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THE UNIVERSITY OF
NEW SOUTH WALES



FAMILIES FIRST AREA REVIEW
ORANA FAR WEST

FINAL REPORT

FOR THE CABINET OFFICE OF NSW

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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
ROG	Regional Officers Group
TCO	The Cabinet Office
UNSW	The University of New South Wales

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).

The UNSW reports cover 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.[1]
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	Lessons learnt from the state level strategic policy implementation of Families First.
Area Reviews Final Summary Report	Summary of the lessons learnt from the three Area Reviews and the State Level Review.

Summaries of each of these reports and discussion papers will be available online at www.sprc.unsw.edu.au.

[1] See Thomson et al (2002) for details on the characteristics of the areas and the rationale regarding selection.

Executive Summary

Background to Families First

Families First was introduced in New South Wales in 1998. It is a State Government strategy that aims to increase the effectiveness of early intervention services to support families and communities to care for their children. The broad aim of Families First is to develop a coordinated network of services to identify children and families who require further assistance and link them to appropriate support early, before problems become entrenched. The strategy combines universal service elements and screening to targeted services, with operational emphases on: service integration and networking; community outreach, especially via services such as home visiting by early childhood nurses and volunteers; and community development (TCO, 2002).

Area Reviews

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 Social Policy Research Centre, UNSW manages the Consortium. This report is part of a series and presents the findings of the Area Review in Orana Far West.

A triangulated methodology is employed to explore the process of development and implementation and the experience of key people in Families First including families, service providers from a wide range of government and non-government organisations and management representatives in Families First. The Area Review methodology involved multiple data collection techniques including document reviews, surveys, interviews and focus groups.

Two sectors were involved in the Area Review of Orana Far West, Dubbo and Broken Hill. These sectors were chosen as examples of regional and remote locations respectively, and as locations where Families First has had a presence for some time. Broken Hill, as a highly remote and isolated centre, is an identified Families First priority area; whereas Dubbo is a regional centre that acts as a service hub for surrounding locations.

Families First in Orana Far West

The planning structure for Families First in Orana Far West has two major components: the Regional Officers Group and the Working Party/Orana Far West Tri-Strategy Implementation Group. Both these groups comprise representatives from various levels within government agencies. Plans to form a Non Government Organisations and Local Government Consultative Forum were not realised.

The Area Plan was designed in response to the identified priority needs of the Area and the service profile of particular regions within the Area. Dubbo was not seen as a priority for Families First to the same extent as Broken Hill, because the consultation and review process that produced the Area Plan identified Dubbo as a service centre with more developed infrastructure than Broken Hill. The Area Plan aimed to improve the outcomes for clients of services and improve the access of families to services, as well as increase service networks and coordinate service delivery. Services funded to provide direct service were given a higher priority than those focused on network development and coordination.

The data from the survey of service managers revealed that the majority of the clients accessing respondent services were from low-income families and Aboriginal and Torres Strait Islander families. The majority of services in the two sectors are involved in network activities including interagency meetings, developing joint information directories, joint planning and training in child and families issues. Respondents to the survey rated these types of network activities as generally effective in assisting them to meet the needs of families and children.

Key Findings From the Area Review

The implementation of Families First in an Area such as Orana Far West will inevitably be affected by the historical context and the characteristics of the Area such as remoteness, distance and the drought. These factors impact on the achievements and sustainability of Families First.

The key findings from the Area Review concern management, implementation, core business, the service network, Aboriginal participation and access and system capacity.

Management

The key findings concerning management relate to structure, processes and communication strategies. NGOs were not represented in any planning structures. This affected agencies' level of understanding of Families First, focusing it on the development and establishment of new services rather than on system change. Also, the lack of local implementation made it difficult to assess and respond to local needs effectively.

In summary, lessons from the Families First experience in Orana Far West include:

- Management should be devolved over both regional and local structures; and ensure the participation of all agencies providing support to families and children, including NGOs.
- Management processes should build on the presence and particularities of existing networks and services; ensure that time is allowed for the building of relationships; and facilitate the presence of advocates who will champion Families First.
- Communication strategies should be in place to ensure the effective dissemination and reception of information about Families First. These strategies must also ensure that Families First is understood as distinct from, and complementary to, both what is already in place in an area and any other new strategies being introduced.

Implementation

Decisions about the planning and priorities of Families First in Orana Far West, most particularly the decision to prioritise service delivery over network development, have impacted on the visibility and understanding of Families First. Although based on the identified need for those services, these decisions have also influenced attempts to improve coordination.

In summary, lessons from the Families First experience in Orana Far West include:

- Families First management structures should support the development of effective networks whole of system approaches to early intervention and prevention, as well as complementary services.
- Planning and funding for new services should reflect a locally relevant, strength-based approach, and a focus on early intervention and prevention.

Service Network

In Orana Far West, as in other areas, Families First was implemented within existing service networks. Members of the Regional Officers Group and other key personnel have expressed concerns about the robustness of the network in Orana Far West and the difficulties in sustaining network groups. Also, existing networks were not well utilised during the implementation of Families First. A number of effective examples of coordinated service delivery are in place in Orana Far West, both as a result of Families First and independent of it, and these represent positive examples for the future development of the network. For example, an existing early childhood interagency in one sector was revitalised and expanded as a result of the implementation of Families First.

In summary, lessons from the Families First experience in Orana Far West include:

- The service network that pre-exists the implementation of Families First should be recognised as a force that will affect its success and active engagement in that network should be an implementation priority.
- Families First should engage with existing networks at the levels of practice and planning.
- Networks require dedicated resources and management to ensure that they achieve changes in practice, and are thereby sustained.

Core Business

A stronger, more coordinated service network was visible where agencies had explicitly incorporated Families First into their core business and thereby had a greater capacity to focus on early intervention and prevention. For example, the Area Health Service had incorporated Families First into their business plan, written it into their job descriptions, performance indicators and service agreements. This had facilitated change within operation of the service network

In summary, lessons from the Families First experience in Orana Far West include:

- Managers or other key personnel should be responsible for initiating the processes necessary to adopt Families First as core business. These processes will include reviews of existing practices and infrastructure, and the introduction of new structures and processes. The adoption of Families First as core business will not happen without these efforts, and this adoption will increase the strength and coordination of networks, and refocus service delivery.
- Consistent with Families First, a move towards early intervention and prevention is apparent in many services, and the importance of networks is also recognised. However, the explicit adoption of Families First as new core business is likely to effect stronger outcomes than does recognising Families First as a confirmation of extant organisational strategies.

- The adoption of Families First into core business requires time, training and other resources, and sustaining Families First as core business requires that these resources are ongoing.

Aboriginal Participation and Access

Orana Far West has a significant Aboriginal population and a number of Aboriginal-specific services. The engagement of Aboriginal communities in Families First is crucial to successful implementation. Attempts to achieve this engagement have not always been successful, although some positive examples are emerging. Many of the factors that facilitate or inhibit the overall implementation of Families First in Orana Far West also have relevance to Aboriginal communities. Flexibility in planning, coordination and delivery are crucial to the successful implementation of services to the Aboriginal community. Families First in Orana Far West did not achieve the sustained engagement of elders in the management of planning and implementation, and the lack of local management groups was particularly apparent in the impact of Families First on Aboriginal communities. Another key element in Aboriginal and non-Aboriginal collaboration is allowing time to build relationships and trust.

In summary, lessons from the Families First experience in Orana Far West include:

- Engagement with Aboriginal services, and communication of Families First, requires time and may require different approaches and processes than those usually employed by non-Aboriginal organisations.
- Aboriginal communities are not homogeneous and implementation of any new strategy must work within and build upon existing relationships. Differences of opinion and views occur between individuals and communities, and the implementation of any new strategy must negotiate and work through these differences.
- Collaborative service delivery between Aboriginal and non-Aboriginal organisations should build on the accessibility of Aboriginal organisations and groups (such as peak bodies and steering committees) to Aboriginal people and communities.

System Capacity

We found that Orana Far West is characterised by a number of forces that act as inhibitors to the implementation of Families First: for example access to specialist services, lack of GP services and transport. In addition, difficulties in recruiting and retaining staff created barriers to effective service delivery.

In summary, lessons from the Families First experience in Orana Far West include:

- Families First planning infrastructure should assist in the identification of unmet need requiring reallocation of core funding to meet, in particular, shortfalls in child care, affordable medical, specialist medical, and disability services.
- The Area's professional skills base, and skills development opportunities, should be considered in the development of future Area Plans.

Conclusion

The implementation of Families First requires changes both within organisations and between organisations. Overall the Area Review found that local community groups

were committed to developing and enhancing the family service system. A number of challenges are evident in the implementation of Families First in Orana Far West, however these have been identified and commitments have been made to address them in the planning and development stages for the next Families First Area Plan.

1 Background to Families First

Families First was introduced in New South Wales in 1998. It is a government strategy that aims to increase the effectiveness of early intervention services to support families and communities to care for their children. The broad aim of Families First is to develop a coordinated network of services for all families and to identify children and families who require further assistance, to link them to appropriate support early, before problems become entrenched. Details about the strategy and its implementation were described in a document from The Cabinet Office, 2002.

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 of the second Area Review, of Orana Far West. These are the findings of the second of three Area Reviews undertaken by the UNSW evaluation consortium as part of the overall evaluation strategy for Families First. A detailed account of the background to Families First, the management structure and the Area Review methodology is contained in the first report on the Area Review of South West Sydney (Thomson, Hoffmann and Fisher, 2003). Details of the other Area Reviews and of the Outcomes Evaluation Framework are available through other reports produced by the consortium (see the table at the beginning of this report). A brief description is included in Appendix A, with the full Area Review Methodology in Thomson et al, 2002.

1.1 Description of Families First

Families First is concerned with the welfare of young children and the implications of early childhood experiences for long-term outcomes in health, education and social development in childhood and adult life. The policy framework is based on developing regional linkages between 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. The strategy combines universal service elements and screening to targeted services, with operational emphases on: service integration and networking; community outreach, especially via services such as home visiting by early childhood nurses and volunteers; and community development.

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. Supporting families at different stages will be achieved through the strategic development of a service network that plans and delivers services using a coordinated, interagency approach.

1.2 Area Reviews

This report is part of a series and presents the findings of the Area Review in Orana Far West. Two sectors were involved in the Area Review of Orana Far West, Dubbo and Broken Hill. These sectors were chosen as examples of regional and remote locations respectively, and as locations where Families First has had a presence for some time. Broken Hill, as a highly remote and isolated centre, is an identified Families First priority area; whereas Dubbo is a regional centre that acts as a service hub for surrounding locations.

A triangulated methodology was employed to explore the process of development and implementation and the experience of key people in Families First including families, service providers from a wide range of government and non-government organisations and management representatives in Families First. The Area Review methodology involved multiple data collection techniques including document reviews, surveys, interviews and focus groups.

1.3 Outline of the Report

This first section of the report provided a brief overview of Families First and the methodology used in the Area Review. Section 2 reviews the development and implementation of Families First in Orana Far West and the current operation of the service networks. Section 3 outlines the key implementation issues and their implications. The final section of the report summarises the main findings of the Area Review. These are presented as lessons from the experiences of Orana Far West in developing and implementing Families First. The Area Review Methodology and conceptual approach are presented in Appendix A.

2 Families First in Orana Far West

Before outlining the priority implementation issues for the Orana Far West Area, this section begins with an overview of the context of Families First in Orana Far West and the regional structures supporting the development and implementation of Families First. The final part of the section examines the Orana Far West Area Plan and regional priority issues.

The Orana Far West Families First Area includes 17 Local Government Areas (LGAs) and the Unincorporated Area in the Far North-West. Within Orana Far West there was a staged rollout across two regions. Macquarie Orana was the first region to establish Families First in June 2000, followed by the Far West Region. The Area Review focused on one sector within each of these regions, Dubbo in Macquarie Orana and Broken Hill in Far West. For the most part these are de-identified in the Report, and referred to as Sectors. Funding for Families First commenced in Orana Far West in February 2000.

The implementation process of a broad, systems-based strategy such as Families First and its ensuing success is inevitably affected by demographic characteristics, geographic location, and historical and political contexts. Table 2.1 shows selected demographics of Orana Far West. The population of the Area is 147 934 (Census 2001). The proportion of Aboriginal people in the Area is considerably higher than the state average. The unemployment rate is higher than the state average, and the Area has a high proportion of low income families.

Table 2.1 Selected Demographics of Orana Far West

	Orana Far West Area	Broken Hill	Dubbo
Total population [1]	147 934	21 098	38 754
Proportion of children 0-8 years [1]	14.2%	11.9%	15.1%
Number of babies born in 2001 [2]	1 967	238	542
- Indigenous	347	26	72
- CALD	59	4	15
Five main community languages [3]		Italian Greek Other German Maltese	Other Chinese (Cantonese) Arabic (including Lebanese) Greek Italian
Proportion of Indigenous persons in population [3]		5.1%	9.0%
Unemployment rate [3]		12.8%	9.0%
Index of Relative Socio-Economic Disadvantage [4]		16	104

Source: (1) ERP, June 2001, ABS; (2) Registered births, 2001, ABS; (3) 2001 Census of Population and Housing, ABS; (4) SEIFA Index of Relative Socio-Economic Disadvantage for NSW SLAs 2001, ABS. A ranking of 196 indicates the highest SEIFA value; a ranking of 1 indicates the lowest SEIFA value and therefore the highest relative disadvantage in NSW. Orana Far West includes SLAs with rankings of 1, 3 and 4, that is, three of the five most disadvantaged SLAs in NSW.

The combination of geographic, social and political factors which determine the character of the Orana Far West region have also shaped the implementation of Families First in this Area. Orana Far West is affected by isolation, distance and relative lack of resources. When planning for the implementation of Families First, TCO assessed Orana Far West as having the highest level of need in the family services system. These challenges are exacerbated by the drought, which at the time that this research was being conducted was the most severe in over a century. The Area's characteristics have also had an impact on family service infrastructure. Staff recruitment and retention is difficult and considerable effort is demanded to maintain the professional expertise of the service network (we return to this point in Section 3).

Relationships within and between sectors and communities, for example government and non-government, indigenous and non-indigenous, are also an important influence on the impact of new strategies such as Families First. These relationships, which may historically have been positive or negative, are a determinant in the implementation process. The evident goodwill and energy being deployed in Orana Far West to build an effective network is supporting the implementation of Families First, which in turn is supporting and strengthening that network. However, structural, historical and political differences of interest, power and opinion represent a complex challenge in bringing about change.

Finally, Families First was introduced into Orana Far West in the context of a rapidly changing policy environment. Within this same timeframe, five other strategies are also being implemented across the Area: the Early Childhood Intervention Coordination Program (NSW Health); the Aboriginal Maternal and Infant Health Strategy (NSW Health); Better Futures (Office of Children and Young People); Community Solutions (Premiers Department); and Stronger Families and Communities (Commonwealth Department of Family and Community Services). Some of these strategies have added to the complexities of managing and communicating Families First, but have also introduced effective new interagency processes and activities (we return to this point in Section 3).

2.1 Regional Structure Supporting Families First

The planning structure for Families First in Orana Far West has two major components: the Regional Officers Group and the Working Party/Orana Far West Tri-Strategy Implementation Group. Plans to form a Non Government Organisations and Local Government Consultative Forum were not realised.

Regional Officers Group/Human Service Officers Group

The Regional Officers Group (ROG) has responsibility to oversee the development and implementation of Families First in Area. It is comprised mostly of regional directors and managers of government agencies, although representation of the Area Health Services has been at a lower level of management. 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. The ROG is ultimately responsible for the key Families First activities of building the service network, allocating funds, and remodelling existing services.

Since May 2003 the ROG has operated as part of the Human Service Officers Group of the Regional Strategic Management Group.

Working Party/Orana Far West Tri-Strategy Implementation Group

The Working Party consists of representatives from the five human services agencies involved in Families First. These include the Maternal Child and Family Coordinator, Far West Area Health Services; the Service Support and Development Officer, DADHC (from June 2002); the Director of Partnerships and Planning, DoCS; a Team Leader from Housing; and the Student Services and Equity Coordinator, DET. It prepares documentation for the Regional Managers and reports to the Human Services Officers Group.

The Working Party was renamed in February 2003 and is now the Orana Far West Tri-Strategy (Families First, Better Futures and Aboriginal Child, Youth and Family Strategies) Implementation Group.

2.2 Orana Far West Area Plan

Between February and July 2000 the ROG began work on the development of the first Orana Far West Area Plan. The Working Party in consultation with Far West Area Health Service decided on the priority areas of need and groups requiring a priority response. Teenage and Aboriginal families, and Itinerant and Isolated families, were identified as requiring a priority response in the plan. In March 2000 the Regional Officers Group decided that resource allocation should be on the basis of these priorities rather than on a population per area basis.

The Plan described the overall approach to implementing Families First in Orana Far West, the budget, key outcomes and actions and time frame required.

A number of priority issues were identified for Orana Far West around the four Fields of Activity (FOA):

- building support for families with very young children and increasing the coverage and contact with health services for families having babies by piloting and developing a Volunteer Home Visiting service;
- the coordination of services into a service network with a prevention focus by trialling a Memorandum of Understanding between key agencies; and
- reconfiguring existing services to change service delivery, including the streamlining of client pathways for antenatal, birthing services and postnatal care and support for families.

The Orana Far West Area Plan outlined how each of the four Fields of Activity would be addressed:

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

Increased support for parents would be achieved by improvements in the identification and assessment of pregnant women, and increased access to antenatal care. Clinic based services would be complemented by home visits. All women would receive home visits within six weeks of delivery, and women in isolated areas contacted by phone. Families requiring additional support would be identified early in the antenatal or postnatal period, and continuity of support care would be provided for families with high needs.

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

Service networks would be supported through the development and adoption of a Memorandum of Understanding and the improvement of mechanisms to support existing interagencies. A Volunteer Home Visiting Scheme would be established in three central locations, and priority groups supported by volunteers recruited and trained through the scheme. Programs to increase the access of children, especially from Aboriginal families, itinerant families, and families needing support, and programs to assist in the transition from pre-school to primary school would be implemented.

- FOA 3: Supporting families who need extra support

The strengthening and resourcing of existing services would increase support to these families. Training and support in collaborative service delivery and responses to Child Protection Guidelines would improve outcomes for families. Strategies would address the poor or non-existent access of some isolated families to transport, a key impact on access to services. DET would assist teachers in providing young Aboriginal parents and students with effective education in family planning and parenting skills.

- FOA 4: Strengthening the connection between families and communities

Families First would facilitate the connection between these remote and regional communities through initiatives such as the Networking the Nation Program (Commonwealth Department of Communication Information Technology and the Arts); video conferencing for isolated families; an annual conference on Early Childhood and Prevention, convened by each of the five human services agencies on a rotating basis; the development of community management committee structures; and the involvement of the corporate sector in sponsoring early intervention services.

The priorities of the Area Plan are reflected in the Area objectives for these fields of activity. This is reflected in turn in the location and types of services, both ongoing and time limited, which have been funded through Families First. While the focus of this Review is on Dubbo and Broken Hill the summary of these projects below is not restricted to these areas, for two reasons. First, in the absence of local groups, implementation is necessarily coordinated at an Area-wide level. Second, an outline of the projects funded across the Area gives some indication of the priorities of that implementation process.

As of March 2003, the Families First funded projects were:

- Play Group Coordination Service
- Parents as Teachers
- Family Worker Service
- Volunteer Home Visiting Service
- Annual Conference
- Memorandum of Understanding
- Therapy Services.

2.3 Current Operation of the Service Network

Following is an overview of the current operation of the service networks in Orana Far West in Broken Hill and Dubbo using information collected in the survey of service managers. It describes the network in terms of the number and types of clients accessing services, the number of referrals made and received by agencies, and services' involvement in network activities.

Services and Clients

In total 61 services were surveyed in Broken Hill and Dubbo including children's services, family support, community health, child protection, housing and accommodation, hospitals and associated health both from government and non-government agencies. Of these, 37 agencies were asked to collected collect information on the number of referrals for families with children 0-8 over the week period. The overall response rate for the survey was 70 per cent as of August 2003.

The agencies participating in the survey operated between 2.5 and 7 days per week. The median number of days of operation was 5 days per week. During the week beginning Monday 16 June 2003, service providers had contact, including phone or face-to-face, with 676 ongoing clients and 166 new clients. Table 2.2 shows the types of clients who accessed services over this period. It can be seen that 77 per cent of clients accessing services were from low income families and 61 per cent were from Aboriginal and Torres Strait Islander families, reflecting the demographic characteristics of the Area. A large proportion of clients were sole parents (46 per cent) or parents aged less than 20 years old (45 per cent).

Service mangers were asked if the data collection week represented a typical week. More than half (55 per cent) indicated that it was a typical week. Of the respondents for whom it was not a typical week, it was because staff were sick, having time off in lieu, or conducting regional visits, which impact on all services to varying degrees at times. A number of respondents were also supervising students, which occupied a considerable amount of their time that week.

Table 2.2: Number of New Clients in Family Service Agencies in One Week by Selected Characteristics

Selected characteristics	Number of clients (n=166)	Per cent*
Low income	127	77
Aboriginal and Torres Strait Islander	102	61
Sole parent	76	46
Parents aged less than 20 years old	71	45
Families affected by domestic violence	48	29
Social isolation	33	20
Parents affected by drug and alcohol issues	28	17
Geographical isolation	18	11
A child with a disability (medical, intellectual, physical)	13	8
Parents affected by a mental health issue	12	7
Parents with a disability (medical, intellectual, physical)	9	5
Culturally diverse backgrounds	6	4
Other family members are primary caregivers	5	3
Mothers with post natal depression	2	1

Note: * Respondent agencies (n=12) could choose more than one option for each new client, so totals do not equal 100 per cent

Service coordinators and managers collected data on the number of referrals made and received and informal consultation about clients over the week beginning Monday 16 June 2003. A density matrix was developed from this data to visually depict the connections and network activities between agencies. Only 8 services out of 18 (44 per cent) in Sector 1 and 4 services out of 19 services (21 per cent) in Sector 2 responded to this question. A separate table has been developed for each sector representing their distinct networks (Table 2.3 and Table 2.4).

Table 2.3: Referral and Informal Consultation Activity in Sector 1, Week Beginning 16 June 2003

Main service provided by respondent agency	n=8	Referrals made and received and informal consultation by main service					
		Hospitals and associated health	Community health	Child protection	Family Support	Mental health	Self referrals
Family support	1						
Child and Family Nurses (CFN)	2						
Community health	2						
Hospitals and associated health	1						
Child care and preschool	1						
Volunteer home visiting service	1						

Note: Week beginning Monday 16 June 2003

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 2.4: Referral and Informal Consultation Activity in Sector 2, Week Beginning 16 June 2003

Main service provided by respondent agency	n=4	Referrals made and received and informal consultation									
		Hospitals and associated health	Housing and accommodation	Community health	Family support	Child protection	Other service within the community	Childcare and preschool	Self referrals	Education	Volunteer home visiting Service
Child and Family Nurses	1										
Hospitals and associated health	2										
Housing and accommodation	1										

Note: Week beginning Monday 16 June 2003

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

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 (for a detailed explanation see Appendix A). For the purposes of analysis, referrals and informal consultation activity were combined in the matrix, as together they represent network linkages in each sector.

In Sector 1 (Table 2.3) there was a strong connection between community health, hospital and associated health services, child and family nurses and family support services. Health services appear to refer predominantly to other health services, whereas family support appears to be linked a range of agencies. Self-referrals were only evident on hospital and associated health services.

Despite a low response rate in Sector 2 (Table 2.4) a very different picture emerges compared with Sector 1. Hospital and associated health services are again strongly connected with other health services such as community health and child and family nurses. However they are also strongly linked with other agencies including family support and children's services. Housing and accommodation service in Sector 2 appeared to be quite well linked into the service network.

The number of referrals made and received and informal consultation for each of the responding services are shown in Table 2.5. It is evident in both Sectors 1 and 2 that child and family nurses are strongly linked to the service network. Family support in Sector 1 and accommodation services in Sector 2 appear to have strong connections to the service network.

Table 2.5: Number of Referrals for New Clients Received and Made and Informal Consultation, Week Beginning 16 June 2003

Type of service	Sector 1 (n=8) No.	Referrals received	Referrals made	Informal consultation	Total	Sector 2 (n=4) No.	Referrals received	Referrals made	Informal consultation	Total
Child and Family Nurses	2	1	6	2	9	1	25	30	24	79
Hospitals, other health	1	3	3	0	6	2	6	10	5	21
Housing and accommodation	-	-	-	-	-	1	2	47	4	53
Community health	2	3	0	3	6	-	-	-	-	-
Family support	1	3	4	13	20	-	-	-	-	-
Volunteer home visiting	1	1	0	2	3	-	-	-	-	-
Children's services and preschool	1	0	2	2	4	-	-	-	-	-

Service managers were asked about their involvement in different types of network activities as a way of assessing the current operation of the service network. Table 2.6 shows that many services had been involved in a number of activities including interagency meetings, joint assessments, joint projects and some community

development activities. Over 80 per cent of services had been involved in attending between 1-10 interagency meetings and over half of the respondents had been involved in developing joint information directories, joint planning and training in child and families issues in the last 12 months.

Table 2.6: Service Managers' Participation in Network Activities, per cent

Network activities in the last 3 Months (n=43)	0	1-10	11-20	>21
Attended interagency meeting	14.0	83.8	2.3	0
Joint assessment/intake	69.8	25.6	2.3	2.3
Joint projects	48.8	46.5	2.3	2.3
Community development activities	48.8	48.9	2.3	0
Network activities in the last 12 Months				
Joint information directories/brochures	41.9	58.1	0	0
Joint planning	44.2	51.2	2.3	2.3
Joint training in child and families issues	41.9	51.3	6.9	0
Local government social planning	81.4	16.3	2.3	0
Joint protocols for information sharing	58.1	34.9	4.6	2.3

However, while many services actively participate in network activities, the nature of these activities indicate that a mature, integrated service network is yet to be fully established. In such a network, more joint planning, case management and service provision would be expected than is currently in place in either sector. For example, 'in the last 3 months' shows that the main activity is to attend meetings and the least common is to do joint assessments/intakes.

To investigate further whether interaction between agencies has a noticeable impact on the effectiveness of network activities service managers were asked to rate the effectiveness of their network activities. Table 2.7 shows that overall respondents to the survey thought that the network activities were effective particularly interagency meetings, community development activities, joint training in child and family issues and joint planning.

Table 2.7: Service Managers' Perceptions of the Effectiveness of Network Activities, per cent

Network activities (n=43)	Ineffective	Neither	Effective	N/A
Attended interagency meeting	7.7	5.1	74.4	12.8
Community development activities	0.0	2.9	58.8	38.2
Joint training in child and families issues	5.6	8.3	61.1	25.0
Joint planning	8.8	5.9	55.9	29.4
Joint protocols for information sharing	5.9	8.8	55.9	29.4
Joint information directories/brochures	8.4	5.6	55.6	30.6
Joint projects	0.0	6.5	54.8	38.7
Joint assessment/intake	8.8	5.9	44.1	41.2
Local government social planning	0.0	6.7	26.7	66.7

2.4 Summary

The Area Plan was designed in response to the identified priority needs of the Area and the service profile of particular regions within the Area. The ROG saw Broken

Hill as a higher priority than Dubbo, because the consultation and review process that produced the Area Plan identified Dubbo as a service centre with more developed infrastructure than Broken Hill. The Area Plan aimed to improve the outcomes for clients of services and improve the access of families to services, as well as increase service networks and coordinate service delivery. As the outline of funded services shows, the ROG gave higher priority to direct service provision than network development and coordination.

The data from the survey of service managers revealed that the majority of the clients accessing respondent services were from low-income families and Aboriginal and Torres Strait Islander families. The majority of services in the two sectors are involved in network activities including interagency meetings, developing joint information directories, joint planning and training in child and families issues. These were mainly focused on health. Respondents to the survey rated these types of network activities as generally effective in assisting them to meet the needs of families and children.

Both sectors demonstrated strong connections within health networks (for example, between child and family nurses and early childhood health services), and in one sector networks between health and other sectors were also quite strong. However, the nature of their involvement suggests that their participation and network activities are at the beginning stages of sharing, and not yet developed into core practice changes. These practice changes will be indicated by higher levels of shared planning and service delivery.

3 Key Findings

This section outlines the key research findings from the Review, and is based on analysis of the material gathered from the fieldwork. This analysis has been organised into key findings that are critical to the implementation of Families First in Orana Far West.

Although there is necessarily some overlap between them, these key findings fall into the following categories: management, implementation, service network, core business, Aboriginal participation and access, and system capacity.

The first subsection, *Management,* examines the decisions and processes that have determined the structures and processes of Families First management and coordination since its inception in Orana Far West. These decisions and processes have in turn directed the *Implementation* of Families First, which forms the second subsection.

This broad process of implementation can, in turn, be understood to have impact on three different areas. The first is the type and location of services funded, which we cover briefly in the Implementation subsection. The second is the adoption and incorporation of Families First into the *Core Business* of individual services, which forms the third subsection. Next is *Service Network*, which forms the fourth subsection. We argue that *Aboriginal Participation and Access*, while influenced by each of the above processes, cannot be considered properly in Orana Far West within these generic categories.

Finally, while much of the Orana Far West *System Capacity* is outside the direct purview of Families First, the introduction of any new strategy will be affected by it. The introduction of Families First into future areas should work consciously within the service landscape and existing relationships and networks, and take into account factors such as geography, population density and distance from metropolitan centres.

3.1 Management

The key findings around the policy management relate to structures, processes, and communication strategies.

Structures

Two factors are important to the management structure of Families First, described in Section 2.1. First, ROG members decided to limit participation in the ROG and the Working Party to agencies without a financial interest in the plan's implementation. ROG members made this decision to avoid potential conflicts and unfairness that could result if representatives from agencies involved developing service proposals are the same people applying for project funding. However, there is evidence that the lack of participation by NGOs created barriers to Families First being known, understood, accepted and supported in Orana Far West.

The Families First goal of achieving a service network that adopts a coordinated approach to service planning was restricted by the division of agencies into ones invited or not to be involved in the management of Families First. This was aggravated by the absence of local planning structures. The planned but not realised

NGO and local government consultative forum is one possible solution to this tension. Another is the decision in other Families First Areas to include NGOs in each aspect of program management except competitive tendering.

Second, allocating management responsibility for Families First to only two levels, the ROG, ultimately responsible for key Families First activities, and the Working Party, involved more directly in implementation, enabled some flexibility and circumvented some of the problems of staff turnover and interrupted participation. Some members of the Working Party also attended the ROG, which assisted lines of communication.

However, as with the absence of NGO participation, the lack of a third level, local implementation groups, in the management structure inhibited the implementation of Families First. In Orana Far West, the specificities of local areas cannot be assessed and responded to in the absence of local governance. A lack of engagement in Families First across all levels of agencies was identified by interview participants as a blockage; one participant reporting:

> You need higher-level involvement so that there is structural support for the middle and lower people in the organisation to be able to do it. But what I am continually hearing is high level meetings here, brilliant ideas, good understanding of the policy and the research behind it all about good practice. All of that is of no use to the clients unless that is feeding the system, and it just doesn't seem to be there. (Middle Manager)

The benefit of flexibility within the ROG and Working Party structures also created a cost in terms of occasional ambiguity and uncertainty. Members of both the Working Party and the ROG reported that increased clarity of roles and tighter terms of reference would have improved the way these groups operated. Clear understanding of the management responsibilities and processes could also facilitate better communication of Families First throughout the service network.

In addition to clarity about the functions and responsibilities of the groups, minor procedural systems also need attention. Meeting rules such as quorums should be clear. During some phases of the implementation of the first plan, people who attended meetings could not always vote, people who could vote were delegated different levels of authority by their agencies, and some departments were not consistently well represented. While none of these individual factors would necessarily have had a significant impact on the overall management of the strategy, they compounded the difficulties brought about by the other characteristics of the region, as was outlined earlier.

Processes

Those responsible for the management of Families First were also responsible for communicating its principles and goals. The more concentrated this responsibility, the more likely that Families First would become associated with particular government agencies and particular areas. Some interview participants did not feel that Families First was recognised across agencies, and said that it was instead equated with the project leader and a single department. The prioritising of Broken Hill for funding and

projects was not always recognised, due in part to the fact that most regional management was elsewhere (Dubbo, Orange and Wagga Wagga). One service manager stated that the:

> structure of Families First to date has been that programs have been run in Dubbo, which is a long way away. Doesn't matter who the project leader is or what resources are, its still a long way away. (Middle Manager)

Programs were not run only in Dubbo; in fact an emphasis was made on service provision in other parts of Orana Far West, including Broken Hill, as Dubbo was seen to have a stronger service structure prior to Families First. The lack of local implementation groups, and the coordination of the ROG from Dubbo, may have contributed to this perception of Families First as projects run in Dubbo. The distance between the two locations means that regional coordination cannot be managed from dual locations – it is not possible, for instance, to get workers from Dubbo to regular meetings in Broken Hill, and vice versa. Both field workers and managers in Broken Hill reported the need for a greater local visibility of Families First to facilitate implementation. While it is beyond the scope of this Review to discuss other localities within Orana Far West, comments by participants who service other communities suggest that as Families First is essentially managed out of Dubbo its regional priorities are often unrecognised.

The distance between Dubbo and Broken Hill meant that dividing management meetings between them was also difficult to achieve, although it was planned. This distance was also a causal factor in the identification of Families First with a number of key players, rather than as a broadly encompassing strategy. The most recent project leader was based in the Central West and had to travel long distances, which takes time and limits the amount of time spent in any one place. The identification of Families First with the project leader, who could not have a significant personal presence in any location, was compounded by the absence of any recognised champions of Families First. Champions are people not necessarily employed through the program, but with energy and resources to make the principles and philosophy of Families First visible in an area. We have found that in other Areas the presence of advocates who add to this awareness affects a better recognition of what Families First is, it's capacity and boundaries.

A number of participants from a range of organisations and management levels talked about the importance of establishing and building trust between organisations and individuals. They felt that this process had to move slowly and be adapted to the differing modes of operation. One participant noted:

> anybody coming in here with new ideas is I guess taken with a healthy suspicion. They've got to get over that healthy suspicion and mistrust. (Fieldworker)

Communication

Without local management structures and leadership, as was described above, awareness of the presence and priorities of Families First was inhibited. We found evidence of this in, for example, the fact that while some agencies had limited

awareness of Families First, this was without any sense of engagement or involvement in the implementation. In these cases, Families First was equated with funding for services or projects and was not understood in terms of network coordination or early intervention and prevention:

> We are not funded at all by Families First […] we are a referral agency anyway, our parents can come in with any problem and we will refer them on and get them help and support, and we do all that ourselves. I know a lot of contacts so it is not hard for me to deal with parents issues. We don't get any support from Families First or any funding or anything like that. (Fieldworker)

Alongside the need for a greater engagement with existing services in planning and implementation, communication of what Families First is and is not is also essential. It is important to ensure that the information being disseminated about Families First is accurate, but also that this information is understood. In particular, the fact that Families First shares some goals, priorities and strategies with some services should be emphasised, in order that its innovations be better understood. Participants reported that they felt a need for

> More recognition of other services that have been doing it all along […] especially from funding bodies. So competition has been created in some sense, and there is a bit of resentment in a lot of ways, 'cause they see that they have been doing that and why are they coming along and trying to take over from us. (Fieldworker)

Recognition of extant services and their similarities with some of Families First is likely to facilitate better reception of information about Families First. It is especially important that Families First is recognised as introducing a focus on early intervention and prevention *combined with* a focus on cross-agency planning and implementation, as it is this dual focus distinguishes Families First from existing practices. Communication of this dual purpose is also fundamental to building understanding, support and commitment to collaborative planning and service delivery through networks.

Effective communication is especially crucial in the context of many new changes being introduced into the service network, with many different actors responsible for them. The rolling out of several strategies at one time caused confusion for some agencies. Some fieldworkers felt that information about the different strategies was not distributed effectively. One stated:

> The biggest problem, and it was a problem for the family worker as well. And it was they were both implemented at exactly the same time, so we were both trying to start off at the same time […] it caused a huge amount of confusion for the paediatricians. So they had a really hard time, and some of the early childhood team did too […] They ended up having a meeting, like a very informal interagency meeting to essentially talk about families but it was to get into their heads around who would do what. (Fieldworker)

The Families First conference in Broken Hill was described by a number of participants as a very effective way of communicating what Families First is, as well as an opportunity to find out about the network. Effective communication was also nominated as an impetus to changes in the service network and increased coordination. Describing a new set of inter-sectoral links, one participant described consulting with organisations:

> a couple of years ago and they weren't ready to work with me on some projects, but the Families First initiative has given them impetus and given them some reason […] it's provided a policy document that these people have read and taken on board […] it's given people an attitude shift, a reason for an attitude shift. (Fieldworker)

3.2 Implementation

Early decisions around the implementation of Families First in Orana Far West have underpinned future priorities and developments, principally the division of financial and staffing resources between supporting the service network and funding of services.

Funding of Services

As was outlined in Section 2.2, the Area Plan was designed in response to the identified priority needs of the Area and the service profile of particular regions within the Area. Broken Hill was identified as a higher priority than Dubbo. Teenage and Aboriginal families, and itinerant and isolated families, were identified as requiring a priority response. The ROG also decided that resource allocation should be on the basis of these priorities rather than on an LGA basis.

Services funded by Families First were designed to increase service availability and access. As we note in Section 3.4, recommendations from an Interagency Consultancy that funds and project staff time be invested into the development of interagencies were not adopted. This indicates that the ROG was reluctant to fund measures designed to improve networks, instead prioritising the high need and service gaps identified during the Families First consultation process.

The type and location of services funded were decided on the basis of priorities set out in the Area Plan. However, the research found that stakeholders did not always know these decisions and the basis for them, and that this inhibited the communication of Families First in some sectors. More significantly, the decision to fund services rather than network development resulted in Families First being known only as the individual funded services in some sectors. One manager identified the perception that Families First is simply a 'bucket of money', while another said that Families First was not seen as a multi-agency program. This was confirmed during the research process, as numerous participants and other potential stakeholders did not know about Families First, or did not know that Families First was more than funding for specific individual services.

The ROG and Working Party encountered difficulties in attempting to meet the priority needs of Aboriginal families, as we discuss in Section 3.5. These difficulties were often around staff recruitment and retention, and an absence of structural and

procedural mechanisms to support new staff in new projects. Similar difficulties were encountered in the introduction of other, non-Aboriginal services.

Because Families First is driven by government agencies, and in Orana Far West was *only* driven by government agencies, it is important that implementation processes ensure that local agencies and relationships are acknowledged. Some interview participants identified a perception that:

> things are just plonked here and their homework has not really been done on what the outcomes are, and who are their partners are and that sort of thing. (Fieldworker)

The networks that existed prior to Families First did not always operate in ways consistent with Families First aims and strategies, which had an impact on its implementation. However, the centrality of a strong service network to Families First requires that pre-existing difficulties in sustaining strong, active networks be addressed. The research did not identify this to be an implementation priority in this region.

The ROG was aware of the undesirability of introducing projects that do not take account of these relationships and networks, and identified responsiveness to local needs among their criteria for new Families First services. However, the research found that local needs and particularities were not always addressed by the funding of services, which were based on inflexible service models. Furthermore there was some evidence that the consultation processes were inadequate and left Families First planning to be seen as unresponsive at times. One participant perceived the first Families First consultations as unsuccessful because the facilitators had fixed solutions at odds with the community experience of the people attending:

> Though the group were quite clear about what it felt might work and what it felt wouldn't. The consultant went with what we thought wouldn't work. We felt that because there was an agenda, that this thing had to happen at any cost […] And I think that was partly because it was a visiting person, it wasn't a sustained strategy, it wasn't, it was too quickly in and out and services just don't like being told how to do business by someone from outside, particularly people who don't listen to what the service providers had to say. (Middle Manager)

Notwithstanding this, some Families First funded services have been successfully implemented and we argue that continued support for these services should be provided to ensure they continue to work well. For example the Volunteer Home Visiting (community parents) program has been successful. We also found that this service has been coordinated in response to local needs and relationships, exemplified in the decision to not introduce it into another centre after a process of consultation indicated that the service was unlikely to be successful there. An alternative service has been quite successfully introduced into that centre, and continued attempts to increase the access of both services to, in particular, Aboriginal families, also appear to us to be positive and likely to succeed.

Support and Development of the Network

We found an increasing recognition in Orana Far West that the service network needs concrete support and plans to refocus energy on the network in future Area Plans. Participants recognised the likely benefits that will result from the re-orientation of existing services, and the need for structures and support to do this.

In addition, other strategies to increase the coordination of services are in place. Internal changes to the Area Health Services have resulted in the streamlining of service management and delivery. Workers employed in community development positions report devoting time and energy to communication of Families First, particularly to Aboriginal communities. One organisation in a remote centre has used Families First as a catalyst to reshape its operations. Increased coordination and a focus on early intervention and prevention was evident in some services. For example, workers at an NGO service identified some of the younger siblings of children using the service as speech-delayed. In response to this, the Area Health Service was able to secure funding to educate parents about interactions and activities that improve language development for children.

A number of participants argued that Families First would benefit from strategies to increase its visibility to government departments, NGOs and families themselves.

3.3 Core Business

The adoption or otherwise of Families First into organisational core business of any agency was a critical influence on the impact of Families First on organisations, and their consequent changes in practice.

Families First was not uniformly visible and comprehended throughout Orana Far West. A lack of engagement in the process of implementation tends to be present if, as was often the case, Families First is seen primarily as funded services or a source of funding. This lack of engagement in turn can inhibit the incorporation of Families First principles and goals into organisational core business.

Families First as Confirmation

Some participants reported that some of these principles and goals were becoming incorporated into the strategic direction and core business of their organisation, although they were uncertain as to whether this was coincident to Families First:

> I think it is happening regardless of Families First, or it will and can […] I mean there are some things that are here that are new, and I don't know if they are things that have evolved from people who have got together, working in the Area and seeing the gap, or it was Families First. (Fieldworker)

Others reported that Families First codified and gave legitimacy to work that had already been undertaken for some time, especially in terms of shifting focus to early intervention and prevention. Participants reported that Families First 'rubber stamped' the work that they had been trying to do for some time before its implementation. They also spoke of the congruence between Families First and the longstanding practices and philosophies of their places of work:

> Families First aims have always been there in preschools because that's the way they work, empowering children and families to get a better start in life. So I guess from my point of view it's always been there in my area. [Families First is giving services] support or kudos for the work that they've been doing all these years. I guess especially for early childhood services they know they've been doing a good job but the research is now supporting what they've known for a long time. (Fieldworker)

The incorporation of Families First into the core business of government departments and other organisations was seen as fostering a holistic view of communities and service networks. Participants spoke of Families First bringing about a greater view of the 'whole picture' (Fieldworker) and a realisation that children and families 'don't, you know, fit in little boxes and what affects a child can affect the whole community, and the whole family' (Fieldworker).

Families First as New Practice

In some locations, Families First had had a much stronger impact than confirming existing practices or sitting alongside organisational moves towards Families First goals. Increased coordination of the service network, for example, was spoken of as something in which organisations had always been interested but not always able to achieve due to a lack of resources and time. Families First enabled some organisations to put this into practice, and one participant noted:

> Well I have always been a strong believer in networking. A lot of the time it is time and money, that is what it comes down to. And a lot of the time you haven't got the money to be able to afford to be able to go and do all that sort of stuff. (Fieldworker)

This is illustrative of another way in which Families First has provided legitimacy for what many participants identified as good practice, in this case through building interagency collaboration into the core practices of some service providers.

The Macquarie Area Health Service in particular has incorporated Families First into their business plan. It is written into job descriptions, performance indicators and service agreements. This incorporation has facilitated a significant change to the operations of the service network, and increased the connectedness between the Area Health Service and other sectors. In Dubbo, DoCS and the Area Health Service have begun working in partnership to conduct home visits to pregnant women who have been identified as at risk. This was identified by a service manager as a significant change. DoCS is being used as a support agency rather than only intervening after crisis, and better planning for the baby is possible because it can start before the birth. Participants not working as part of the Area Health Service also reported an increase in referrals and coordination:

> Well I can see changes. Like they never had case management programs here at all. We have them now with the paediatricians, early childhood, DoCS […] there seems to be coordination and cooperation between services. Definitely with mums with young babies. Definitely, and the paediatricians. And our service wasn't

> here before so there wasn't that middle person anyway. (Fieldworker)

> When I worked with [a local organisation], there were very few referrals, almost none actually. Whereas I am getting a lot from mental health and Maternity as well […] Probably Area Health, that is probably the biggest change that I have noticed. (Fieldworker)

The incorporation of Families First into the Area Health Service business plan was argued to be crucial to its place as core business. Funding and other resources are also necessary to sustain Families First as core business, and participants from the Area Health Service noted that, notwithstanding the achievements already attained, without ongoing funding it would not be possible to sustain Families First as part of core business.

Potential Change

The example of the Macquarie Area Health Service indicates that resources and energy need to be dedicated to the incorporation of Families First into the core business of agencies. This will bring about a similar strengthening of the service network and greater focus on early intervention and prevention. Participants identified a lack of departmental resources dedicated to improve networks and recalibrate services; and resistance to whole of government approaches due to a perceived threat to departmental identity and budgets as obstacles to the incorporation of Families First. The research found that goodwill and acceptance of Families First is increasing throughout Orana Far West. This was also argued by numerous participants. However, government departments and NGOs dealing with the demands of service delivery to families in crisis will benefit from the clear and resourced adoption of the principles advocated by Families First into day-to-day work practices.

Existing interagencies represent a potential site for increased coordination, and require resources to bring this about. A service manager argued that one of those groups has:

> a great structure but how do you empower this group to feel that they're not just having a cup of tea or a cup of coffee, or it's networking. It's how do you take that step further I suppose, like networking's important, interagency and communication's important but how do you actually formalise case management, formalise referral systems. (Middle Manager)

3.4 Service Network

Engagement with the existing system network, and the dedication of resources towards sustaining and strengthening that network, are significant influences on the impact of Families First.

Existing Network

Some participants felt that the service network was operating effectively. Others, however, reported that there was little concrete support for increasing the coordination of the network, and that the time required to, for example, attend meetings, was

inconsistent with the demands of day-to-day workloads. Reflecting on the difficulty in sustaining an interagency in one of the sectors, a fieldworker argued that

> I don't think that they necessarily realise that the meeting is necessarily important. But if you want to build a strong network, you need to attend those things. We used to have an interagency in town […] where all agencies went. And that was really good, but again it sort of lapsed because of people's time. They weren't able to commit to being part of the executive and all of that.

An Orana Far West Families First Interagency Project was conducted in 2001. The recommendations from this project included the investment of resources such as staff and project based funding into developing Child and Family Interagencies (CFI) (van Reyk, Johnston and Nixon, 2001). Partly because implementation of these recommendations would have had budgetary implications, they were not adopted as part of the Area Plan. As we argued in the previous section, Families First should be explicitly incorporated into the strategic direction and day-to-day work of individual organisations. Implementation of the recommendations of the interagency consultancy would facilitate this.

Participants from one government department were among the happiest with the existing network and felt that it worked well. That same government department was nominated by other participants as most resistant to change, and least responsive to the directions of Families First. This suggests that perceptions of both the existing network, and changes to it, vary across the Area. For this reason alone, clearer definitions of the network's aims and objectives are needed. Both the Regional Officers Group and the Working Party have identified the need for tangible, integrated service coordination systems across the Area to be developed.

Networks in Orana Far West have at times been supported by the Working Party but are convened locally. These have developed out of existing interagency groups, or built upon other relationships. In many cases Families First is a part of, but not exclusively, what they do. However, some localities have established groups that operate at the core of the service network that supports children and families. For example one remote centre has established a network specifically focused on early intervention and prevention.

Families First and the Existing Network

A number of networks existed in Orana Far West prior to the implementation of Families First, and others were introduced with the implementation of other strategies. Two in particular are notable for their impact. First, the Early Childhood Intervention Coordination Program (ECICP) was nominated by participants as effective in facilitating changes to service planning and delivery. One ECICP member attributed some of the successes of her service to that group, reporting that the very high needs of Aboriginal families were beginning to be addressed through linkages brought about by the Program:

> I am looking here at the Aboriginal kids. They are supporting young mums. As well I think that is a huge area that needs to be attended to as well. I also think the linking into our service too has been

> great. Also the awareness of getting in early and then we have a better chance of developing their potential and addressing some of those issues. (Fieldworker).

Second, the Aboriginal Maternal and Infant Health Strategy (AMIHS) has been evaluated as bringing about changes in Dubbo and Broken Hill through the employment of Aboriginal Health Education Officers to improve the accessibility of clinical services to Aboriginal people. (Cuppit and Homer, 2002)

The implementation of Families First was subject to criticism by some participants, who argued that existing networks were not utilised during the implementation of Families First. As was discussed in the Section 3.2, initial planning and consultation for the introduction of Families First was reported by some participants as disjointed and redundant:

> The second [forum] was about basically setting up an interagency which would address the needs of young children and families. There was an offer of funds to support an organisation in coordinating that interagency. At the time we had a quite well operating children's network and we had various other interagencies operating, and people were quite clear that they didn't want yet another one, that they wanted to maybe expand on some of the existing ones. A couple of people gave commitments to follow up, one of the people left town, and it was all very confusing, we all got very confused. (Middle Manager)

The research found that existing networks operated with varying strength and effectiveness, and the participation of NGOs and local government in some of these networks should be improved. Notwithstanding this, the implementation of Families First was not characterised by strong engagement with those networks. This contributed to a perception that Families First was imposed on the Area and did not respond directly to local needs or engage with existing local structures.

Families' experience of the service network reflects the recognised need for better integration. One participant in a family interview noted that improvements could be brought about by increased integration of the network:

> Quite often if you don't know something is there, then you don't know to ask. And I don't know who that person would be. Not every body has access to the answer. I guess just some way that everyone will be able to find out what is available. I think it all tends to be very separate. Like your informal and formal support are separated.

Service providers also reported gaps in the network:

> I think sometimes there could be more communication with mental services and that sort of thing. Cause that is a big problem, often you get a mum that has had her baby, and you don't find out till she has had the baby that she has a mental health counsellor and really you should know that antenatally, and then it can be worked on right

> through till she has the baby. And often it is only by chance that you will find out that she has been seeing somebody and that she has got a few issues. (Fieldworker)

Changes to the Network

Some participants noted that Families First and other strategies have brought about improvements to the network. Families First, as we argued in the sections on Management and Core Business, has in places provided the impetus and resources to improve communication and prioritise coordinated service delivery. An early childhood interagency in one centre that pre-dates Families First has been re-energised and expanded in direct response to the implementation of Families First.

At the time of the research, improvements to the network were nominated as particular goals by a number of participants. A fieldworker who had not been in the Area long reported that:

> One of the things that I am very keen and we will do is the interagency meetings. I get the feeling they haven't had any sense of direction of leadership. But what I want to present to them is that we start to work collaboratively because no one agency can provide the service. It should be a community program, not controlled by one agency. (Fieldworker)

Others attributed increasingly collaborative planning and service delivery to Families First. One departmental middle manager saw it as increasing communication between both governmental and non-governmental agencies, calling Families First the 'closest thing to an interagency partnership that I've ever been involved in'. Another middle manager, from a different department, noted that 'there's a lot more of that informal, collegial relationship going on' (Middle Manager).

The implementation of Families First has begun to change the way some agencies operate. However, according to some participants, many if not most still work in isolation. Issues such as confidentiality and professional and physical boundaries were listed as factors that inhibited interagency processes, including the development of an effective service networks. Participants working in different capacities across agencies felt that policies and procedures need to be developed to address these barriers, for example to facilitate information sharing in a manner which safeguards clients' privacy, particularly in small communities where individuals are often well known to each other.

New services established with Families First funding have broadened the referral network for services in the two sectors reviewed during the research. More services are available to meet the needs of families and children. In addition these services provide a different type of support, based on preventative or earlier intervention, so they complement the forms of support provided by existing agencies. As one fieldworker commented

> Well they provide funding for services which we can refer families […] that is good for us, cause we need services that we can refer families to. And the more services we can refer them to the better, 'cause everyone doesn't have the same needs.

3.5 Aboriginal Participation and Access

Where there are Aboriginal communities the success of the implementation of Families First is dependent on appropriate engagement, acceptance and increasing level of ownership of the strategy within the local Aboriginal communities. Orana Far West is characterised by a significant Aboriginal population and a number of Aboriginal-specific services. We found that many of the forces that affect the overall implementation of Families First are relevant to Aboriginal communities. We also found factors that are particular to Aboriginal communities' experience of Families First.

Implementation Processes

Aboriginal participants reported support for the aims and objectives of Families First, but emphasised the importance of Aboriginal involvement in its planning and implementation. While crucial factors in achieving this involvement have been attempted, such as the employment of Aboriginal workers and the involvement of elders at times, these attempts have not always been successful. Participants argued that Aboriginality alone is not enough, workers must also have the skills to form relationships with local communities. Consultation with elders and community representatives has to be integrated into the Families First processes and ongoing. Flexibility in planning, coordination and delivery was also argued as crucial to the successful implementation of services to the Aboriginal community.

Families First in Orana Far West failed to engage elders and community representatives in the ongoing management of planning and implementation, and the lack of local management groups was particularly apparent in the impact of Families First on Aboriginal communities. Participants reported a perception that Families First is controlled by and relevant to non-Aboriginal government departments, and concerned with non-Aboriginal families, a perception at least partly formed by this lack of engagement.

However, as was illustrated in the findings on service use (Table 2.1) many of the respondent agencies engaged in Families First have high numbers of Aboriginal clients. If Aboriginal people experience Families First only in the context of receiving services, then important opportunities for community capacity building are missed. Given, that the implementation of Families First in Orana Far West has largely prioritised service delivery over other forms of change and capacity building, as was described in Sections 3.1 and 3.4, this issue is exacerbated.

Time to build relationships and trust is necessary for the formation of any coordinated service network in all sectors of Orana Far West, but is particularly important to Aboriginal and non-Aboriginal collaboration. The historical and political context of Aboriginal communities' experience of government departments is significant to the implementation of any new strategy. A participant in a family interview described the assistance given her by her family worker:

> Broken Hill is very racist […] so I don't want to be going into a real estate agent, let alone being Aboriginal. A lot of private rentals won't take us but she recommended us otherwise I wouldn't have been getting this place.

Another reported a crisis that occurred some years ago and eventuated in DoCS intervention and other severe distress. She reflected:

> If there was another emergency, I would be in the same situation. I would have to go and approach the Department because I don't have anyone I have built up enough trust. When [coordinator] came from [Volunteer Home Visiting] and did that thing [assessment] it was right there in my face that I have no-one to turn to.

Participants described Orana Far West Aboriginal communities as presenting particular challenges, due to discord within them. The barriers to service delivery imposed by these existing and historical circumstances should be acknowledged. However, rivalries and disagreements are accepted as part of life in most communities, and do not of themselves explain barriers to access and engagement.

The presence of the Aboriginal Working Party and Families First Aboriginal reference group represent structural opportunities for increased engagement, although these groups were themselves under-utilised at the time of the research.

Models of Service Delivery

Recognition of the need to engage with local Aboriginal communities is apparent throughout Orana Far West, as is the importance of Aboriginal workers being employed and supported. Efforts to facilitate this engagement should be acknowledged. However, difficulties in achieving it were evident and decisions about services and staffing compounded these. For example, plans for an Aboriginal family worker in Dubbo had not been successful at the time of the research. The Working Party acknowledged difficulties in recruitment and retention of staff, but a participant argued there were more fundamental problems in the location and structure of that position:

> I don't even know if they have been able to get a person to stay in the position for long, but I know that there was a rapid change over, the same complaints for lack of support, lack of structural resources, and I thought, how could anyone expect this to be any different unless it was placed within an existing service that had the mechanisms to adequately support that kind of roll up. (Middle Manager)

More successful approaches to service delivery were found when Aboriginal-specific and other organisations were able to work collaboratively. This involved utilising both the existing relationships between organisations and Aboriginal people and the specific skills of non-Aboriginal workers; an outcome identified by a number of participants as needed throughout Orana Far West. Families First was identified by one participant as fostering collaboration between an Aboriginal child care centre and the Area Health Service. The child care centre, which is trusted and accessible to Aboriginal families, identified the need for a health service and provided a fridge for immunisation medicine. The Area Health Service provided staff to go to the centre. As a result of Families First, the pilot was extended and a service that was initially targeted to immunisation only now has increasing numbers of people attending for ante-natal and parenting services.

> Which is quite astounding considering they just wanted an immunisation service. So I think in terms of those types of things and in terms of breaking down the barriers with the communities that don't regularly access services it has been brilliant because […] it has allowed them the challenges and difficulties when it comes to budgets and things to be able to say look, this is demonstrating an outcome. Because it's been able to give that little bit of a seeding money to tide you over so you can get the data to demonstrate a positive outcome. (Middle Manager)

In another example, an Aboriginal primary health organisation and the Area Health Service have coordinated service delivery as part of the NSW Aboriginal Maternal and Infant Health Strategy. Midwives and other specialist positions are based in the Aboriginal organisation, or work from there on a regular, scheduled basis. An evaluation of the strategy concluded that postnatal women are referred directly to clinicians enabling continuity of service provision, and that trust develops between health care providers and women using the service (Cuppit and Homer, 2002).

3.6 System Capacity

There are a number of forces that inhibit implementation of Families First in Orana Far West. While some of these are beyond the purview of Families First, and others the effects of geography and distance, their impact on Families First is significant. Families First has highlighted gaps through its focus on coordinated planning and advocacy of assessment to enable earlier intervention, which are often beyond the capacity of a single strategy to address.

Childcare and Early Education

Access to occasional and long day care services was nominated as a priority need for Orana Far West. During the time that research was conducted the single occasional child care centre in Broken Hill was closed, and one participant reported 'counting down the days until it reopens so that my son can have the social stimulation with trained carers that he needs' (Fieldworker). Another remarked on the fact that services regarded as normal in most areas, such as before and after school care and long day care, are absent in some centres in Orana Far West (Fieldworker).

A worker with children with disabilities spoke of gaps in early childhood services disrupting continuity of provision:

> one of the difficulties that we find from the early childhood perspective is that we are really restricted with the generic child care services to complement what we are doing. So when the child is looking at going into preschool years or to continue on [in our service], the child care centres are employing young, untrained kids who are having difficulties coping with the mainstream children, let along our children with additional needs. So that has really been an issue, 'cause we are very much restricted as to where we can transition to preschool and child care. (Fieldworker)

This example is also indicative of the lack of availability of trained and experienced professionals in many parts of Orana Far West. This issue is taken up later in this Section.

Medical and Disability Services

Waiting times for specialist services and lack of access to GPs who bulk bill were identified by families and service providers as blockages to service delivery in Orana Far West. Speech pathology services were described by one participant as the 'biggest issue' for one sector, and families reported long waiting lists and delays in securing these services. Another participant reported that children who need ongoing speech and occupational therapy can only be offered blocks of treatment: 'Do an assessment, do a block, bye bye' (Fieldworker). Allied health services and prevention and early diagnosis services are inadequate or absent in some centres.

Bulk-billing services from GPs is available from only one centre in Broken Hill. There is consequently a high demand on this service, threatening its capacity to attend to both the Aboriginal, for whom it is primarily designed, and non-Aboriginal communities. The research identified that the lack of bulk billing services means that families have resorted to using the casualty departments at hospitals, and prioritise the health needs of their children at the expense of their own. Continuity of care is rarely possible in these circumstances. Some families interviewed commented on the long waits and the waste of resources in using casualty but felt that at times there was no other option available to them.

Distance from tertiary health services also has an impact on continuity of care and the capacity for people to build relationships with health providers, and for health providers to build relationships with other services. Families and service providers characterised the Area as one where specialists 'fly in' occasionally, while people with specialist health needs are 'flown out'. Several interviewees described the inadequacy of support and continuity of care where they or a family member were flown out for treatment.

Disability services were also identified by participants as inadequate for the demands of the Area. As noted above, disability services are often quite isolated because of the limited capacity of mainstream services to accommodate children with disabilities. Referral and consultation to disability services were identified as better in some sectors than others.

> I suppose with the preschools they are right in there with referring children on to my service, and I am always, if a children comes in that isn't receiving speech or OT, then I am always referring to the speech and OT. I find though with the child care centres it is very, I find it really hard. I don't know whether it is the issue of talking to the families, or if they are just aren't aware of children that are having disabilities. But I do find that working collaboratively with child care centres with referral could be a lot higher. (Fieldworker)

Transport was identified as a problem for many families and particularly difficult where a child or parent has a disability, or when a family has more than one child.

Support networks for families are lacking, and services for autism, increasingly diagnosed in children in Orana Far West as elsewhere, are absent.

Families First was recognised as a force in increasing awareness of disability services amongst service providers, and for addressing the need for parent education.

Skills Base and Professional Development

A recurrent barrier identified in the Review is the difficulty in recruiting and retraining staff in Orana Far West. Some services were described as having such a rapid turnover of staff that it seems that 'every week someone is leaving and someone new is coming' (Fieldworker). Health services were singled out as having an insecure presence and impact because of the high proportion of young and inexperienced clinicians in the Area. Networks and coordination were described as difficult in the absence of long-term staff. Management and other key positions in some government departments had, at the time of research, been vacant or only sporadically occupied for extended periods. Access to professional development opportunities is limited for many staff working in the Area, and the need for these opportunities was apparent throughout this research.

A number of significant Families First goals are extremely difficult to achieve in these conditions. One participant noted:

> As a clinician working in the field I can see that there's a lack of continuity of service provision to families that already are isolated and have difficulties with access of service provision. I can see that any community development programs, they can't be carried through because you can't start a program if you don't have a stable staff base. (Fieldworker)

The capacity of small NGOs to become directly involved in Families First is also affected by the type and size of the skills base in the Area. The research identified skills in systems-based service planning and provision as a specific gap. A number of services are funded on the basis of population. In practice, this means that a great deal of the responsibility for building networks and providing services towards early intervention and prevention falls to part-time workers who cover a large geographical area. These services may also be ill-equipped to accommodate the additional obligations that Families First funding or other involvement brings. Participants reported that decisions to fund some smaller organisations to deliver Families First services resulted in ineffective service delivery and unmanageable organisational strain.

3.7 Summary

Management structures, processes and communication strategies have made a number of achievements in Orana Far West, but are also responsible for a number of impediments to progress. NGOs were not represented on in any planning structures. This affected agencies' level of understanding of Families First, focusing it on the development and establishment of new services rather than on system change. Also, the lack of local implementation made it difficult to assess and respond to local needs effectively.

The first Area Plan was crucial to the *implementation* of Families First. While the decision to prioritise service delivery over network development was based on the recognised need in Orana Far West for those services, this decision had an impact on how agencies understood Families First. These decisions also influenced attempts to improve the coordination of services.

If Families First had a strong presence and was explicitly incorporated into the *core business* of organisations, then a greater capacity to focus on early intervention and prevention was present, and a stronger, more coordinated service network was visible.

Families First was implemented in the context of a number of pre-existing *service networks*. Concerns about the robustness of the networks in Orana Far West reflect the present difficulties in sustaining network groups, and that existing networks were not well utilised during the implementation of Families First. A number of effective examples of coordinated service delivery are in place in Orana Far West, both as a result of Families First and independent of it, and these represent positive examples for the future development of the network.

The *engagement of Aboriginal communities* in Families First is crucial to successful implementation. Flexibility in planning, coordination and delivery are crucial to this engagement. Families First in Orana Far West did not achieve the sustained engagement of elders in the management of planning and implementation, and the lack of local management groups was particularly apparent in the impact of Families First on Aboriginal communities. A key element in Aboriginal and non-Aboriginal collaboration is allowing time to build relationships and trust.

Finally, the *system capacity* of Orana Far West affects the implementation of Families First, while outside its direct purview. Families First is recognised as a force in increasing awareness of existing services and addressing the need for early intervention services.

4 Conclusions

A number of challenges to the implementation process of Families First in Orana Far West have been identified in the Area Review. However, as one fieldworker commented:

> I attended the Families First meeting when it was first being introduced. And things have changed since then. There is more of an avenue to seek assistance to help these families. When I think back to when I had children. I had no one. I took myself to the clinic to get the baby weighed. But they didn't know who I was, nobody had ever checked, nobody had ever rung. So when I compare that to this, we have come along way. (Fieldworker)

Management

The key findings around management relate to structures, processes and communication strategies.

In summary, lessons from the Families First experience in Orana Far West include:

- Management should be devolved over both regional and local structures; and ensure the participation of all agencies providing support to families and children, including NGOs.
- Management processes should build on the presence and particularities of existing networks and services; ensure that time is allowed for the building of relationships; and facilitate the presence of advocates who will champion Families First.
- Communication strategies should be in place to ensure the effective dissemination and reception of information about Families First. These strategies must also ensure that Families First is understood as distinct from, and complementary to, both what is already in place in an area and any other new strategies being introduced.

Implementation

Decisions about the planning and priorities of Families First in Orana Far West, most particularly the decision to prioritise service delivery over network development, have impacted on the visibility and understanding of Families First. Although based on the identified need for those services, these decisions have also influenced attempts to improve coordination.

In summary, lessons from the Families First experience in Orana Far West include:

- Families First management structures should support the development of effective networks and whole of system approaches to early intervention and prevention, as well as complementary services.
- Planning and funding for new services should reflect a locally relevant, strengths-based approach, and a focus on early intervention and prevention.

Service network

In Orana Far West, as in other areas, Families First was implemented within existing service networks. Members of the Regional Officers Group and other key personnel have expressed concerns about the robustness of the network in Orana Far West and the difficulties in sustaining network groups. Also, existing networks were not well utilised during the implementation of Families First. A number of effective examples of coordinated service delivery are in place in Orana Far West, both as a result of Families First and independent of it, and these represent positive examples for the future development of the network. For example, an existing early childhood interagency in one sector was revitalised and expanded as a result of the implementation of Families First.

In summary, lessons from the Families First experience in Orana Far West include:

- The service network that pre-exists the implementation of Families First should be recognised as a force that will affect its success and active engagement in that network should be an implementation priority.
- Families First should engage with existing networks at the levels of practice and planning.
- Networks require dedicated resources and management to ensure that they achieve changes in practice, and are thereby sustained.

Core business

A stronger, more coordinated service network was visible where agencies had explicitly incorporated Families First into their core business and thereby had a greater capacity to focus on early intervention and prevention. For example, an Area Health Service had incorporated Families First into their business plan, written it into their job descriptions, performance indicators and service agreements. This had facilitated change within operation of the service network

In summary, lessons from the Orana Far West experience of Families First as core business include:

- Managers or other key personnel should be responsible for initiating the processes necessary to adopt Families First as core business. These processes will include reviews of existing practices and infrastructure, and the introduction of new structures and processes. The adoption of Families First as core business will not happen without these efforts, and this adoption will increase the strength and coordination of networks, and refocus service delivery.
- Consistent with Families First, a move towards early intervention and prevention is apparent in many services, and the importance of networks is also recognised. However, the explicit adoption of Families First as new core business is likely to effect stronger outcomes than does recognising Families First as a confirmation of extant organisational strategies.
- The adoption of Families First into core business requires time, training and other resources, and sustaining Families First as core business requires that these resources are ongoing.

Aboriginal participation and access

Aboriginal involvement in the planning, management and delivery of services is crucial to engagement with Families First in local Aboriginal communities. While attempts have been made to achieve the key factors in achieving this engagement, and some positive examples are emerging, these attempts have not always been successful.

In summary, lessons from the Families First experience in Orana Far West include:

- Engagement with Aboriginal services, and communication of Families First, requires time and may require different approaches and processes than those usually employed by non-Aboriginal organisations.
- Aboriginal communities are not homogeneous. Differences of opinion and views occur between individuals and communities, and the implementation of any new strategy must negotiate and work through these differences. It is important that all views are taken into account when working with Aboriginal people and their communities.
- Collaborative service delivery between Aboriginal and non-Aboriginal organisations should build on the existing relationships between Aboriginal organisations and Aboriginal people, and utilise the specific skills of non-Aboriginal workers.

System capacity

We found that Orana Far West is characterised by a number of forces that act as inhibitors to the implementation of Families First: for example access to specialist services, affordable GP services and transport. In addition, difficulties in recruiting and retaining staff created barriers to effective service delivery.

In summary, lessons from the Families First experience in Orana Far West include:

- Families First infrastructure should assist in the identification of unmet need requiring reallocation of core funding to meet, in particular, shortfalls in child care, affordable medical, specialist medical, and disability services.
- The Area's professional skills base, and skills development opportunities, should be considered in the development of future Area Plans.

Conclusion

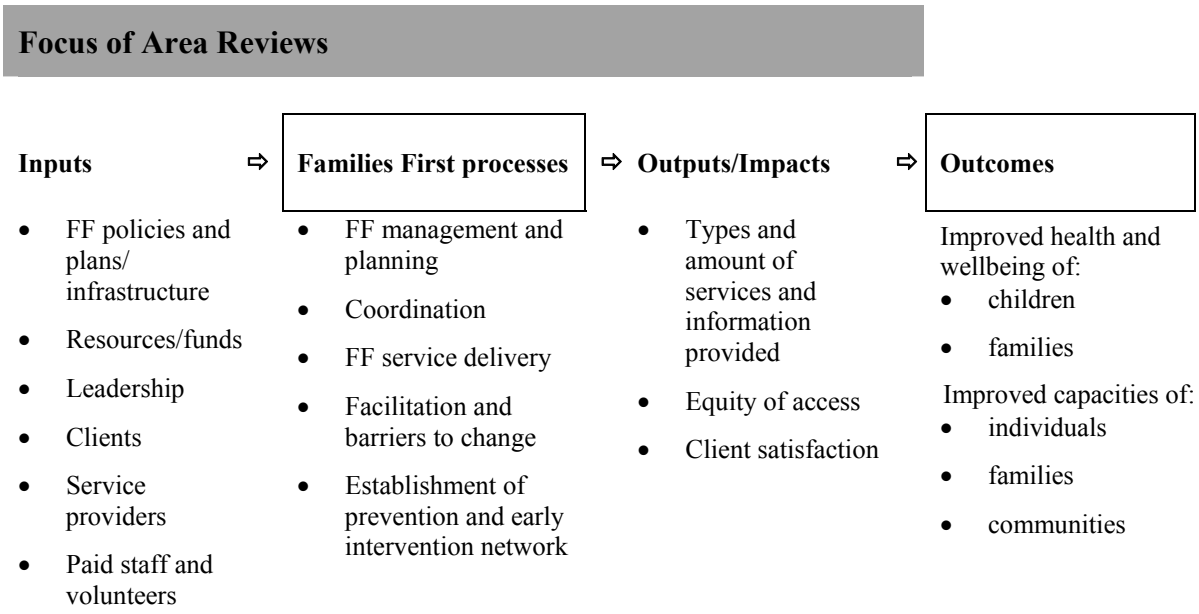
The implementation of Families First is complex and multi-layered, and requires changes both within organisations and between organisations. These factors impact on the achievements and sustainability of Families First. Overall the Area Review found that local community groups were committed to developing and enhancing the family service system. A number of challenges are evident in the implementation of Families First in Orana Far West, however these have been identified and commitments have been made to address them in the planning and development stages for the next Families First Area Plan.

Appendix A: Area Review Methodology

Evaluation framework

The overall evaluation framework was based on concepts outlined in the production of welfare approach (Davies and Challis, 1986; Davies, Bebbington and Charnley, 1990). Derived originally from the economic analysis of the production processes, the approach links together service inputs, outputs and outcomes. Applying this approach to the evaluation of Families First the relationship between the different components of the project can be conceptualised in Figure A.1. The approach draws attention to the importance of focusing on not only the outcomes, but also on the prior stages in the process of resourcing and providing supportive services to those families who will benefit most (Thomson et al, 2002).

Figure A.1: Conceptual Approach to the Evaluation Design



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

The Area Reviews methodology focuses predominately on the inputs, process and outputs stages (Thomson et al, 2002). Outcomes from children, families and communities are being monitored by TCO through the Families First Outcomes Evaluation Framework (Fisher et al, 2002). The conceptual framework outlined here was used to determine the types of data and how they were collected in the review process to investigate the following research questions.

Research 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?

Framework for analysis

Program logic (Department of Finance, 1994) and program theory (Bickman, 1996) are the theoretical tools that 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).

Application of the analysis framework

The research questions informed the development of the data collection instruments and the specific questions asked in the interviews and survey of service managers. The report on South West Sydney is framed around these questions and provides a detailed account of how Families First appeared five years after its initial implementation (Thomson et al, 2003).

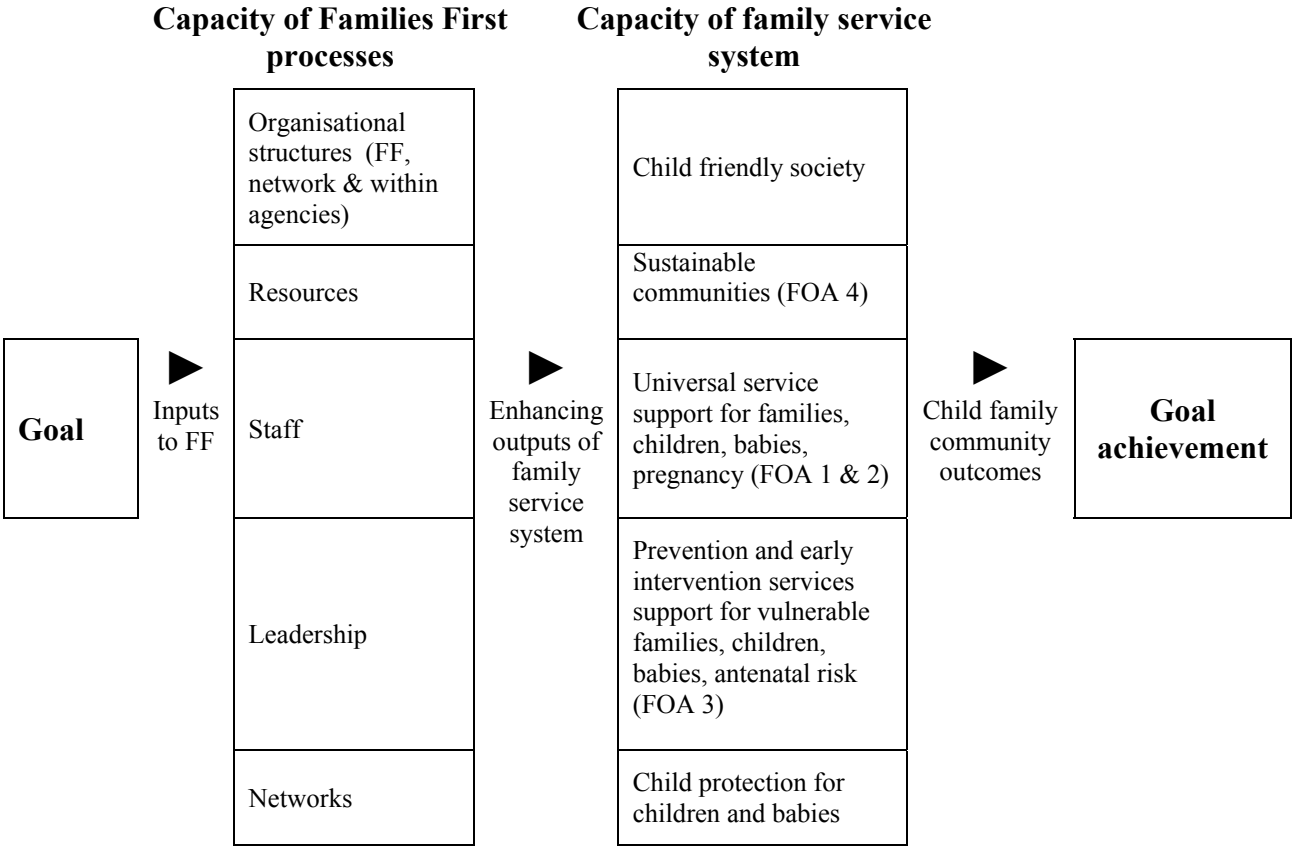
However, extracting lessons learned from the analysis required a more integrative approach. As a way of synthesising and explaining the data gathered in the Area Review, the program logic model was applied to the following goal-outcome model (Harris, 2003; Figure A.2). This report on Orana Far West (and the Illawarra report) applies this framework to derive generalisable lessons for further implementation. The model consists of five elements including:

- *Organisational structures* - refers to processes such as policies, procedures, systems and practices that reflect the values and objectives of the organisation and enable an change to be managed effectively (NSW Health, 2001:10)
- *Resources* – include people, physical space, administrative support, planning tools and financial support (NSW Health, 2001:14)

- *Staff* – refers to people working within the system with the necessary skills and commitment to contribute to the overall goals of the strategy (NSW Health, 2001:12).
- *Leadership* – Leadership refers to people who are system thinkers and champions. The engage, mobilise and inspire others to act in ways that are consistent with the program's aims and objectives (NSW Health, 2001: 16).
- *Network* – refers to the development of coordinated network of services based on collaboration and partnerships between different government and non-government services.

The model is a means of conceptualising Families First in the broader context of the family service system, which aims to improve child, family and community outcomes (Bronfenbrenner, 1992). The model focuses the analysis on whether the capacity of each part of the Families First process enhances the capacity of the family service system more broadly to achieve that goal.

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



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

Methodology

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 Orana Far West, Dubbo and Broken Hill. These sectors were chosen as examples of regional and remote locations respectively, and as locations where Families First has had a presence for some time. Broken Hill, as a highly remote and isolated centre, is an identified Families First priority area; whereas Dubbo is a regional centre that acts as a service hub for surrounding locations.

The Area Review was conducted over a 6 month period from March to August 2003. The interviews, site observations and surveys were carried out in April and May 2003. The data collection methods are included in Appendix A.

The Area Review used a triangulated methodology comprised of multiple qualitative and quantitative data collection techniques including document reviews, observation studies, interviews, focus groups and surveys. The methods used are summarised in Figure A.3.

The Area Review methodology captured the implementation of Families First at one point in time. Before and after measures were not collected so the analysis only reports on the current operation of the service network. The methodology was designed so that it can be replicated within and across Areas in the future.

Figure A.3: 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	61	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	37	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	8	Site observation to observe the processes of service delivery and connections with other services
Regional Officers Group and key personnel interviews	14	Interviews discussing the process of managing Families First, the perceived impact and barriers implementation
Project Leader interview	1	Interviews reviewing the development of Families First, the achievements and barriers to implementation
Interviews with middle managers	9	Interviews reviewing the development of Families First, the achievements and barriers to implementation
Fieldworker interviews	47	Interviews exploring their experience with Families First, differences between process goals and practice.
Family interviews	36	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.

Survey of service managers

A survey of all service managers providing support to families and children aged 0-8 years collected information on the service inputs, aspects of the organisational procedures and processes, network activities and service outputs of organisations in the service network.

Organisations directly involved in Families First were asked to collect some service statistics over a period of a week using the referral tally sheet. These statistics provided a snapshot of the characteristics of families with children aged 0-8 years using services. The following information was collected:

- 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 Working Party 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.

Observations and site visits

Eight site visits and observations of meetings were undertaken in each sector. Researchers visited parents' groups and child care groups, and attended an interagency meeting in each sector. Informal interviews were conducted with families and service providers during these visits.

Key personnel interviews

Interviews were conducted with 14 key personnel involved in the implementation process of Families First. The regional perspective on the implementation process was gathered from members of the Regional Officers' Group and Orana Far West Working Party including the Project Leader.

Fieldworker interviews

Interviews were conducted with 47 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 Regional Officers Group and the Orana Far West Working Party and included people in the following positions:

- allied health worker;
- Child and Family Nurse;
- Early Intervention Specialist;
- Client Services Officer (Department of Housing);
- Aboriginal community midwife;
- paediatrician;
- Child Protection Specialist (DoCS);
- family support worker;
- community parent (volunteer home visitor);
- General Practitioner;
- Maternity Nursing Unit Manager

Family Interviews

Interviews were conducted with 36 families with children 0-8 years to gain insight into the needs and experiences of the service system they have from their perspective. Interviews were usually structured and one-on-one. Informal interviews were undertaken during site visits. The participants were mainly parents. Families were recruited through the service providers involved in the research.

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