innovative service delivery types such as volunteer home visiting were helping to address the problem.

A lack of safe, appropriate and accessible spaces for families, playgroups or community groups to meet was another factor contributing to families' isolation. A parent commented:

There's no more room left in [specifies local suburb]. We need a big community centre, that's what we need with counselling and all that sort of stuff ...

There have been some additional opportunities presented through networking and partnerships. This has meant facilities which would previously not been available have become accessible to Families First type groups eg Briar Rd Public School allocating a special room for the Aboriginal Supported Play group and the Transition program.

Families also commented on the lack of supports available on the weekends, particularly in isolated public housing estates. One parent commented that agency staff lacked understanding of the experiences of local people. She suggested:

To tell you the truth I'd really like to put government workers in Department of Housing and make them catch the transport and make their kids go to the local school I think that would be good for politicians. I wouldn't expect to do that with family workers. A lot of them come in here at nine o'clock, they drive out at five.

### *Isolation*

Isolation arose as an important issue for a number of families. One of the parents interviewed in the Review moved to Australia a few years ago and was living in a small outer suburb. Her views on the area, coupled with concern about her English language skills, illustrated her sense of isolation.

It's a bit quiet. I like busy areas. I like to meet people but here if I go to a walk, go to take a walk I am almost alone on the street. So it's not like in my country. You always meet somebody and talk ... I don't know anybody yet here.

She found it difficult to meet other women with children. Several times a week she walked with her baby across three suburbs to go shopping to pass the time.

I like to have ... something to do. I don't like just to walk without a reason so I say I go to [a neighbouring suburb] to buy something, but it's just for the walk.

Some families from CALD groups in Fairfield and Indigenous families in Macarthur found some mainstream services were culturally insensitive. A number of strategies were put in place to address this, such as culturally specific services and the child and family nurses undertaking home visits with interpreters.

### *Access to information and services*

As well as being physically accessible, another challenge was for service providers to be socio-culturally accessible. Families who participated in a networking day observed as part of the Review and some of the families interviewed felt that at times services were not friendly and were judgemental. Others found it difficult to access information about support services over the phone because of language difficulties. It was reported that there were still unmet service needs for services for CALD communities.

Accessing information about services, particularly for families with limited English was a challenge. For example, a family worker commented that often families have to

make 20 calls before they can get the service they need. She felt that some families become frustrated and gave up.

Another problem for some families was they were uncertain about the role of the support services. One parent who had had a volunteer was unsure about the types of help she would provide. She said the agency gave her a list of what they can do but she had not read it. One of the volunteer home visitors commented:

Sometimes it's difficult for the families to know what the volunteers do ... we're just a volunteer not officially working for these people so we don't have very strict rules. We do have some guidelines but the families not sure what to expect what they can ask of us.

#### *Wariness towards intervention*

Some families were wary of any type of intervention. Participants had negative experiences of service provision and were reluctant to ask for or accept any form of support. Other families in the Review who had used early intervention services found them to be very supportive.

One family participant commented:

[The support service] probably didn't fit in with our ideals, at the time yeah. But I've come around to a different way of thinking now, I have because of the kinds of support... there's a lot of real tangible support in this area.

One of the Aboriginal service providers interviewed spoke of the importance of building up a level of trust in the Aboriginal community. She commented that it was fundamental to have some children who had positive experiences of service intervention to challenge the perception that intervention was destructive. Having mainstream early intervention services that were accessible to the Aboriginal community was identified as an important next step in that process.

#### *Informal support networks*

The family participants had varying degrees of informal support in place. For example one woman said:

Mum and Dad would come up at least once per week, if not twice a week to help with housework and things like that and my husband would do what he could around the house.

Other participants, particularly those who had recently arrived in Australia from overseas had little or no informal support, either emotionally or practically. Some of the parents interviewed could not identify anyone they could leave their children with in an emergency.

#### **Experience of being one of the first Families First Areas**

South West Sydney was one of the first areas to implement Families First. There was considerable enthusiasm for the Families First concept at the central planning level although there were major challenges translating the ideas into formal structures. For

some agencies Families First represented a shift in culture, for example, sharing roles and making decisions collaboratively. However, the documents reviewed showed a gradual and growing understanding of the meaning of the concepts and ways to implement them. This conceptual level work occurred over a considerable period time. This resulted in some delays in implementation. However, these discussions were very important, and point to the need to allow for a similar process in the implementation of Families First in other Areas of NSW. These discussions were necessary on an ongoing basis with all the stakeholders in the sectors to meet the major challenge of convincing the other organisations and their employees of the benefits of Families First.

Another problem associated with being one of the first areas to implement Families First was that the allocation of funding and the establishment of new services took longer than anticipated. DoCS used Families First as a way to trial an Expression of Interest (EOI) process. DoCS had to think more broadly in terms of management of their own funding program and develop a different mechanism to support and evaluate the interagency system and impacts on other parts of the system. Through the experience, they learnt to be more specific about what was required and to plan for a longer negotiation period. Over the last 3 years they have reviewed the process and improvements have been made.

In the initial stages of the rollout of Families First in South West Sydney, the funding process reportedly drove the implementation process. The focus was reported as tending to be on how to spend budget allocation rather than focused on changing practices. The amount of time needed for planning was underestimated. The result was that in the first year the budget allocation was not spent. The process has now changed so that the funding is staggered over 3 years with less funding in the first years compared with subsequent years.

Being one of the first areas to implement Families First provided the opportunity to develop and trial new and innovative service models to meet the needs of area. However, one of the disadvantages was that some changes in practice preceded policy and training development. Some managers and fieldworkers described the pressure of having to develop 'policy on the run' and a lack of time for planning. One fieldworker commented:

We had lots of problems because it was very chaotic for a very long time. Nobody knew what was going on. We needed to do the planning first and to implement second. Because it was done the other way around here and it was quite frustrating for a lot of people for quite a long time.

For example, Child and Family nurses were asked to change their practice to a home visiting model before the guidelines were developed. While other Areas will face their own challenges as they develop locally relevant practice models, in South West Sydney the entire model was new.

### **Professional orientation**

An orientation to early intervention and prevention challenged the way some professions have been trained to intervene with families with young children who operate on a deficit model and prioritise cases by critical need.

The Families First principles meant changing the practices for at least part of their service provision, inconsistent with their training, experience or priorities in the rest of the service. Managing that change caused conflict for some practitioners. One fieldworker said:

The most difficult thing was the resistance to change and getting over that and having people who were willing to make the extra effort. There's so much out there to get your head around, it was quite difficult.

In South West Sydney this conflict in practice models did not completely block change, but the process of change was slower than expected and required significant planning, management support and training.

### **5.5 Conclusion on Changes to Service Provision**

In conclusion, the Area Review found that there have been significant achievements in changing the practices of some services in South West Sydney. The level of the change in practice across the Area was mixed, with some agencies clearly having made significant changes while in others were much earlier in the process of identifying the need for change. It should be noted however that it was not expected that all services needed to change their practices.

Where changes in practice have been successful they have been supported by senior and line management and carried out by the staff that have had comprehensive training. Changes to the relevant agency structures have also been essential to bring about lasting change in practice.



## **6 General Issues of Implementing Families First**

This section discusses core concepts underpinning the implementation of Families First that have emerged in the Area Review. Overwhelming in the Area Review, was a sense of agreement with the strategies of early intervention and prevention and developing a more coordinated service system. Debate focused on the boundaries to early intervention and prevention and their relationship to Families First.

The section analyses these two conceptual issues about defining Families First and defining early intervention and prevention for the purpose of implementation. They form the context in which to understand the development and implementation of the specific strategies. A challenge is the translation of principles into the practice of service providers working with children and families in the Area.

### **6.1 Conceptualising Families First**

A critical question that emerged from the research participants in the Area Review was ‘what is Families First?’ The three reasons for practitioners’ difficulty identifying Families First were: it is primarily a set of practice principles, not a program or service type; it built on existing practice already based in those principles; and that the strategy of implementation in South West Sydney was to emphasise the compatibility of the Families First principles with existing practice rather than brand it as a separate initiative. Each of these reasons is discussed below.

#### **Practice principles**

Some of the confusion about Families First can be attributed to it being a policy implementing a set of principles of practice and system change, including some program funding to achieve that. This is in the contrast to identifiable program funding for particular service types. Some practitioners thought Families First was a funding program, similar to other programs that they could label. Even among some managers interviewed there was a perception that Families First was a funding program for services to complement existing services.

Because Families First did not specifically fund their service, some practitioners did not know they were within the umbrella of the service network intentions of Families First. They were unclear about the objectives and identified Families First as particular service types.

#### **Relationship to existing practice**

An intention of Families First was to build on existing practice and service networks consistent with its principles. This had the advantage of embedding the principles in local practice and strengthens, complementing local initiatives and avoiding duplication. Some professions, services and networks were already operating within the principles of Families First. For others, it required a reorientation of their service type, practice and relationship to other organisations.

However, by attempting to build on these strengths of the local service system, in a number of ways it added to practitioners’ confusion and resentment about what Families First was and who was responsible for its achievements.

Some practitioners, who felt they had always practised preventatively, resented Families First claiming any achievements in the South West Sydney, which were consistent with the Families First principles. Both local agencies and State government were attempting to identify changes in the Area consistent with Families First principles. Local practitioners felt that State publicity about Families First achievements did not adequately recognise their existing practices and complementary initiatives were the foundations on which Families First developed changes in other agencies.

Some service providers practising in a manner consistent with Families First felt excluded from the initiative. One of the reasons for this was because they were not earmarked within the Families First implementation strategies as requiring significant changes in practice.

### **Communication of the strategy**

An implementation strategy of Families First in South West Sydney was not to brand it as a separate initiative. The intention was to focus on developing systems change, and develop commitment to the principles of Families First. The Area Review found evidence of support from CEOs, key personnel and managers for this approach. However, some concepts of Families First were complex and difficult to communicate simply. These concepts included: system planning processes, inclusivity of potential service network members and the capacity to meet expectations.

First, whereas there was general support for the principles of early intervention, child focus and a coordinated approach to service provision, a service system approach to planning was not widely understood. Families First proposes that service providers and agencies engage in coordinated planning directed at improving outcomes for children at a population level. If this is to occur, decision-making needs to take a systems view of the network, beyond the interests of individual service organisations.

Some key personnel in Families First in South West Sydney identified a lack of systems building capacity in Australia generally as a one of the barriers to furthering the strategy of coordinated planning. They argued that building a strategy to improve population level outcomes and evidence which can be translated into a system requires managers who have the capacity to act as system builders. In South West Sydney, project officers were undertaking this function. However the capacity of a number of skilled project officers to effectively cover the vast service system across the Area emerged as a concern.

The Area Review found that agencies outside the key human services Departments and those specifically funded by Families First were confused about their relationship to the initiative. This included agencies operating programs consistent with the Families First principles, such as child care services. This made it difficult to develop understanding and support for Families First among members of the broader service network.

Finally, some of the key personnel expressed concern that the promotion of Families First had raised expectations that it did not yet have the capacity to meet.

## **6.2 Conceptualisation of Early Intervention and Prevention**

The second conceptual issue that arose in the implementation of Families First in South West Sydney was that is hard to define where early intervention and prevention ends and crisis intervention starts.

The Area Review found overwhelming support for the principles of prevention and early intervention. However, translating these principles into practice raised a number of difficulties. These related to unmet demand in chronic and critical intervention and a gap between early intervention and chronic support. Each of these is discussed below.

### **Unmet demand for chronic and crisis support**

Although Families First is intended to reduce the demand on crisis services in the long-term, it does not expect to eliminate the need for them entirely. Families First is dependent on being able to refer to on these services as required. These include situations when families' support needs are greater than prevention or early intervention; when the needs of families accessing Families First services change; and when it is appropriate to refer to complementary support services.

It was evident that the Families First implementation was occurring within the context of crisis and chronic support services being unable to meet current demand. Planning for Families First implementation needs to be able to take account of that context. Where the wider family service system was unable to meet these needs, it caused conflict and resentment towards resource allocation to families accessing Families First services, as described below.

### **Gap between early intervention and crisis support**

Families First principles include universal service provision for prevention and early targeted intervention services for families assessed as needing extra support.

The Area Review found conflicting opinions about who was targeted for early intervention and whether they were receiving appropriate support. One criticism raised concerned the perception that Families First funded services only served 'nice, middle class families who were easy to work with'. This implied that these families did not need support or should not be prioritised. However the Area Review found that this misconception probably arose because of the difficulty communicating the long-term benefits of early intervention practices. The rationale of assisting families with the potential to develop problems that could affect their capacity to care for their children in the future had not been understood.

Some practitioners could not accept that families with more intense problems were excluded from the early intervention and prevention services. For example, a number of the services funded under the Families First initiative were not accessible to families who were notified to the DoCS. Similarly, the volunteer home visiting service was not available in homes where domestic violence was identified, for safety reasons.

Yet because of the unmet demand for critical and chronic care, families with multiple disadvantages who passed a threshold for early intervention, were seen to miss out on both Families First services and more intensive care. A service provision gap was reported for families with more entrenched need such as domestic violence but not yet

at a point of crisis. Because of long waiting lists for chronic and crisis intervention services these families had to wait longer for support than families accessing early intervention and prevention support.

A response by Families First has been to develop client group priorities, including Indigenous communities. For example, the Women's Indigenous Supported Housing project expanded beyond early intervention and prevention to include home visiting. Similarly, the Aboriginal home visiting service was a universal service for all local Indigenous families. However, at the interface of these services and the wider network, blockages existed as families were seen as having entrenched problems and therefore secondary referrals to other early intervention supports were limited.

This is not to suggest that early intervention services should cease, be subsumed by other services or redefined to include families with greater needs. Rather, in the context of unmet demand for other services, conflict over access to limited support appears to be an inevitable problem for Families First that should be considered in planning.

### **6.3 Strengths and Limitations of Families First**

Finally, a number of conceptual strengths and limitations in Families First were noted by respondents. These included those already mentioned, in relation to a widespread support for early intervention and prevention, the benefits of a coordinated approach to planning and service delivery and an attraction to a strengths and evidence-based approaches to policy and practice.

In addition, a number of the participants involved in implementing Families First commented that the focus on children and children's outcomes underpins the initiative was a strength. Key personnel commented that Families First had meant that children's outcomes were on the agenda, a state-wide system was being developed to address short comings and that the evaluative process focuses on children which hasn't happened before. A number of participants saw this feature as an important strength in the initiative and facilitator of change at a system level.

A number of respondents noted that Families First operates in a system where the broader socio-economic determinants such as employment, income and poverty play a pivotal role in the health and wellbeing outcomes for families and children. Families First has undoubtedly brought, to use the words of one of the key personnel interviewed, 'the first real money and real interest in children's health' to South West Sydney. However, Families First can only work with families' and communities' capacity to change in that context of more fundamental inequality.

## 7 Conclusion

The Area Review focused on the development and implementation of Families First in South West Sydney. This section summarises the priority implementation issues of Families First in South West Sydney, the general findings of the Area Review, advice to other Areas from participants in South West Sydney and lessons for further implementation in this and other Areas.

### 7.1 Introduction

The overall aim of Families First is to support parents and carers raising children and support them to solve problems early before they become entrenched (TCO, 1999). Overall, the strategies are designed to improve the link between early intervention and prevention services and community development programs to form a comprehensive service network to support families raising children. These strategies include:

- broadening existing services to meet a wider range of needs;
- changing practices of some services; and
- coordinating service planning and establishing new services where gaps have been identified and which have been proven to work for families.

There are four fields of activity, which target particular groups and involve various strategies. The fields of activity, with their respective target groups are:

- supporting parents who are expecting or caring for a new baby;
- supporting families who are caring for infants or small children;
- supporting families who need extra support; and
- strengthening the connection between families and communities (TCO, 1999).

A number of specific implementation priorities were established in South West Sydney. Over the last 3 years these priorities were to improve support to families with infants and young children by:

- improving the population coverage of contact with families by antenatal/early childhood services;
- developing service linkages between antenatal/maternity/postnatal services and support services for families
- expanding the support available for families with young children; and
- developing community level support for families with pre-school aged children in identified communities' (SWS FF PMG, 2002: 2).

The Area Review identified a number of initial challenges to the implementation of Families First in South West Sydney. These included the variety of intake systems; prior negative relationships between services; a lack of trust both between families and services and between service organisations. There was also evidence of 'reform fatigue' amongst the staff of some services that were cautious about committing to major change if Families First was only a temporary reform before a return to normal practice.

The necessity of maintaining confidentiality of client records proved an ongoing challenge to effective information sharing, a smooth referral process and the provision of a continuum of care. The planning, funding and service development process took longer to implement than anticipated. An encouraging factor in addressing these challenges was that in general there was support from the key stakeholders on the committees and implementation groups to enhance cooperation.

## **7.2 Summary of the Findings**

The Area Review found that the strategies employed in the implementation of Families First in South West Sydney resulted in progress towards achieving the core objectives of Families First and addressing the priority issues in the Area. These achievements and the facilitators and challenges in the process were examined and are summarised below.

### **Families First as core business**

A central theme throughout the documents and the interviews with key stakeholders was that there was considerable effort to incorporate the Families First principles into methods of service provision. Through the implementation, service providers have been encouraged to reorient their practice in line with Families First objectives. Examples are refocusing service provision to enhance access and reach in the community to those with unmet support requirements; integrated service delivery; and flexibility to respond to the community environment and government directions.

These changes were enacted to establish a continuity of care model with a focus on attempting to provide the best services where they were most needed. However, in a number of agencies Families First was still an ‘add-on’ at this point, as one interviewee commented, to the normal workload. The incorporation of Families First into core business was a vital component of reorienting services and building networks. Support from management, review of organisational structures and staff training were found to be crucial facilitators in this process. Without this service providers struggled to integrate Families First into the standard working practices, which is necessary if the initiative is to be sustained in the long term.

### **Conceptualising Families First and early intervention and prevention**

The Area Review found that some confusion had arisen over Families First being an initiative based on implementing principles of practice and system change rather than a funding program. Communicating this proved to be problematic. However, without developing a comprehensive understanding of Families First at all levels, the capacity to coordinate planning and instigate system changes across the Area was inhibited. Adding to this confusion was that some service providers were already practising in a manner consistent with Families First principles and thought that this went unrecognised. Also a number of these service providers felt excluded from the implementation process.

The conceptualisation of early intervention and prevention in relation to chronic and crisis services also raised difficulties in the implementation process. The boundary between preventing and intervening early versus support when problems were already embedded was highly contested. This contestation was exacerbated as the service system at all levels was already stretched. This resource shortage also created gaps in the support network for particular groups, such as families experiencing domestic

violence or where there was concern about neglect as they fell between the boundaries of early intervention and crisis service practice.

### **Building service networks**

In South West Sydney a number of distinct networks, differentiated on the basis of function were observed including: policy implementation and planning networks; service delivery networks; and service providers professional networks.

In South West Sydney, Families First has arisen out of and built on service delivery networks previously operating in the Area. The implementation of Families First in the Area has strengthened some of the foundations of the service networks for families and children, developing a stronger focus on early intervention and prevention. The Area Review also found that new network relationships were facilitated. Some service providers were found to be working collaboratively on service planning and provision. This has facilitated the development of more coordinated networks of support for families with young children. The expansion of service networks was consistent with the objectives of Families First and the pre-existing networks in the Area.

The Area Review identified a number of challenges to the development and expansion of service networks. Many service providers recognised the potential of collaboration but did not have the additional resource capacity required to expand this process. As the implementation of Families First rests on a few key shoulders, a sense of 'implementation fatigue' was experienced among some key stakeholders. Network blockages as a result of unmet demand also inhibited the capacity of networks to intervene early. Similarly staff recruitment and retention has presented another challenge in building service change both within existing services and in the development of new services. Other challenges included resource sharing and inclusiveness of the implementation networks.

Networks for coordinated planning were also operating in South West Sydney. While they provided a forum for information exchange, membership was perceived by service providers to be closed to certain agencies. Area level planning was also difficult due to varying bureaucratic processes and lack of systems building and planning capacity in some agencies.

### **Changing practice**

The Area Review found that there was evidence in South West Sydney of substantial achievements in changing the practices of some service providers towards an early intervention and prevention focus. The level of change in practice across the Area was mixed, with some agencies and service providers clearly having made considerable progress.

Achievements in practice change were evident in the operation of some health services supporting families with young children for example. A comprehensive standardised antenatal assessment tool was developed to identify women at risk and link them to hospital or community based supports early. Internal and external referral pathways were developed between service providers so that supports were put in place before problems arose. In addition, new data management systems were

developed and were in the process of being rolled out across the Area to improve the tracking of information antenatally to postnatally.

Families First increased the profile and legitimacy of early intervention and prevention focused service provision. The enhanced support capacity that Families First brought to South West Sydney enabled the development and implementation of innovative new practice models. In some agencies, these models incorporated early intervention and prevention into service provision that previously had an acute focus. New services were planned with 'separate, protected funding' to ensure that those recourses did not merely become consumed by existing forms of service provision.

The result of the service change evidenced in South West Sydney during the Area Review was that more families were accessing services and services were supporting families who could potentially develop problems without support earlier. There was increased support available to more families as a result of the service changes.

Some providers commented that their services already operated under the principles of prevention and early intervention prior to the implementation of Families First. In practice, demand for high support often meant more desperate families were prioritised. What Families First offered was validation for intervening early, assisted with a moderate increase in resource capacity.

Successful practice change was facilitated when management backed the changes and internal structures were developed to manage the process. Another key element in implementing effective changes in practice was to first prepare, train and support staff through the process.

The Review identified a number of key challenges in the process of building effective service change. In many cases the structures and processes within an agency were not reviewed and developed to enable or maintain effective practice change. The service system in South West Sydney was shifting towards serving the population not only families identified as being at risk. The capacity of the system to meet the needs, whether that be to intervene early or for families already experiencing crisis, was found to be a core challenge. The inability of many services to be accessible to families from all cultural groups is another issue confronting the Area. With reference to Aboriginal families, some Area Review participants expressed a concern that many services were unable to meet these families 'where they are at'.

Another challenge was that service providers will, and in some cases already have, drifted back to their old patterns of operation and interactions with other services. What remains to be seen is whether these are temporary set backs, with an overall trend towards the Families First agenda or whether they are a more permanent barrier to the process. Further reviews in South West Sydney later in the process of implementation could provide evidence.

### **Trialling innovative service delivery**

The implementation of Families First has fostered an environment to develop and trial innovative services to meet the needs of a more diverse range of families. This enabled families that generally did not access services but were in need of support to be linked into support by literally taking services to their streets and homes.



Some coordinated service planning and the establishment of new services where gaps have been identified were also evident in South West Sydney. Service models that families wanted to use were developed, which filled important gaps in service provision and facilitated access to the service network and more broadly to the community. Another achievement was that families accessed more strengths-based intervention, which is an important foundation of the Families First principles.

Some issues of concern about trialling innovative service delivery raised in the Area Review, include competition for new resources and the lack of collaborative review and evaluation of the Families First funded services. First, although the funding criteria encouraged collaborative submissions, in some sectors there was increased competition between agencies for funds. Second, although there were mechanisms in place for review and evaluation, some participants perceived that they had not yet been operationalised.

### **7.3 South West Sydney's Advice to Other Families First Areas**

Each interview participant was asked for their advice, based on their experiences of the implementation of Families First in South West Sydney, to other parts of the State. The following proposals represent this advice to other Areas yet to roll out Families First.

At the management level participants thought that it was important that Families First was guided by an overarching framework at the State level but based on proper regional planning and interagency decision making so that the response fits local communities and local needs. To do this effectively participants thought that it was essential to get the buy-in from key stakeholders at all levels within the region. Also critical is consistency of personnel throughout the management structure to keep the implementation process on track, especially in the early phases.

Careful management of the communication and information strategy of Families First was thought to be important by all levels of key stakeholders so that initiative was not identified primarily as a funding program. They felt that it was vital to ensure that new funds went towards building the preventive foundation and not becoming absorbed in meeting unmet crisis intervention needs.

Participants ranging from CEOs to fieldworkers commented that for Families First to be sustained, it must be incorporated into the core business of service providers and the service networks. In South West Sydney key personnel have been the drivers of the implementation process. The participants felt that structures needed to be established based on the principle of interagency decision making which focused on maintaining the culture of change and developing new ideas.

Stakeholders from various levels felt that realistic timeframes and adequate resources were vital for proper interagency planning to be established. In South West Sydney, the amount of time required for interagency planning was underestimated. Changes within agencies similarly required careful planning before implementation was undertaken. Support and training of staff is an important element to successfully change service practice.

Promotional material and regular information sessions about Families First for people from all service levels and stakeholder perspectives were needed. One of the problems

highlighted in the Review was that people were unclear about what Families First was. If service providers and other key personnel did not know what Families First was, it was difficult for them to embrace the changes and advocate the principles.

Some service managers and fieldworkers thought that Government agencies needed to have more preparation and support through the implementation of Families First. The Review found that in South West Sydney some innovative service delivery models were established within government agencies that did not have the bureaucratic mechanisms to support them nor did staff within the organizations have sufficient knowledge about the objectives of Families First.

The families who participated in the Review were asked if they were in charge of services for families in their area what would they do to make them better. The overwhelming response from the families was increasing service accessibility by increasing capacity. One parent stated that for agencies to improve their support to families they needed to:

Simplify their language when talking to people in the Area. Make sure they've driven around the Area and had a look. We have a lot of workers in the Area that have never driven into some of the streets, let alone walked them. I actually took my CLO officer, which is a Community Liaison Officer, and drove her around the bad streets in the Area and that was the first time she'd seen them, she left on Monday, so maybe she should have driven them a bit earlier.

The parents interviewed in South West Sydney expressed respect for Families First key personnel and other service providers who understood the local area and its people. Core advice from families for coordinated planning structures was to develop participation strategies for local consumers that were appropriate and relevant to their lived experiences.

#### **7.4 Lessons from Families First in South West Sydney**

As a result of the Area Review process a number of components of Families First in South West Sydney emerged as key implementation lessons. Each of these components is discussed below.

- **Key concept**

The aims and objectives of Families First were seen as logical and linked to evidence-based practice. This provided a clear justification and direction to the process of change. While some agencies were already providing support with a preventive and early intervention focus, Families First drew together agencies and the community in a coordinated approach to early intervention and prevention with a view to improving the longer term outcomes of children, their families and communities.

- **Champions**

Families First had the support from key stakeholders in South West Sydney who were, as one participant put it, 'creative forward thinkers.' The strong commitment of those involved at all levels of the implementation sustained the momentum needed for change. The enthusiasm and commitment of key personnel to the principles of

Families First enabled the Area to meet some of the challenges encountered in the implementation process.

- Existing and supported structure

Existing service networks were operating in South West Sydney. Families First was able to build on these structures and extend the networks towards early intervention and prevention. In addition the impetus for change was supported from high management levels.

- Innovation

Although being one of the initial Families First Areas created some challenges for South West Sydney, it also facilitated the development of innovative and flexible service delivery models to meet the needs of the community.

- Dedicated resources for the implementation process of Families First

Having specific project leaders and other key personnel facilitated the implementation process. Participants in the Area Review felt that without these positions, many of the achievements of Families First would not have accomplished. Funds dedicated to early intervention and prevention were also an important asset.

- Additional Funding

New funds were essential in South West Sydney to develop and manage service change and to instigate innovative service delivery models to fill gaps. Increasing the total capacity of the service network was fundamental to meet the support needs of families earlier.

Overall the Area Review found that Families First in South West Sydney has made progress towards achieving the core aims and objectives by implementing strategies addressing the priority issues of the Area. Families First in South West Sydney has in many cases:

- fostered relationships between service providers;
- put in place the mechanisms to further develop a more coordinated and integrated network of services to support families with young children;
- improved service access; and
- developed innovative service delivery models to fill gaps in service provision.

A number of important gaps and other challenges have been identified in the Review process. In the end though, South West Sydney continues to make significant gains towards developing the strategies to extend a service network system focused on prevention and early intervention support for families and children.

## Appendix A: Families First Funded Projects in South West Sydney

The information in this appendix has been adapted from the South West Sydney Funded Families First Projects Status Report, March 2003. Only projects that cover the Macarthur or Fairfield sectors or the whole South West Sydney Area have been included for the purposes of this report.

### Services for Families: Ongoing

Project	Auspice	Description	Location
Macarthur Homestart	Benevolent Society	Volunteer home visiting service.	Macarthur
Linking Families	Karitane	Volunteer home visiting across Fairfield. Also group work program.	Fairfield (also located in other sectors)
SCOPE Family Work Project	Campbelltown Family Support	Individual & group early intervention family worker services.	Macarthur
Families First Family Work Project	Burnside	Individual & group early intervention family worker services to NESB community.	Fairfield
Families First Family Work Project	Centacare Mt Pritchard	Individual & group early intervention family worker services to first time & young parents.	Fairfield
Families First Family Work Project	Fairfield Parent Support Centre	Individual & group early intervention family worker services to parents with special needs.	Fairfield

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>
Families First Family Work Project	Anglicare	Individual & group early intervention family worker services to Chinese & Vietnamese families.	Fairfield
Rosemeadow SACC	DET	Full-time SACC program based at Rosemeadow Public School	Rosemeadow Ambarvale
Resource Links-Special Needs Resource Worker	Northcott Society	Specialist resource worker to support generalist services supporting families who have a child with a disability	Macarthur
Family Links - Peer Support Co-ordinator	Northcott Society	Service model currently being reviewed.	Macarthur
Bonnyrigg SACC Project	DET	4 days per week SACC program based at Bonnyrigg Public School	Bonnyrigg
Canley Vale SACC Project	DET	4 days per week SACC program based at Canley Vale Public School	Canley Vale
Fairfield SACC Project	DET	4 days per week SACC program based at Fairfield Public School	Fairfield

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>
Liverpool/Fairfield Supported Playgroup	Fairfield City Council	Playgroup for families in high need communities or target groups across Fairfield and Liverpool LGA. A minimum of 5 sessions per week in each LGA. Trained staff to facilitate and support parents in playgroup. Model to include training and support of NESB community members as co facilitators.	Fairfield and Liverpool

**Services for Families: Time Limited**

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Family Support Projects	Campbelltown Family Support	Preliminary One-off grants to SWS Family Support Agencies to trial FF type activities in 1999	SWS	Completed 1999
Tharawal Antenatal Home Visiting Project	Tharawal Aboriginal Corporation	Provision of a community worker to work with aboriginal health team to promote antenatal care and build capacity and links in Campbelltown Aboriginal Community	Campbelltown	Completed
Supported Playgroups	Curran SACC	Provision of supported playgroup sessions 3 times per week to families	Macquarie Fields	Operational
Early Childhood Development NESB Community Awareness Project	Anglicare	Develop culturally appropriate information on the importance of early childhood for Chinese and other Asian cultural/language groups and investigate strategies for disseminating information	Cabramatta / Fairfield	Completed.
Family Connections Project	Fairfield City Council	The project identifies families in Bonnyrigg who could benefit from early intervention and aims to develop support networks for families in their neighbourhood, build links between families and service providers and assists families prepare their child for school.	Bonnyrigg	
Emerging Communities Family Support Project	Fairfield East Community Resource Centre	Supports families with young children with a Macedonian background with early intervention and community development services. The project will work across Fairfield and Bankstown sectors.	Villawood Fairfield Chester Hill	

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Family and Neighbour- hood Links Project	Burnside	Aims to improve families access to local support services, enhance their support networks by facilitating social and community connections, mobilising community resources and building community capacity.	Minto	Completed.
Language Links Projects	Fairfield Community Resource Centre	Through English classes for parents of NESB provide appropriate information on the importance of early childhood. to develop appropriate material in a variety of forms and integrate into existing classes and provide one off workshops for parents.	Fairfield	
Family Links Project	Wollondilly Family Support Service	The provision of parenting information workshops with child care to families in the Camden Wollondilly area, with particular targeting of out of hours sessions and those in isolated communities. The project has been budgeted for a two year period.	Wollondilly and Camden	
Promoting Effective Parenting Workshops	Airds Bradbury Neighbourhood Centre	A supported playgroup model Provision of funding to continue the existing playgroup for 2 days per week. Campbelltown Council is providing professional supervision for the child care worker	Airds	Operational.
Multicultural Parenting Project	SWSAHS Multi Cultural Health	Joint project funded by DoCS and SWSAHS with non government an community to identify and build on culturally appropriate child rearing practices	SWS	Operational.



<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Macarthur Fathers Plus project	Macarthur District Temporary Family care	Program to examine the needs of young fathers in Macarthur. Development of strategies to engage fathers and increase responsiveness of community and agencies to fathers.	Macarthur	Operational.
Aboriginal Antenatal Home Visiting	SWSAHS	Contribution to ante natal home visiting model in Macarthur to consolidate systems.	Macarthur	Operational.

### Development Projects

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Aboriginal Consultation	SWSAHS CHETRE	Consult with SWS aboriginal community and service providers regarding possible models for supporting aboriginal families with young children in SWS.	SWS	Major part of project complete. Production of newsletter operational.
Multicultural Consultation	Consultant Project. Multicultural Health Communications.	Consultation with families and community representatives from 7 different CALD groups. Purpose to recommend how FF needs to respond to needs of families from CALD backgrounds.	SWS	Completed.
Communities 4 Kids Research Macarthur	DoCS	Identify high needs communities and appropriate model for FOA4 projects in Macarthur	Macarthur	Completed.

Communities 4 Kids Research Fairfield	Fairfield Council	Identify high needs communities and appropriate model for FOA4 projects in Fairfield LGA	Fairfield	Completed.
Supporting Parents through Child Care Centres, a Strategy for Improved Collaboration	UWS Nepean School of Early Childhood	The project aims to identify the ways in which child care Centres can support parents of children in care, develop and test some models to improve the communication between parents and staff, and encourage networking of parents through child care Centres to decrease isolation.	South West Sydney	Completed.

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Family Mapping Project	Fairfield City Council and Fairfield Health Service	a joint project of 2 lead FF agencies The project will develop a web site to link existing child and family service providers in Fairfield with up to date service information.	Fairfield	Completed.
Macarthur Service Network project	DoCS Consultant Carolyn Quinn	Project to develop a plan in consultation with service providers and families, for improving collaboration and coordination between Families First services in Macarthur.	Macarthur	Completed.
Liverpool Fairfield Service Network project	DoCS Consultant Colin Berryman	Project to develop a plan in consultation with service providers and families, for improving collaboration and coordination between Families First services in Fairfield and Liverpool	Fairfield and Liverpool	Completed.
Macarthur Communities 4 Kids Coordinator	Dept of Housing	Facilitate the planning of projects to strengthen the links between families and their communities in the high need communities in Macarthur	Macarthur	Operational.
General Practitioners FF awareness project	SWSAHS Dept General Practice	Inform and promote participation of GPs in the FF framework in SWS, targeting NESB GPs and those in the Antenatal Sharecare program	SWS	Operational.

<b>Project</b>	<b>Auspice</b>	<b>Description</b>	<b>Location</b>	<b>Status</b>
Early Childhood Data Collection project	SWSAHS Dept Community Paediatrics	Streamline and coordinate the collection of antenatal and early childhood data across SWSAHS for planning	SWS	Completed.
Promoting School Readiness Project	DET  Liverpool District	Coordinate DET activities for families with children 0 – 5 across 4 DET districts in SWS .Provide a link between DET and Families First planning forums. Funding for a project officer and seeding grants for primary schools for early intervention activities.	SWS	Operational.
Area Practice Forums: Working Preventatively	Department of Housing	Provision of 5 Area wide Practice Forums .	SWS	Planning stage.
Joint Interagency Training	Karitane  Benevolent Society	\$17,500 one off funding for each sector implementation group for interagency training and development at the local area. Priority given to progressing recommendations from service Network projects in each sector. Karitane to auspice BLF and Ben Soc to auspice Macarthur	Macarthur, Bankstown, Liverpool and Fairfield	Planning stage.
Learning and Development Project	DoCS  Consultants  Age Communications	Joint SWS and I w project to examine training and development needs of staff across range of services assisting families with children 0 –8 years	SWS	Completed.

Regional SWS FF Information Coordination Project	SWSAHS  Dept Community Paediatrics	Responsible for the development and coordination of a Families First information system in SWS. It will focus on regional level measurement of key child and family and community outcome indicators as well as key process measures for SWS	SWS	Operational.
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## **Appendix B: Coding Explanation for Network Density Matrix and Referrals**

Section 4.3 includes a network density matrix. This appendix explains the coding to derive the categories used in the matrix. Categories of main service activities of service providers who responded to the survey or the agencies they identified in referral activity or informal consultations about new clients were created.

1. Self-referrals: include all clients who self-referred to a service and where services listed receiving referrals from carers or family members of clients, these were also coded as self-referrals.
2. Community health: includes community health facilities such as Aboriginal health services, women's health services and community allied health services and excludes hospitals, specialists and private practitioners. Also included are groups run by community health such as sleep and settling groups. This variable excludes Child and Family Nurses as these are counted separately due to their role in Families First service provision through home visiting.
3. Service from outside the sector. Services from outside the sector are organisations that provide services targeted by Families First that is located outside of the sector.
4. Other service within the sector. Other services with the sector are organisations that provide other social services for community members other than young children, such as police, juvenile justice, within the sector.
5. Hospitals and associated health: includes all hospital services, such as maternity services or multicultural health services and hospital social work. It also includes services provided by private practitioners (eg paediatricians).
6. Local councils
7. Centrelink
8. Child care and preschool
9. Child protection: includes DoCS and non-government provided child protection support.
10. Housing and accommodation: crisis accommodation services, such as women's refuges and shelters for the homeless, are categorised separately below (crisis services).
11. Child and Family Nurses (CFN): nurses in the community home visiting and clinic based services.
12. Crisis services: include crisis lines, shelters and other services for families experiencing homelessness, domestic violence or abuse; emergency financial or material aid and assistance; and emergency foster care.
13. Education: includes schools, tertiary institutions and programs such as Schools As Communities
14. Drug and alcohol
15. Volunteer Home Visiting Services
16. Family support
17. Mental health
18. Counselling
19. Local information and resources: includes neighbourhood and community centres and information resource centres.

## References

- Belanszky, M. (2000), SWSAHS Families Implementation Report, November. Briefing for Families First Implementation Committee Meeting, October, 2000.
- Bronfenbrenner, V. (1979), *The Ecology of Human Development*, Cambridge Harvard University Press.
- Barnett, W. (1993), 'Benefit-cost analysis of preschool education: findings from a 25-year follow-up', *American Journal of Orthopsychiatric*, 63(4), 500-8.
- 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.
- Fine, M. (1997), 'Searching for a "one-stop-shop" and the seamless service system', *Social Policy Research Centre Newsletter*, 64, 1-5.
- Fisher, K., L. Kemp and J. Tudball (2002), *Families First Outcomes Evaluation Framework*, report prepared for the Cabinet Office of New South Wales, www.sprc.unsw.edu.au.
- Johnson, D. and T. Walker (1987), 'Primary prevention of behaviour problems in Mexican-American children', *American Journal of Community Psychology*, 15(4), 375-385.
- Harbert, A., D. Finnegan, N. Tyler (1997), 'Collaboration: a study of a children's initiative', *Administration in Social Work*, 21(3/4).
- McCain, M. and J.F. Mustard (1999), *Reversing the Real Brain Drain: Early Years Study, Final Report*, Ontario Children's Secretariat, Toronto.
- Macarthur Families First Implementation Group, Minutes.
- Macarthur Health Service, (2000), *Women's Health Project Macquarie Fields: Research Report in the Factors Affecting Women's Health on the Housing Estate*, August 1999-2000, Sydney.
- Miller, J. and J. Whittaker (1988), 'Social services and social support: blended programs for families at risk of child maltreatment', *Child Welfare*, 67(2), 161-74.
- National Crime Authority (1999), *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*, National Crime Prevention, Commonwealth Attorney General's Department, Canberra.
- O'Looney, J. (1993), 'Beyond privatisation and service integration: organisational models for service delivery', *Social Service Review*, 67(4), 501-534.
- Oates, R., J. Gray, L. Schweitzer, R. Kempe and R. Harmon (1995), 'A therapeutic preschool for abused children: the Keepsafe Project', *Child Abuse and Neglect*, 19(11), 1379-86.
- Olds, D., J. Eckenrode, C. Henderson, H. Kitzman, J. Powers, R. Cole, K. Sidora, P. Morris, L. Pettit and D. Luckey (1997), 'Long-term effects of home visitation on maternal life course and child abuse and neglect', *Journal of American Medical Association*, 278(8), 637-34.
- Olds, D., H. Kitzman, R. Cole and J. Robinson (1997), 'Theoretical foundations of home visitation for pregnant women and parents of young children', *Journal of Community Psychology*, 25(1), 9-25.
- 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.

- 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.
- Provence, S. and A. Naylor (1983), *Working with Disadvantaged Parents and Children: Scientific Issues and Practice*, Yale University Press, New Haven.
- South West Sydney Plan for Implementing Families First, 1999-2000.
- SWSAHS Families First Project Committee, Minutes.
- Thomson, C., K. Fisher and J. Tudball (2002), *Families First Area Review Methodology*, prepared for the Cabinet Officer of New South Wales, [www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au).
- The Cabinet Office (TCO) (1999), *Families First: A Support Network for Families Raising Children*, Office of Children and Young People, The Cabinet Office, Sydney.
- The Cabinet Office (TCO) (2001), A support network for families raising children: South West Sydney 2001-02, [http://203.147.192.57/public/s26\\_homepage/Default.aspx](http://203.147.192.57/public/s26_homepage/Default.aspx) [accessed 1 February, 2002].
- Tomison, A. and S. Wise (1999), *Community-based approaches in preventing child maltreatment, National Child Protection Clearing House*, Discussion Paper No 11, Australian Institute of Family Studies, Melbourne.
- SWS FF PMG (2002), Background Paper for the SWS Families First Project Management Group Planning Session, Sydney.
- Salancik, G. R. (1995), 'Wanted: a good network theory of organization', *Administrative Science Quarterly*, 40, 345-9.
- Weikart, D. and L. Schweinhart (1992), 'High/scope preschool program outcomes' in L. McCord and R. Tremblay eds *Preventing Antisocial Behaviour: Interventions from Birth Through Adolescence*, The Guilford Press, New York.
- Vinson, T. (1999), *Unequal in Life: the Distribution of Social Disadvantage in Victoria and New South Wales*, The Ignatius Centre for Social Policy and Social Research.