Prevention and Strengthening Families

Outcomes Report 2021-2022

Contents Page

Executive Summary ... 03
OzChild's Prevention And Strengthening Families Outcomes Framework ... 04
Scope Of Reporting ... 05
Methodology ... 07
Year On Year Comparison (2020 - 2022) ... 08
Functional Family Therapy (FFT) – NSW ... 10
Functional Family Therapy – Child Welfare (FFT-CW) ACT HR1 ... 15
Functional Family Therapy – Child Welfare (FFT-CW HR2) ACT HR2 ... 20
Functional Family Therapy – Child Welfare (FFT-CW) NSW ... 25
Functional Family Therapy – Child Welfare (FFT-CW) VIC ... 33
Intensive Theraputic Program (ITP) VIC ... 41
Multisystemic Therapy (MST) VIC ... 47
Multisystemic Therapy - Child Abuse And Neglect (MST- CAN) NSW ... 50
Safecare VIC ... 56
Family Worx VIC ... 60
Family Relationship Centre (FRC) VIC ... 65
Children's Contact Service (CCS) VIC ... 69
Regional Family Dispute Resolution (RFDR) VIC ... 73
Parenting Orders Program (POP) And Post-Separation Cooperative Parenting Program (PSCP) VIC ... 77
Stepping Stones To School VIC ... 82
Appendix 1 ... 85
Acronyms ... 89
References ... 90

Contents Page

Introduction

According to the Australian Institute of Health and Welfare (AIHW), between 2020 and 2021, one in 114 (49,700) children and young people (C&YP) in Australia were subject to substantiated abuse or neglect (AIHW 2022). Throughout 2020-21, there were 72,900 substantiations from the 49,700 C&YP subjected to substantiated abuse or neglect. This was a seven per cent increase since 2017 (from 68,000 to 72,900). Out of these C&YP, one in 23 First Nations C&YP were subject to substantiated abuse or neglect. This was a six per cent increase since 2017 (from 13,700 to 14,600).

It is the right of all C&YP under the United Nations Convention on the Rights of the Child to be protected from abuse and neglect (Australian Institute of Family Studies (AIFS), 2017a). Child maltreatment is associated with a broad range of negative long-term health and developmental outcomes extending into adolescence and young adulthood (Strathearn et al. 2020). These include deficits in cognitive development, reduced social functioning, challenges obtaining employment, decreased educational attainment, mental and physical health problems, substance misuse, and decreased life expectancy (AIFS 2017a; Strathearn et al. 2020).

The increased rates of substantiated child abuse and neglect can be reduced through the prevention of child abuse and neglect through three types of public health interventions (Primary Prevention, Secondary Prevention, and Tertiary Response) (AIFS 2017a). Primary prevention interventions consist of activities that target the entire population such as family support, community building, valuing the rights of children, and addressing social inequity. Secondary prevention interventions consist of activities that attempt to prevent child abuse and neglect before it occurs, such as home visiting programs that provide support to vulnerable families or intensive family support where substance abuse is identified. Tertiary response consists of activities provided to those directly affected by child abuse and neglect with the aim to decrease the impact of maltreatment and prevent it from reoccurring. The Australian Child Protection system currently expends most resources at the tertiary response level (targeted services and programs for at-risk families and children). This can include placing C&YP in out-of-home care (OOHC). OzChild's Prevention and Strengthening Families (PSF) services fall between secondary prevention and tertiary response.

The primary goal of OzChild's PSF services is to empower families to repair and strengthen their relationships and create a safer home environment that ensures the wellbeing of C&YP (OzChild 2021). This is done through the implementation of early intervention and prevention programs. OzChild's PSF programs are focused on providing services to children and their families who present with vulnerabilities that may have led to (or are likely to lead to) child protection intervention due to the risk of child abuse and neglect. The prevention and strengthening activities undertaken by these services intends to address risk factors and enhance protective factors associated with child abuse and neglect. As such, the families that OzChild work with, present with several factors that put C&YP at greater risk of abuse and neglect such as, mental health, family violence, drug and alcohol misuse, disabilities, homelessness, and intergenerational trauma that often lead to poorer parenting and poorer outcomes for their children.

To determine whether OzChild's PSF services are effective in achieving positive outcomes for children and their families, OzChild routinely collects data in relation to three primary outcome domains: Permanency, Safety and Well-Being. Various outcome tools are used to measure the achievement of the outcomes that form the primary outcome domains. Some of these were introduced by the model purveyors associated with specific Evidence-Based Programs (EBP) and the others were introduced by OzChild (for Case Management Programs, Family Law Services, Early Years Programs and EBP's). This report is a review of the effectiveness of OzChild's PSF programs in achieving the primary domain outcomes between 1 July 2021 and 30 June 2022.

Purpose

This report provides a review of the effectiveness of OzChild's PSF programs in achieving the primary domain outcomes that form OzChild's PSF Outcomes Framework (the *Framework*) (see the *Framework* on the next page). The *Framework* has been adapted from the *Victorian Public Health and Well-Being Outcomes Framework and the NSW Human Services Outcomes Framework*. Outcomes have been aligned to each of the primary outcome domains. This report will assess the achievement of these outcomes for C&YP and their families in OzChild's PSF programs and provide the basis for the development of recommendations and associated action plans focused on continuous improvement of outcomes for C&YP. For this reporting period, programs have been reviewed in isolation to provide them with an overview on their successes and areas of development.

OzChild's

Prevention and Strengthening Families Outcomes Framework

Housing

Care Arrangements

Safe and Secure

Permanency

Safety

Children and their families

Well-being

Physical Health

Mental Health

Health Protection

Learning and Education

Empowerment

Community and Support

Culture and Identity

Care Arrangements
Children and their families live together and have continuous and stable care arrangements and relationships

Housing
Children and their families have suitable and stable housing

Safe and Secure
Children and their families live free from abuse and violence

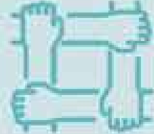
Physical Health
Children and their families have good physical health

Mental Health
Children and their families have good mental health

Health Protection
Children and their families act to protect and promote health

Learning and Education
Children and their families participate in learning and education

Empowerment
Children and their families are self-sufficient



Community and Support
Children and their families are socially engaged and live in inclusive communities

Culture and Identity
Children and their families can safely identify and connect with their culture and identity

Scope of Reporting

The programs in scope for this review are as follows:

Evidence-Based Programs

- **Functional Family Therapy (FFT) NSW:** A family intervention program supporting adolescents (aged 11-18 years) exhibiting aggressive and, in certain cases, violent behaviour, as well as substance misuse. The program aims to strengthen family functioning by reducing and/or eradicating these challenging behaviours.
- **Functional Family Therapy-Child Welfare (FFT-CW HR1) ACT:** In partnership with Gugan Gulwan Youth Aboriginal Corporation, a world first at home family intervention program supporting at-risk First Nations families with C&YP aged 0-17 years by supporting the development of positive interactions and communication behaviours to prevent entry/re-entry into OOHC.
- **Functional Family Therapy-Child Welfare (FFT-CW HR2) ACT:** An at home family intervention program supporting foster and kinship carers to address areas of family functioning likely to impact placement stability and to support families where reunification of C&YP is the case plan.
- **Functional Family Therapy-Child Welfare (FFT-CW) NSW and VIC:** An at-home family intervention program supporting vulnerable and at-risk families with C&YP aged 0-17 years. The program aims to support the development of positive interactions and communication behaviours to prevent statutory intervention and entry/re-entry into OOHC.
- **Multisystemic Therapy (MST) VIC:** A family and home-based treatment striving to change how young people function at home, school, and within the neighborhood, promoting positive behaviour and decreasing anti-social behaviour. MST aims to reduce youth (aged 10-18 years) offending and re-offending, as well as other types of anti-social behaviour, such as drug abuse. In doing so, it aims to decrease rates of placement in custody and entry into OOHC.
- **Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) NSW:** An at home early intervention program that works with families to ensure their children are safe, by preventing abuse and neglect. MST-CAN also aims to reduce mental health difficulties experienced by adults and children and increase social supports.
- **SafeCare VIC:** A home -based parent education program designed to prevent maltreatment and improve health, development, and welfare of children (aged zero to five years old) in at-risk families. It uses knowledge and skill development to improve parental capability and confidence.

Case Management Programs

- **Intensive Therapeutic Program (ITP) VIC:** A short-term program that aims to support families with children up to the age of 18 years, where there are concerns about child and family well-being, and the family is ready and able to engage in therapeutic change.
- **Family Worx (FPR) VIC:** An evidence-informed, strengths based, based in-home family-centered program, targeting at-risk families with children aged 0 -17 years. It utilises a suite of interventions tailored to individual family needs that builds on protective factors and reduces risk to prevent statutory intervention and entry/re-entry into OOHC.

Early Years Programs

- **Stepping Stones to School (SS2S) VIC:** An early intervention school-readiness program which supports at-risk families. The program supports children and their families who require support transitioning between early years, kindergarten, and school settings. The program builds connections between service providers and families and aims to improve the transition experience of families whilst building the capacity of service providers through robust transition networks supported by an agreed protocol document.

Family Law Services

- **Family Relationship Centre (FRC) VIC:** A hub for family law services that aims to provide a high quality and ethical suite of services which act as an entry point or gateway to the family support service system. This also includes improving family relationships by providing information, support, and referral services to all families, as well as family dispute resolution and access to some legal assistance for separating or separated families. The FRC also assist separating parents to focus on their children's needs and to reach agreements on safe, workable parenting arrangements that are in the best interests of their children, outside of the court system.
- **Regional Family Dispute Resolution (RFDR) VIC:** Assists separating families by resolving disputes relating to separation and divorce and improve post-separation relationships through mediation and counselling programs.
- **Children's Contact Service (CCS) VIC:** Provides children with a safe and neutral place to reestablish or maintain relationships with both parents and/or significant people in their lives. The CCS ensures that the child(ren)'s needs and welfare are the primary consideration including physical and emotional safety and security.
- **Parenting Orders Program (POP) and Post-Separation Cooperative Parenting Program (PSCP) VIC:** This service works with individuals and groups that require additional support to transition from OzChild's services to self-management. Parents, grandparents, and carers, regardless of who the child lives or spends time with, are supported to develop new skills and strategies to enhance co-operative parenting.

The programs out of scope for this review are as follows:

- **Koorie Early Years Network (KEYN) VIC:** A regional mechanism for Koorie Early Years providers, associated organisations, and services to work together to increase positive outcomes for Koorie children in education and health. These stakeholders also work together to introduce and develop Reconciliation Action Plans (RAPS) in their work place to increase cultural awareness and relationships with local Aboriginal communities in addition to supporting parents to grow their confidence to engage in learning activities with their children, and to advocate for their development and learning needs to professionals. As this service differs significantly from other PSF programs, this service will need to be evaluated using a different approach to the other programs in scope.
- **School Focused Youth Services (SFYS) VIC:** SFYS have recently established and implemented outcome measurement tools for the 2022 school year. This data will be available for analysis in the following year's outcomes report.
- **Orange Door/Support and Safety Hub VIC:** The outcomes for this service forms part of the Family Safety Victoria recommendations from the Royal Commission into Family Violence.
- **Putting Families First (PFF) VIC:** PFF is a new program established in 2022, and as such the outcomes measurement tools have only just been established and implemented. This data will be available for analysis in the following year's outcomes report.

Key Considerations

In 2022, the Families First program was not in scope as this program was replaced by Family Worx. As such, this slight change may have had an impact on the Yearly Comparison of Data (on page 8).

Review period

Families who were active in, discharged from or completed OzChild PSF programs between 1 July 2021 and 30 June 2022 were in scope[1]. This includes families who commenced the program prior to 2021-22, however were discharged or completed the program during this period.

1 The review period is referred to as 2021-22 throughout the report.

Methodology

Quantitative

- Validated outcomes tools
  - Strengths and Difficulties Questionnaire (SDQ) (FFT, FFT-CW (NSW and VIC), MST-CAN, and MST)
  - Client Outcome Measure – Adolescent (COM-A) (FFT and all FFT-CW programs)
  - Client Outcome Measure – Caregiver (COM-C) (FFT and all FFT-CW programs)
  - Therapist Outcome Measure (TOM) (FFT and all FFT-CW programs)
  - North Carolina Family Assessment Scale (NCFAS) (Family Worx, MST-CAN, all FFT-CW programs, and ITP)
  - Outcomes Questionnaire 45.2 (OQ) (FFT and FFT-CW (NSW and VIC)
  - Personal Well-Being Index (PWI) (MST-CAN)
  - Sick or Injured Child Checklist (SICC) (SafeCare)
  - Daily Activities Checklist (DAC) (SafeCare)
  - Home Accident Prevention Inventory (HAPI) (SafeCare)
  - SCORE (All Family Law Services)
  - Acrimony Scale (POP and PSCP)
  - Parenting scale (POP and PSCP)

- Other outcome measures (prescribed by Government Agencies and have not been validated)
  - Improved to family functioning, improved behaviour and mental health and decreased substance abuse (MST)
  - SS2S Readiness Tool (SS2S).

- Outputs
  - Number of family referrals
  - Youth Living at Home at end of treatment (FFT and MST)
  - Target Child is either in school or working by treatment completion (all FFT-CW programs, FFT, MST and MST-CAN).

- Feedback Surveys
  - Parent/Caregiver Prevention and Strengthening Families Feedback Survey (Case Management and Evidence Based programs)
  - C&YP Prevention and Strengthening Families Feedback Survey (Case Management and Evidence Based programs)
  - Stepping Stones to School Parent Feedback Survey.

Qualitative

- Consultation with program staff and leadership.
- Deidentified information from case notes related to outcome tools.

The detailed methodology is outlined in Appendix 1.

Year on Year Comparison (2020-2022)

Permanency

OzChild keeps families *together* **and ensures continuity of** *care arrangements* **and** *relationships.*

Measure	2021-22	2020-21
Percentage of families completing service	**62 per cent**	**61 per cent**
Percentage of MST youth living at home by the end of treatment	**100 per cent**	**75 per cent**
Percentage of children and families in stable housing by program closure *(programs that completed the NCFAS)*	**84 per cent** A **16 per cent improvement** from intake	**86 per cent** A **13 per cent improvement** from intake

Safety

OzChild ensures the physical and psychological safety of children and young people in their care so they can *live free from child abuse and neglect.*

Measure	2021-22	2020-21
Percentage of children and families reporting feeling safe overall by program closure *(programs that completed the NCFAS)*	**73 per cent** A **44 per cent improvement** from intake	**84 per cent** A **43 per cent improvement** from intake
Percentage of children and families that had Adequate to Clear strengths with Family interactions by program closure *(programs that completed the NCFAS)*	**72 per cent** A **48 per cent improvement** from intake	**83 per cent** A **51 per cent improvement** from intake
Percentage of children and families that were safe in their community by program closure *(programs that completed the NCFAS)*	**87 per cent** A **14 per cent improvement** from intake	**90 per cent** A **13 per cent improvement** from intake
Percentage of SafeCare families reducing at least 60 per cent of safety hazards in the home	**83 per cent**	**86 per cent**
Percentage of SafeCare families with improved Parent and Child interactions	**78 per cent**	**100 per cent**
Percentage of Adolescents in FFT and FFT-CW that reported Family Conflict was somewhat better, a lot better or very much better by program closure	**79 per cent**	**80 per cent**

Percentage of Caregivers in FFT and FFT-CW that reported Family Conflict was somewhat better, a lot better or very much better by program closure	**84 per cent**	**79 per cent**
Percentage of families in Children's Contact Centre that reported decreased dysfunctional behaviours	**97 per cent** A **11 per cent improvement** from intake	**100 per cent** A **50 per cent improvement** from intake
Percentage of families in Children's' Contact Centre with reported improvements in Family functioning	**87 per cent** A **33 per cent improvement** from intake	**94 per cent** A **44 per cent improvement** from intake

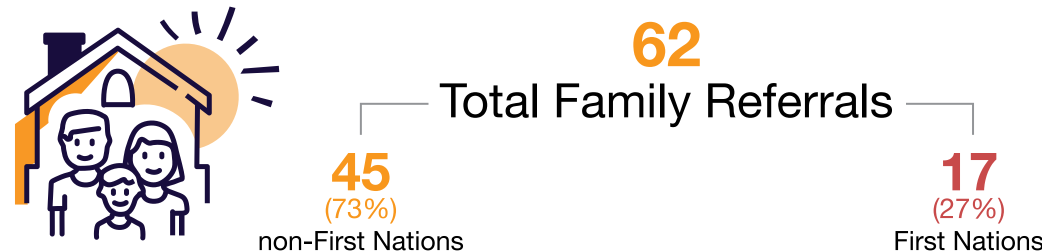
Well-Being

OzChild programs ensure that children and young people are *healthy and happy*, **and their parents are** *mentally well* **and able to meet their child(ren)'s needs.**

Measure	2021-22	2020-21
Percentage of parents in SafeCare who were able to manage their young child(ren)'s health symptoms and respond appropriately by program closure	**99 per cent**	**100 per cent**
Percentage of caregivers adequately managing their child(ren)'s physical health by program closure *(programs that completed the NCFAS)*	**81 per cent** A **16 per cent improvement** from intake	**88 per cent** A **13 per cent improvement** from intake
Percentage of caregivers with baseline or strong overall parental capabilities by program closure in encouraging children to be involved in enrichment opportunities, like sport, music etc. *(programs that completed the NCFAS)*	**79 per cent** A **25 per cent improvement** from intake	**87 per cent** A **30 per cent improvement** from intake
Percentage of target child(ren) in school or working by program completion *(FFT-CW, FFT, MST and MST-CAN)*	**88 per cent**	**89 per cent**
Percentage of children and their families that demonstrated self-sufficiency by program closure *(programs that completed the NCFAS)*	**79 per cent** A **33 per cent improvement** from intake	**86 per cent** A **37 per cent improvement** from intake
Percentage of Families in Children contact Services and Regional Family Dispute Resolution who reported they were better able to deal with issues that they sought help with	**85 per cent**	**100 per cent**
Percentage of children and their families that demonstrated connection to community and access to social supports by program closure *(programs that completed the NCFAS)*	**79 per cent** A **31 per cent improvement** from intake	**90 per cent** A **34 per cent improvement** from intake
Percentage of caregivers reporting that that OzChild workers have an awareness and respect their family's cultural and religious backgrounds	**98 per cent**	**98 per cent**

Demographics

Number of Family Referrals Active in FFT NSW, 2021-2022



Permanency

Care Arrangements

Number of Families Completing FFT NSW
Number of Families with C&YP Living at Home at End of Program
Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 1 – Percentage of Families Concluding FFT NSW, 2021-22

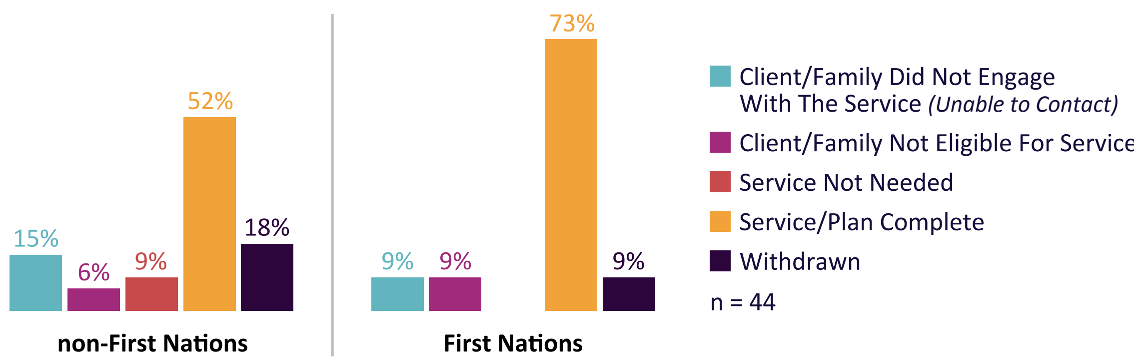
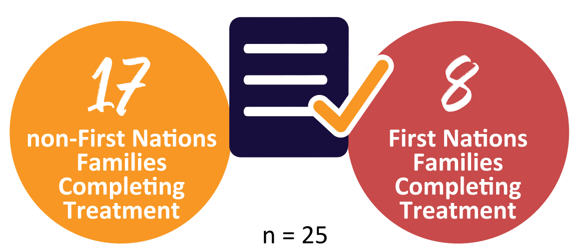


Figure 2 – Number of Families Successfully Completing FFT NSW, 2021-2022



During the reporting period, 44 families concluded FFT NSW for one of five reasons (*see Figure 1*). 33 families were non-First Nations and 11 families identified as First Nations. 25 of these families successfully completed the program. Eight families were First Nations and 17 were non-First Nations (*see Figure 2*). 100 per cent of families completing treatment had their child(ren) living at home. Out of the 44 families, First Nations families had a higher rate of successful completion compared to non-First Nations families (72 per cent and 52 per cent respectively).

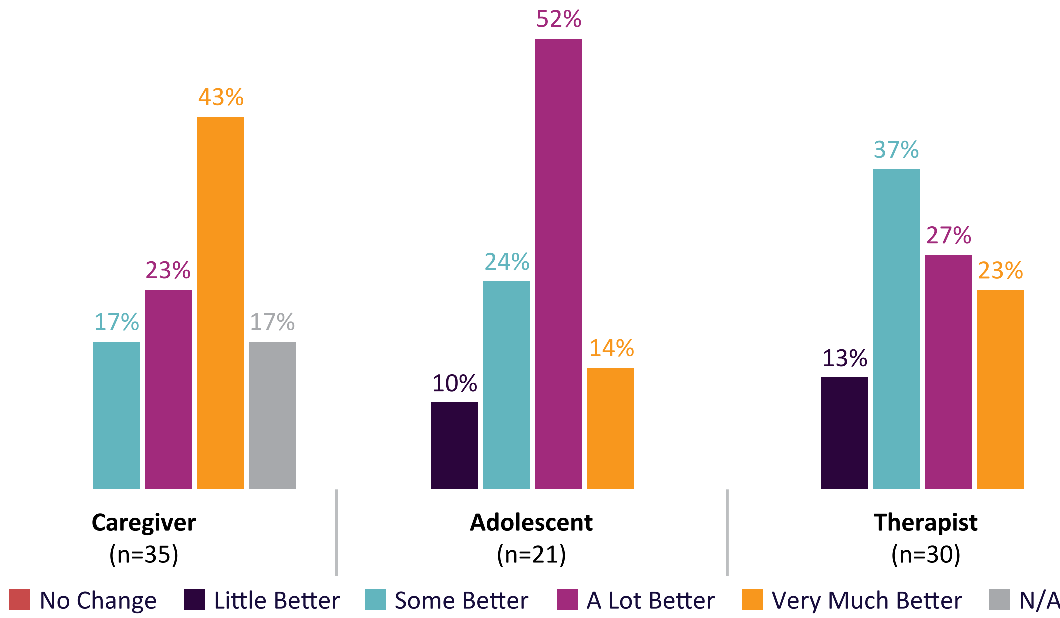
Two families who were 'Not Eligible for Service' were deemed not eligible as they were no longer caring for their child(ren). Both families identified as non-First Nations. For the other families who did not successfully complete FFT NSW, barriers to completion included families refusing telehealth sessions in preference for face-to-face sessions which were unavailable due to Covid-19 restrictions, Covid-19 restrictions impacting the predictability and structure of treatment, families moving out of the catchment area, C&YP not engaging in the program, and untreated mental health challenges in both parents and children impacting family engagement in program.

Safety

Safe and Secure

Improvement in Family Functioning

Figure 3 – FFT Family and Therapist Perspective on Changes to Family Status

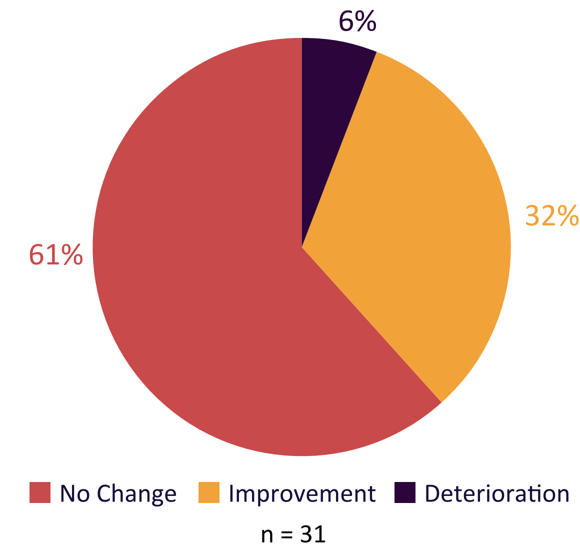


The COM-C and COM-A was completed by caregivers and adolescents (aged 11 and over) who successfully completed treatment. Therapists completed the TOM for all families concluding treatment (*refer to Appendix 1 for further information about the COM-C, COM-A, and TOM*). The results demonstrate that 90 per cent of adolescents and 100 per cent of caregivers felt that their family status was at least 'Somewhat better' by program completion. 87 per cent of therapists reported that families concluding the program were at least 'Somewhat better'. 10 per cent of adolescents and 13 per cent of therapists identified little improvement to their family status at program closure. Program staff mentioned that this may have been due to parents struggling to apply the strategies learned throughout the program and parents blaming the young person for the challenges in family functioning. Mental health and neurodevelopmental diagnoses of young people also impacted improvements to the family status. Program staff mentioned that as the families are in crisis, significant improvements can be difficult to achieve, particularly when parents are not entirely committed to the program. While small changes may not appear significant, they can set families up for increased positive changes in the future, particularly when families increase motivation to change.

Well-Being

Mental Health

Figure 4 – FFT NSW OQ, Clinically Significant Changes to Parent Mental Health



The Outcome Questionnaire (OQ) is a 45-item self-report scale designed to measure important areas of mental health functioning for adults (Beckstead et al., 2003) (*refer to Appendix 1 for further information about the OQ*). The OQ is designed to be administered prior to and following treatment to measure whether clients are progressing, deteriorating, or displaying no evident changes. 31 caregivers completed both pre and post OQs. The results indicate that 32 per cent of caregivers had a clinically significant 'Improvement' to their mental health post program. Two (six per cent) caregivers had a clinically significant 'Deterioration' at closure. 61 per cent did not have a clinically significant change. Although most (94 per cent) caregivers did not significantly deteriorate at program closure, 48 per cent had a total OQ score equal to or greater than 64 indicating increased distress. This included eight caregivers with a moderately high score and one with a high score. Three parents with a clinically significant improvement still scored in the moderate and moderately high range.

The SDQ was used to assess the psychological wellbeing of C&YP aged 2-17 (Youth in Mind 2015). The SDQ is completed at two points (pre and review/post) and the scores are added together to provide a Total Difficulties and Prosocial Behaviour score (Lawrence et al. 2015) *(refer to Appendix 1 for further information about the SDQ).* The scores are then classified into four categories where those scoring in the 'High' to 'Very High' range for Total Difficulties as well as the 'Low' to 'Very Low' range for Prosocial indicate an increased risk of clinically significant psychosocial challenges.

26 C&YP had both pre and review/post SDQ's completed by their parents during 2021-22.

77 per cent (20 C&YP) were in the 'Very High' and 'High' categories for Total Difficulties (higher risk) at the time of review or at the end of the program *(see Figure 5)*. This was a small reduction since intake (four per cent) where 81 per cent of C&YP were in the 'Very High' category. Interestingly, the same percentage of C&YP were in the 'Close to Average' category pre- and post-SDQ (eight per cent).

For the SDQ Prosocial subscale, 70 per cent of C&YP (18 C&YP) were in the 'Low' and 'Very low' categories (higher risk) at the time of review or at the end of the program *(see Figure 6)*. This was a seven per cent improvement since the pre-SDQ was administered. Seven per cent of C&YP moved to the category of 'Close to Average' by review/post program and the same rate of C&YP were in the 'Slightly lowered' range post program (15 per cent).

As the SDQ categories were designed so that approximately ten per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al. 2015), the results demonstrate that the FFT NSW C&YP are 67 per cent and 60 per cent above the general population respectively.

Figure 5 – Percentage of FFT NSW Caregiver pre- and post-Total Difficulties Score for C&YP by Risk Level

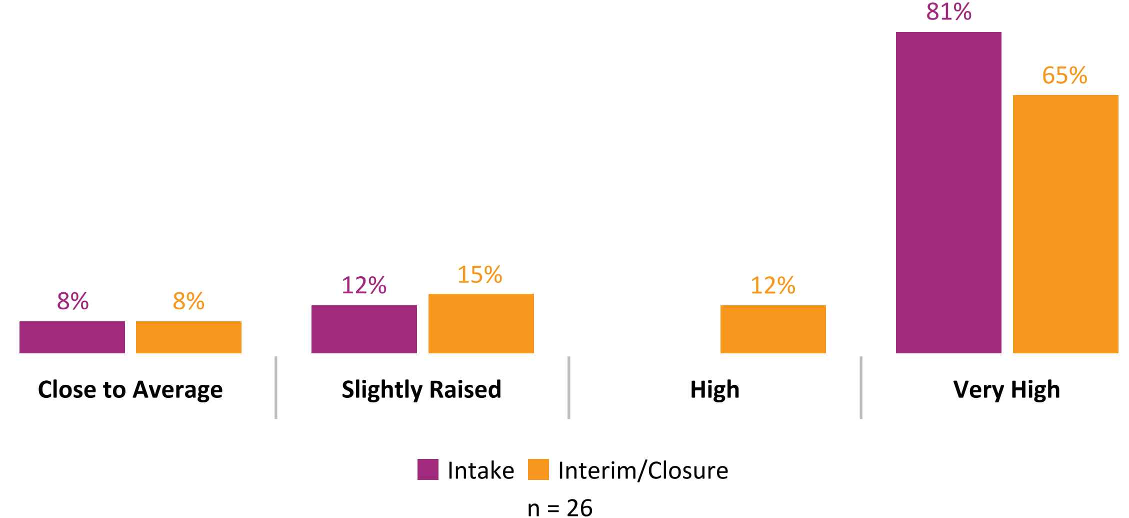
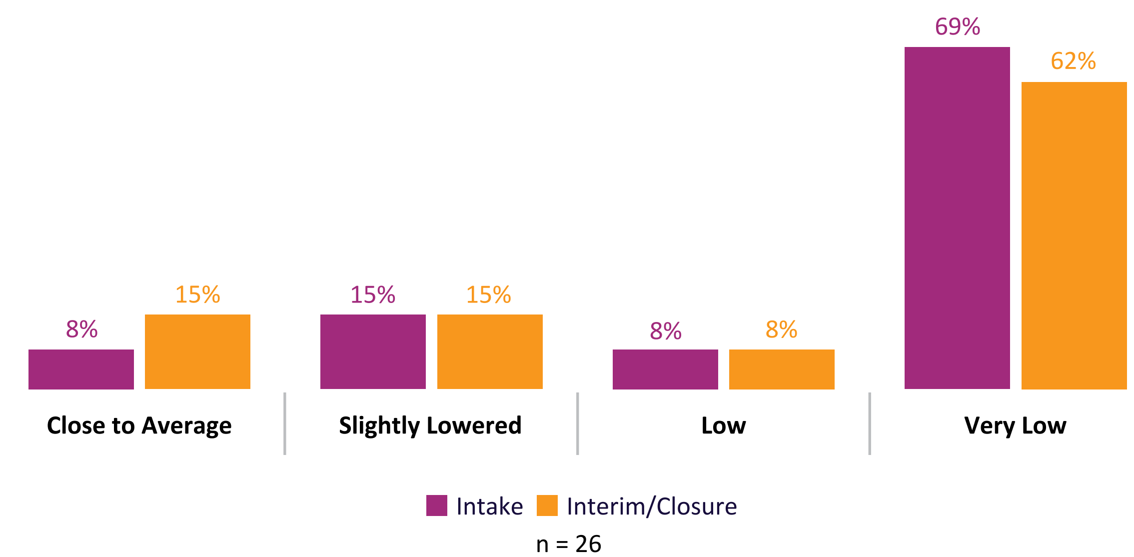


Figure 6 – Percentage of FFT NSW Caregiver pre- and post-Prosocial Score for C&YP by Risk Level



Learning and Education

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Status of attendance in school and/or work was available for 31 target C&YP. The analysis identified that 84 per cent were attending school and/or work by closure. 16 per cent were not engaged in either. Consultations with program staff revealed that these C&YP were not engaged in school and/or work at the commencement of FFT. The lack of engagement was a result of untreated mentalhealth issues and bullying/discrimination.

Community and Support

Increased Connection to Communities

13 caregivers within FFT NSW responded to the Prevention and Strengthening Families Feedback Survey. Two caregivers identified as First Nations, and 11 caregivers were non-First Nations. Of the non-First Nations caregivers, five reported they 'Strongly Agree' and four reported they 'Agree' that their OzChild worker helped increase their social, support and community networks. Two caregivers reported 'Not applicable' indicating that they did not require OzChild's support in increasing their social, support and community networks.

Of the two caregivers surveyed who identified as First Nations, one caregiver reported that their OzChild worker provided them with cultural information and resources that enabled them to connect with their local Aboriginal and/or Torres Strait Islander community. Interestingly, the other caregiver felt that their OzChild worker did not provide them with cultural information and resources to enable them to connect with their local community. Due to the survey design, this caregiver was unable to provide further insight into their response.

Culture and Identity

Increased Responsiveness to Culture and Identity

Each of the 11 non-First Nations caregivers reported that they either 'Strongly Agree' (nine caregivers) or 'Agree' (two caregivers) that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) nine reported that they 'Strongly Agree' and two reported that they 'Agree'.

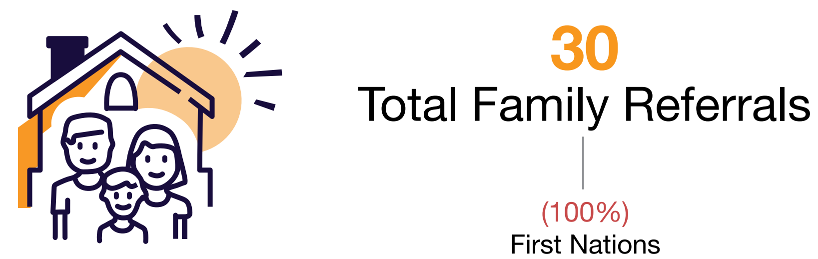
Both First Nations caregivers reported they either 'Strongly Agree' or 'Agree' that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Additionally, both First Nations caregivers reported that they either 'Strongly Agree' or 'Agree' that their OzChild worker respects their family's Aboriginal and/or Torres Strait Islander cultural backgrounds. First Nations caregivers were also asked whether they felt that their OzChild worker acknowledges when they do not know something about their Aboriginal and/or Torres Strait Islander culture. Both caregivers reported that they 'Agree'.

Six C&YP (aged 11 years and older) from FFT NSW participated in the Prevention and Strengthening C&YP Feedback Survey. Two C&YP identified as First Nations and four C&YP were non-First Nations. Each of the four non-First Nations C&YP reported that they either 'Strongly Agree' (three C&YP) or 'Agree' (one C&YP) that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) three reported that they 'Strongly Agree' and one reported that they 'Agree'.

Both First Nations C&YP reported they either 'Strongly Agree' or 'Agree' that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Also, both First Nations C&YP reported that they either 'Strongly Agree' or 'Agree' that their OzChild worker respects their family's Aboriginal and/or Torres Strait Islander cultural backgrounds.

Demographics

Number of First Nations Families Active in FFT-CW ACT HR1, 2021-2022



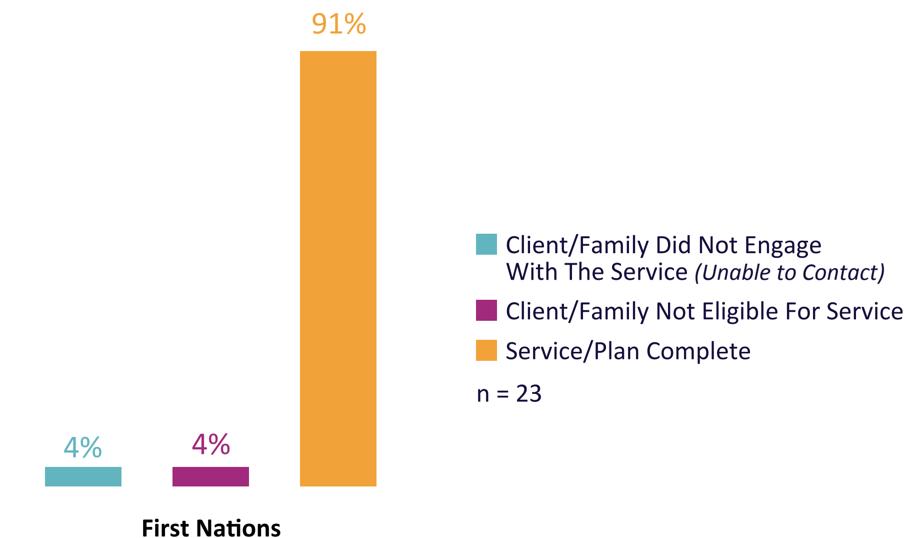
Permanency

Care Arrangements

Number of Families Completing FFT-CW ACT HR1

Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 7 – Percentage of Families Concluding FFT-CW ACT HR1, 2021-2022



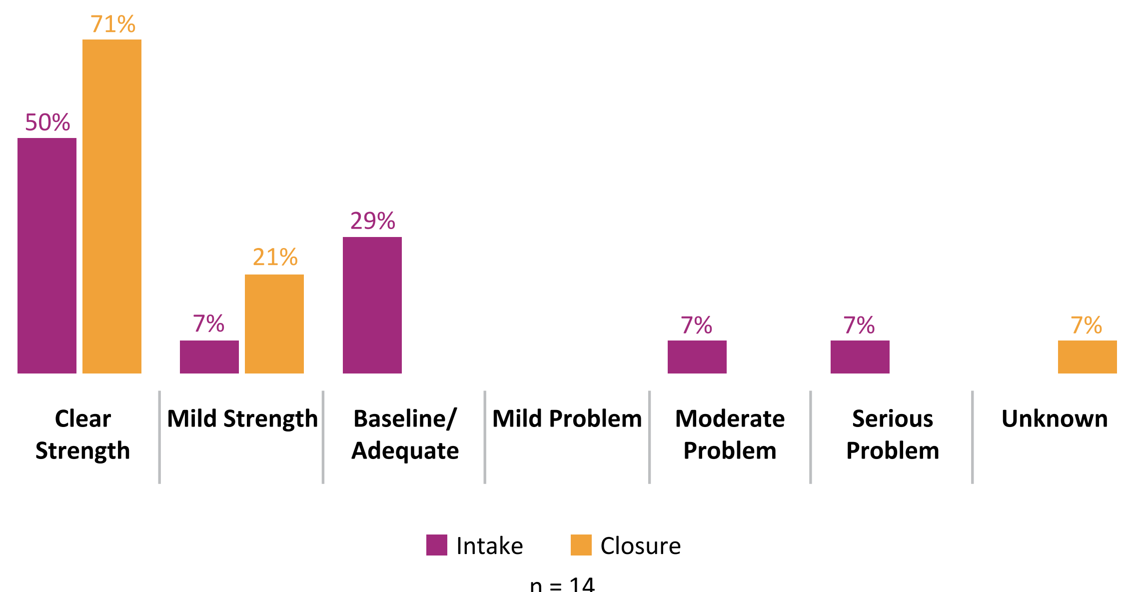
During the reporting period, 23 families concluded treatment for one of three reasons (*see Figure 7*). 21 of these families successfully completed the program. One family concluded treatment as they were no longer caring for their child(ren) and therefore no longer eligible to continue treatment.

Stable Housing

Improvement in Housing Stability

The NCFAS was used to assess improvement to Housing Stability of families (*refer to Appendix 1 for further information about the NCFAS*). Altogether, 14 families had a NCFAS assessment undertaken at both intake and closure. Each of these families completed the subscales within the 'Housing Stability' sub-domain. Overall, there was a 35 per cent increase in families with a Housing Stability strength rating (*see Figure 8*). At intake, two families had either a moderate or serious problem rating. By closure, one family moved to a mild strength rating whilst the other had an unknown rating due to disengagement from the program.

Figure 8 – FFT-CW HR1 ACT Families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction in the Prevalence and Impact of Abuse and Neglect of Children and, Family Violence

All 14 families completed the NCFAS subscales within the 'Overall Family Safety' domain. Improvements to overall Family Safety was evident as 50 per cent of families had a strength rating at closure in comparison to 14 per cent at intake (36 per cent improvement) *(see Figures 9 and 10)*. At intake, seven families had either a mild or moderate problem rating. By closure, six of these families moved to either a baseline/adequate, mild strength, or clear strength rating. One family had a mild problem rating at closure, this was a slight improvement from a moderate problem rating at intake. Program management mentioned that this was an appropriate improvement considering the safety risks present at intake.

Improvement in Family Functioning

The NCFAS Overall 'Family Interactions' domain was used to measure improvements to family functioning. The scores from the overall 'Family Interactions' domain demonstrated improvements as 64 per cent of families had a strength rating at program closure in comparison to 14 per cent at intake (a 50 per cent improvement) *(see Figures 9 and 10)*. At intake, nine families had a mild or moderate problem rating. By closure, seven of these families moved to either a baseline/adequate, mild strength or clear strength rating. Two families moved from a moderate problem rating to a mild problem rating. Program management mentioned that this was an appropriate improvement considering the functioning challenges these families presented with.

Figure 9 – FFT-CW ACT HR1 NCFAS Safety Domain Scores, Intake

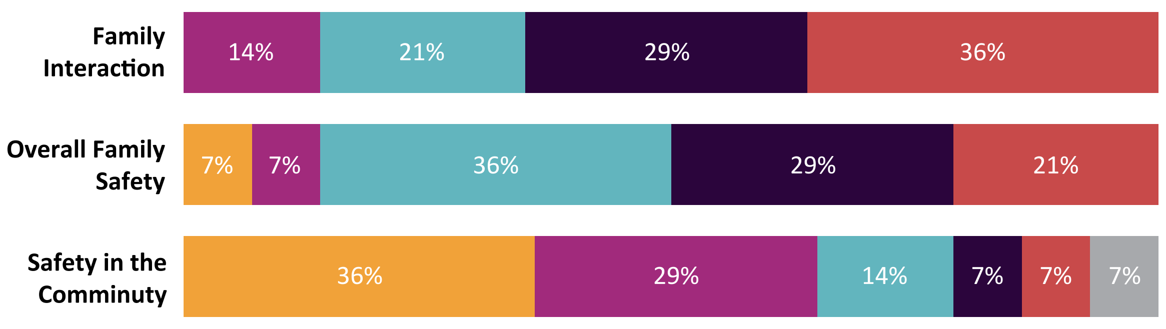
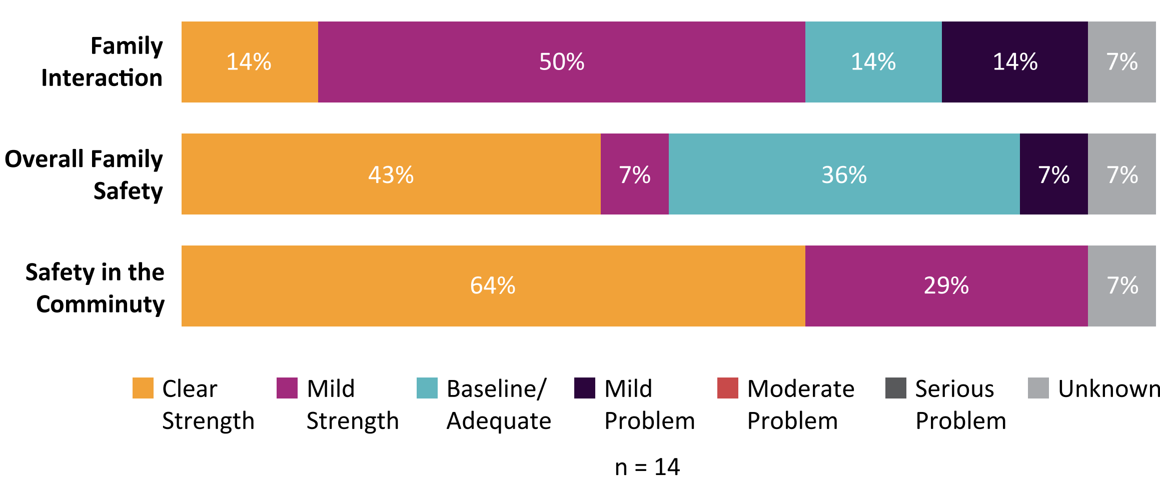


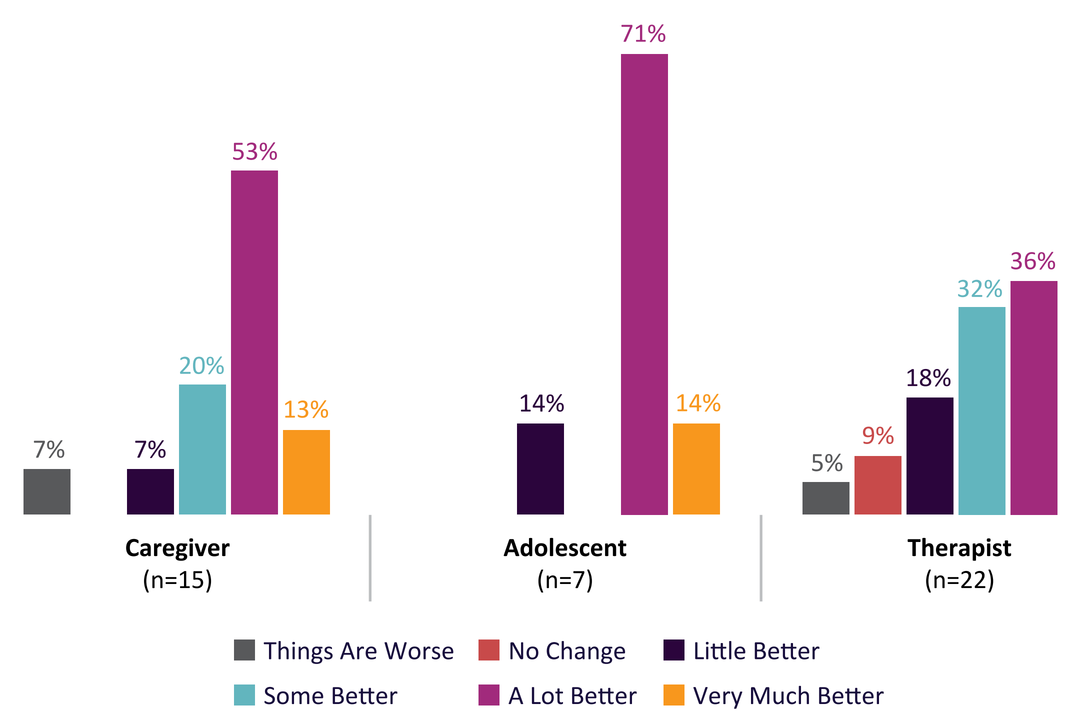
Figure 10 – FFT-CW ACT HR1 NCFAS Safety Domain Scores, Closure



Improvement in Community Safety

The NCFAS 'Safety in the Community' domain was used to measure improvements to community safety. Improvements were evident as 93 per cent of families had a strength rating at closure in comparison to 64 per cent at intake (*see Figures 9 and 10*). At intake, two families had either a mild or moderate problem rating. At closure, both families moved to either a mild, or clear strength rating.

Figure 11 – FFT-CW ACT HR1 Family and Therapist Perspective on Changes to Family Status



The COM-C and COM-A was completed by caregivers and adolescents (aged 11 and over) who successfully completed treatment. Therapists completed the TOM for all families concluding treatment (*refer to Appendix 1 for further information about the COM-C, COM-A, and TOM*).

The results demonstrate that 85 per cent of adolescents and 86 per cent of caregivers felt that their family status was at least 'Somewhat better' at closure (*see Figure 11*). 68 per cent of therapists reported that the family status of all families concluding treatment were at least 'Somewhat better'. Nine per cent of therapists reported 'No change'. The scores also indicated that for seven per cent of caregivers and five per cent of therapists 'Things were worse'.

Well-Being

Mental Health

Improved Mental Well-Being of Child

The NCFAS 'Overall Child Well-Being' domain was used to determine whether there was an improvement of child mental well-being. The ratings demonstrate improvements to child well-being as 57 per cent of families had a strength rating at closure in comparison to 21 per cent at intake (36 per cent improvement) *(see Figures 12 and 13)*. At intake, ten families had a problem rating for their child(ren)'s well-being. By closure, seven of these families moved to a baseline/adequate, mild strength, or clear strength rating. Two families had slight improvements to their problem ratings (e.g., moving from a moderate problem rating to a mild problem rating). This slight improvement was considered a success by program management as the challenges these families faced at intake were severe. One family maintained a mild problem rating at both intake and closure. Program management advised that this lack of improvement was a result of an increased focus on other areas of family functioning that were considered a higher risk at intake. Program management mentioned that by focusing on and improving areas with the highest risk, families will eventually be able to generalise these skills to other areas of family functioning.

Figure 12 – FFT-CW HR1 ACT NCFAS Well-Being Domain Scores, Intake

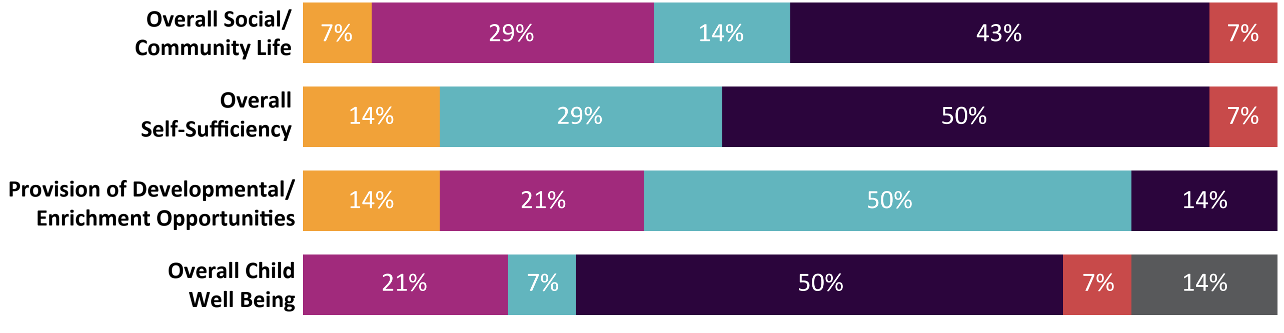
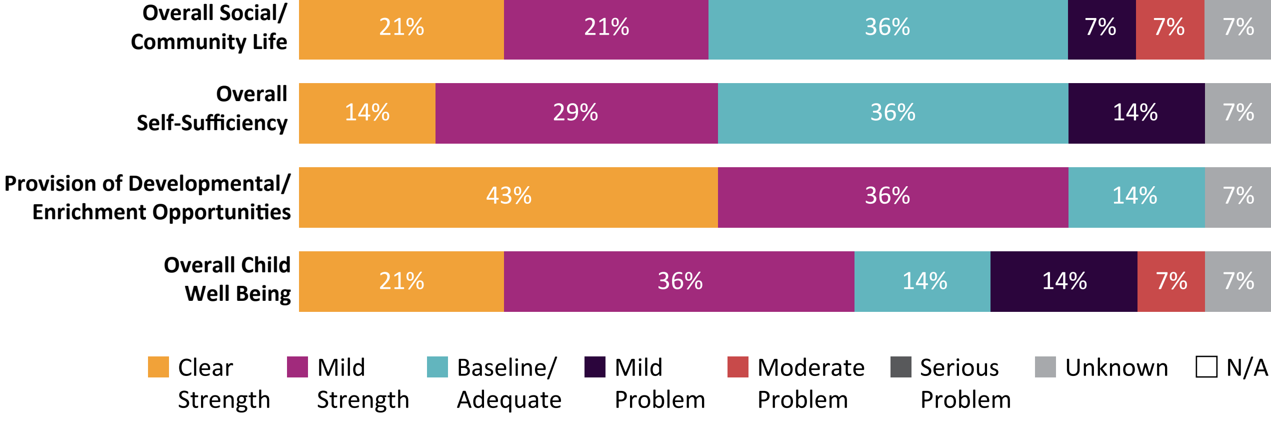


Figure 13 – FFT-CW HR1 ACT NCFAS Well-Being Domain Scores, Closure



n = 12

Learning and Education

Decreased Developmental Vulnerability

The NCFAS was used to measure improvements to opportunities to participate in education and development. This was analysed through the 'Provision of Development/Enrichment Opportunities' domain. The analysis of results demonstrates improvement as 79 per cent of families had a clear or mild strength rating at closure in comparison to 36 per cent at intake (a 43 per cent improvement) (*see Figures 12 and 13*). Two families who had a mild problem rating at intake moved to either a baseline/adequate or mild strength rating at closure.

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Status of attendance in school and/or work was available for 23 target C&YP. 65 per cent of C&YP were attending school and/or work at the end of the program. 35 per cent were not engaged in either.

Empowerment

Increased Self-Sufficiency

The NCFAS 'Self-Sufficiency' domain was used to measure improvements to family self-sufficiency. The analysis of NCFAS scores demonstrate a 29 per cent improvement to self-sufficiency as 43 per cent of families had a strength rating at closure in comparison to 14 per cent at intake (*see Figures 12 and 13*). At intake, eight families had a mild or moderate problem rating. By closure, six of these families moved to either a baseline/adequate or mild strength rating. One family maintained the same problem rating at intake and closure. Program management advised that improvement did not occur as an increased focus on other high-risk areas of family functioning took priority throughout treatment. The other family with a problem rating had a small improvement as they moved from a moderate problem to a mild problem rating. Program management advised that although this slight improvement was considered a great outcome bearing in mind the challenges exhibited at intake.

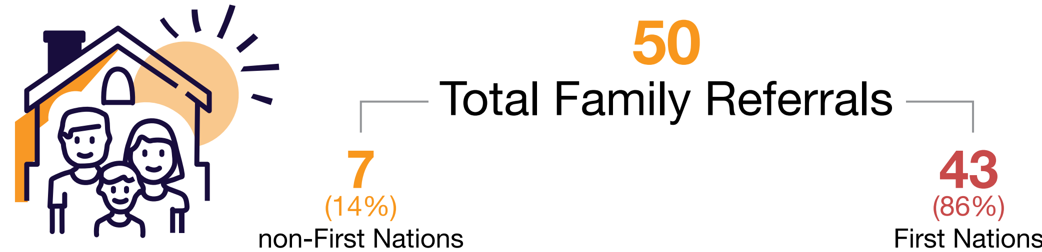
Community and Support

Increased Connection to Communities

To measure whether families have increased connection to their community, The NCFAS was used. The NCFAS scores from intake and closure demonstrate a six per cent improvement in the rate of families with a strength rating (36 per cent and 42 per cent respectively) (*see Figures 12 and 13*). At intake, seven families had a mild or moderate problem rating. By closure, five of these families moved to either a baseline/adequate or mild strength rating. Two families maintained the same problem rating at intake and closure. Program management mentioned that the absence of change may have been due to an increased focus on improving other areas of family functioning identified as a higher risk at program intake.

Demographics

Number of Family Referrals Active in FFT-CW HR2 ACT, 2021-2022



Permanency

Care Arrangements

Number of Families Completing FFT-CW ACT HR2

Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 14 – Percentage of Families Concluding FFT-CW ACT HR2, 2021-2022

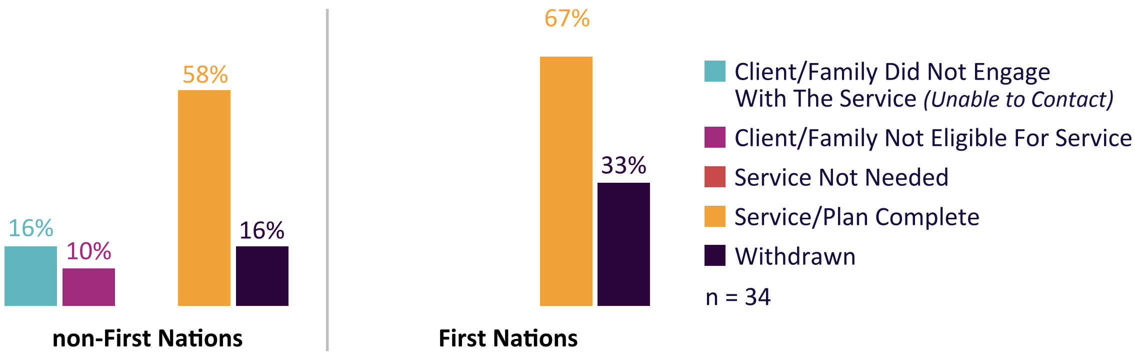
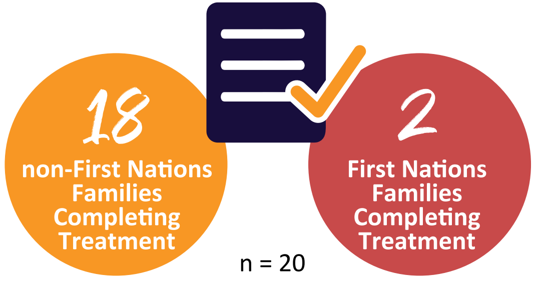


Figure 15 – Number of Families Successfully Completing FFT-CW ACT HR2, 2021-22



During the reporting period, 34 families concluded treatment for one of four reasons (*see Figure 14*). 31 families were non-First Nations and three families identified as First Nations. 20 of these families successfully completed treatment. Two families identified as First Nations and 18 were non-First Nations (*see Figure 15*).

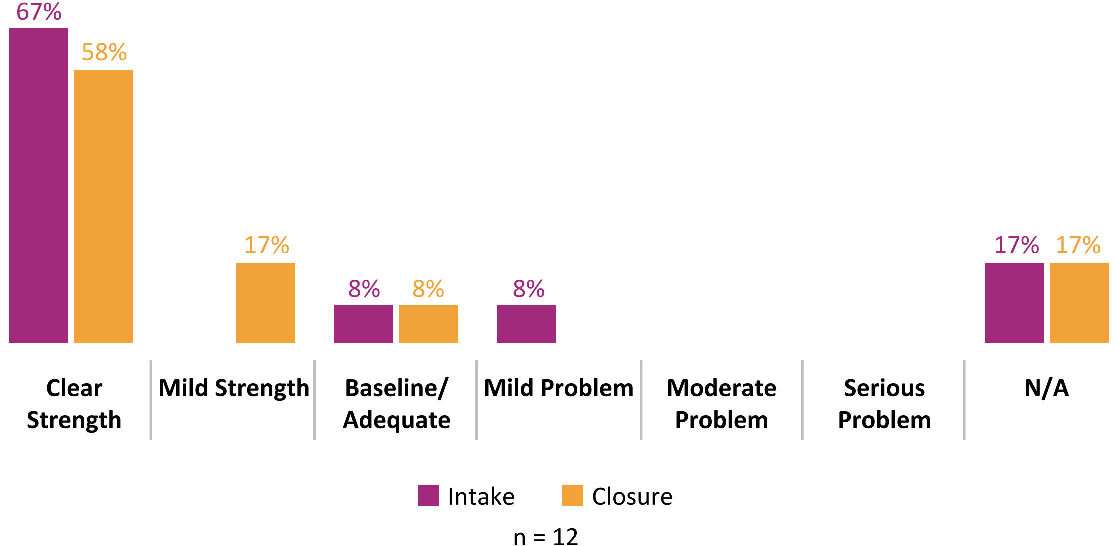
There were three families that concluded treatment due to being identified as 'Not Eligible for Service' as they were no longer caring for their children. All families were non-First Nations.

Stable Housing

Improvement in Housing Stability

Altogether, 12 families had a NCFAS assessment undertaken at both intake and closure (*refer to Appendix 1 for further information about the NCFAS*). Each of these families completed the subscales within the 'Housing Stability' sub-domain. At intake, one family had a mild problem rating (*see Figure 16*). At closure, this family moved to a mild strength rating. Additionally, one family had a small decline to their initial strength rating as they moved from a clear strength at intake to a mild strength rating by closure. Overall, there was an eight per cent increase in families with a Housing Stability strength rating at program closure (75 per cent at closure competed to 67 per cent at intake).

Figure 16 – FFT-CW ACT HR2 Families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction in the Prevalence and Impact of Abuse and Neglect of Children and, Family Violence

All 12 families completed the NCFAS subscales within the 'Overall Family Safety' domain. Improvements to family was evident as 42 per cent of families had a strength rating at closure in comparison to 33 per cent at intake (*see Figures 17 and 18*). At intake, four families had either a mild or moderate problem rating. By closure, one family moved to a clear strength rating. Two families had a mild problem rating at intake and closure. Program management revealed that both families did not demonstrate changes to family safety due to ongoing physical conflict and challenges self-regulating. One family had a small improvement, moving from a moderate problem to a mild problem rating. Program management mentioned that this was an appropriate improvement considering the safety risks present at intake.

Improvement in Family Functioning

All 12 families completed the subscales with in the 'Family Interactions' domain. Improvements to family interactions was evident as 75 per cent of families had a strength rating at closure in comparison to 42 per cent at intake (*see Figures 17 and 18*). At intake, five families had either a mild, moderate, or serious problem rating. At closure, three of these families moved to either a mild or clear strength rating. One family had a small improvement to their problem rating, moving from a moderate problem to a mild problem rating. Program management mentioned that this was an appropriate improvement considering the functioning challenges this family presented with at intake. One family maintained a mild problem rating at closure. Program management mentioned that this was due to physical interactions still occurring within the family.

Figure 17 – FFT-CW ACT HR2 NCFAS Safety Domain Scores, Intake

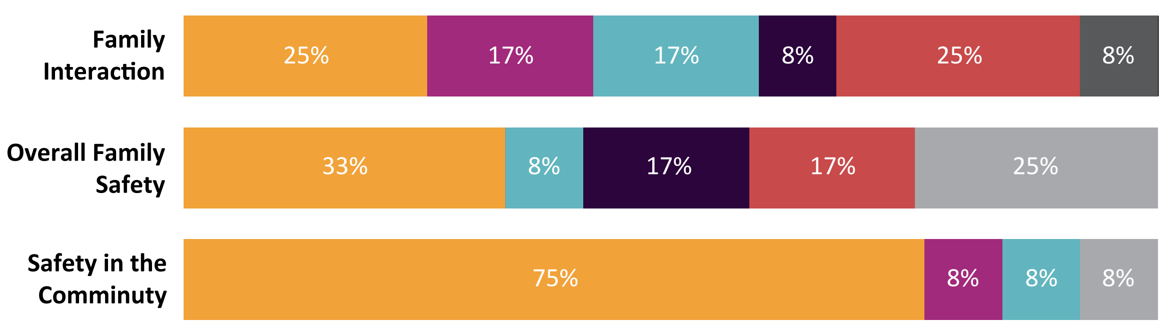


Figure 18 – FFT-CW ACT HR2 NCFAS Safety Domain Scores, Closure

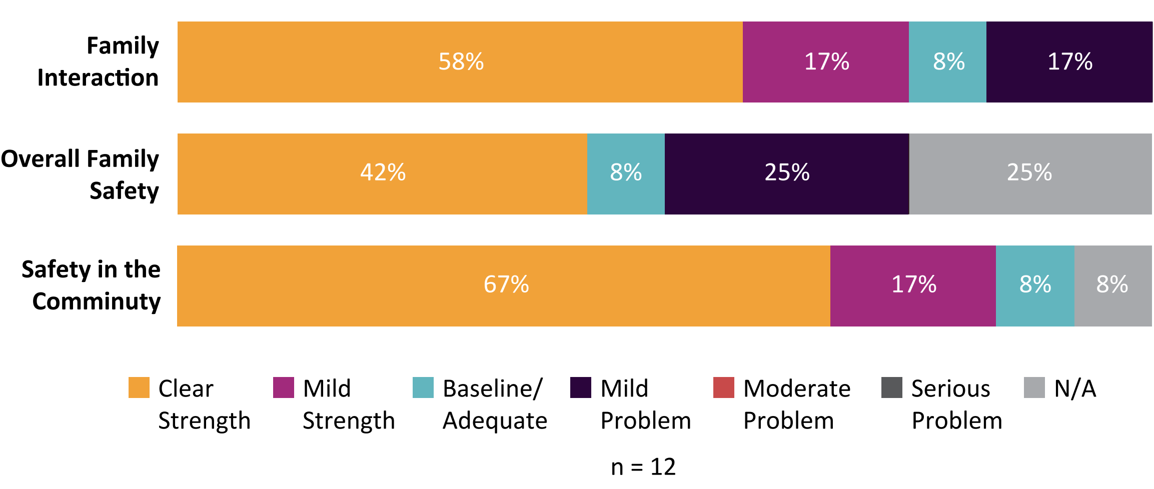
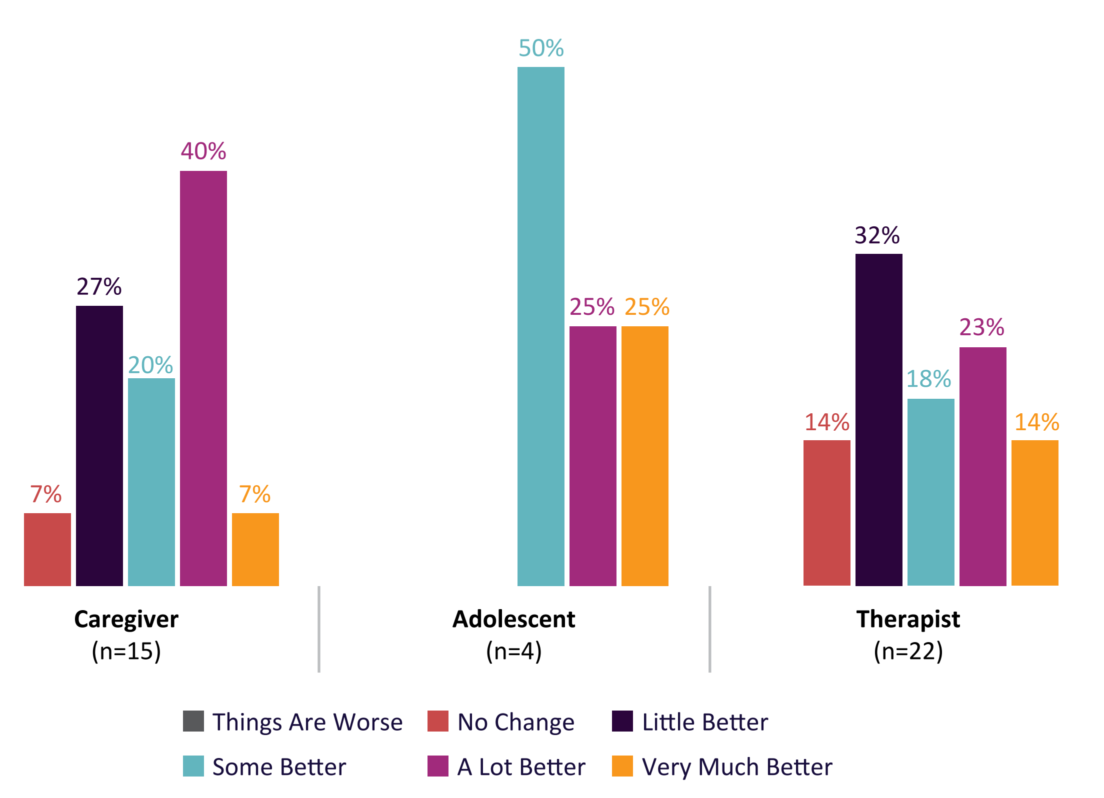


Figure 19 – FFT-CW ACT HR2 Family and Therapist Perspective on Changes to Family Status



The COM-C and COM-A was completed by caregivers, adolescents (aged 11 and over) who successfully completed treatment. Therapists completed the TOM for all families concluding treatment (*refer to Appendix 1 for further information about the COM-C, COM-A, and TOM*).

The results demonstrate that 100 per cent of adolescents and 67 per cent of caregivers felt that their family status was at least 'Somewhat better' at program completion (*see Figure 19*). 55 per cent of therapists reported that the family status of all families concluding treatment was at least 'Somewhat better'. Seven per cent of caregivers and 14 per cent of therapists reported 'No change'.

Improvement in Community Safety

All 12 families completed the subscales within the 'Safety in the Community' domain. There were no significant improvements to overall community safety as at both intake and closure, 92 per cent of families had either a clear strength, mild strength, or baseline/adequate rating (*see Figures 17 and 18*).

Figure 20 – FFT-CW ACT HR2 NCFAS Well-Being Domain Scores, Intake

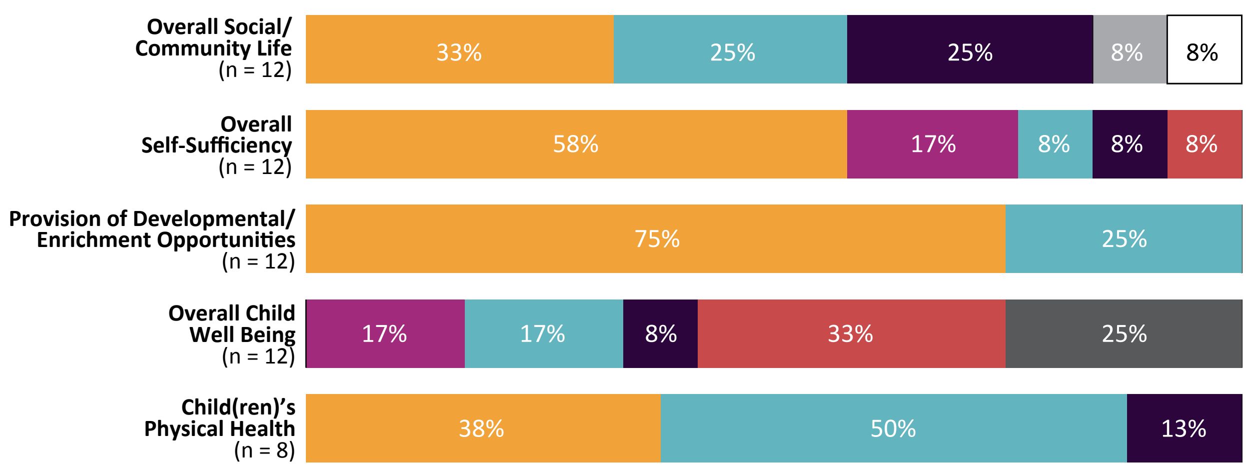
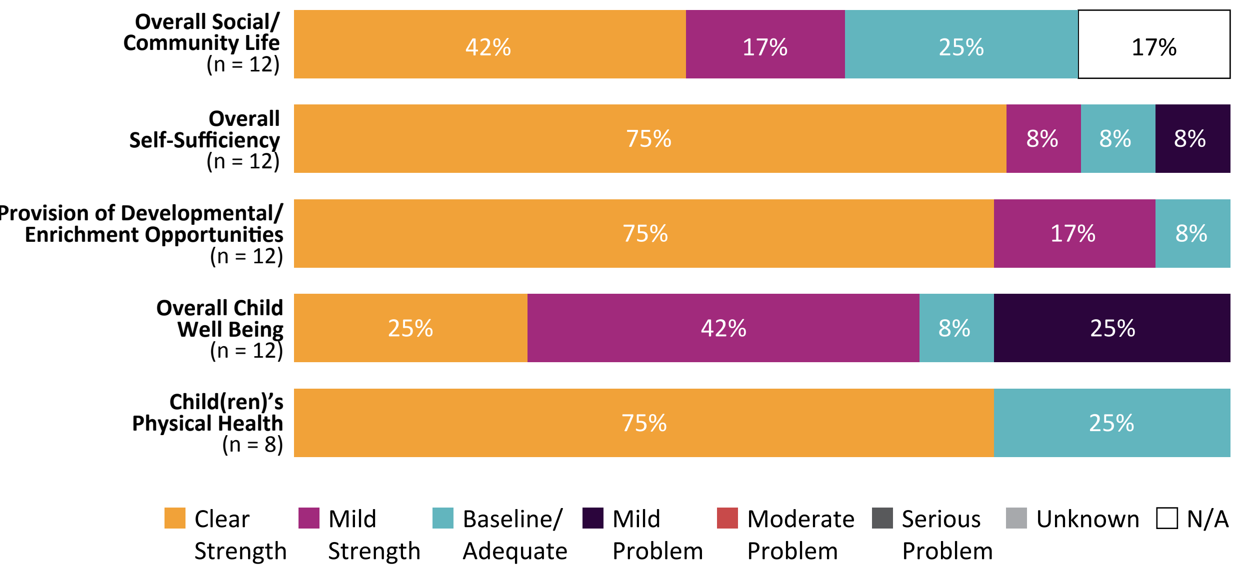


Figure 21 – FFT-CW HR2 ACT NCFAS Well-Being Domain Scores, Closure



Well-Being

Physical Health

Increased Healthy Start in Life

The NCFAS was used to determine improvements in the physical health of child(ren). The aspect was captured under the sub-domain 'Child(ren)'s Physical Health'. Eight families completed the subscales within this domain. At intake, one child had a mild problem rating. By program closure this child moved to a clear strength rating (*see Figures 20 and 21*).

Mental Health

Improved Mental Well-Being of Child

All 12 families completed the subscales within the 'Overall Child Well-Being' domain. Overall, the NCFAS results demonstrate improvements to child well-being as at closure, 67 per cent had a clear or mild strength in comparison to 17 per cent at program intake (50 per cent improvement) (*see Figures 20 and 21*). At intake, eight families had a problem rating. By closure, five of these families moved to a baseline/adequate, mild strength, or clear strength rating. Whilst three families kept a problem rating at closure, all families displayed small improvements to their problem ratings (e.g., moving from a moderate problem rating to a mild problem rating). This slight improvement was considered as a success by program management as the challenges these families faced at intake were severe.

Learning and Education

Decreased Developmental Vulnerability

12 families completed the NCFAS subscales in the 'Provision of Development/Enrichment Opportunities' domain. The results demonstrate improvements to parents providing development and enrichment opportunities as 92 per cent of families had a clear or mild strength rating at closure in comparison to 75 per cent of families at program intake (a 17 per cent improvement) (*see Figures 20 and 21*).

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Status of attendance in school and/or work was available for 22 target C&YP. 86 per cent were attending school and/or work at the end of the program. 14 per cent were not engaged in either.

Empowerment

Increased Self-Sufficiency

All 12 families completed the NFAS subscales in the 'Overall Self Sufficiency' domain. The results demonstrate a small improvement to family self-sufficiency as 83 per cent of families had a strength rating at program closure in comparison to 75 per cent of families at program intake (*see Figures 20 and 21*). At intake, two families had a mild or moderate problem rating. By closure, one family moved to a clear strength rating. The other family had a mild problem rating at intake and closure. Program management advised challenges within the family impacted positive changes in self-sufficiency.

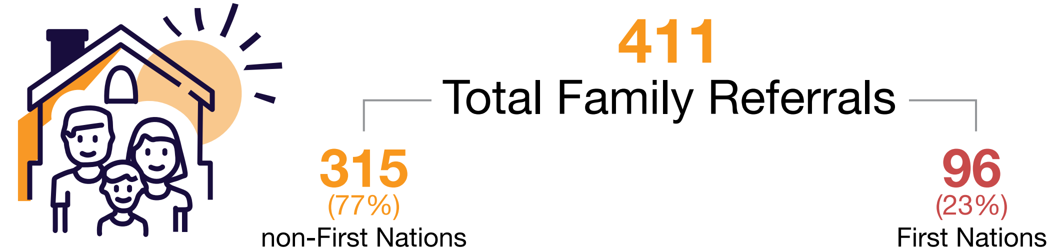
Community and Support

Increased Connection to Communities

NCFAS results found that families demonstrated improvements to their connection to community as 59 per cent of families had a strength rating at closure in comparison to 33 per cent of families at intake (26 per cent improvement) (*see Figures 20 and 21*). At intake, three families had a mild problem rating. By closure, all three families moved to either a baseline/adequate rating or clear strength rating.

Demographics

Number of Family Referrals Active in FFT-CW NSW, 2021-2022



Permanency

Care Arrangements

Number of Families that have Completing FFT-CW NSW

Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 22 – Percentage of Families Concluding FFT-CW NSW, 2021-2022

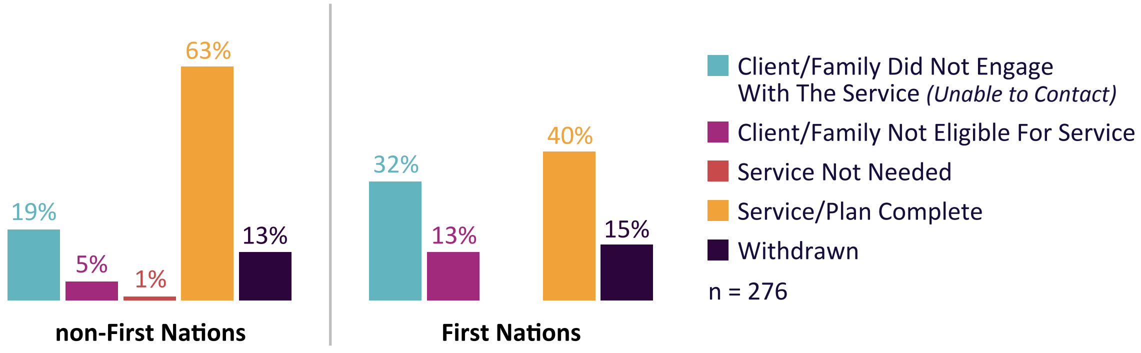
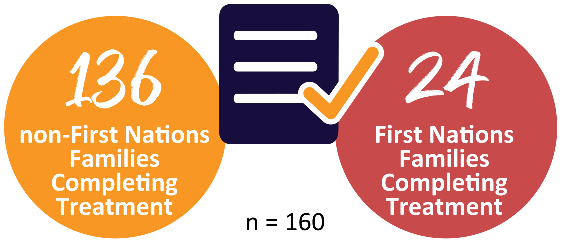


Figure 23 – Number of Families Successfully Completing FFT-CW NSW, 2021-2022



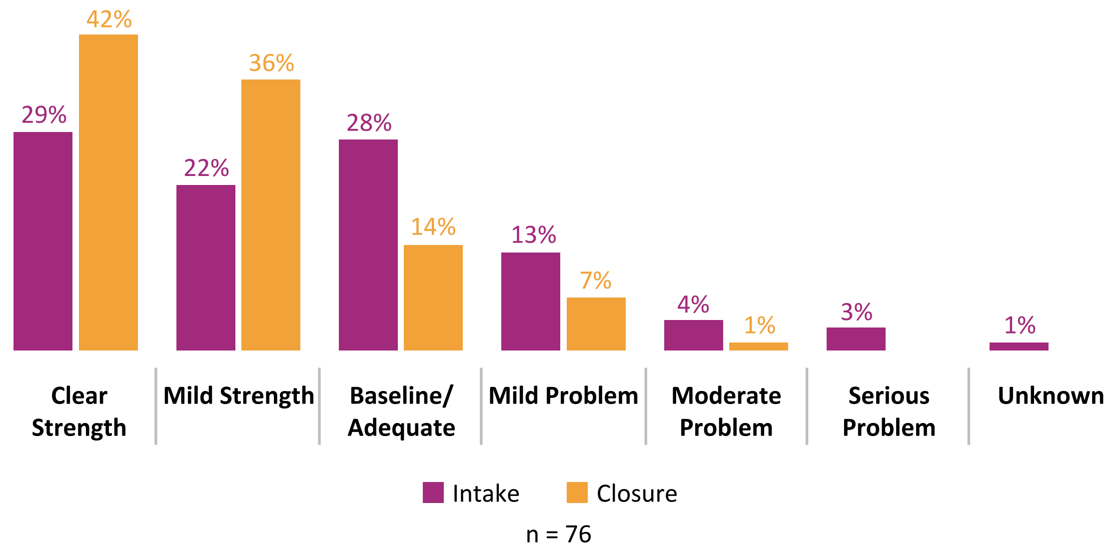
During the reporting period, 276 families concluded treatment for one of five reasons *(see Figure 22)*. 60 families identified as First Nations and 216 families were non-First Nations. 160 of these families successfully completed the program. 24 families were First Nations and 136 were non-First Nations *(see Figure 23*). Out of the 276 families concluding treatment, non-First Nations families had a higher rate of successful completion compared to non-First Nations families (63 per cent and 40 per cent respectively). However, it should be noted that there were significantly more non-First Nations concluding service in 2021-22 in comparison to First Nations families.

Stable Housing

Improvement in Housing Stability

Altogether there were 76 families who had a NCFAS assessment undertaken at both intake and closure (*refer to Appendix 1 for further information about the NCFAS*). Each of these families completed the subscales within the 'Housing Stability' domain. Overall, there was a 27 per cent improvement in families with a strength rating at program closure (*see Figure 24*). At intake, 15 families had either a mild, moderate, or serious problem rating. At program closure, 11 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Four of these families still had problem ratings at program closure, with one family having a slight improvement (moderate problem to a mild problem rating) and another with a slight decline (mild problem to moderate problem). Additionally, there were two families who had declines where they went from a either a clear or mild strength rating to a mild problem rating. Program management revealed that for one family this decline was a result of a young person with serious mental health challenges moving into the family home at the end of the program. For the other family, program management revealed that housing stress resulted in this family moving to semi-permanent housing at program closure.

Figure 24 – FFT-CW NSW Families with Improvements to Housing Stability



Safe and Secure

Reduction In Prevalence and Impact of Abuse and Neglect of Children and, Impact of Family Violence

All 76 families completed the subscales within the 'Overall Family Safety' domain. Improvements to overall Family Safety was evident as 55 per cent of families had a clear strength or mild strength rating at program closure in comparison to 12 per cent of families at program intake (a 43 per cent improvement) (*see Figures 25 and 26*). At intake, 50 families had either a mild or moderate problem rating. At closure, 43 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Seven of these families maintained a problem rating at closure. One family had a slight decline in their problem rating (mild problem rating to moderate problem rating). Program management advised that this decline was due to violence emerging between the caregiver and their new partner towards the end of treatment (there was also violence between the caregiver and their previous partner at intake). Program staff mentioned that resources to access appropriate supports were provided. Two families maintained their initial mild problem rating. Program management advised that for one family, the absence of change was due to substance misuse issues of the caregiver that were unable to be adequately addressed throughout treatment. The remaining four families all had slight improvements to their problem rating.

Figure 25 – FFT-CW NSW NCFAS Safety Domain Scores, Intake

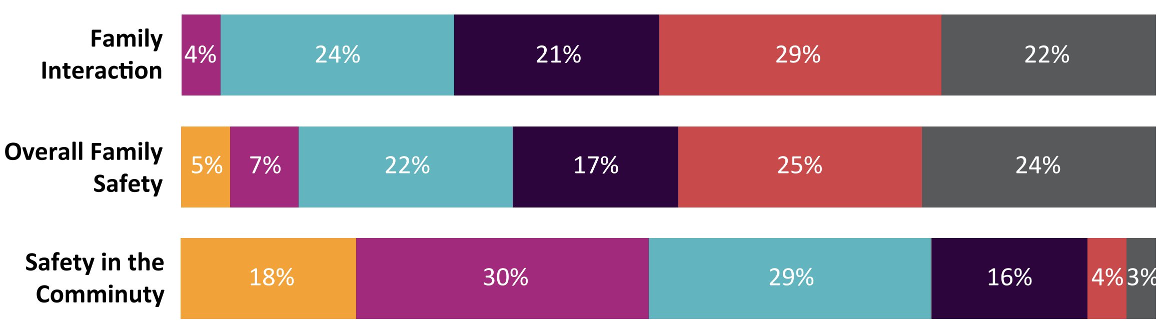
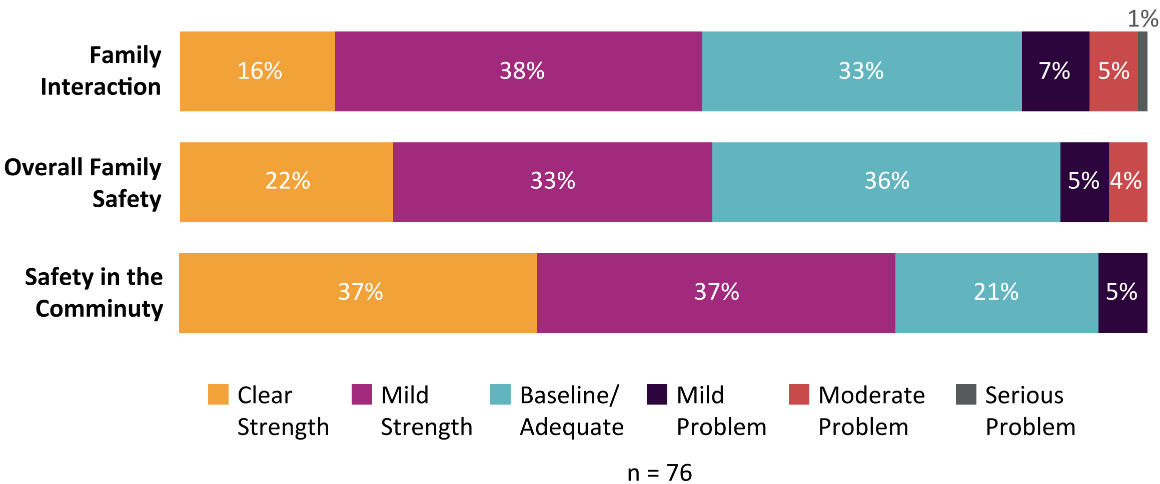


Figure 26 – FFT-CW NSW NCFAS Safety Domain Scores, Closure



Clear Strength | Mild Strength | Baseline/ Adequate | Mild Problem | Moderate Problem | Serious Problem

n = 76

Improvement in Family Functioning

All 76 families completed the subscales within the 'Overall Family Interactions' domain. Improvements to family interactions were evident as 54 per cent of families had a clear strength or mild strength rating at closure in comparison to four per cent of families at intake (a 50 per cent improvement) (*see Figures 25 and 26*). At intake, 55 families had either a mild, moderate, or serious problem rating. By closure, 45 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. 10 of these families had a problem rating at closure. One family maintained the same problem rating at intake and closure. Program management revealed that the absence of change was a result of violence between the caregiver and their partner. The remaining nine families had small improvements to their problem rating (e.g., moving from a serious problem rating to a moderate or mild problem rating).

The COM-C and COM-A was completed by caregivers, adolescents (aged 11 and over) who successfully completed treatment. Therapists completed the TOM for all families concluding treatment (*refer to Appendix 1 for further information about the COM-C, COM-A, AND TOM*). The results in *Figure 27* demonstrate that 93 per cent of adolescents and 95 per cent of caregivers felt that their family status was at least 'Somewhat better' at program completion.

96 per cent of therapists reported that families concluding treatment were at least 'Somewhat better'. Seven per cent of adolescents and five per cent of caregivers identified little improvement to their family status. Further, one per cent of caregivers noticed 'No change'.

Figure 27 – FFT-CW NSW Family and Therapist Perspective on Changes to Family Status

	No Change	Little Better	Some Better	A Lot Better	Very Much Better
Caregiver (n=133)	1%	5%	17%	52%	26%
Adolescent (n=42)		7%	24%	50%	19%
Therapist (n=135)		4%	26%	50%	20%

Improvement in Community Safety

All 76 families completed the subscales within the ‘Overall Community Safety’ domain. The NCFAS results demonstrate that there were improvements to community safety as 74 per cent of families had a clear strength or mild strength rating at closure in comparison to 49 per cent of families at intake (25 per cent improvement) (*see Figures 25 and 26*). At intake, 17 families had either a mild, moderate, or serious problem rating. By closure, 13 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Program staff attributed the improvements in community safety to families moving out of violent relationships to different communities without the perpetrator. Four families kept a problem rating at closure. Three maintained a mild problem rating and one family had a slight improvement in their problem rating (moving from a moderate problem to a mild problem rating).

Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

All 76 families completed the subscales within the ‘Overall Child Well-Being’ domain. Overall, the NCFAS results demonstrate improvements to child well-being as 51 per cent of families had a clear strength or mild strength rating at closure in comparison to just eight per cent per cent at intake (*see Figures 28 and 29*). At intake, 54 families had a problem rating for their child(ren)’s well-being. By closure, 45 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Program staff attributed the improvements to the programs focus on increasing positive interactions and improving communication behaviours of families. Nine families had a problem rating at both intake and closure. Four families maintained the same problem rating and five families had slight improvements to their problem rating (e.g., moving from a moderate problem to a mild problem rating). Interestingly, two families moved from a baseline/adequate rating at program intake to either a mild or moderate problem rating at program closure. Program management advised that for one family, the decline was due to a mother’s challenges with substance misuse which impacted the well-being of their child.

Figure 28 – FFT-CW NSW NCFAS Well-Being Domain Scores, Intake

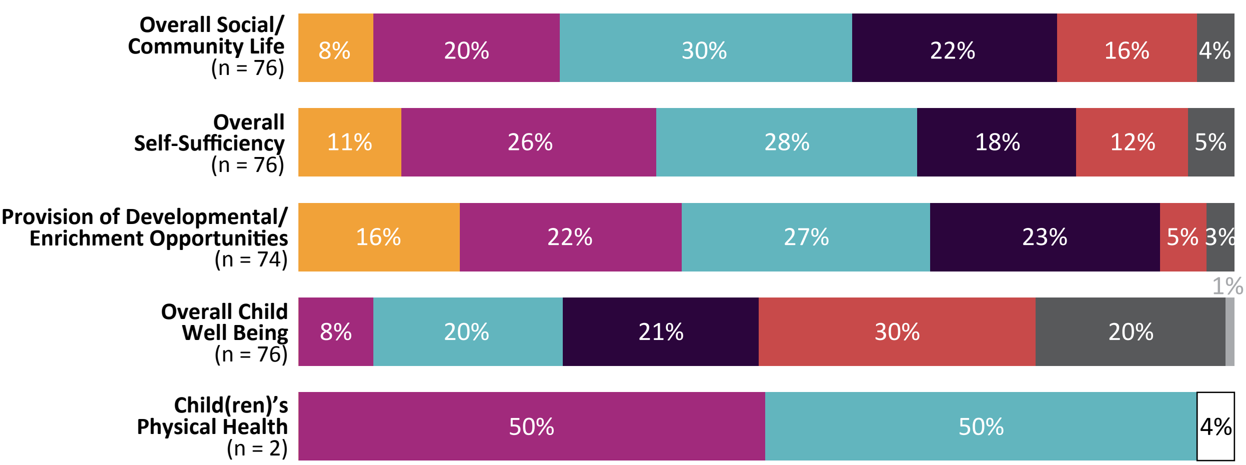
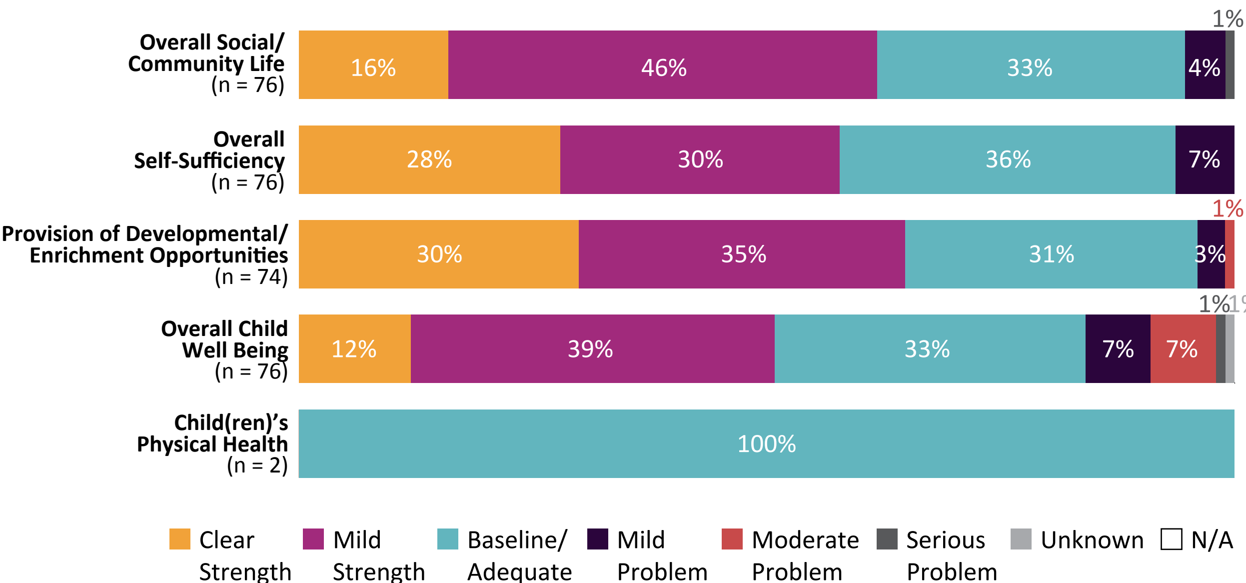


Figure 29 – FFT-CW NSW NCFAS Well-Being Domain Scores, Closure



The SDQ was used to assess the psychological wellbeing of C&YP aged 2-17 (Youth in Mind 2015) (*refer to Appendix 1 for further information about the SDQ*). 92 C&YP had both pre- and review/post-SDQ's completed by their parents during 2021-22.

38 per cent (35 C&YP) were in the 'Very High' and 'High' categories for Total Difficulties (higher risk) at the time of review or at the end of the program (*see Figure 30*). This was a 13 per cent reduction of C&YP in the 'High' and 'Very High' categories since intake. The rate of C&YP in the 'High' category remained the same at both intake and post program (10 per cent). There was also an 18 per cent increase in C&YP with a 'Close to Average' rating post program, indicating improvement since the pre-SDQ was administered.

For the SDQ Prosocial subscale, 16 per cent of C&YP (14 C&YP) were in the 'Low' and 'Very Low' categories (higher risk) at the time of review or at the end of the program (*see Figure 31*). This was a 16 per cent improvement since the pre-SDQ. 74 per cent of C&YP were in the 'Close to average' category by program closure. This was a 17 per cent improvement.

As the SDQ categories were designed so that approximately ten per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al. 2015), the results demonstrate these C&YP were 28 per cent and six per cent above the general population respectively.

Figure 30 – Percentage of FFT-CW NSW Caregiver pre- and post-Total Difficulties Score for C&YP by Risk Level

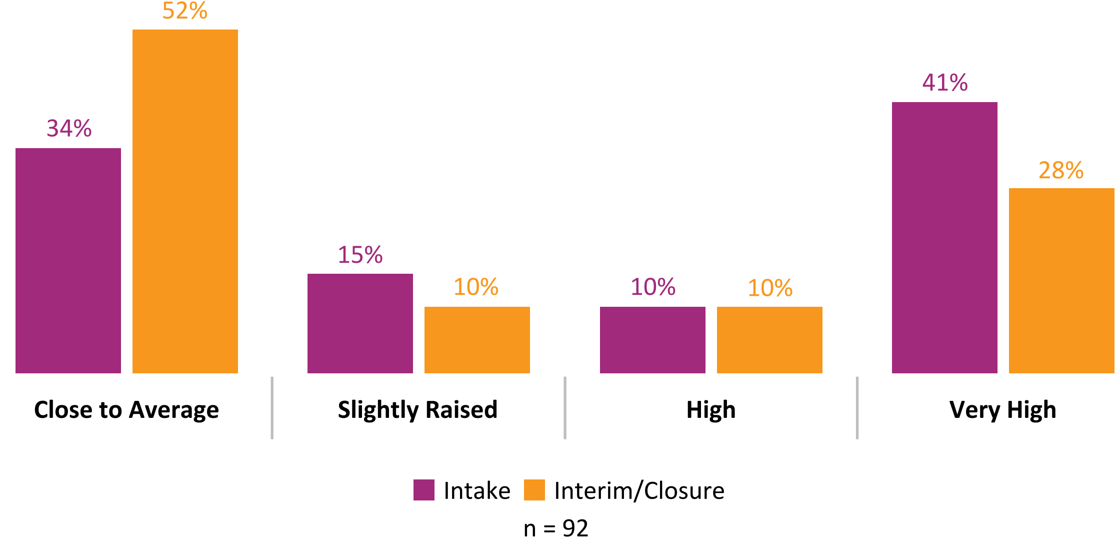
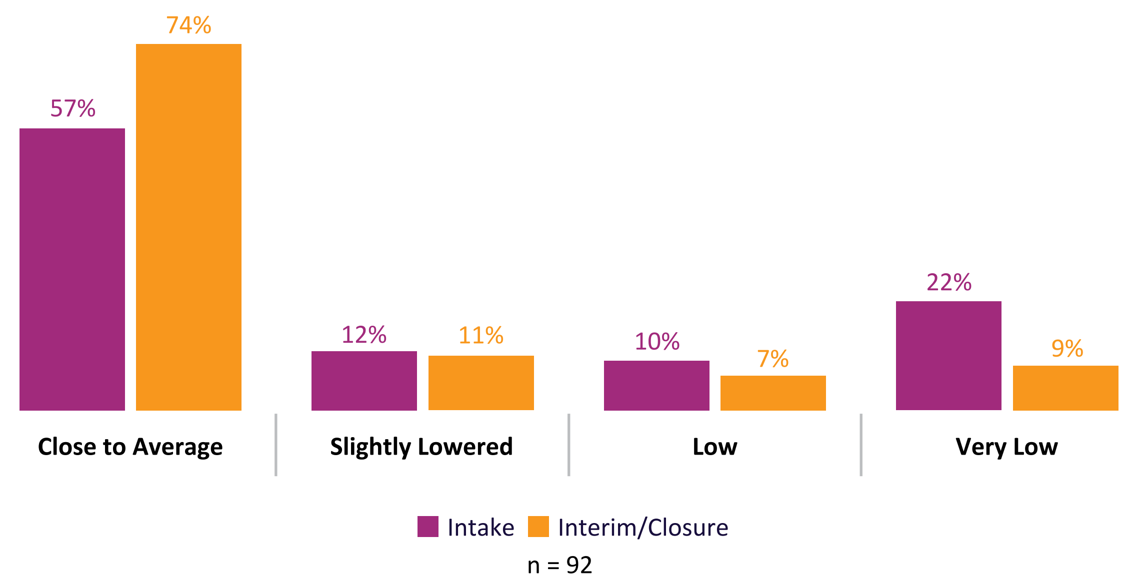


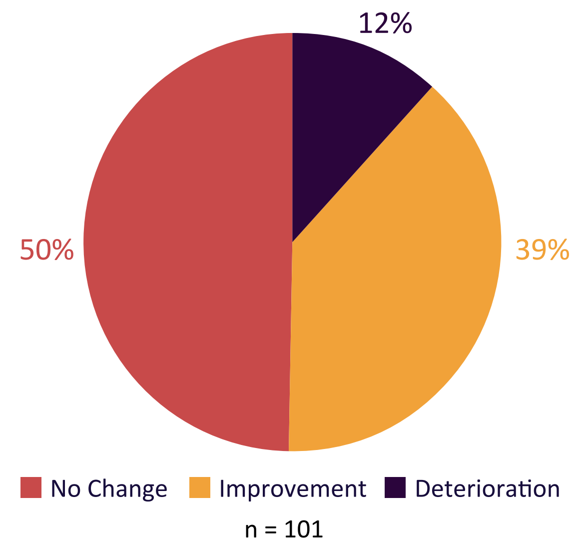
Figure 31 – Percentage of FFT-CW NSW Caregiver pre- and post-Prosocial Score for C&YP by Risk Level



101 caregivers completed both pre and post OQs to measure mental health functioning pre and post program (*refer to Appendix 1 for further information about the OQ*). The results indicate that 39 per cent of caregivers had a clinically significant 'Improvement' to their mental health by closure (*see Figure 32*). 12 (12 per cent) caregivers had a clinically significant 'Deterioration' by closure. Program staff mentioned that the deterioration may have been due to the impact of the Covid-19 lockdowns resulting in increased financial pressure and social isolation. Also contributing to deterioration scores, was the caregiver's increased awareness of the severity of their mental health challenges at closure in comparison to intake.

Although most (88 per cent) caregivers did not significantly deteriorate at closure, 22 per cent had a total OQ score equal to or greater than 64 indicating increased distress. This included seven caregivers with a moderately high score and one with a high score. Three caregivers with a clinically significant improvement still scored in the moderate and moderately high range.

Figure 32 – FFT-CW NSW Clinically Significant Changes to Parent Mental Health



Learning and Education

Decreased Developmental Vulnerability

74 families completed the NCFAS subscales in the 'Provision of Development/Enrichment Opportunities' domain. These results demonstrate improvements as 65 per cent of families had a strength rating at closure in comparison to 38 per cent at intake (*see Figures 28 and 29*). At intake, 23 families had a mild, moderate, or serious problem rating. By closure, 21 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Program staff mentioned that this improvement was likely a positive side effect of the programs focus on improving family relationships. Two families maintained a problem rating at closure. One family slightly declined (moving from a mild to a moderate problem rating) and one family had a slight improvement to their problem rating (moving from a moderate to a mild problem rating). Additionally, one family moved from a baseline/adequate rating to a mild problem rating at closure.

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at closure. Status of attendance in school and/or work was available for 142 target C&YP. The analysis identified that 92 per cent were attending school and/or work by program closure. Eight per cent were not engaged in either.

Empowerment

Increased Self-Sufficiency

All 76 families completed the NFAS subscales in the 'Overall Self Sufficiency' domain. The results demonstrate improvements to family self-sufficiency as 58 per cent of families had a strength rating at program closure in comparison to 37 per cent of families at program intake (*see Figures 28 and 29*). At intake, 27 families (36 per cent) had a mild or moderate problem rating. By closure, 23 of these families moved to either a baseline/adequate or mild strength rating. Four of these families had a mild problem rating at closure. This included two families who maintained a mild problem rating and two who had had a slight improvement to their initial problem rating. Additionally, one family declined from a clear strength rating to a mild problem rating at closure. Program management mentioned that consistent family violence impacted the quality of care and the family's ability to be self-sufficient.

Community and Support

Increased Connection to Communities

When analysing improved connection to communities through the overall ‘Social/Community Life’ domain, it was found that families demonstrated improvements as 62 per cent of families had a strength rating at closure in comparison to 28 per cent at intake (34 per cent improvement) (*see Figures 28 and 29*). At intake, 32 families had a mild, moderate, or serious problem rating. By closure, 29 of these families moved to either a baseline/adequate or mild strength rating. Three of these families had a problem rating by program closure. This included two families who maintained the same problem rating as intake (either a mild problem or serious problem rating) and one family who had a slight improvement to their problem rating (moving from a serious problem rating to a mild problem rating). Additionally, there was another family with a problem rating at program closure. This family moved from a baseline/adequate rating to a mild problem rating at problem closure.

50 caregivers within FFT-CW NSW responded to the Prevention and Strengthening Families Feedback Survey. 47 of these identified as non-First Nations and three identified as First Nations. 36 caregivers reported they either ‘Strongly Agree’ (25 caregivers) or ‘Agree’ (11 caregivers) that their OzChild worker helped increase their social, support and community networks. One caregiver reported that they ‘Disagree’. Due to the survey design, this respondent was unable to provide further insight into their response. Ten caregivers reported ‘Not applicable’ indicating that they did not require OzChild’s support in increasing their social, support and community networks. All three First Nations caregivers reported that their OzChild worker provided them with cultural information and resources that enabled them to connect with their local Aboriginal and/or Torres Strait Islander community.

Culture and Identity

Increased Responsiveness to Culture and Identity

Of the non-First Nations caregivers surveyed, 45 reported that they either ‘Strongly Agree’ (31 caregivers) or ‘Agree’ (14 caregivers) that their OzChild worker has an awareness of their family’s cultural and religious background(s). Two caregivers reported that they ‘Strongly Disagree’. One caregiver had an Asian background, and the other caregiver did not identify with a Culturally and Linguistically Diverse (CALD) community. Like the above, due to survey design limitations these respondents were unable to provide further insight into their response.

When asked whether their OzChild worker respects their families cultural and religious background(s) 35 non-First nations respondents reported they ‘Strongly Agree’ and 13 reported that they ‘Agree’. This included the respondents who reported they strongly disagreed that their OzChild worker had an awareness of their families cultural and religious backgrounds.

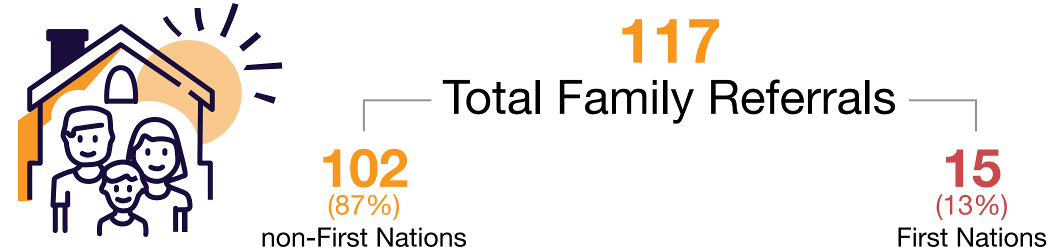
All three First Nations caregivers surveyed reported they ‘Strongly Agree’ that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Again, all three First Nations caregivers reported that they ‘Strongly Agree’ or that their OzChild worker respects their family’s Aboriginal and/or Torres Strait Islander cultural backgrounds. First Nations caregivers were also asked whether they felt that their OzChild worker acknowledges when they do not know something about their Aboriginal and/or Torres Strait Islander culture. One caregiver reported they ‘Strongly Agree’ and one reported that they ‘Agree’. One reported they ‘Disagree’.

17 C&YP (aged 11 years and older) from FFT-CW NSW participated in the Prevention and Strengthening C&YP Feedback Survey. Three C&YP were First Nations and 14 were non-First Nations. All non-First Nations C&YP reported they ‘Strongly Agree’ (eight C&YP) or ‘Agree’ (six C&YP) that their OzChild worker has an awareness of their family’s cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) nine reported that they ‘Strongly Agree’ and five reported that they ‘Agree’.

Two First Nations C&YP reported they ‘Strongly Agree’ or ‘Agree’ that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Additionally, the same two First Nations C&YP reported that they either ‘Strongly Agree’ or ‘Agree’ that their OzChild worker respects their family’s Aboriginal and/or Torres Strait Islander cultural backgrounds. One C&YP reported that they ‘Strongly Disagree’ to both. Due to limitations with survey design, this C&YP did not have an opportunity to provide further insight.

Demographics

Number of Family Referrals Active in FFT-CW VIC, 2021-2022



Permanency

Care Arrangements

Number of Families that have Completed FFT-CW VIC

Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 33 – Percentage of Families Concluding FFT-CW NSW

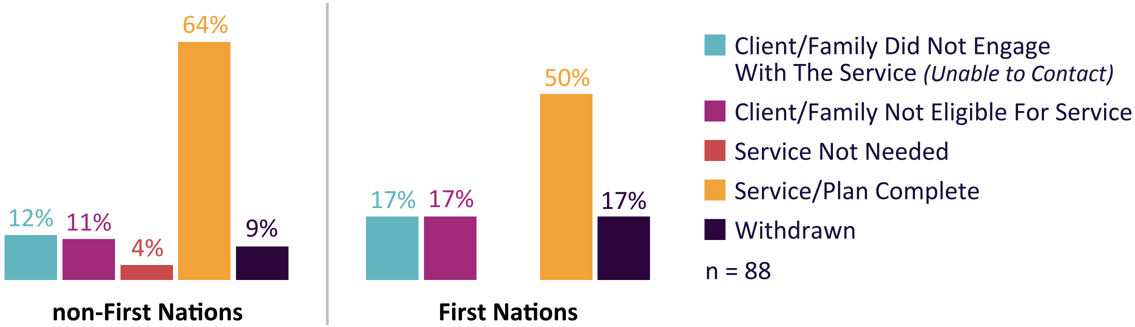
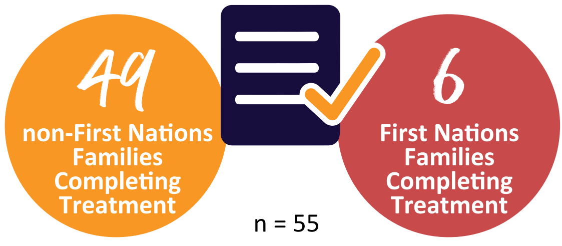


Figure 34 – Number of Families Successfully Completing FFT-CW VIC, 2021-2022



During the reporting period, 88 families concluded treatment for one of five reasons (*see Figure 33*). 76 families were non-First Nations and 12 families identified as First Nations. 55 of these families successfully completed the program. Six families were First Nations and 49 were non-First Nations (*see Figure 34*). Out of the 88 families, non-First Nation families had a higher rate of successful completion compared to First Nations families (89 per cent and 50 per cent respectively). However, it should be noted that there were significantly more non-First Nations concluding treatment in 2021-22 in comparison to First Nations families.

Of those who did not successfully complete the program, ten families (eight non-First Nations and two First Nations) were not eligible for the program. Four of these families were not eligible as they were no longer caring for their child(ren). Three of these families identified as non-First Nations and one identified as First Nations. For the remaining families who were not eligible to continue participation, program management revealed that these families did not meet program requirements as a result of increased family challenges, family breakdowns, or families moving away from catchment area. Three non-First Nations families concluded treatment as it was determined that the program was no longer required. Program management advised that these families self-determined that they did not require the program.

NCFAS Scores

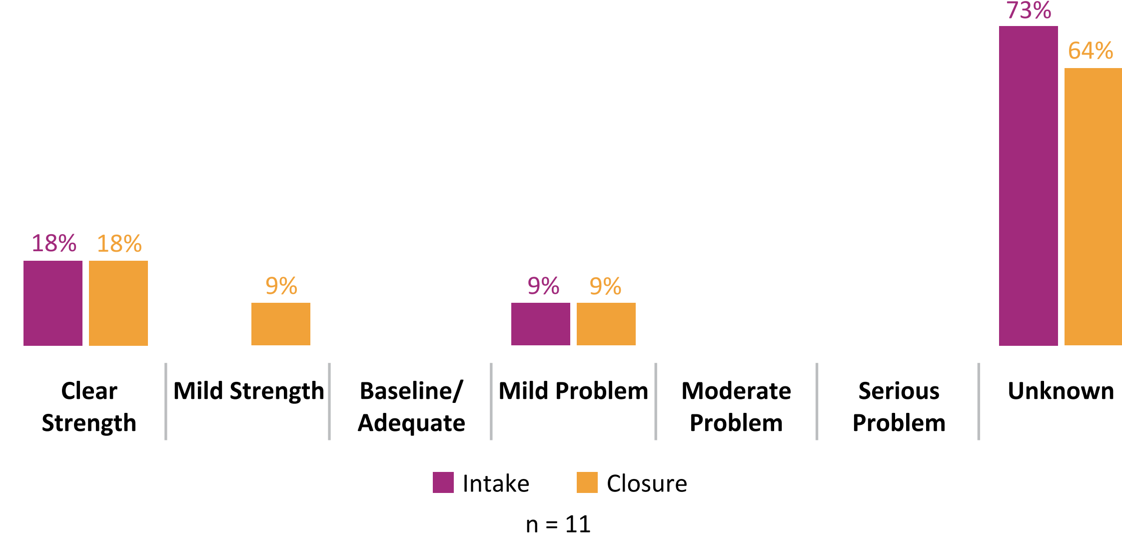
Although the following NCFAS results demonstrate improvements to each of the prescribed domains, these results may not be an accurate representation of all families who have concluded treatment throughout the reporting period. 11 families had a NCFAS assessment undertaken at both intake and closure (*refer to Appendix 1 for further information about the NCFAS*). This is a low completion rate (13 per cent) considering the number of families who concluded treatment in 2021-22. Of the 11 families who did have a NCFAS assessment completed at both intake and closure, there were many 'Unknown' ratings administered by therapists throughout the domains. Consultation with program management revealed that a combination of factors contributed to the low completion rates and 'Unknown' ratings. Most commonly, it was identified that some of the NCFAS domains (E.g., 'Overall Social Community/Life' and 'Provision of Developmental and Enrichment Opportunities') were not a focus of treatment and as such, there were limited opportunities for therapists to accurately assess this. Additionally, it was also mentioned that for some of the domains, (e.g., 'Housing Stability') it is expected that families have strengths in these areas before commencing the program and due to this, therapists may not have recorded this when it was already adequate prior to program commencement. Lastly, the time limitations of therapists meant that they were prioritising administering outcomes tools prescribed by FFT LLC and not additional tools like NCFAS allocated by OzChild.

Stable Housing

Improvement in Housing Stability

For the 'Housing Stability' domain, three families had NCFAS ratings complete at both intake and closure. Two families had a clear strength rating at both intake and closure and one family had a mild problem rating at both intake and closure (*see Figure 35*).

Figure 35 – FFT-CW VIC families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction in Prevalence and Impact of abuse and Neglect of Children and, Family Violence

All 11 families completed the NCFAS subscales within the 'Overall Family Safety' domain. At intake, all 11 families had either a mild, moderate, or serious problem rating. At closure, five of these families moved to either a baseline/adequate rating (four families) or mild strength rating (one family) (*see Figures 36 and 37*). Six of these families again had a problem rating at closure. Despite maintaining a problem rating, each family demonstrated slight improvements as they moved to a mild problem rating from either a serious or moderate problem rating. Program management mentioned that the small improvements were appropriate given their initial rating, and as such these changes demonstrate the positive impact of the program.

Improvement in Family Functioning

All 11 families completed the NCFAS subscales within the 'Overall Family Interactions' domain. At intake, all 11 families had either a mild, moderate, or serious problem rating. At closure, six of these families moved to either a baseline/adequate or mild strength rating (*see Figures 36 and 37*). Five of these families again had a problem rating at program closure. One family had a mild problem rating at intake and closure. Four families demonstrated small improvements to the severity of their problem rating (e.g., moving from either a severe or moderate problem rating to a mild problem rating). Consultations with program management identified that these small improvements were appropriate considering the severity of their initial ratings.

Figure 36 – FFT-CW VIC NCFAS Safety Domain Scores, Intake

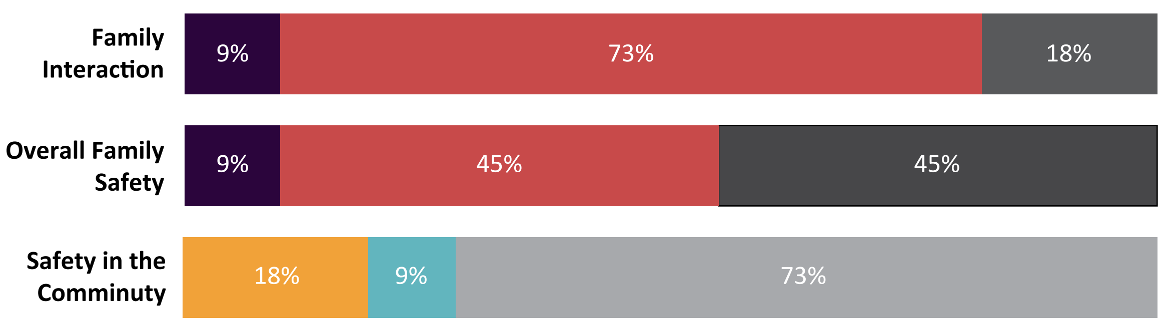


Figure 37 – FFT-CW VIC NCFAS Safety Domain Scores, Closure

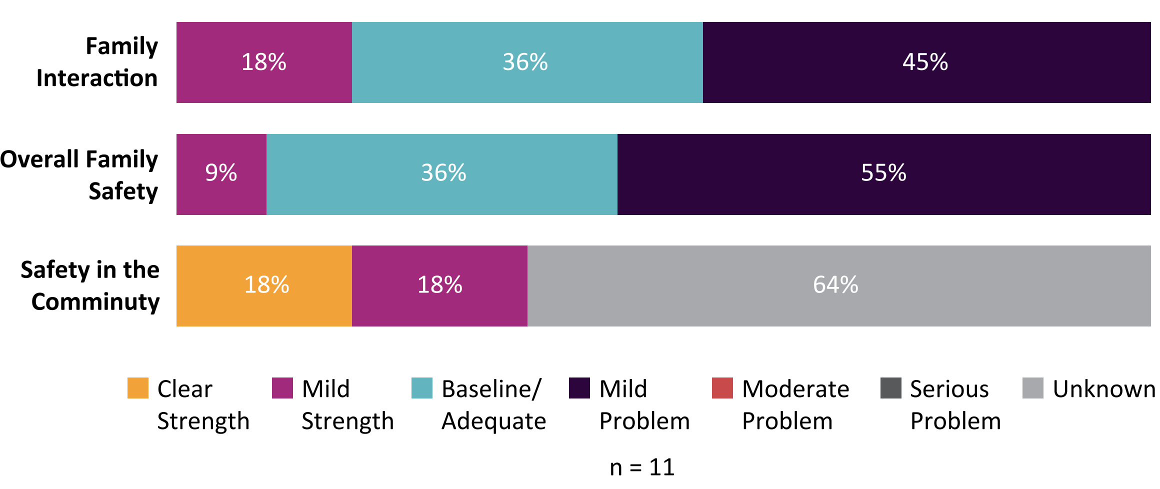
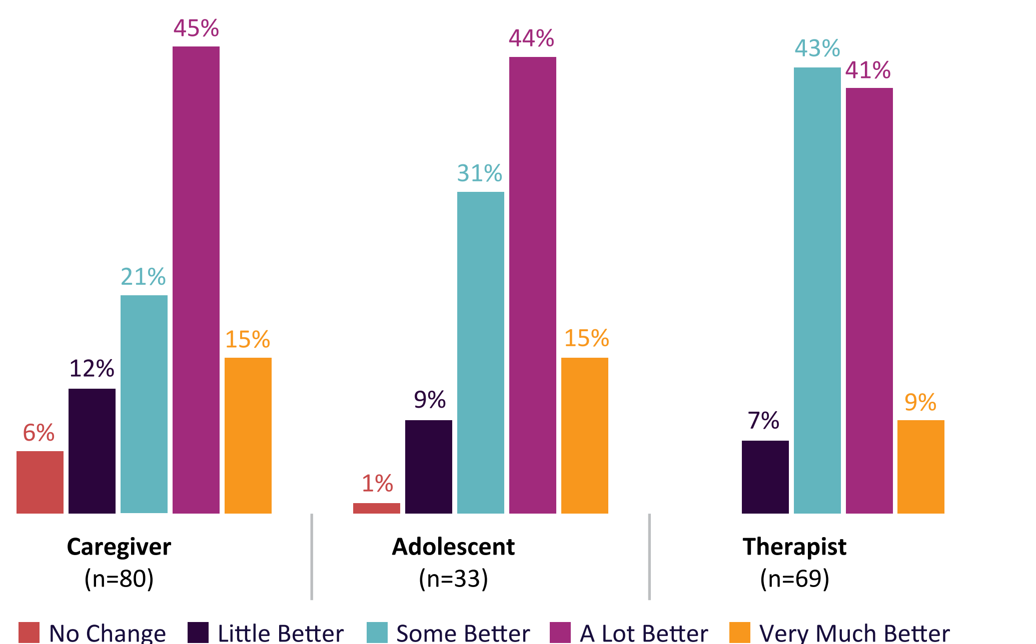


Figure 38 – FFT-CW VIC Family and Therapist Perspective on Changes to Family Status



The COM-C and COM-A was completed by caregivers and adolescents (aged 11 and over) who successfully completed FFT. Therapists completed the TOM for all families concluding treatment (*refer to Appendix 1 for further information about the COM-C, COM-A, and TOM*). The results demonstrate that 90 per cent of adolescents and 82 per cent of caregivers identified that their family status was at least 'Somewhat Better' by program closure. 93 per cent of therapists reported that the family status of families concluding treatment was at least 'Somewhat Better'. Nine per cent of adolescents and 12 per cent of caregivers identified little improvement to their family status. Six per cent of caregivers and one per cent of adolescents identified 'No change'.

Improvement in Community Safety

To assess improvement in the community, the 'Safety in the Community' domain was used. At intake, one family had a baseline/adequate rating, and two families had a clear strength rating (*see Figures 36 and 37*). Eight families had an 'Unknown' rating. By closure, four families had either a clear or mild strength rating and eight families had an unknown rating.

Figure 39 – FFT-CW VIC NCFAS Well-Being Domain Scores, Intake

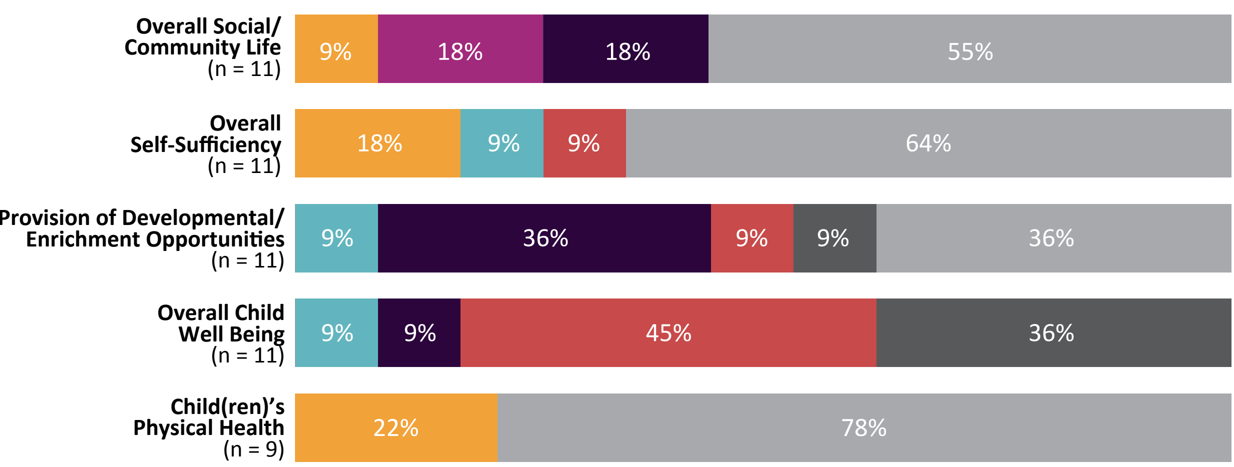
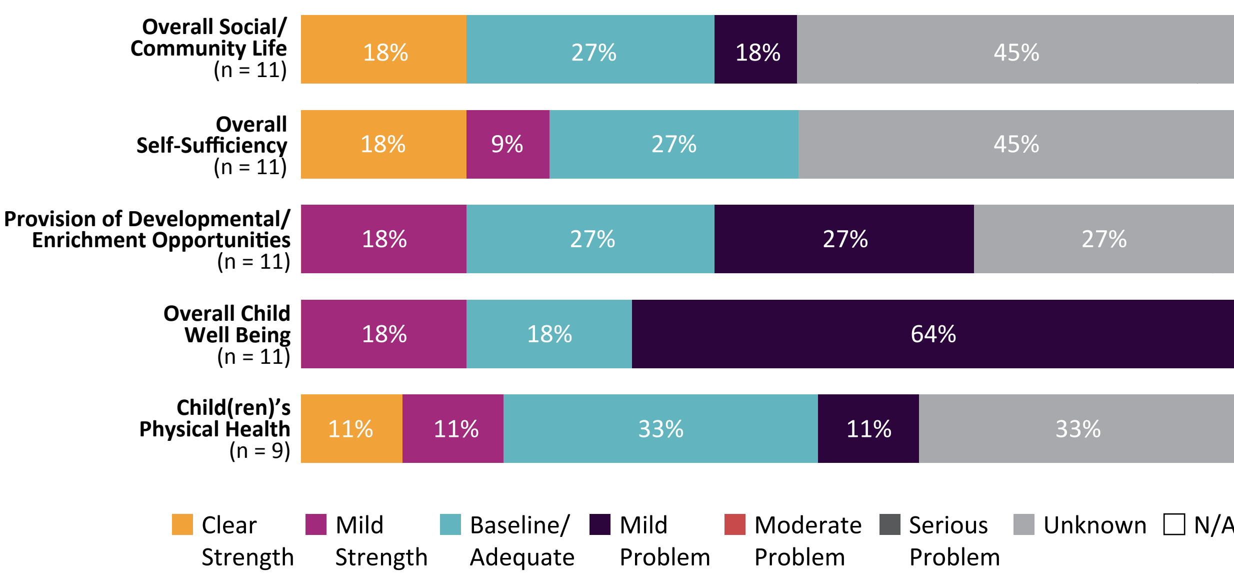


Figure 40 – FFT-CW VIC NCFAS Well-Being Domain Scores, Closure



Well-Being

Physical Health

Increased Healthy Start in Life

The NCFAS Child(ren) 'Physical Health' domain was used to assess improvements of child physical health. At intake, two children had a clear strength rating and seven had an 'Unknown' rating (*see Figures 39 and 40*). By closure, four families with an 'Unknown' rating moved to either a baseline/adequate rating (three families) or a mild problem rating (one family). Both children with a clear strength rating at intake maintained a strength rating at program closure. However, one child had a small decline and moved to a mild strength rating. Program management mentioned that this small decline could be due to the child appearing to have strong physical health at intake, but due to program intervention now understand that improvements could be made to their physical health.

Mental Health

Improved Mental Well-Being of Parent and Child

All 11 families completed the subscales within the NCFAS 'Overall Child Well-being' domain. At intake, ten families had a either a mild, moderate, or serious problem rating. By closure, three families moved to a baseline/adequate or mild strength rating (*see Figures 39 and 40*). Seven families had a mild problem rating at closure. One family maintained this problem rating since intake, and six families had slightly improved to a mild problem rating from either a serious or moderate problem rating. Program management mentioned that although the improvements for these families were small, these improvements demonstrate appropriate progress considering the severity of their challenges at intake.

The SDQ was used to assess the psychological wellbeing of C&YP aged 2-17 (Youth in Mind 2015) *(refer to Appendix 1 for further information about the SDQ)*. 41 C&YP in FFT- CW VIC had both preand review/post-SDQ's completed by their parents during 2021-22. 58 per cent (24 C&YP) were in the 'Very High' and 'High' categories for Total Difficulties (higher risk) at the time of review or at the end of the program *(see Figure 41)*. This was an 18 per cent reduction since the pre-SDQ was administered. There was a 14 per cent increase in C&YP with a 'Close to Average' rating indicating improvement since intake.

For the SDQ Prosocial subscale, 46 per cent of C&YP (19 C&YP) were in the 'Low' and 'Very low' categories (higher risk) at the time of review or at the end of the program (*see Figure 42*). These scores demonstrate a five per cent improvement since the pre-SDQ was administered.

As the SDQ categories were designed so that approximately 10 per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al. 2015). The results demonstrate that these C&YP were 48 per cent and 36 per cent above the general population respectively.

Figure 41 – Percentage of FFT-CW VIC Caregiver pre- and post-Total Difficulties Score for C&YP by Risk Level

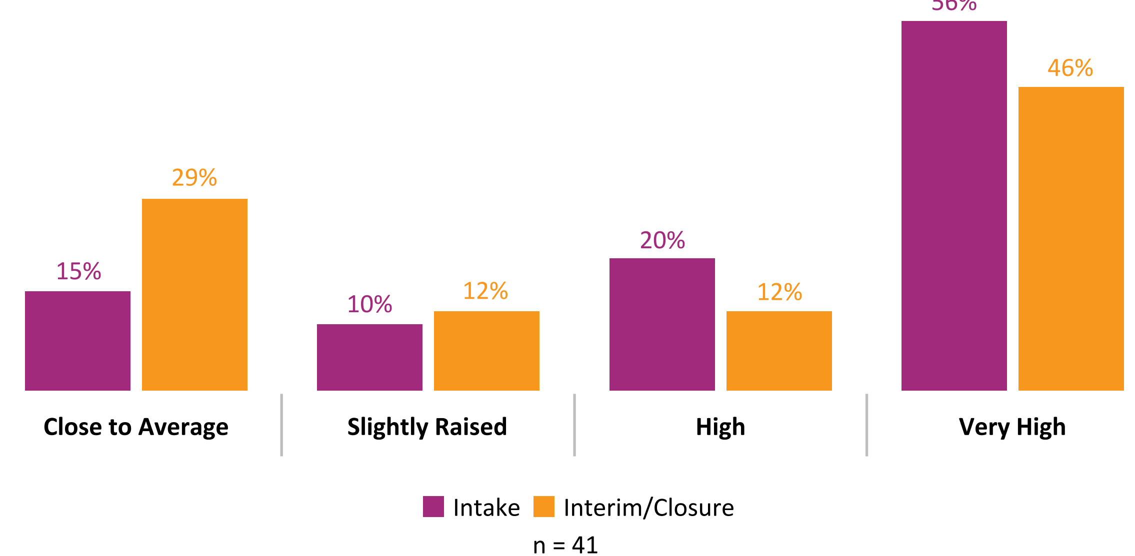
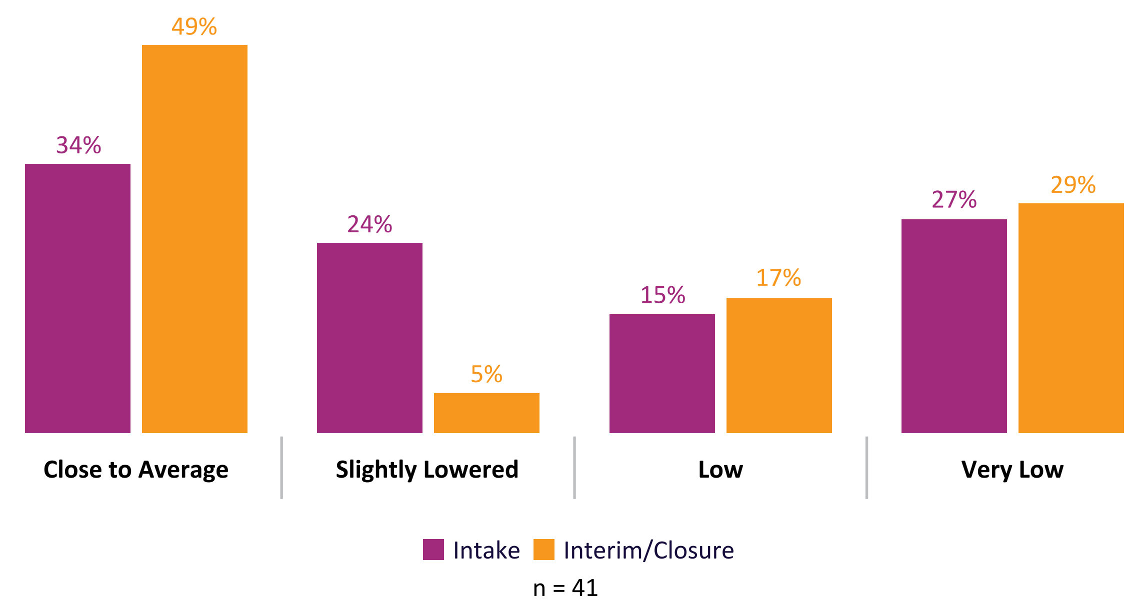
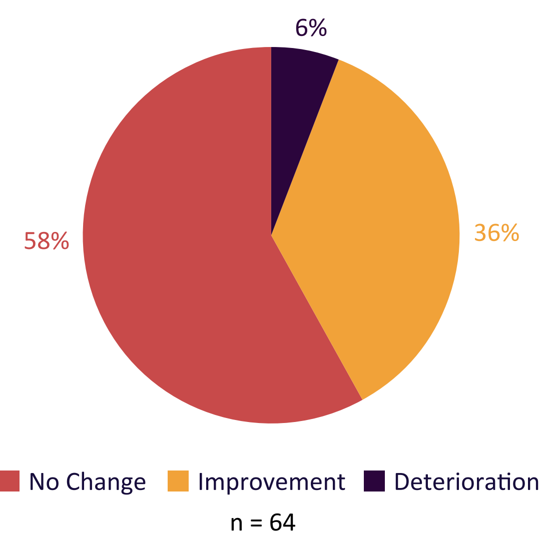


Figure 42 – Percentage of FFT-CW VIC Caregiver pre- and post-Prosocial Score for C&YP by Risk Level



64 caregivers completed both a pre and post OQ (*refer to Appendix 1 for further information about the OQ*). The results indicate that 36 per cent of caregivers had a clinically significant 'Improvement' to their mental health post program. 58 per cent did not have a clinically significant change and four (six per cent) caregivers had a clinically significant 'Deterioration' at closure.

Figure 43 – FFT-CW VIC Clinically Significant Changes to Parent Mental Health



Learning and Education

Decreased Developmental Vulnerability

All 11 families completed the NCFAS subscales in the 'Provision of Development/Enrichment Opportunities' domain. At intake, no families had a strength rating (*see Figures 39 and 40*). By closure, two families had a mild strength rating. There was also a slight increase in families with a baseline/adequate rating at closure (one at intake and three at closure).

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Status of attendance in school and/or work was available for 72 target C&YP. The analysis identified that 92 per cent were attending school and/or work at the end of the program. Eight per cent were not engaged in either.

Empowerment

Increased Self-Sufficiency

The NCFAS 'Self-Sufficiency' domain was used to assess improvements in family empowerment. At intake, one family had a moderate problem rating. By closure, this family moved to a baseline/adequate rating (*see Figures 39 and 40*). One family who had a baseline/adequate rating at intake moved to a mild strength rating at closure.

Community and Support

Increased Connection to Communities and Social Support

The NCFAS 'Social/Community Life' domain was used to assess whether there were improvements in family connection to communities and social support (*see Figures 39 and 40*). At intake, two families had a mild problem rating. By closure, one family moved to a baseline/adequate rating whilst the other family maintained their mild problem rating. There were two families who had a mild strength rating at program intake. One of these families moved to a clear strength rating at program closure whilst the other declined to a baseline/adequate rating.

Six caregivers within FFT-CW VIC responded to the Prevention and Strengthening Families Feedback Survey. All six of these respondents identified as non-First Nations. Three caregivers reported they either 'Strongly Agree' (one caregiver) or 'Agree' (two caregivers) that their OzChild worker helped increase their social, support and community networks. One caregiver reported that they 'Disagree'. Due to survey design this respondent was unable to provide further insight into their response. Two caregivers reported 'Not applicable' indicating that they did not require OzChild's support in increasing their social, support and community networks.

Culture and Identity

Increased Responsiveness to Culture and Identity

Of the six non-First Nations caregivers surveyed, four reported that they either 'Strongly Agree' (two caregivers) or 'Agree' (two caregivers) that their OzChild worker has an awareness of their family's cultural and religious background(s). Two caregivers reported that they 'Disagree'. These caregivers did not identify with a Culturally and Linguistically Diverse (CALD) community. Like the above, due to survey design limitations these respondents were unable to provide further insight.

When asked whether their OzChild worker respects their families cultural and religious background(s) three caregivers reported they 'Strongly Agree' and two reported that they 'Agree'. In line with their previous responses, one caregiver reported they 'Disagree' that their OzChild worker respects their family's cultural and religious background(s).

One C&YP (aged 11 years and older) from FFT-CW VIC participated in the Prevention and Strengthening C&YP Feedback Survey. This C&YP was non-First Nations. This C&YP reported they 'Strongly Agree' that their OzChild worker has an awareness of their family's cultural and religious background(s). This C&YP also reported that they 'Strongly Agree' that their OzChild worker respects their families cultural and religious background(s).

Demographics

Number of Family Referrals Active in ITP, 2021-2022

Permanency

Care Arrangements

Number of Families Completing ITP

Figure 44 – Percentage of Families Concluding ITP, 2021-2022

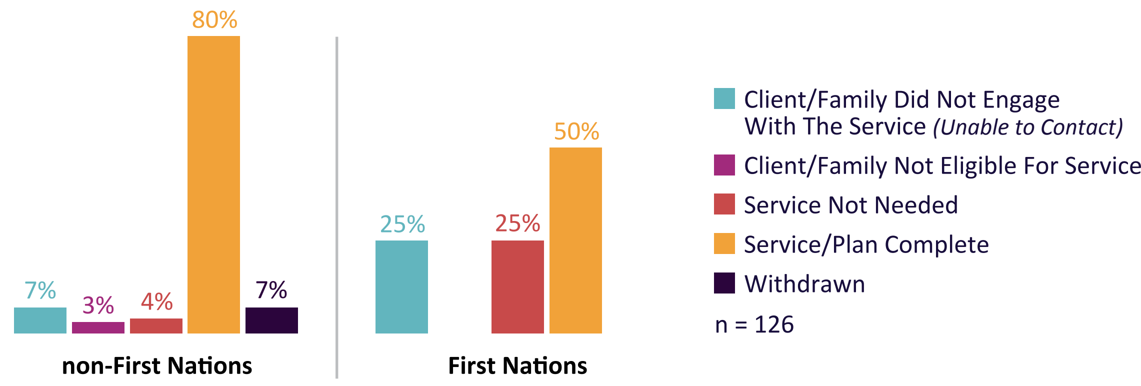
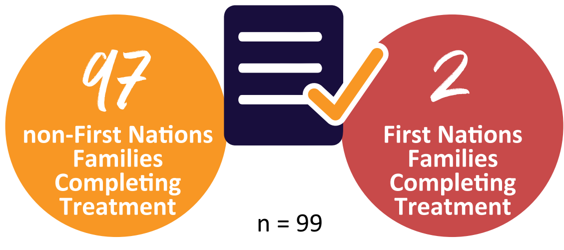


Figure 45 – Number of Families Successfully Completing ITP, 2021-2022



During the reporting period, 126 families concluded the program for one of five reasons (*see Figure 44*). 122 families were non-First Nations and four families identified as First Nations. 99 of these families successfully completed the program. Two families were First Nations and 97 were non-First Nations (*see Figure 45*). Out of the 126 families, non-First Nation families had a higher rate of successful completion compared to First Nations families (80 per cent and 50 per cent respectively). However, it should be noted that there was significantly less First Nations families concluding treatment in 2021-22. The lower rate of First Nations families participating in ITP was a result of no direct referral pathways available for First Nations families to participate in ITP.

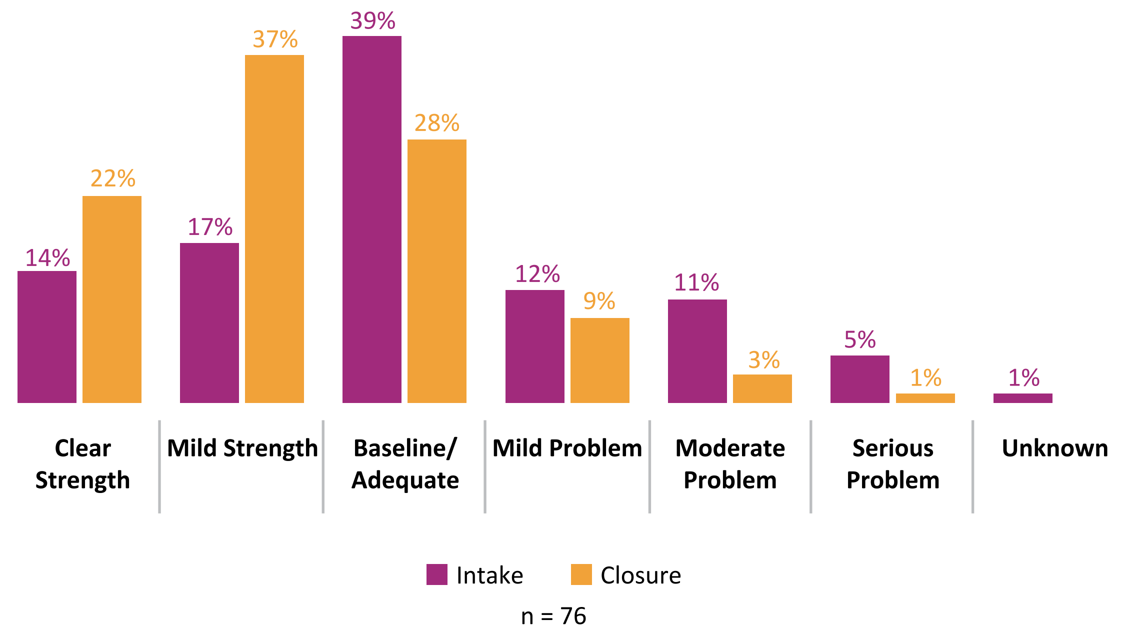
There were two families that concluded ITP due to being 'Not Eligible for Service' as their child(ren) were removed by child protection. This family identified as non-First Nations. Additionally, there was one family who successfully completed ITP who had their child(ren) were removed by child protection. This family was also non-First Nations.

Stable Housing

Improvement in Housing Stability

Altogether, there were 76 families who had a NCFAS assessment undertaken at both intake and closure of the program (refer to Appendix 1 for further information about the NCFAS). Each of these families completed the subscales within the 'Housing Stability' domain. Overall, the NCFAS results demonstrate improvements to housing stability as 59 per cent of families had a strength rating at closure in comparison to 31 per cent at intake (*see Figure 46*).

Figure 46 – ITP families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children and, Family Violence

All 76 families completed the NCFAS subscales within the 'Overall Family Safety' domain. Overall, improvements to overall Family Safety were evident as 22 per cent of families had a strength rating at program closure in comparison to no families at intake (*see Figures 47 and 48*). At intake, 52 families had either a mild, moderate, or serious problem rating. At closure 33 of these families moved to either a baseline/adequate, mild strength or clear strength rating. 19 families again had a problem rating at closure with ten families maintaining their initial problem ratings. The remaining nine families all had slight improvements; however, they still maintained a problem rating. Additionally, one family had a decline in overall family safety as they went from a baseline/ adequate rating to a mild problem rating. Program staff mentioned that this was due to declined engagement as a result of substance misuse of a caregiver.

Improvement in Family Functioning

All 76 families completed the NCFAS subscales within the 'Overall Family Interactions' domain. At intake, 57 families had either a mild, moderate, or serious problem rating. At closure, 36 of these families moved to a baseline/adequate or mild strength rating (*see Figures 47 and 48*). 21 families again had a problem rating with 14 families maintaining their initial problem rating. Seven families had slight improvements to their problem rating. Additionally, three families moved from a either a baseline/adequate or mild strength rating to a mild, moderate, or serious problem rating. Despite the notable declines for these three families, there was improvements to overall family functioning as 27 per cent of families had a clear strength or mild strength rating at closure in comparison to seven per cent at intake.

Figure 47 – ITP NCFAS Safety Domain Scores, Intake

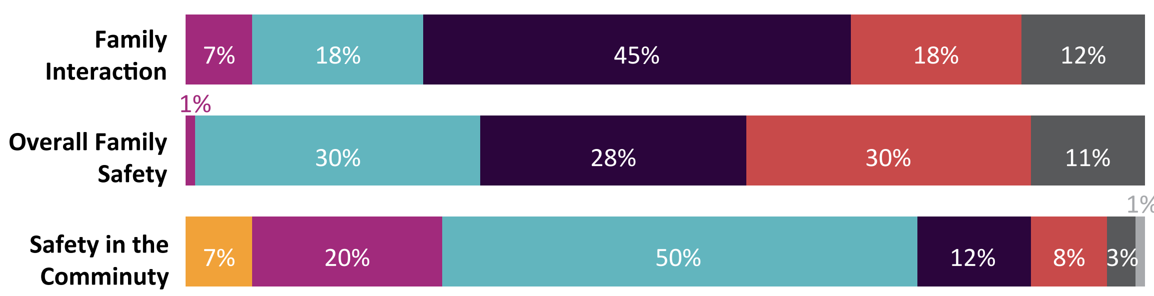
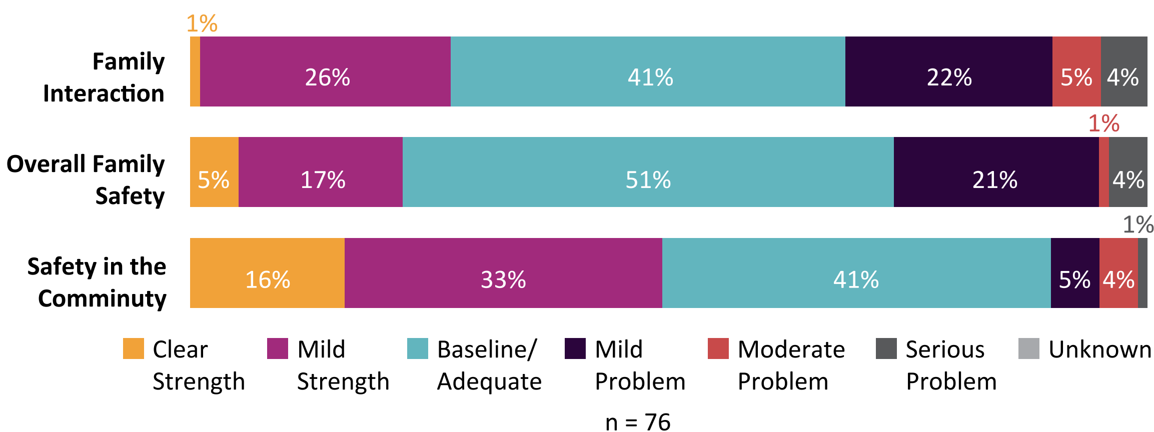


Figure 48 – ITP NCFAS Safety Domain Scores, Closure



Improvement in Community Safety

All 76 families completed the subscales within the NCFAS 'Safety in the Community' domain. Improvements were evident as 49 per cent of families had a strength rating at closure in comparison to 27 per cent of families at intake (*see Figures 47 and 48*). Specifically, at intake, 17 families had either a mild, moderate, or serious problem rating. At closure, 11 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Six families maintained a problem rating at closure. One family had a small decline (mild problem to a moderate problem rating). The remaining families had slight improvements to their problem rating. Additionally, two families moved from a baseline/adequate rating at intake to either a mild problem rating or moderate problem rating at program closure.

Well-Being

Physical Health

Increased Healthy Start in Life

64 families completed the subscales within the 'Child(ren) Physical Health' domain. The NCFAS results demonstrate improvement to overall physical health of children as 36 per cent of families had a strength rating at closure in comparison to 16 per cent at intake (a 20 per cent improvement) (*see Figures 49 and 50*). At intake, 21 children (33 per cent) had a problem rating for their physical health. By closure, 14 moved to either a baseline/adequate or mild strength rating. There were eight children with a problem rating at program closure, this included one child who had a baseline/adequate rating at intake. Program staff revealed that this may have been due to a lack of awareness of the child(ren)'s physical health issues at intake, and as such these issues were identified during intervention. Four children had a serious or moderate problem rating at both intake and closure. Program staff revealed that this was due to ongoing complex physical health challenges that required intervention from medical specialists.

Figure 49 – ITP NCFAS Well-Being Domain Scores, Intake

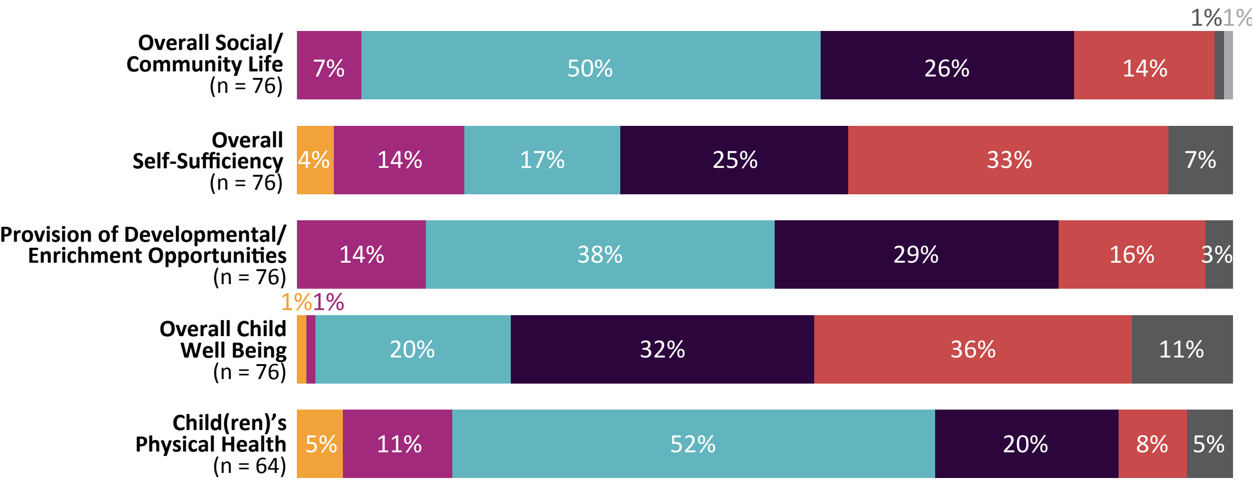
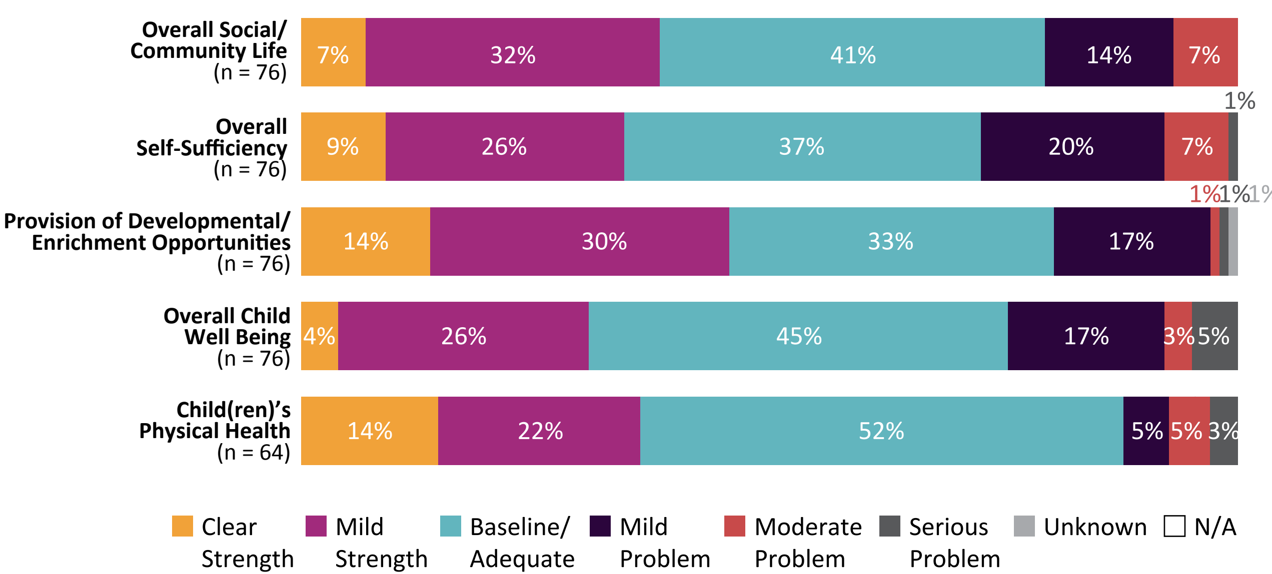


Figure 50 – ITP NCFAS Well-Being Domain Scores, Closure



Mental Health

Improved Mental Well-Being of Parent and Child

All 76 families completed the subscales within the 'Overall Child Well-Being' domain. Although the number of families with a clear strength rating at program closure was small, there was a 28 per cent improvement in the rate of families with a mild strength rating at closure in comparison to intake (30 per cent compared to two per cent respectively) (*see Figures 49 and 50*). At intake, 59 (79 per cent) families had a problem rating relating to their child(ren)'s well-being. By closure, 41 of these families moved to either a baseline/adequate, mild strength or clear strength rating. 19 families had a problem rating at program closure. This is included 18 families who had a problem rating at intake and one family who had a baseline/adequate rating at intake. Of those who maintained a problem rating since intake, eight had a slight improvement to their rating (e.g., moving from a moderate problem rating to a mild problem rating) and ten maintained their initial problem rating. Unfortunately, four maintained a serious problem rating. Program staff attributed the absence of change to ongoing mental health issues and disabilities of parents which impacted parent capacity.

Learning and Education

Decreased Developmental Vulnerability

All 76 families completed the subscales in the 'Provision of Development/Enrichment Opportunities' domain. Improvement was evident as 44 per cent of families had a strength rating at closure in comparison to 14 per cent of families at intake (*see Figures 49 and 50*). At intake, 36 families (47 per cent) had a problem rating. By closure, 16 of these families moved to either a baseline/adequate, mild strength or clear strength rating. The remaining 14 families either maintained their intake problem rating (11 families) or had a slight improvement by moving down a problem rating (three families). Two families maintained a serious problem rating. Additionally, two other families moved from a baseline/adequate rating to a mild problem rating at program closure. Program staff mentioned this was due to ongoing mental health challenges of either parents or child.

Empowerment

Increased Self-Sufficiency

All 76 families completed the subscales in the 'Overall Self Sufficiency' domain. There was improvement to overall family self-sufficiency in families as 35 per cent of families had a strength rating at program closure in comparison to 18 per cent of families at intake (*see Figures 49 and 50*). At intake, 49 families (64 per cent) had a problem rating. By program closure, 31 of these families moved to a baseline/adequate, mild strength, or clear strength rating. Of the 18 families who maintained a problem rating at closure, ten had slight improvements to their problem rating. The remaining eight families kept the same problem rating at intake and at closure, demonstrating no improvement. In addition to the 18 families, three families moved from either a mild strength rating (two families) or baseline/adequate rating (one family) to a mild problem rating. Program staff mentioned that limited engagement of families, family violence and, disability condition impacting parental capacity contributed to these declines.

Community and Support

Increased Connection to Communities

There was some improvement to overall family connection to communities as 39 per cent of families had a strength rating at program closure in comparison to just seven per cent of families at intake (*see Figures 49 and 50*). At intake, 32 families (42 per cent) had a mild, moderate, or a serious problem rating. By closure, 20 families moved to either a baseline/adequate or mild strength rating. This left 12 families with a problem rating at closure. Four had slight improvements to their problem rating, seven had the same problem rating at both intake and closure, and one had a small decline in their problem rating (mild problem rating at intake to a moderate problem rating at closure). Additionally, three families moved from either a mild strength rating (two families) or a baseline/adequate rating (one family) to a mild problem rating or a moderate problem rating. Program staff mentioned that disability diagnoses in addition to substance misuse all contributed to declines connecting with the community.

26 caregivers within ITP responded to the Prevention and Strengthening Families Feedback Survey. One caregiver identified as First Nations and the remaining 25 were non-First Nations. Of the non-First Nations caregivers, most (23) caregivers reported they either 'Strongly Agree' (16 caregivers) or 'Agree' (seven caregivers) that their OzChild worker helped increase their social, support and community networks. One caregiver reported that they 'Strongly Disagree'. However, due to survey design this respondent was unable to provide further insight into their response. This respondent had an Italian and Eastern European background. One caregiver reported 'Not Applicable' indicating that they did not require OzChild's support in increasing their social, support and community networks.

Of the caregivers surveyed, one identified as First Nations. This caregiver reported that their OzChild worker provided them with cultural information and resources that enabled them to connect with their local Aboriginal and/or Torres Strait Islander community.

Culture and Identity

Increased Responsiveness to Culture and Identity

25 non-First Nations caregivers reported that they either 'Strongly Agree' (20 caregivers) or 'Agree' (five caregivers) that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) 20 non-First Nations respondents reported they 'Strongly Agree' and five reported that they 'Agree'.

The First Nations caregiver surveyed reported they 'Strongly Agree' that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Again, this respondent also reported that they 'Strongly Agree' or that their OzChild worker respects their family's Aboriginal and/or Torres Strait Islander cultural backgrounds.

The First Nations caregiver was also asked whether they felt that their OzChild worker acknowledges when they do not know something about their Aboriginal and/or Torres Strait Islander culture. This caregiver reported they 'Strongly Agree'.

Two C&YP (aged 11 years and older) from ITP participated in the Prevention and Strengthening C&YP Feedback Survey. Both C&YP were non-First Nations. These C&YP reported that they either 'Strongly Agree' or 'Agree' that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) again both, reported they 'Strongly Agree' or 'Agree'.

Demographics

Number of Family Referrals Active in MST VIC, 2021-2022

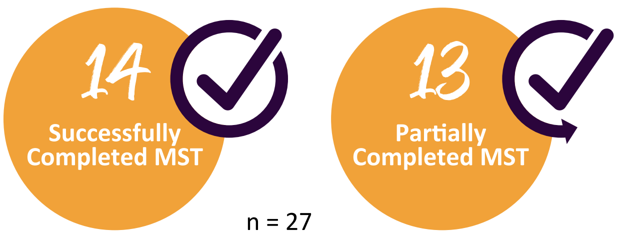
Permanency

Care Arrangements

Number of Families Completing MST

Number of Young People Living at Home at the End of Treatment

Figure 51 – Number of Families Completing MST, 2021-2022



During the reporting period, 27 families completed treatment (*see Figure 51*). Specifically, 14 families completed the full program and 13 families partially completed MST.

All families were non-First Nations. All C&YP remained in the care of a permanent caregiver.

Safety

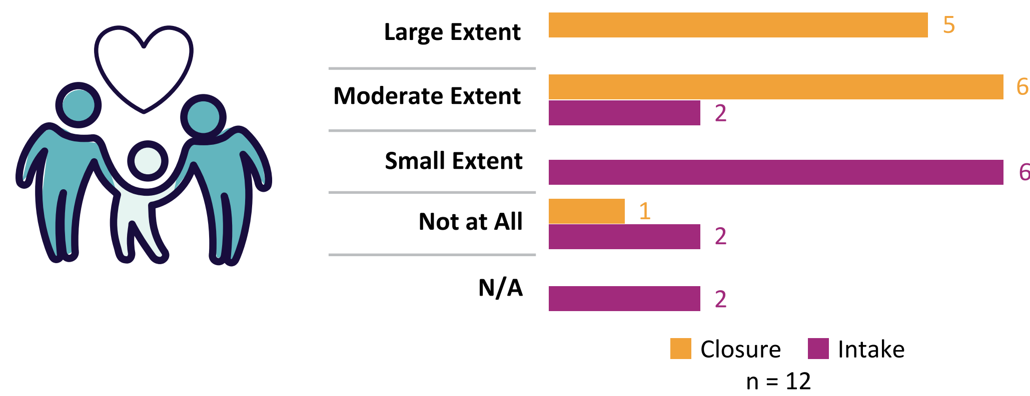
Safe and Secure

Improvement in Family Functioning

MST's improvement in family functioning measure requires the therapist to rate the family's monthly progress in relation to communication and family conflict (*refer to Appendix 1 for further information about MST Outcome Measures*). *Figure 52* illustrates that after the first month of treatment, eight families had either no improvement at all or improvement to a 'Small Extent'. Two families were rated as 'N/A'. Program management stated that the 'N/A' rating was applied for these families as they were yet to complete a full month of treatment by the monthly progress assessment date.

By the end of treatment, all 11 families improved either to a 'Moderate Extent' or to a 'Large Extent'. Program leadership advised that these improvements were a result of the successful implementation of strategies to effectively de-escalate conflict, decrease aggression, and improve family relationships. It was also mentioned that the successful application of strategies for caregivers to manage the young person's behaviour also contributed to improvements. One family was reported to have no improvement at all. Program leadership advised that this was a result of the young person being in and out of custody throughout treatment.

Figure 52 – Number of Families with Improvement in Family Functioning, 2021-2022

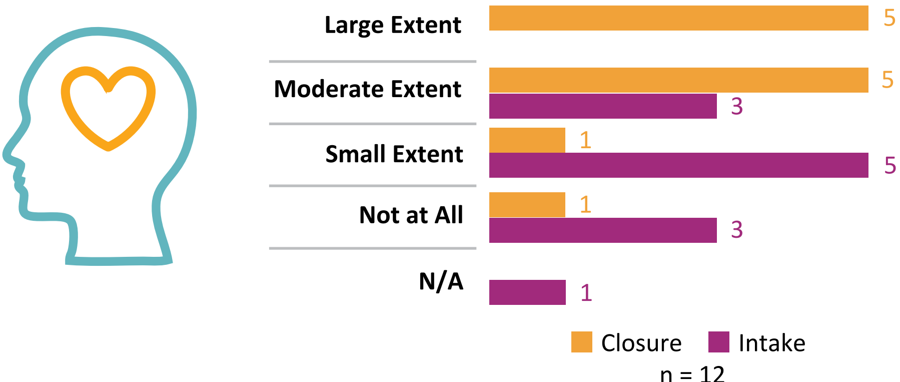


Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

Figure 53 – Number of Young People with Improvement in Behaviour and Mental Health, 2021-2022

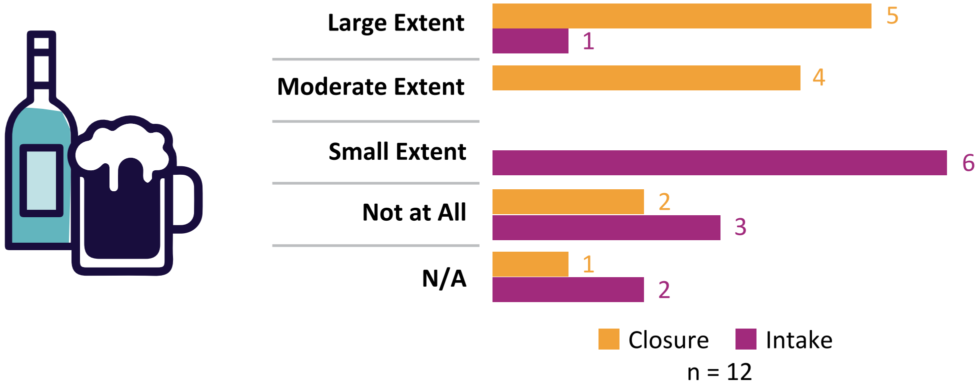


To assess improvements in behaviour and mental health of MST adolescents, therapists are required to rate the adolescent's monthly progress. *Figure 53* demonstrates that at end of the first month of treatment, eight young people had either no improvement at all or improvement to a 'Small Extent'. One adolescent had a rating of 'N/A'. Program management revealed that the 'N/A' rating was applied due to family not completing a full month of treatment by the monthly progress assessment date. By the end of treatment, ten adolescents had improvements to either a 'Moderate Extent' or to a 'Large Extent'. One adolescent had no improvement at all. Program management mentioned that the absence of improvement was due to ongoing custodial sentences of the young person throughout treatment. One adolescent had improvement to a 'Small Extent'. Program management revealed that this was a result of the young person re-offending in the middle of treatment despite displaying improvements in the months before.

Physical Health

Reduction in Harmful Alcohol and Drug Use by Young People

Figure 54 – Number of Young People with Improvements in Substance Abuse, 2021-2022



To assess improvements in substance abuse of adolescents, therapists are required to rate the adolescent's monthly progress. *Figure 54* demonstrates that after the first month of treatment, nine young people either had no improvement at all or improvement to a 'Small Extent'. Two adolescents had a rating of 'N/A'. Consultations with program management revealed that this rating was applied as families were yet to complete a full month of treatment by the monthly progress assessment date. Interestingly, one young person improved to a 'Large Extent'. By the end of treatment, nine young people had either improved to a 'Moderate extent' or to a 'Large extent'. The young person who had improved to a 'Large Extent' at the end of the first month demonstrated by the end of the program with improvement to a 'Moderate eEtowards the end of treatment. Two young people had no improvements in their substance use. For one young person, the absence of improvement was a result of being in and out of custody throughout treatment. The other young person with no improvement improved to a 'Moderate Extent' by month four but alcohol misuse caused a decline from month five. One young person had a rating of 'N/A'. Program management mentioned that this rating was provided as substance abuse was not an issue for this young person.

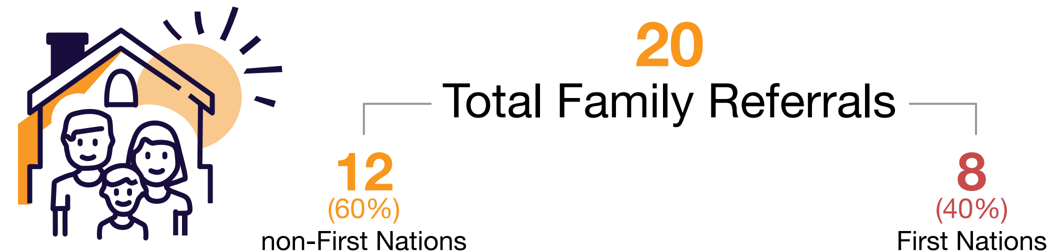
Learning and Education

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Status of attendance in school and/or work was available for 12 target C&YP. The analysis identified that 83 per cent (12 C&YP) were attending school and/or work. Two C&YP (16 per cent) were not engaged in either. Both of these C&YP were not employed at the beginning of the program and maintained unemployment at closure. Regarding school attendance, one C&YP was engaged in flexible learning at program commencement but was not engaged in this by the end of the program. The other C&YP remained unengaged in education throughout the program.

Demographics

Number of Family Referrals Active in MST-CAN NSW, 2021-2022



Permanency

Care Arrangements

Number of Families Completing MST-CAN

Figure 55 – Percentage of MST-CAN Families Concluding Treatment, 2021-2022

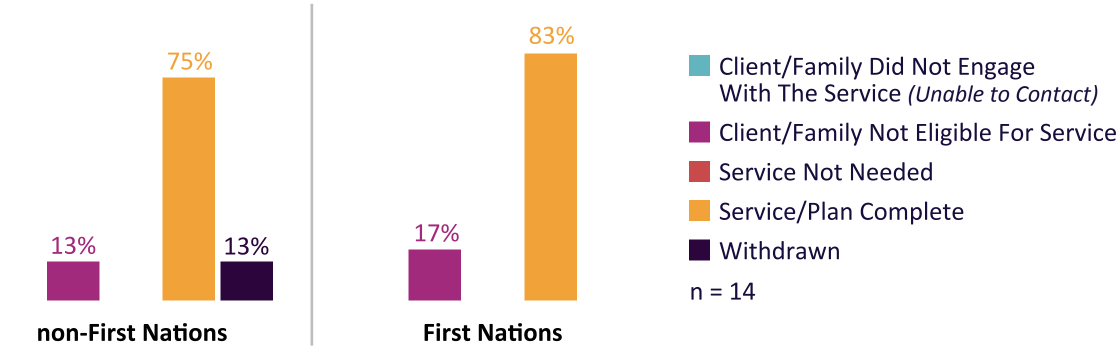
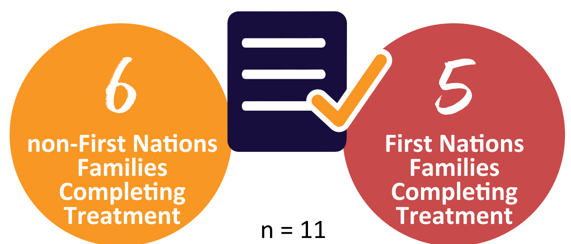


Figure 56 – Number of Families Successfully Completing MST-CAN



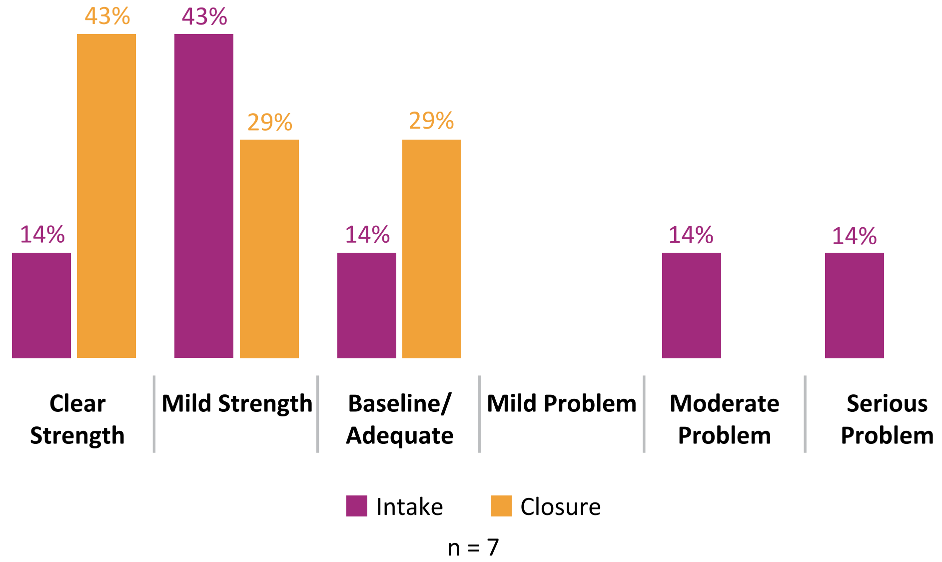
During the reporting period, 14 families concluded treatment for one of three reasons *(see Figure 55)*. Eight families were non-First Nations and six families identified as First Nations. 11 of these families successfully completed the program. Five families were First Nations and six were non-First Nations (*see Figure 56*).

Stable Housing

Improvement in Housing Stability

Altogether, there were seven families who had a NCFAS assessment undertaken at both intake and closure of the program (*refer to Appendix 1 for further information about the NCFAS*). Each of these families completed the subscales within the 'Housing Stability' domain. At intake, two families had either a moderate or serious problem rating. By program closure, both families moved to either a baseline/ adequate or mild strength stating (*see Figure 57*). Overall, there was a 15 per cent increase in families with a housing stability strength rating.

Figure 57 – MST-CAN Families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction In Prevalence and Impact of Abuse and Neglect of Children and Family Violence

All seven families completed the NCFAS subscales within the 'Overall Family Safety' domain. At intake, six families had either a mild, moderate, or serious problem rating. At closure, each of these families improved to either a baseline/adequate or mild strength rating (*see Figures 58 and 59*). Program management attributed the improvements to the programs multisystemic approach where therapists work with parents to improve parenting capabilities and confidence in addition to stabilising mental health challenges to effectively prevent the abuse and neglect of children and decrease family violence.

Improvement in Family Functioning

All seven families completed the NCFAS subscales within the 'Overall Family Interactions' domain. At intake, six families had either a mild, moderate, or serious problem rating. By closure, each of these families improved to either a baseline/adequate or mild strength rating (*see Figures 58 and 59*). Program management attributed the improvement to the programs focus on improving communication among parents.

Improvement in Community Safety

All seven families completed the NCFAS subscales within the 'Safety in the Community' domain. At intake, two families had a moderate or serious problem rating. At closure, both families improved to a mild strength rating (*see Figures 58 and 59*).

Figure 58 – MST-CAN NCFAS Safety Domain Scores, Intake

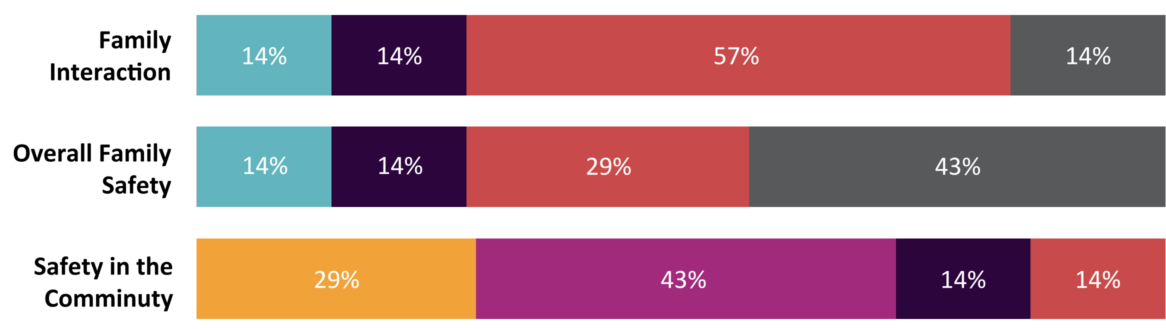
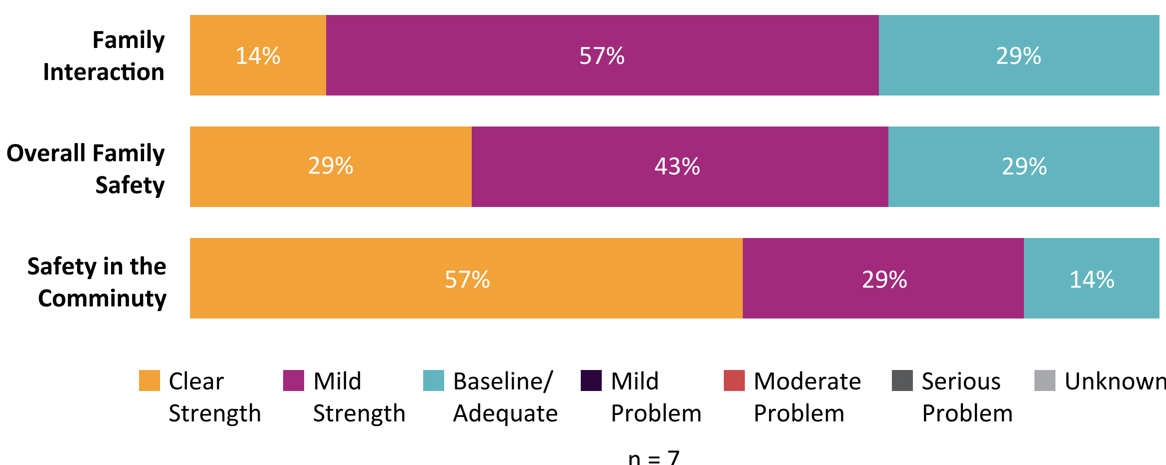


Figure 59 – MST-CAN NCFAS Safety Domain Scores, Closure



Well-Being

Mental Health

Improved Mental Well-Being of Child

All seven families completed the NCFAS subscales within the ‘Overall Child Well-Being’ domain. There was a 14 per cent improvement in families with a strength rating at closure compared to intake (28 per cent and 14 per cent respectively) (*see Figures 63 and 64*). At intake, six families had a problem rating for their child(ren)’s well-being. By closure, four of these families moved to a baseline/adequate, mild strength, or clear strength rating. Two families maintained a problem rating at closure. Both families had small improvements to their problem rating. Program management advised that these small improvements demonstrated program effectiveness as the initial challenges of these families were difficult to overcome.

The SDQ was used to assess the psychological well-being of C&YP aged 2-17 (Youth in Mind 2015) (*refer to Appendix 1 for further information about the SDQ*). Nine C&YP had both pre and review/post SDQ’s completed by their parents during 2021-22. Overall, when considering the average SDQ scores, there was a 21 per cent improvement in Total Difficulties and an 11 per cent improvement in Prosocial Behaviours.

22 per cent (two C&YP) were in the ‘Very High’ category for Total Difficulties (higher risk) at the time of review or at the end of the program (*see Figure 60*). There were no C&YP in the ‘High’ category at the end of the program. Overall, there was a 33 per cent improvement since the pre SDQ.

For the Prosocial subscale, 33 per cent of C&YP (three C&YP) were in the ‘Low’ and ‘Very Low’ categories (higher risk) at the time of review or at the end of the program. This was a 22 per cent improvement since the pre SDQ (*see Figure 61*). 34 per cent of C&YP moved to the lower risk category of ‘Close to average’ by review/post program.

As the SDQ categories were designed so that approximately ten per cent of C&YP will fall into the ‘High’ to ‘Very High’ range on the Total Difficulties score as well as the ‘Low’ to ‘Very Low’ range on the Prosocial score (Lawrence et al. 2015). The results demonstrate that these C&YP were 12 per cent and 23 per cent above the general population respectively.

Figure 60 – Percentage of MST-CAN Caregiver pre- and post-Total Difficulties Score for C&YP by Risk Level

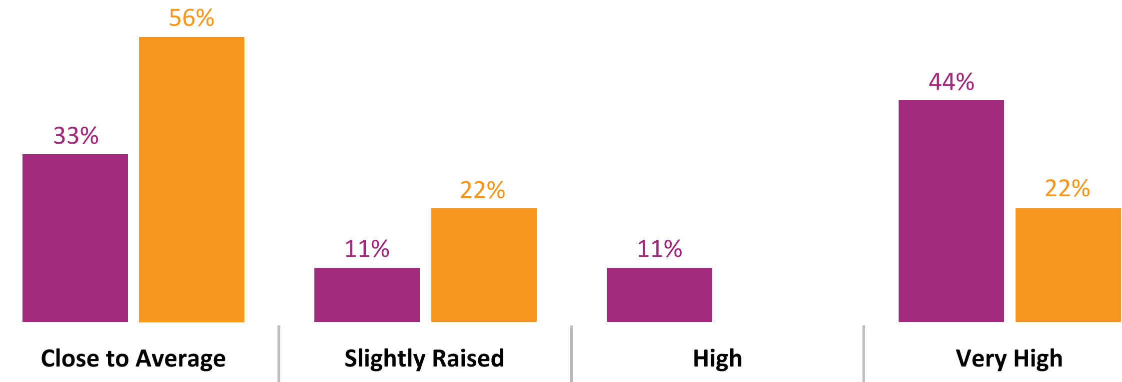
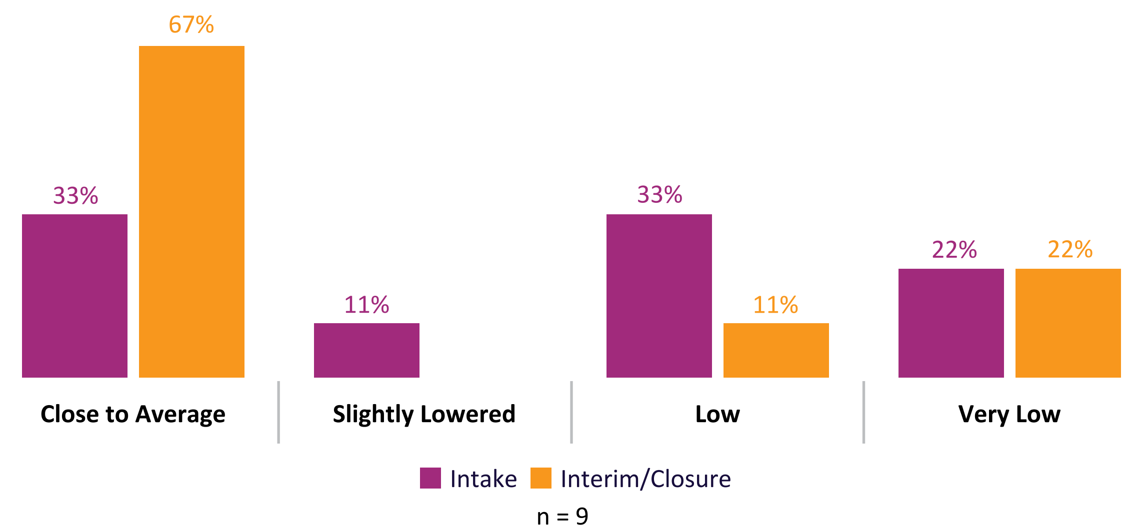
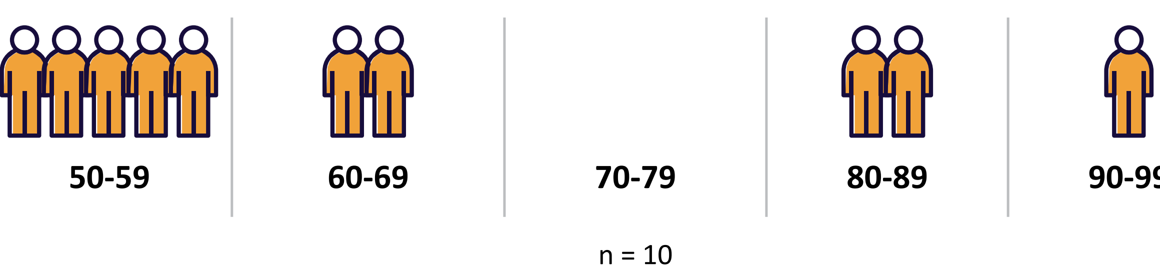


Figure 61 – Percentage of MST VIC Caregiver pre- and post-Prosocial Score for C&YP by Risk Level



The Personal Well-Being Index (PWI) was used to assess parents' overall well-being and satisfaction with life (*refer to Appendix 1 for further information about the PWI*). This tool was completed by caregivers at intake and closure. The normative index range for individual scores in Australia is between 50 and 100 (International Well-Being Group, 2013). All ten parents who completed the PWI demonstrated improvements to their Index Score by program completion which exceed the normative range. Further, the Index Score of these caregivers was 86.4 which exceeds the normative range (between 73.4 and 76.4).

Figure 62 – MST-CAN Changes to Parent Well-Being



n = 10

Figure 63 – MST-CAN NCFAS Well-Being Domain Scores, Intake

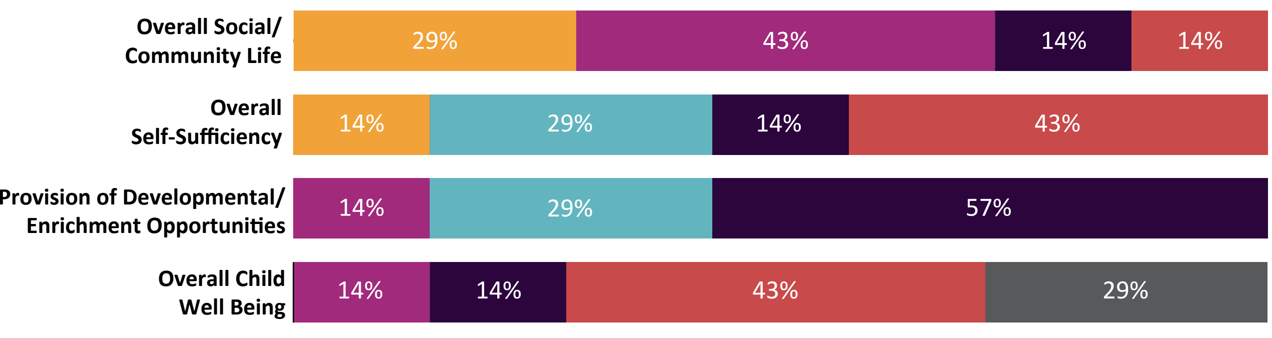
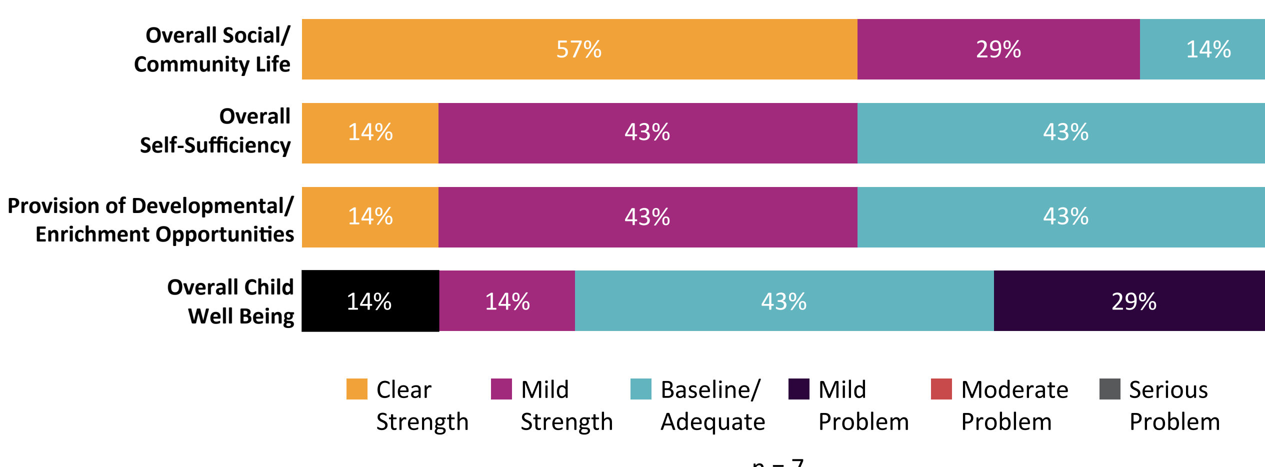


Figure 64 – MST-CAN NCFAS Well-Being Domain Scores, Closure



Learning and Education

Decreased Developmental Vulnerability

All seven families completed the NCFAS subscales in the 'Provision of Development/Enrichment Opportunities' domain. Improvements were evident as 57 per cent of families had a strength rating at closure compared to 14 per cent at intake (*see Figures 63 and 64*). At intake, four families had a mild problem rating. By closure, all families moved to either a baseline/adequate or mild strength rating. Program management attributed the improvements to the programs focus on working with parents to build positive rapport with schools and other educational services.

Number of Children Engaged in Education and/or Employment

Attendance at school and/or work is an outcome that is assessed at program closure. Analysis identified that all 11 C&YP successfully completing the MST-CAN program were attending school and/or work at the end of the program.

Empowerment

Increased Self-Sufficiency

NCFAS results identified an improvement to overall 'Self-Sufficiency' in families as 57 per cent had a strength rating at closure in comparison to 14 per cent at intake (*see Figures 63 and 64*). At intake, four families had a mild or a moderate problem rating. By program closure, these families moved to a baseline/adequate or mild strength rating. Program management attributed improvements to the programs focus on building parent capacity to care for their child(ren) independently. For example, therapists improved parent confidence and capacity in identifying, accessing, and budgeting for paediatrician appointments.

Community and Support

Increased Connection to Communities

NCFAS results found that families demonstrated improvements to community connections as 71 per cent of families had a strength rating at closure in comparison to 14 per cent of families at intake (*see Figures 63 and 64*). At intake, six families had a mild, moderate, or a serious problem rating. By closure, all six families moved to either a baseline/adequate, mild strength, or clear strength rating. One family had a significantly improved to a clear strength rating from a moderate problem rating. Similarly, another family had a significant improvement where they moved to a mild strength rating from a serious problem rating. Program staff mentioned that this was due to the programs focus on assisting parents to confidently build connections with community services like schools and doctors.

Six caregivers within MST-CAN responded to the Prevention and Strengthening Families Feedback Survey. One caregiver identified as First Nations and five identified as non-First Nations. Of the non-First Nations caregivers, four reported they ‘Strongly Agree’ that their OzChild worker helped increase their social, support and community networks. One caregiver reported ‘Not Applicable’ indicating that they did not require OzChild’s support in increasing their social, support and community networks. The First Nations caregiver reported that their OzChild worker provided them with cultural information and resources that enabled them to connect with their local Aboriginal and/or Torres Strait Islander community.

Culture and Identity

Increased Responsiveness to Culture and Identity

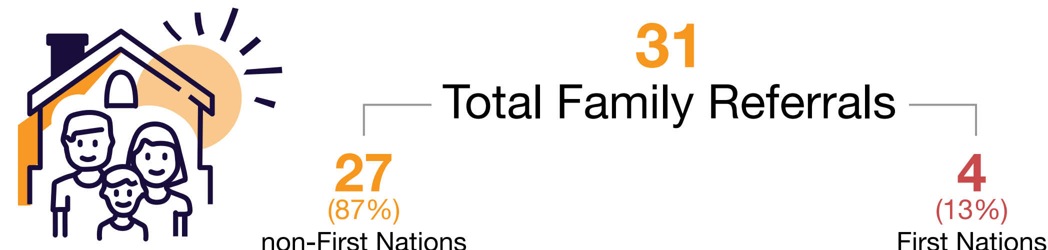
Of the five non-First Nations caregivers surveyed, four reported that they ‘Strongly Agree’ and one reported that they ‘Agree’ that their OzChild worker has an awareness of their family’s cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) four caregiver reported they ‘Strongly Agree’ and one reported that they ‘Agree’

The First Nations caregiver surveyed reported they ‘Strongly Agree’ that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Again, this First Nations caregiver reported that they ‘Strongly Agree’ or that their OzChild worker respects their family’s Aboriginal and/or Torres Strait Islander cultural backgrounds. The First Nations caregiver was also asked whether they felt that their OzChild worker acknowledges when they do not know something about their Aboriginal and/or Torres Strait Islander culture. This caregiver reported they ‘Agree’.

One C&YP (aged 11 years and older) participated in the Prevention and Strengthening C&YP Feedback Survey. This C&YP identified as First Nations. This C&YP reported they ‘Strongly Agree’ that their OzChild worker has an awareness of their family’s cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) this C&YP also reported that they ‘Strongly Agree’.

Demographics

Number of Family Referrals Active in SafeCare VIC, 2021-2022



Permanency

Care Arrangements

Number of Families Completing SafeCare

Figure 65 – Percentage of Families Concluding SafeCare, 2021-2022

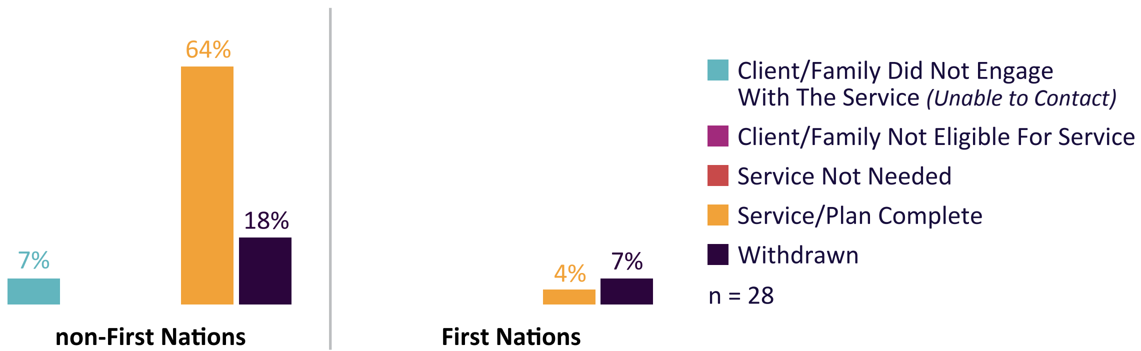
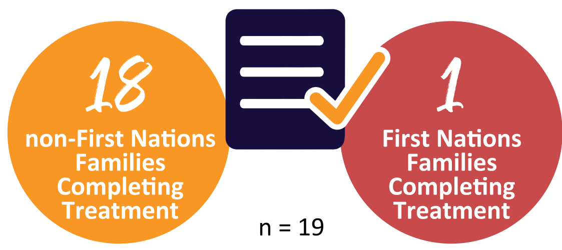


Figure 66 – Number of Families Successfully Completing SafeCare, 2021-2022



During the reporting period, 28 families concluded SafeCare for one of three reasons (*see Figure 65*). 25 families were non-First Nations and three families identified as First Nations. 19 of these families successfully completed SafeCare (*see Figure 66*). One family was First Nations and 18 were non-First Nations.

Safety

Safe and Secure

Decreased Risk of Unintentional Injury

The HAPI was used by SafeCare therapists to record the number of hazards that can be accessed by the child(ren) in three rooms in the home that the child spends the most in (*refer to Appendix 1 for further information about the HAPI*). 26 families had the HAPI recorded at intake and closure. Program management advised that the higher number of families with the HAPI completed compared to the number of families completing the program (19) may be due to therapists inputting information incorrectly in the SafeCare portal. As such, this may have impacted the accuracy of the following results.

The results indicate that all families reduced the number of hazards in their home by program closure (*see Figure 67*). 73 per cent of families (19 families) reduced hazards in the home by at least 60 per cent. Program management attributed these improvements to the programs focus on increasing awareness of hazards throughout the home. Program management also mentioned that improvements were also a result of SafeCare therapists providing families with knowledge and safety equipment to create a safer space for their child (e.g., safety gates and latches). Four families had hazard reductions between 20-39 per cent. Program staff mentioned that the smaller rate may have been due to mental health challenges of parents. Program management also stated that families in the middle of moving homes as well as families in different homes at closure compared to intake also may have attributed to a smaller change. Lastly, it was mentioned that restrictions of rental homes may also limit the amount of change to hazards in the home (e.g., parents being unable to add recommended safety features).

Improvement in Family Functioning

The DAC was used to identify improvements to parent-infant/child interactions (*refer to Appendix 1 for further information about the DAC*). To assess improvements, parents selected eight activities across two categories (in the home and outside the home) in addition to another activity not listed. Parents then rated with the therapist, the amount of change required within that activity to improve interactions at both intake and closure (0 = No change, 1 = Very little change, 2 = Some change, and 3 = A lot of change) The scores for each of the activities were compared to determine whether the parent believed that change was still required.

Nine caregivers completed the DAC pre and post program. Program management advised that the lower rate of completion was due to therapists failing to input DAC scores onto the SafeCare portal. Management advised that as SafeCare tools were initially completed on paper, the DAC was completed for all families but was not always input on the portal for analysis. The results in *Figure 68* demonstrate that, parents noticed a change to their interactions with their infant/child by the end of the program. Program management attributed these changes to the training and education provided to parents throughout the program.

Figure 67 – Reduction of Hazards in the Home (HAPI), 2021-2022

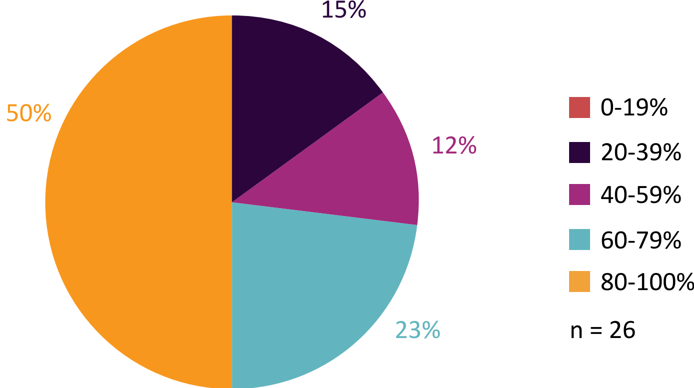
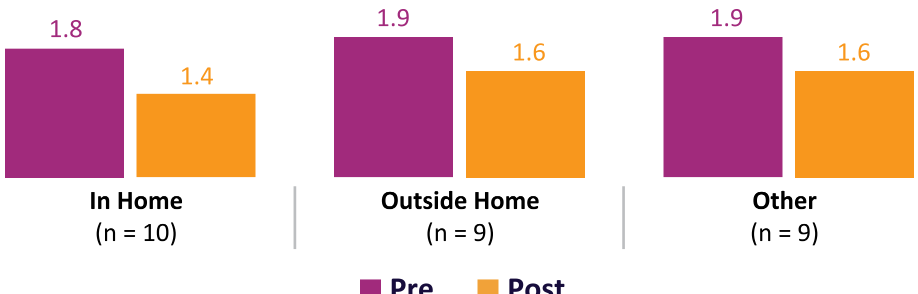


Figure 68 – Improvement to Parent-Infant/Child Interaction DAC, 2021-2022



Well-Being

Physical Health

Increased Healthy Start in Life

The SICC was used by therapists to determine whether parents require support managing their child(ren)'s health symptoms by responding appropriately (*refer to Appendix 1 for further information about the SICC*). *Figures 69- 71* demonstrate the percentage of families with correct responses to each of the hypothetical scenarios administered both Pre (session one) and Post (session six) program. Success means parents responded satisfactorily to most steps in the scenario and mastery means that they responded satisfactorily to the entire scenario. Program management advised that the variation in completion rates of each scenario was likely a result of therapists not inputting all scenario scores onto the portal. As such, this may have impacted the accuracy of the following results.

On the most part, families demonstrated mastery or success for each scenario. Program management attributed this improvement to the modules focus on building parent confidence to make the correct decisions regarding their child(ren)'s health concerns. Program management mentioned that confidence is improved through providing parents with a manual and first aid kit in addition to the opportunity to talk through decisions in a supportive and encouraging environment.

For the 'Emergency Department' scenarios, 54 per cent achieved mastery and 46 per cent of caregivers achieved success (*see Figure 69*). This is a great improvement compared to pre-program where 31 per cent of families did not achieve mastery or success.

Regarding the 'Doctor's Appointment' scenario, 47 per cent achieved mastery and 50 per cent achieved success. One family did not achieve success (a score of three) (*see Figure 70*). This family achieved success pre-program but had declined by closure. Program management mentioned that parent disability and lack of engagement contributed to the decline. Overall, there was an improvement to this scenario as 44 per cent of caregivers did not achieve mastery or success pre-program.

For the 'Care at Home' scenario 50 per cent achieved mastery and 50 per cent achieved success (*see Figure 71*). This is an improvement compared to pre-program where 48 per cent of caregivers did not achieve mastery or success.

Figure 69 – Improvement to Caregiver Responses to Emergency Department SICC Scenarios, 2021-2022

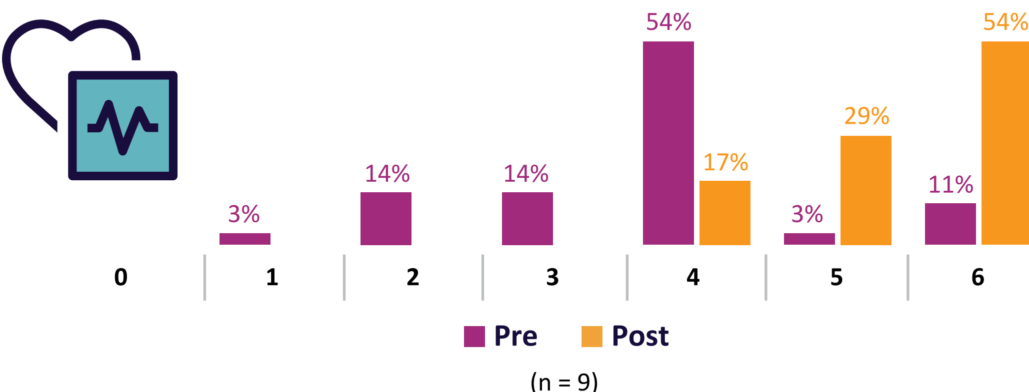


Figure 70 – Improvement to Caregiver Responses to Doctor's Appointment SICC Scenarios, 2021-2022

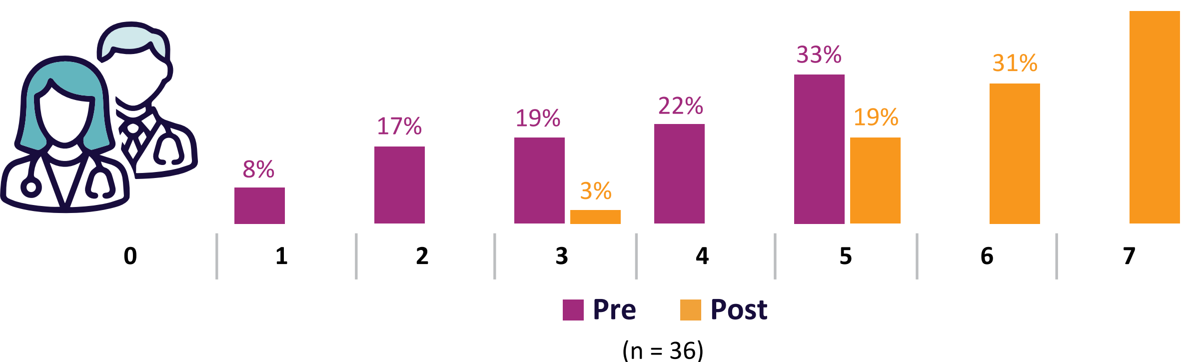
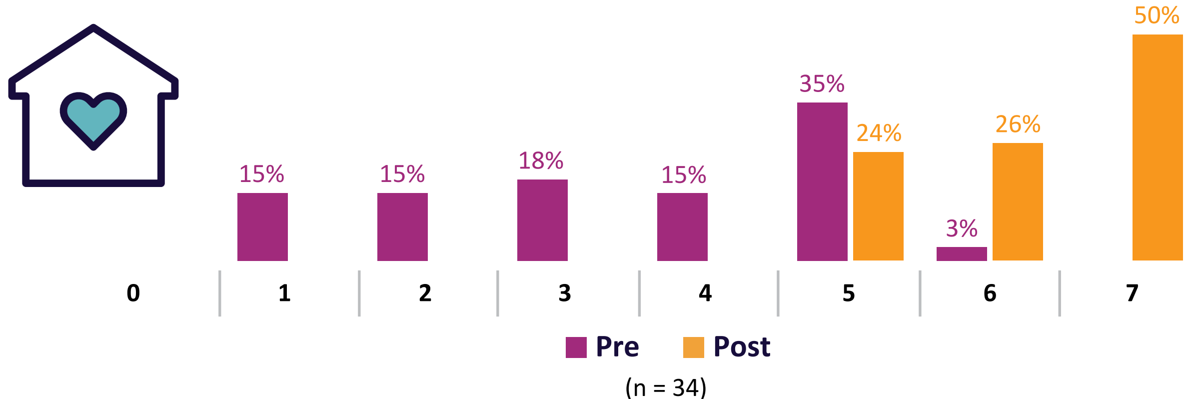


Figure 71 – Improvement to Caregiver Responses to Care at Home SICC Scenarios, 2021-2022



Community and Support

Increased Connection to Communities

Seven caregivers within SafeCare responded to the Prevention and Strengthening Families Feedback Survey. One caregiver was First Nations, and the remaining six respondents were non-First Nations. All six non-First Nations caregivers reported they either 'Strongly Agree' (four) or 'Agree' (three) that their OzChild worker helped increase their social, support and community networks.

The First Nations caregiver reported that their OzChild worker did not provide cultural information and resources that enabled them to connect with their local Aboriginal and/or Torres Strait Islander community. Due to the survey design, this respondent was unable to provide further insight into their response.

Culture and Identity

Increased Responsiveness to Culture and Identity

Of the six non-First Nations caregivers surveyed, four reported they 'Strongly Agree' and two reported they 'Agree' that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) four non-First nations respondents reported they 'Strongly Agree' and two reported that they 'Agree'.

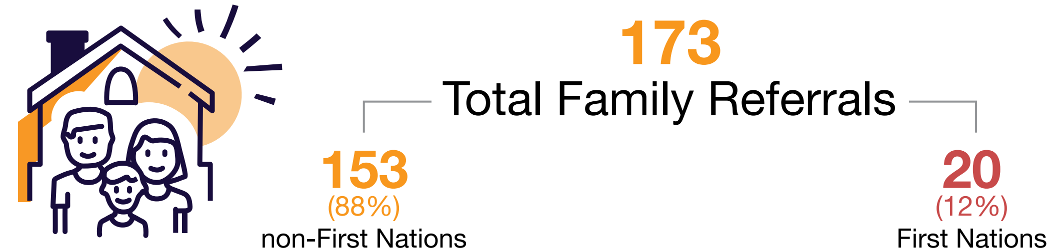
The First Nations caregiver surveyed reported they 'Strongly Agree' that their OzChild worker has an awareness of their families Aboriginal and/or Torres Strait Islander cultural background. Again, this First Nations caregiver reported that they 'Strongly Agree' or that their OzChild worker respects their family's Aboriginal and/or Torres Strait Islander cultural backgrounds. The First Nations caregiver was also asked whether they felt that their OzChild worker acknowledges when they do not know something about their Aboriginal and/or Torres Strait Islander culture. This caregiver reported they 'Agree'.

One C&YP (aged 11 years and older) from SafeCare participated in the Prevention and Strengthening C&YP Feedback Survey. This C&YP identified as non-First Nations. This C&YP reported they 'Agree' that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) this C&YP also reported that they 'Agree'.

Family Worx (VIC)

Demographics

Number of Family Referrals Active in Family Worx VIC, 2021-2022



Permanency

Care Arrangements

Number of Families Completing Family Worx

Number of Families that have C&YP Removed by Child Protection or Equivalent

Figure 72 – Percentage of Families Concluding Family Worx, 2021-2022

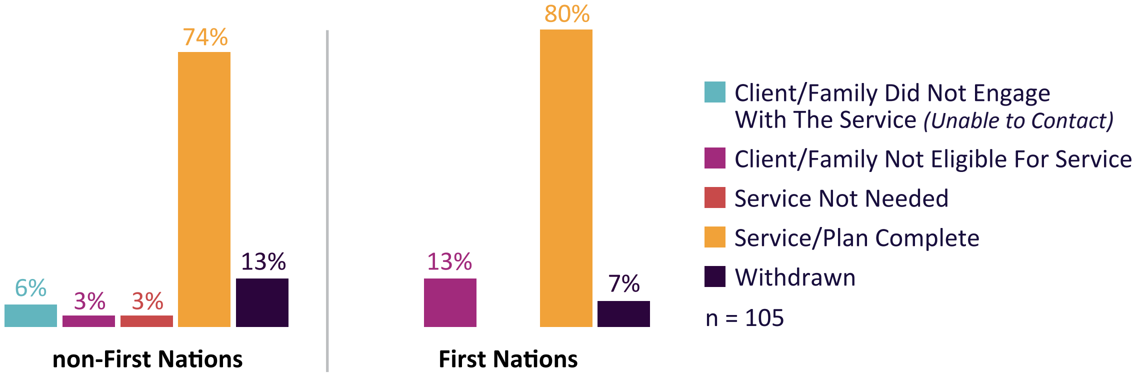
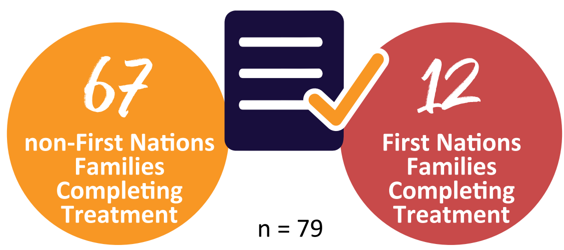


Figure 73 – Number of Families Successfully Completing Family Worx, 2021-2022



During the reporting period, 105 families concluded Family Worx for one of five reasons (*see Figure 72*). 90 families were non-First Nations and 15 families identified as First Nations. 79 of these families successfully completed the program. 12 families were First Nations and 67 were non-First Nations (*see Figure 73*). Both First Nations and non-First Nations families had a similar rate of successful completion (80 per cent and 74 per cent respectively).

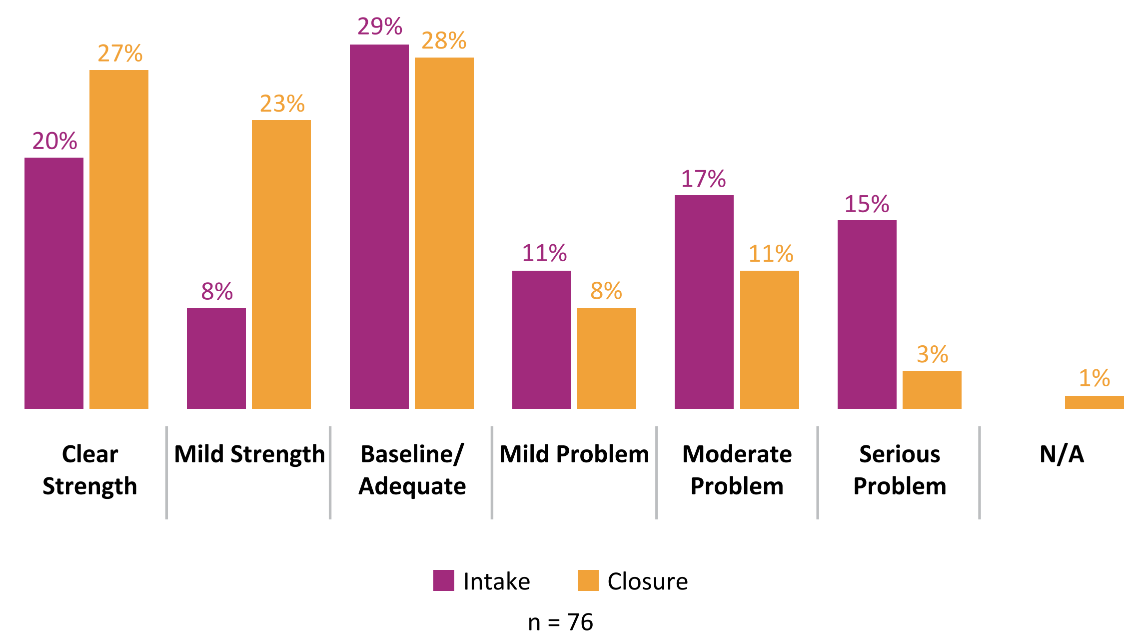
There was one non-First Nations family 'Not eligible for service' as they were no longer caring for their child(ren).

Stable Housing

Improvement in Housing Stability

Altogether, 76 families had a NCFAS assessment undertaken at both intake and closure (*refer to Appendix 1 for further information about the NCFAS*). 75 of these families completed the subscales within the 'Housing Stability' domain. Overall, there was a 22 per cent improvement in families with a strength rating at closure in comparison to intake (*see Figure 74*). At intake, 32 families had either a moderate or serious problem rating. By closure, 16 families moved to either a baseline/adequate or mild strength stating. 15 of these families kept the same problem rating at closure. One family had a rating of 'N/A' at closure. Additionally, one family moved from a baseline/adequate rating at intake to a moderate problem rating at closure. Program management mentioned that a shortage in available rental homes attributed to families upholding a problem rating at program closure. Further, management mentioned that ongoing mental health challenges also impacted whether parents could sustain housing.

Figure 74 – Family Worx Families with Improvements to Housing Stability



Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children, and Family Violence

All 76 families completed the subscales within the NCFAS 'Overall Family Safety' domain. At intake, 59 families had either a mild, moderate, or serious problem rating. At closure, 27 of these families moved to either a baseline/adequate, mild strength, or clear strength rating (*see Figures 75 and 76*). 32 of these families still had a problem rating at closure. Program management revealed that problem ratings at closure were commonly due to the Department of Families, Fairness and Housing (DFFH) not completing initial assessments thoroughly enough to ensure all safety risks were recorded. The lack of thoroughness resulted in therapists identifying additional safety concerns during treatment. Family disengagement and lack of family readiness were also contributors to problem ratings at closure. Despite many families still with problem ratings at closure, improvements to overall Family Safety were still evident as 35 per cent of families had a strength rating at closure compared to six per cent of families at intake.

Improvement in Family Functioning

75 families completed the NCFAS subscales within the 'Family Interactions' domain. Improvements were evident as 41 per cent of families had a strength rating at closure in comparison to five per cent at intake (*see Figures 75 and 76*). At intake, 62 families had either a mild, moderate, or serious problem rating. At closure, 31 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. 30 of these families still had a problem rating at closure with 22 families maintaining their initial problem rating. Four families had declines to their problem ratings by closure. Program management mentioned that this may have been a result of families disengaging from the program, ongoing mental health challenges of parents, substance misuse of parents, as well as the impact of disabilities where functioning cannot sustainably be improved without significant support. Lastly, three families had slight improvements to their problem rating (e.g., moving from a serious problem rating to a mild problem rating).

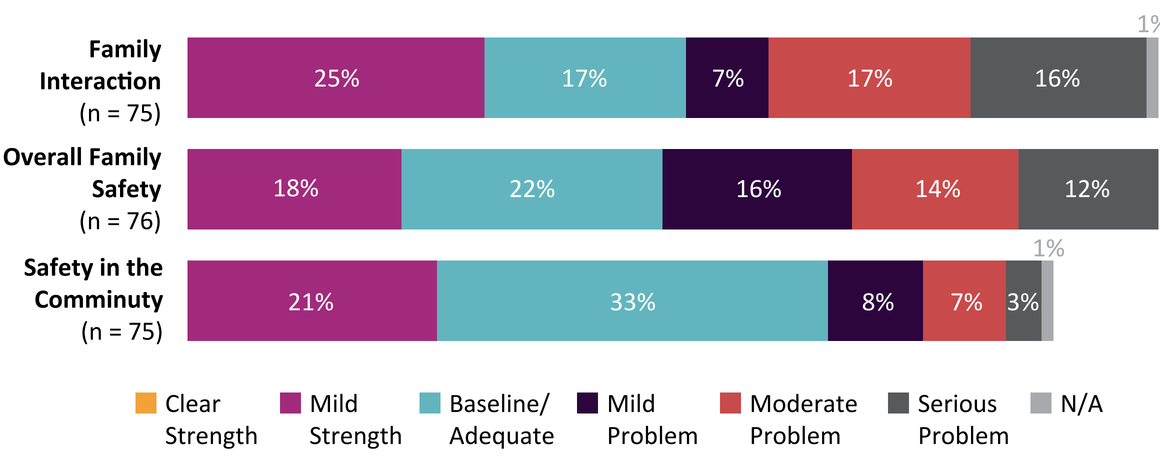
Improvement in Community Safety

75 families completed the subscales within the 'Safety in the Community' domain. Improvements to Safety in the Community was evident as 46 per cent of families had a strength rating at closure in comparison to 33 per cent of families at intake (*see Figures 75 and 76*). At intake, 25 families had either a mild, moderate, or serious problem rating. At closure, 12 of these families moved to either a baseline/adequate, mild strength or clear strength rating. 13 families had a problem rating at closure including the addition of one family who moved from a clear strength to a serious problem rating. Program staff mentioned that this was due to a parent returning to substance misuse and as a result disengaging from the program. The remaining 12 families had a problem rating at intake and closure.

Figure 75 – Family Worx NCFAS Safety Domain Scores, Intake

	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Problem	Moderate Problem	Serious Problem
Family Interaction (n = 75)	1%	4%	12%	33%	24%	25%
Overall Family Safety (n = 76)	1%	5%	16%	28%	24%	26%
Safety in the Comminuty (n = 75)	17%	16%	33%	13%	16%	4%

Figure 76 – Family Worx NCFAS Safety Domain Scores, Closure



Well-Being

Physical Health

Increased Healthy Start in Life

23 families completed the NCFAS subscales within the 'Child(ren) Physical Health' domain. Overall, there was a small improvement as 34 per cent had a strength rating at closure in comparison to 26 per cent at intake (*see Figures 77 and 78*). At intake, seven children had a problem rating. By, closure just one child moved to a baseline/adequate rating. One child moved from a mild strength rating to a mild problem rating. Program management mentioned that this decline was a result of challenges in many areas of family functioning at closure which had an impact on the child(ren)'s physical health.

Figure 77 – Family Worx NCFAS Well-Being Domain Scores, Intake

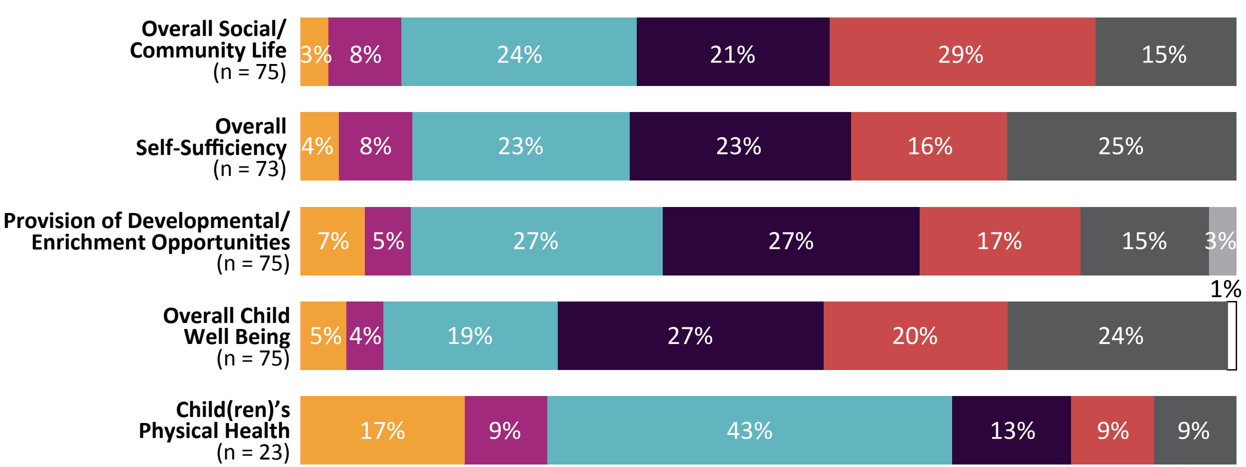
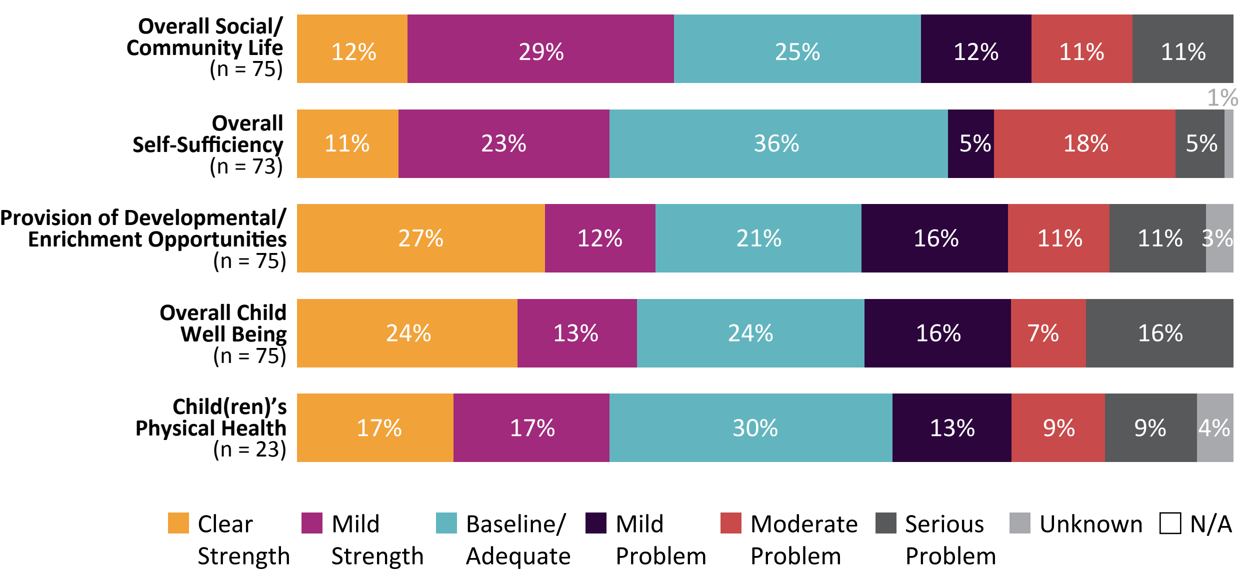


Figure 78 – Family Worx NCFAS Well-Being Domain Scores, Closure



Mental Health

Improved Mental Well-Being of Parent and Child

75 families completed the NCFAS subscales within the 'Overall Child Well-Being' domain. Overall, an improvement to overall child well-being was evident as 37 per cent of families had a strength rating at closure in comparison to nine per cent at intake (*see Figures 77 and 78*). At intake, 53 families had a problem rating for their child(ren)'s well-being. By closure, 24 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. Of the 29 families with a problem rating at closure, 21 maintained their initial problem rating. Unfortunately, this included eight families who maintained a serious problem rating.

Learning and Education

Decreased Developmental Vulnerability

75 families completed the NCAFS subscales in the 'Provision of Development/Enrichment Opportunities' domain. There was improvement in this domain as 39 per cent of families had a strength rating at closure in comparison to 12 per cent at intake (*see Figures 77 and 78*). At intake, 44 families had a problem rating at intake. By closure, 19 of these families moved to either a baseline/adequate, mild strength, or clear strength rating. 24 of these families had a problem rating at closure. These families either maintained their intake rating (13 families) or had a slight improvement to their initial rating (11 families). Two families moved from a baseline/adequate rating to either a mild or serious problem rating. Program staff mentioned that this was a result of school refusal for adolescents, lack of stability of teachers resulting in decreased tailored support for children, and the long wait for NDIS assessments for C&YP with a disability.

Empowerment

Increased Self-Sufficiency

73 families completed the NCFAS subscales in the 'Overall Self Sufficiency' domain. There was improvement to family self-sufficiency as 34 per cent of families had a strength rating at closure in comparison to 12 per cent at intake (*see Figures 77 and 78*). At intake, 47 families had a problem rating. By closure, 26 of these families moved to a baseline/adequate, mild strength, or clear strength rating. Of the 20 families who maintained a problem rating at closure, six had slight improvements to their problem rating and one had a slight decline. The remaining 11 families kept the same problem rating at intake and closure. This included four families who maintained a serious problem rating. Lastly, one family moved from a baseline/adequate rating to a serious problem rating. Program management mentioned that the problem ratings in family self-sufficiency were a result of family disengagement, families being in a constant state of crisis, and families heavily reliant on services to support them.

Community and Support

Increased Connection to Communities

NCFAS results demonstrated some improvement in family connection to community as 41 per cent of families had a strength rating at program closure in comparison to 11 per cent at intake (*see Figures 77 and 78*). At intake, 49 families had a mild, moderate, or a serious problem rating. By closure, 24 families moved to either a mild strength or a baseline/adequate rating. Of the 25 families with a problem rating at closure, eight had slight improvements to their problem rating, 12 had the same problem rating at both intake and closure, and five had a small decline in their problem rating (mild problem rating at intake to a moderate problem rating at closure).

Each of the eleven caregivers within the Family Worx program who responded to the Prevention and Strengthening Families Feedback Survey reported that they 'Strongly Agree' (ten) or 'Agree' (one) that their OzChild worker helped increase their social, support and community networks.

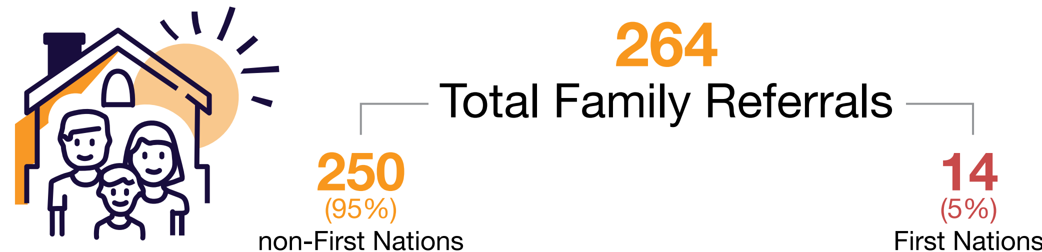
Culture and Identity

Increased Responsiveness to Culture and Identity

Each of the 11 caregivers surveyed identified as non-First Nations. Nine caregivers surveyed reported that they 'Strongly Agree' and two reported that they 'Agree' that their OzChild worker has an awareness of their family's cultural and religious background(s). When asked whether their OzChild worker respects their families cultural and religious background(s) nine caregiver reported they 'Strongly Agree' and two reported that they 'Agree'.

Demographics

Number of Family Referrals Active in FRC, 2021-2022



Permanency

Care Arrangements

Number of Families Completing Service

Figure 79 – Percentage of FRC Families Concluding Service, 2021-2022

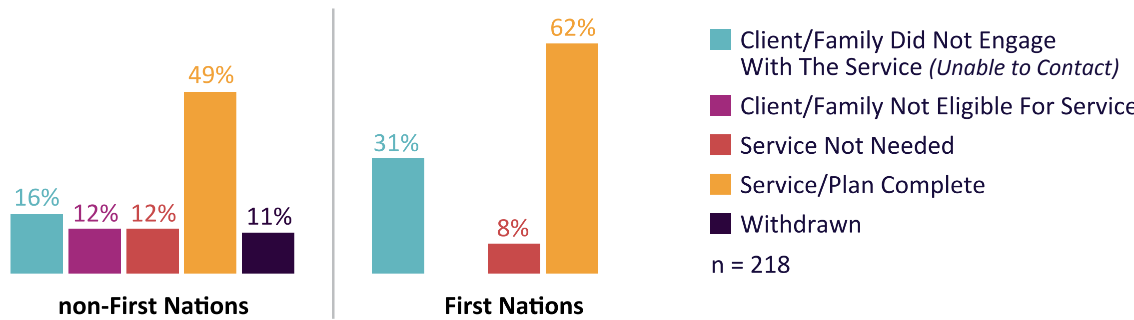


Figure 80 – Number of FRC Families Completing Service, 2021-2022

During the reporting period, 218 families concluded service for one of five reasons *(see Figure 79)*. 205 families were non-First Nations and 13 families identified as First Nations. 108 of these families completed the service. Eight families were First Nations and 100 were non-First Nations *(see Figure 80)*. Out of the 218 families, First Nation families had a higher rate of completion compared to non-First Nations families (61 per cent and 47 per cent respectively). However, it should be noted that there were significantly more non-First Nations families participating in the service compared to First Nations families.

Program management revealed that the service closure options available on the client management system do not reflect the successful outcomes achieved through family law services like FRC. Specifically, the goals of FRC are to provide families with a high quality and ethical suite of services which serve as an entry point to the family support service system. Further, the FRC provides information, support, and referral services to all families, as well as family dispute resolution and access to some legal assistance for separating or separated families. As such, when families conclude service for reasons other than completion, it is often not because the service was unsuccessful in improving family outcomes, but instead a result of improved communication and empowerment among separated families and as a result the service was not required.

Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children and, Overall Family Violence

For OzChild's Family Law services, outcomes data is collected using the SCORE. The SCORE was administered through client self-assessment and up to two caregivers participated in both pre- and post-SCORE assessments (*refer to Appendix 1 for further information about the SCORE*). The SCORE uses a five-point rating scale to report changes in client outcomes (1 = no progress to 5= goals/outcomes fully achieved). Program management stated that families making 'Moderate Progress' (4) stood a good indicator of improvement considering the challenges families faced at the commencement of service.

Five domains in two of the SCORE components ('Client circumstances' and 'Client goals') were analysed to assess whether FRC is assisting children and their families to live free from abuse and violence. Firstly, the SCORE domain 'Personal and Family Safety' was analysed to identify whether families had adequate ongoing family safety to support independence, participation, and well-being. The post-SCORE results demonstrated that 21 per cent of caregivers fully achieved this outcome. This is an 11 per cent improvement since pre-SCORE (*see Figures 81 and 82*). The post-SCORE results also indicated that there was a 25 per cent improvement in caregivers with 'Moderate Progress'.

The SCORE domain 'Changed impact of immediate crisis' was completed by 300 caregivers. The domain assessed whether caregivers achieved goals relating to reducing the negative impact of immediate crisis' that may occur. 13 per cent of caregivers fully achieved the goals in this domain (11 per cent improvement) (*see Figures 81 and 82*). Although a low rate demonstrated complete achievement of the goal, there was a 22 per cent improvement in caregivers making 'Moderate Progress'.

Figure 81 – FRC Client Outcomes, pre-SCORE

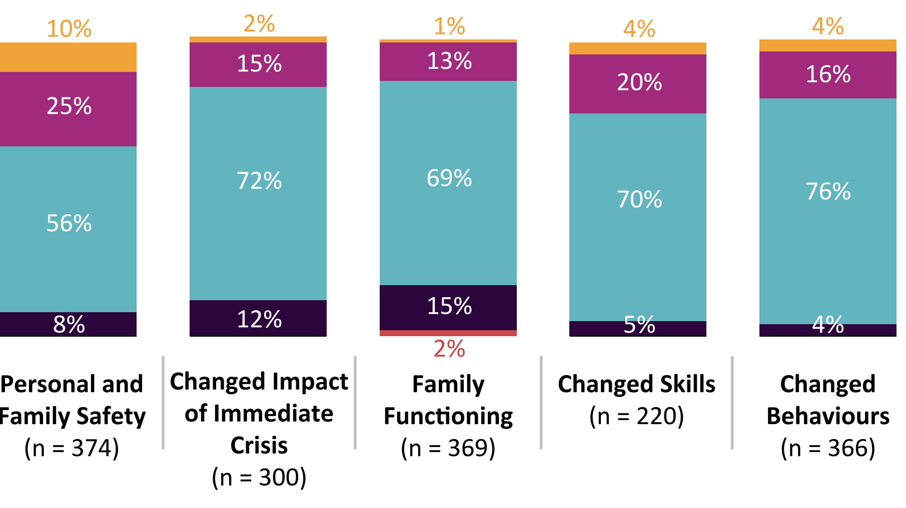
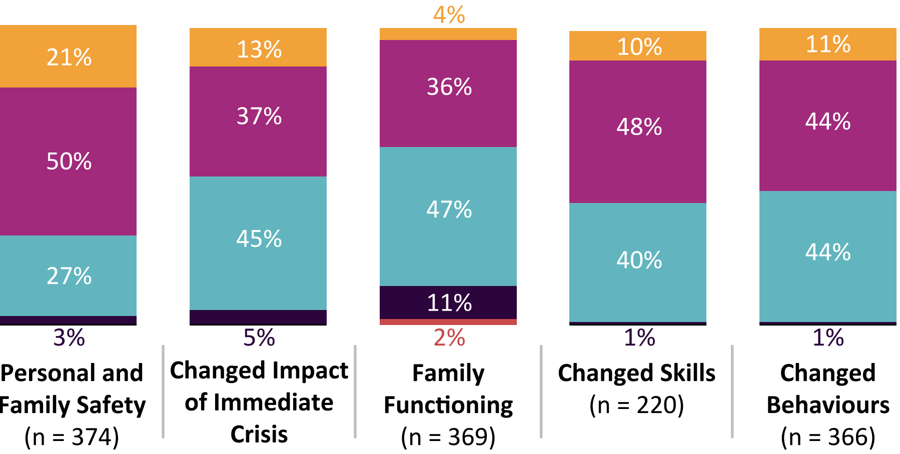


Figure 82 – FRC Client Outcomes, post-SCORE



- No Progress
- Limited Progress
- Some Progress
- Moderate Progress
- Outcome/Goal Fully Achieved

Increased Respect, Cooperation, and Parenting Agreement

The SCORE domain 'Family functioning' was completed by 369 caregivers. Interestingly, just four per cent of caregivers reported on-going family functioning to support independence, participation, and well-being. This was a three per cent improvement since the pre-SCORE (*see Figures 81 and 82*). There was a 23 per cent improvement in families with 'Moderate Progress'. Two per cent of caregivers demonstrated 'No Progress' to family functioning post-SCORE.

Decreased Dysfunctional Behaviours Including Verbal and Physical Aggression, and Conflict/Dispute Between Parents

The SCORE domains 'Changed skills' and 'Changed behaviours' were analysed to assess improvements in dysfunctional behaviours between parents. The post-SCORE results demonstrate that ten per cent of caregivers fully achieved goals relating to the 'Changed skills' domain and 11 per cent 'Fully achieved goals' relating to the 'Changed behaviours' domain (*see Figures 81 and 82*). There was also a 28 per cent increase in caregivers with 'Moderate Progress' in both domains.

Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

Four domains in three of the SCORE components ('Client Circumstances', 'Client goals', and 'Client satisfaction') were analysed to assess family well-being. Firstly, the SCORE domain 'Mental health, well-being and self-care' was analysed to evaluate improvements mental health. The post-SCORE results demonstrated that 15 per cent of caregivers fully achieved this outcome (*see Figures 83 and 84*). This is a five per cent improvement since pre-SCORE. The post-SCORE results also indicated that there was a 25 per cent improvement in caregivers with 'Moderate Progress'.

Figure 83 – FRC Client Outcomes, pre-SCORE

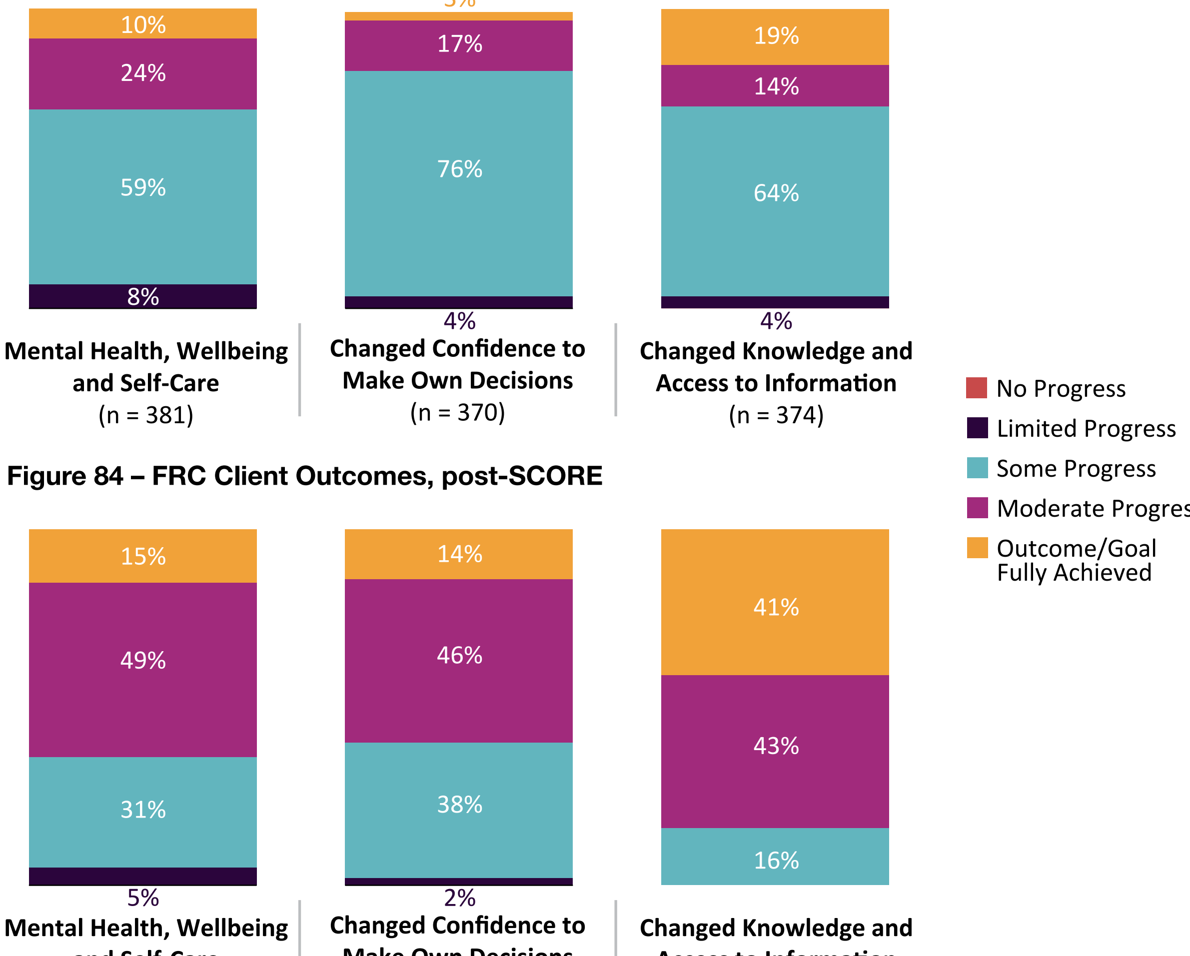


Figure 84 – FRC Client Outcomes, post-SCORE

Empowerment

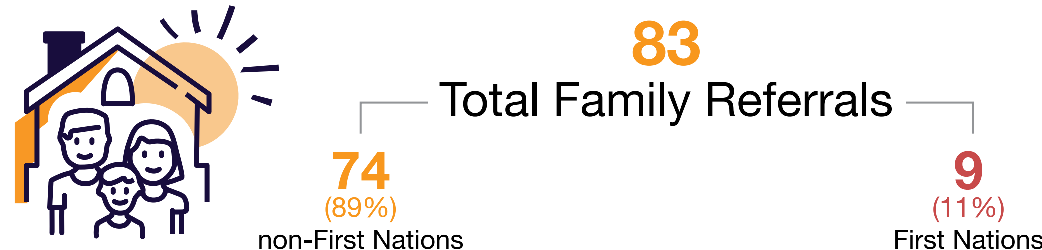
Increased Parent Capacity to Focus on Interest of the Children and to Work Together Effectively as Co-parents

The SCORE domains 'Changed confidence to make own decisions' and 'Changed knowledge and access to information' were analysed to assess improvements in parent capacity to focus on the interests of children and work together effectively as co-parents. The post-SCORE results demonstrate that 14 per cent of caregivers fully achieved goals relating to the 'Changed confidence to make own decisions' domain (11 per cent improvement) and 41 per cent fully achieved goals relating to the 'Changed knowledge and access to information' domain (22 per cent improvement) (*see Figures 83 and 84*).

The 'Better able to deal with issues they sought help with' domain was completed by caregivers only at post-SCORE. The results demonstrate that 85 per cent 'Agree' that they are better able to deal with issues they sought help with (on a scale of 1= Disagree to 5= Agree). Eight per cent reported they 'Tend to agree' and five per cent reported that they 'Neither agree nor disagree'. These results demonstrate that as a result of participation in FRC, most caregivers felt better able to deal with issues they sought help with.

Demographics

Number of Family Referrals Active in CCS VIC, 2021-2022



Permanency

Care Arrangements

Number of Families Completing Service

Figure 85 – Percentage of CCS Families Concluding Service, 2021-2022

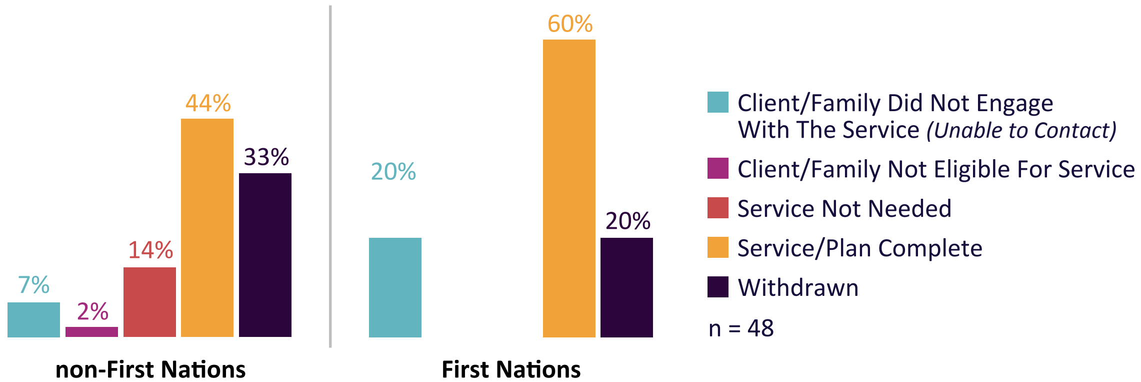
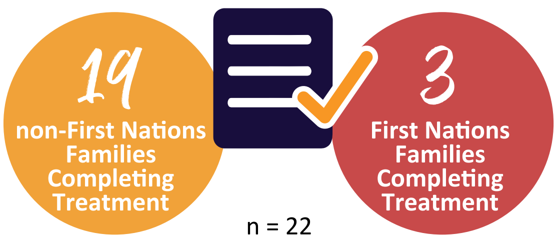


Figure 86 – Number of CCS Families Completing Service, 2021-2022



During the reporting period, 48 families concluded service for one of five reasons (*see Figure 85*). 43 families were non-First Nations and five families identified as First Nations. 22 of these families completed the service. Three families were First Nations and 19 were non-First Nations (*see Figure 86*). First Nations families had a higher rate of completion compared to non-First Nations families (60 per cent and 44 per cent respectively). However, it should be noted that there were significantly more non-First Nations participating in service compared to First Nations families.

Consultations with program management revealed that the service closure options available on the client management system do not reflect the successful outcomes achieved through CCS. Specifically, the goal for CCS is to provide children with a safe and neutral place to establish or maintain contact with parents and other family members. As such, when families conclude service, it is often not because the service was unsuccessful in improving functioning, but instead a result of improved communication and empowerment among families. Management also mentioned that there were still instances where the service was concluded due to difficulty engaging one parent or if ongoing family violence impacted reunification. But often service conclusion was due to improvement. Due to the closure reasons not being tailored to the program, therapists were subjectively choosing pre-exiting closure reasons. This discrepancy may have impacted the aforementioned results.

Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children and Overall Family Violence

The SCORE was administered through client self-assessment and up to two caregivers participated in both pre- and post-SCORE assessments (*refer to Appendix 1 for further information about the SCORE*). The SCORE uses a five-point rating scale to report changes in client outcomes (1=no progress to 5= goals/outcomes fully achieved). Program management stated that families making 'Moderate Progress' (4) stood a good indicator of improvement considering the challenges families faced at the commencement of service.

Five domains in two of the SCORE components ('Client circumstances' and 'Client goals') were analysed to assess whether CCS is assisting children and their families to live free from abuse and violence. Firstly, the SCORE domain 'Personal and Family Safety' was analysed to identify whether families had adequate ongoing family safety to support independence, participation, and well-being. The post-SCORE results demonstrated that two per cent of caregivers fully achieved this outcome. This was a slight (one per cent) improvement since pre-SCORE (*see Figures 87 and 88*). There was also a 39 per cent improvement in caregivers with 'Moderate Progress'. There was also less caregivers with 'Limited Progress' post-SCORE (two per cent) compared to pre-SCORE (24 per cent).

The SCORE domain 'Changed impact of immediate crisis' was completed by 154 caregivers. The domain assessed whether caregivers achieved goals relating to reducing the negative impact of immediate crisis' that may occur. Again, just two per cent of caregivers fully achieved the goals in this domain (one per cent improvement since intake) (*see Figures 87 and 88*). Although a low rate demonstrated a complete achievement of domain goals, there was a 36 per cent improvement in caregivers with 'Moderate Progress'.

Figure 87 – CCS Client Outcomes, pre-SCORE

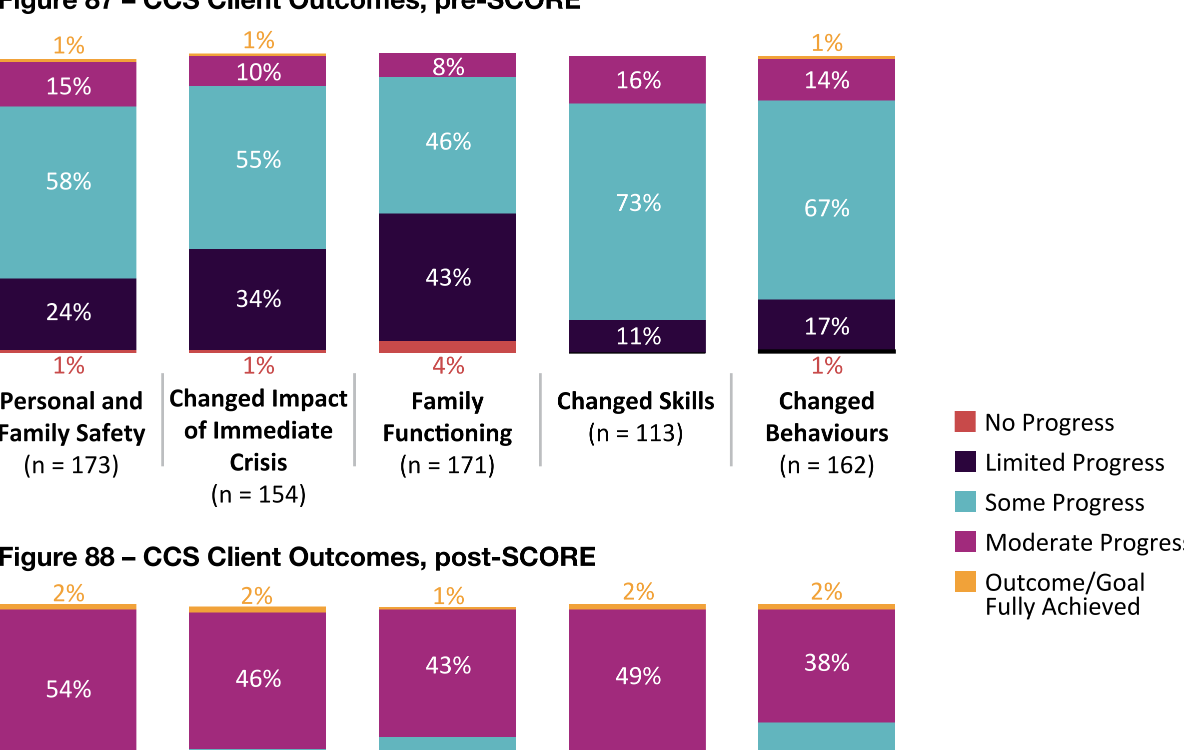


Figure 88 – CCS Client Outcomes, post-SCORE

Increased Respect, Cooperation, and Parenting Agreement

The SCORE domain 'Family functioning' was completed by 171 caregivers. One per cent of caregivers reported on-going family functioning to support independence, participation, and well-being. Despite the low rate of caregivers achieving the outcome, there was a 35 per cent increase in caregivers with 'Moderate Progress' *(see Figures 87 and 88)*. Further, just one per cent of caregivers reported making 'No Progress' post-SCORE in comparison to four per cent pre-SCORE.

Decreased Dysfunctional Behaviours Including Verbal and Physical Aggression, and Conflict/Dispute Between Parents

The SCORE domains 'Changed Skills' and 'Changed Behaviours' were analysed to assess improvements in dysfunctional behaviours between parents. The post-SCORE results demonstrate a low rate of caregivers fully achieving goals relating to both domains (two per cent) *(see Figures 87 and 88)*. Like the other SCORE analysis, there was significant improvement in the rate of caregivers making 'Moderate Progress' post-SCORE (33 per cent for 'Changed Skills' and 24 per cent for 'Changed Behaviours'). There were also less caregivers with 'Limited Progress' for 'Changed Skills' and 'Changed Behaviours' (10 per cent and 12 per cent respectively).

Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

Four domains in three of the SCORE components ('Client Circumstances', 'Client goals', and 'Client satisfaction') were analysed to assess family well-being. Firstly, the SCORE domain 'Mental health, well-being and self-care' was analysed to evaluate improvements mental health. This domain assessed whether caregivers had adequate ongoing mental health, well-being, and self-care. The post-SCORE results demonstrated that two per cent of caregivers fully achieved this outcome (*see Figures 89 and 90*). This rate did not change since pre-SCORE. There was a 35 per cent improvement in caregivers with 'Moderate Progress' post-SCORE.

Empowerment

Increased Parent Capacity to Focus on Interest of the Children and to Work Together Effectively as Co-parents

The SCORE domains 'Changed confidence to make own decisions' and 'Changed knowledge and access to information' were analysed to assess improvements in parent capacity to focus on the interests of children and work together effectively as co-parents. The post-SCORE results demonstrate that four per cent of caregivers fully achieved the goals relating to both domains (*see Figures 89 and 90*). For 'Changed confidence to make own decisions', this was a two per cent improvement. However, this was a four per cent decline for the 'Changed knowledge and access to information' domain.

The 'Better able to deal with issues they sought help with' domain was completed by caregivers only at post-SCORE. The results demonstrate that 79 per cent of caregivers 'Agree' that they are better able to deal with issues they sought help with (on a scale of 1 = Disagree to 5 = Agree). Nine per cent reported they 'Tend to Agree' and 12 per cent reported that they 'Neither Agree nor Disagree'. These results demonstrate that as a result of CCS, caregivers felt better able to deal with issues they sought help with.

Figure 89 – CCS Client Outcomes, pre-SCORE

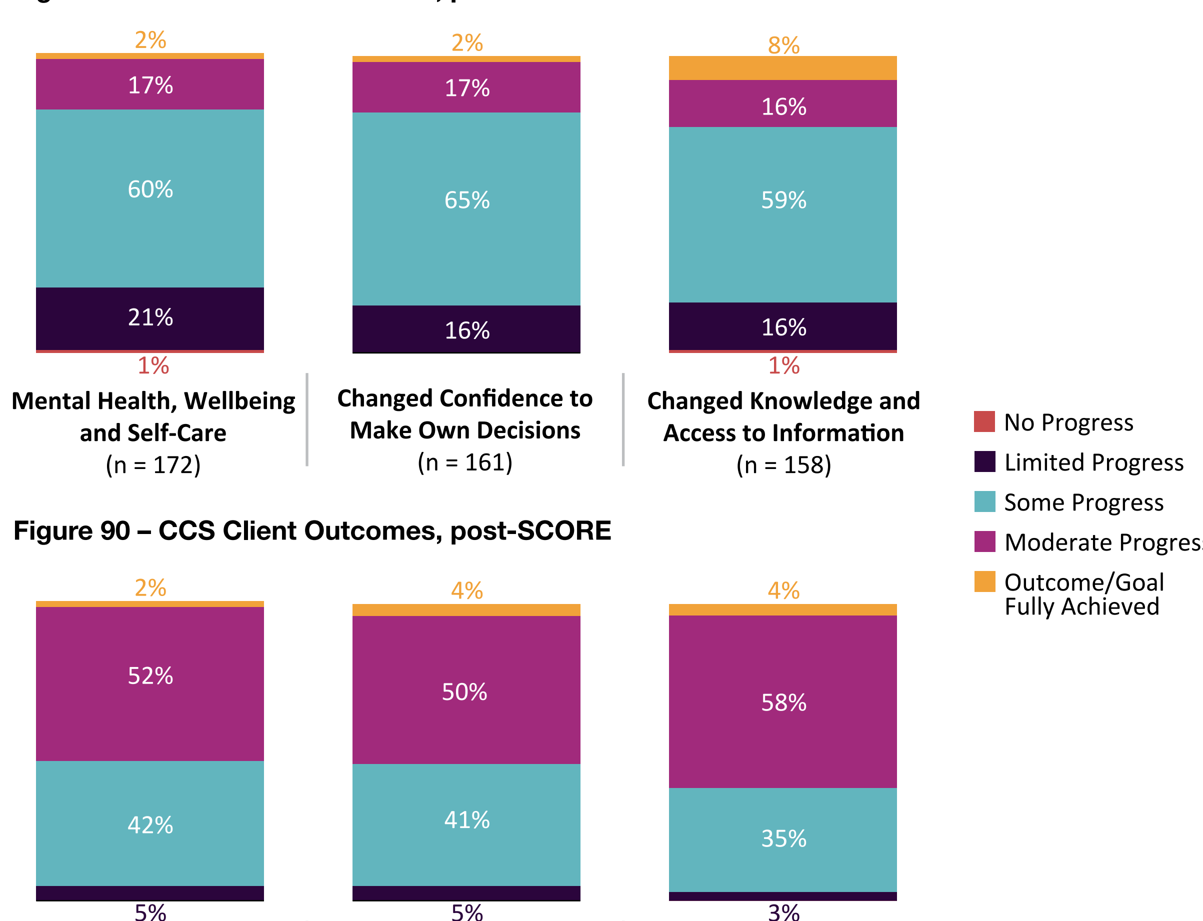
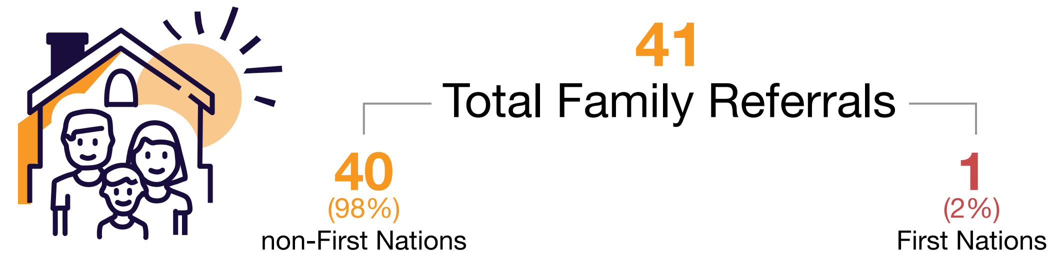


Figure 90 – CCS Client Outcomes, post-SCORE

Demographics

Number of Family Referrals Active in RFDR VIC, 2021-2022

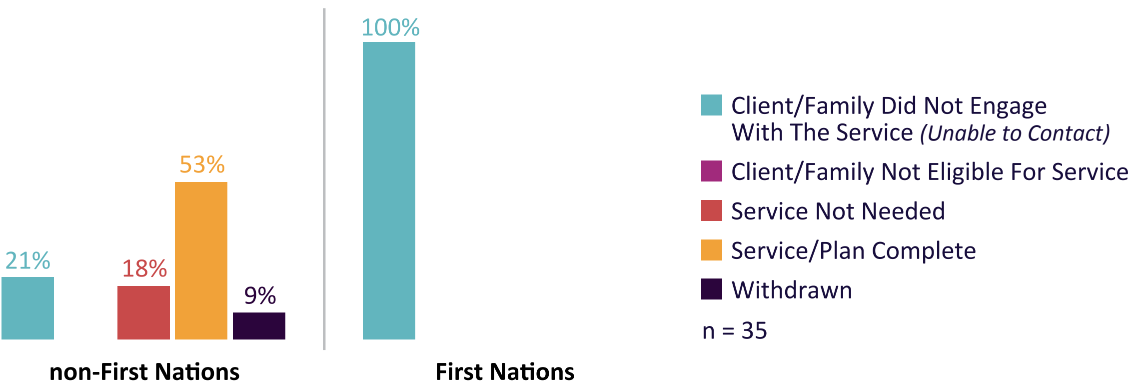


Permanency

Care Arrangements

Number of Families Completing Service

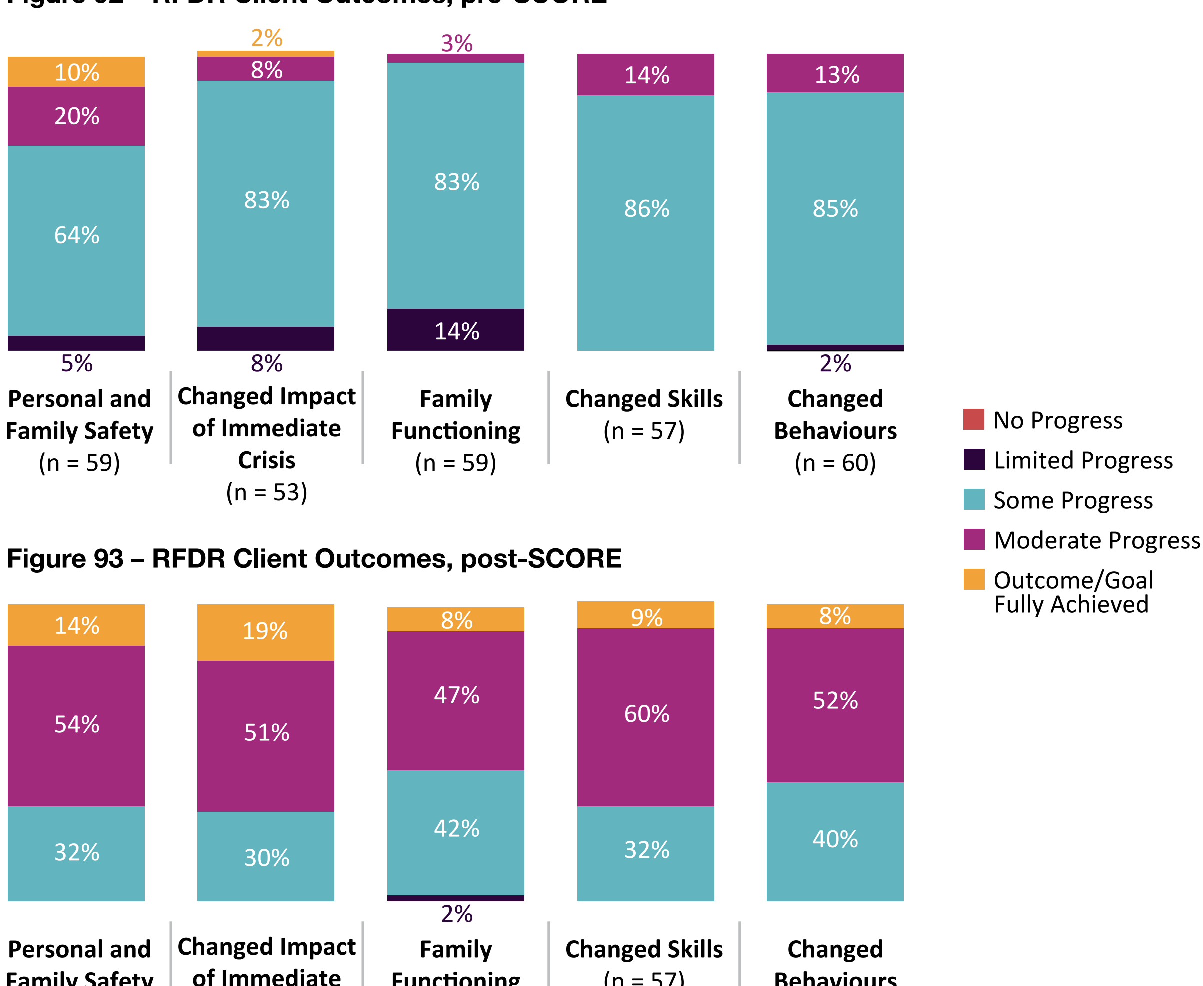
Figure 91 – Percentage of RFDR Families Completing Service



During the reporting period, 35 families concluded treatment for one of four reasons (see Figure 91). 34 families were non-First Nations and one family identified as First Nations. 18 of these families successfully completed the program. All families were non-First Nations.

Consultations with program management revealed that the service closure options available on the client management system do not reflect the successful outcomes achieved through family law services like RFDR. Specifically, the goals of RFDR are to assist separating families by resolving disputes relating to separation and divorce and improve relationships among separated parents. As such, when families conclude service, it is often not because the service was unsuccessful in improving functioning, but instead a result of improved communication and empowerment among separated families. Management also mentioned that there were still instances where the service was concluded due to difficulty engaging one parent or if ongoing family violence impacted reunification. But often service conclusion was due to improvement. Due to the closure reasons not being tailored to the program, therapists were subjectively choosing pre-exiting closure reasons. This discrepancy may have impacted the aforementioned findings.

Figure 92 – RFDR Client Outcomes, pre-SCORE



Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children and Overall Family Violence

The SCORE was administered through client self-assessment and up to two caregivers participated in both pre- and post-SCORE assessments (*refer to Appendix 1 for further information about the SCORE*). The SCORE uses a five-point rating scale to report changes in client outcomes (1= no progress to 5-=goals/outcomes fully achieved. Program management stated that families with 'Moderate Progress' (4) stood as a good indicator of improvement considering the challenges families faced at the commencement of service.

Five domains in two of the SCORE components ('Client circumstances' and 'Client goals') were analysed to assess whether RFDR is assisting children and their families to live free from abuse and violence. The SCORE domain 'Personal and Family Safety' was analysed to identify whether families had adequate ongoing family safety to support independence, participation, and well-being. The post-SCORE results demonstrated that 14 per cent of caregivers fully achieved this outcome. This was a slight (four per cent) improvement since pre-SCORE (*see Figures 92 and 93*). There was also a 34 per cent improvement in caregivers with 'Moderate Progress'.

The SCORE domain 'Changed impact of immediate crisis' was completed by 53 caregivers. The domain assessed whether caregivers achieved goals relating to reducing the negative impact of immediate crisis' that may occur. All caregivers either made 'Some Progress', 'Moderate Progress', or 'Fully Achieved Goal' post-SCORE (*see Figures 92 and 93*). Specifically, 19 per cent of caregivers fully achieved the goals in this domain (17 per cent improvement since intake). There was also a 43 per cent improvement in caregivers with 'Moderate Progress' post-SCORE.

Increased Respect, Cooperation, and Parenting Agreement

The SCORE domain 'Family functioning' was completed by 59 caregivers. Eight per cent achieved on-going family functioning to support independence, participation, and well-being. Despite the low rate of caregivers achieving the outcome, there was a 44 per cent increase in caregivers making 'Moderate Progress' (*see Figures 92 and 93*). Further, just two per cent of caregivers were reported making 'Limited Progress' post-SCORE in comparison to 14 per cent pre-SCORE.

Decreased Dysfunctional Behaviours Including Verbal and Physical Aggression, and Conflict/Dispute Between Parents

The SCORE domains 'Changed skills' and 'Changed behaviours' were analysed to assess improvements in dysfunctional behaviours between parents. The post-SCORE results demonstrate that nine per cent of caregivers fully achieved the goals for 'Changed skills' and eight per cent fully achieved the goals for 'Changed behaviours' (*see Figures 92 and 93*). There were no caregivers who had either outcome goal achieved pre-SCORE. Like the other SCORE analysis, there was significant improvement in the rate of caregivers with 'Moderate Progress' post-SCORE (46 per cent for 'Changed skills' and 39 per cent for 'Changed behaviours').

Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

Five domains in two of the SCORE components ('Client circumstances' and 'Client goals') were analysed to assess whether RFDR is assisting children and their families to live free from abuse and violence. Firstly, the SCORE domain 'Mental health, well-being and self-care' was analysed to evaluate improvements mental health. This domain assessed whether caregivers had adequate ongoing mental health, well-being, and self-care. The post-SCORE results demonstrated that five per cent of caregivers fully achieved this outcome (*see Figures 94 and 95*). This rate did not change since pre-SCORE. Further, the post-SCORE results indicated there was a 42 per cent improvement in caregivers with 'Moderate Progress'.

Empowerment

Increased Parent Capacity to Focus on Interest of the Children and to Work Together Effectively as Co-parents

The SCORE domains 'Changed confidence to make own decisions' and 'Changed knowledge and access to information' were analysed to assess improvements in parent capacity to focus on the interests of children and work together effectively as co-parents. The post-SCORE results demonstrated that 12 per cent of caregivers fully achieved goals relating to the 'Changed confidence to make own decisions' domain and 30 per cent of caregivers fully achieved goals relating to the 'Changed knowledge and access to information' domain (*see Figures 94 and 95*). This was a 12 per cent and 20 per cent improvement respectively.

The 'Better able to deal with issues they sought help with' domain was completed by caregivers only at post-SCORE. The results demonstrate that 50 per cent of caregivers 'Agree' that they were Better able to deal with issues they sought help with (one a scale of 1 = Disagree to 5 = Agree). 13 per cent reported that they 'Tend to Agree' and 13 per cent reported they 'Neither Agree nor Disagree'.

Figure 94 – RFDR Client Outcomes, pre-SCORE

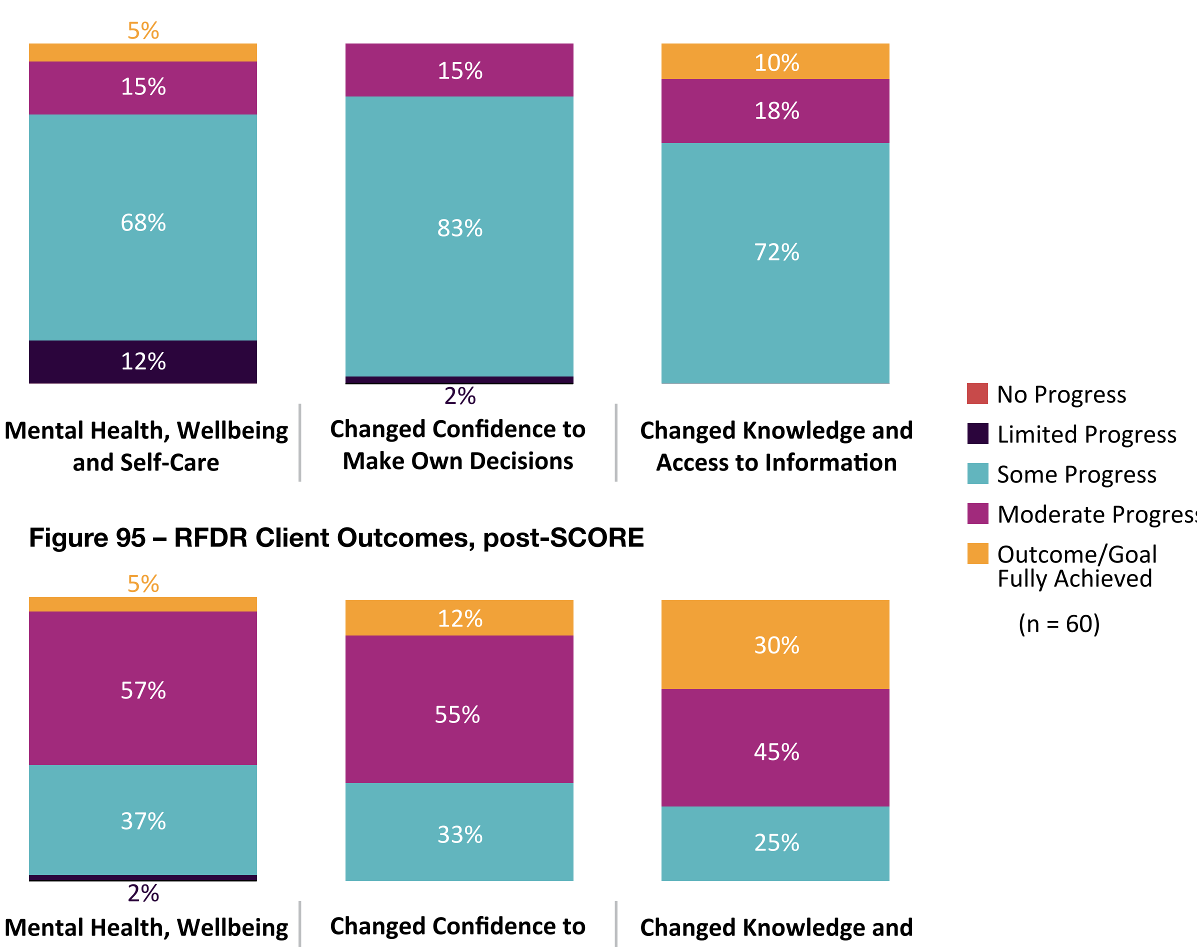
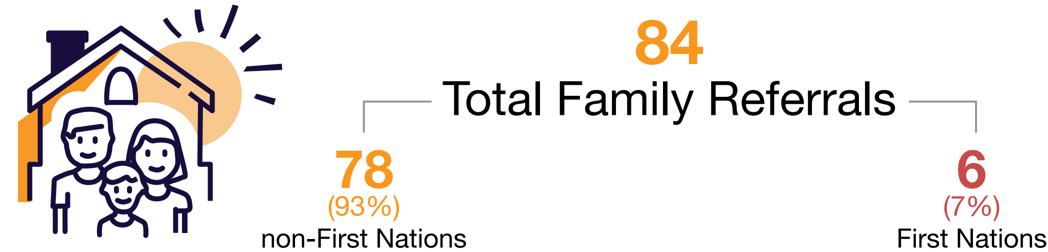


Figure 95 – RFDR Client Outcomes, post-SCORE

Demographics

Number of Family Referrals Active in POP and PSCP VIC, 2021-2022



Permanency

Care Arrangements

Number of Families that have Completed PSCP-POP

Figure 96 – Percentage of Families Concluding PSCP-POP, 2021-2022

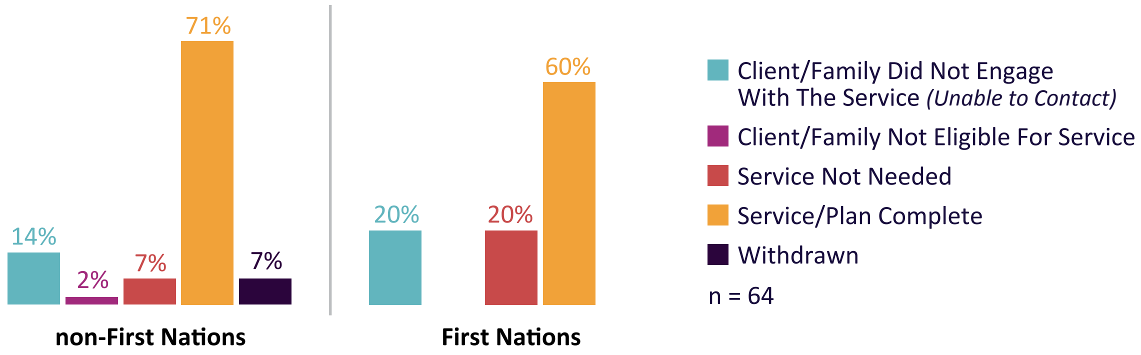
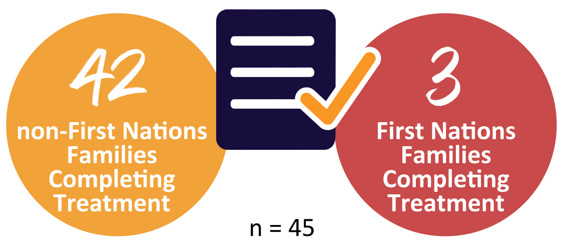


Figure 97 – Number of Families Completing PSCP-POP, 2021-2022



During the reporting period, 64 families concluded the program for one of five reasons (*see Figure 96*). 59 families were non-First Nations and five families identified as First Nations. 45 of these families completed the program. Three families were First Nations and 42 were non-First Nations (*see Figure 97*). Out of the 64 families, non-First Nation families had a higher rate of program completion compared to First Nations families (71 per cent and 60 per cent respectively). However, it should be noted that there were significantly more non-First Nations families participating in PSCP-POP in comparison to First Nations families.

Safety

Safe and Secure

Reduction in Prevalence and Impact of Abuse and Neglect of Children and Overall Family Violence

The SCORE was administered through client self-assessment and up to two caregivers participated in both pre- and post-SCORE assessments (*refer to Appendix 1 for further information about the SCORE*). The SCORE uses a five-point rating scale to report changes in client outcomes (1 = no progress to 5= goals/outcomes fully achieved. Program management stated that families with 'Moderate Progress' (4) stood a good indicator of improvement considering the challenges faced at the commencement of service.

Five domains in two of the SCORE components ('Client circumstances' and 'Client goals') were analysed to assess whether PSCP-POP is assisting children and their families to live free from abuse and violence. Firstly, the SCORE domain 'Personal and Family Safety' was analysed to identify whether families had adequate ongoing family safety to support independence, participation, and well-being. The post-SCORE results demonstrated that 19 per cent of caregivers fully achieved this outcome. This was a seven per cent improvement since pre-SCORE (*see Figures 98 and 99*). There was also a 40 per cent improvement in caregivers with 'Moderate Progress'.

The SCORE domain 'Changed impact of immediate crisis' was completed by 70 caregivers. All caregivers either made 'Some Progress', 'Moderate Progress', or 'Fully achieved goal' post-SCORE. Specifically, 17 per cent of caregivers fully achieved the goals in this domain (17 per cent improvement since the pre-SCORE) (*see Figures 98 and 99*). There was also a 45 per cent improvement in caregivers with 'Moderate Progress'.

Increased Respect, Cooperation, and Parenting Agreement

The SCORE domain 'Family functioning' was completed by 72 caregivers. Ten per cent achieved on-going family functioning to support independence, participation, and well-being. Despite the lower rate of caregivers achieving the outcome, there was a 24 per cent increase in caregivers with 'Moderate Progress' (*see Figures 98 and 99*). Further, ten per cent of caregivers made 'Limited Progress' post-SCORE in comparison to 19 per cent pre-SCORE. One per cent of caregivers made no progress both pre- and post-SCORE.

Decreased Dysfunctional Behaviours Including Verbal and Physical Aggression, and Conflict/Dispute Between Parents

The SCORE domains 'Changed skills' and 'Changed behaviours' were analysed to assess improvements in dysfunctional behaviours between parents. The post-SCORE results demonstrate again, a lower rate of caregivers fully achieving goals relating to both domains (eight per cent). This increased by eight per cent since pre-SCORE as there were no caregivers who had fully achieved these goals pre-SCORE (*see Figures 98 and 99*). Like the other SCORE analysis, there was significant improvement in the rate of caregivers with 'Moderate Progress' post-SCORE for both domains (56 per cent for 'Changed skills' and 39 per cent for 'Changed behaviours').

Figure 98 – PSCP and POP Client Outcomes, pre-SCORE

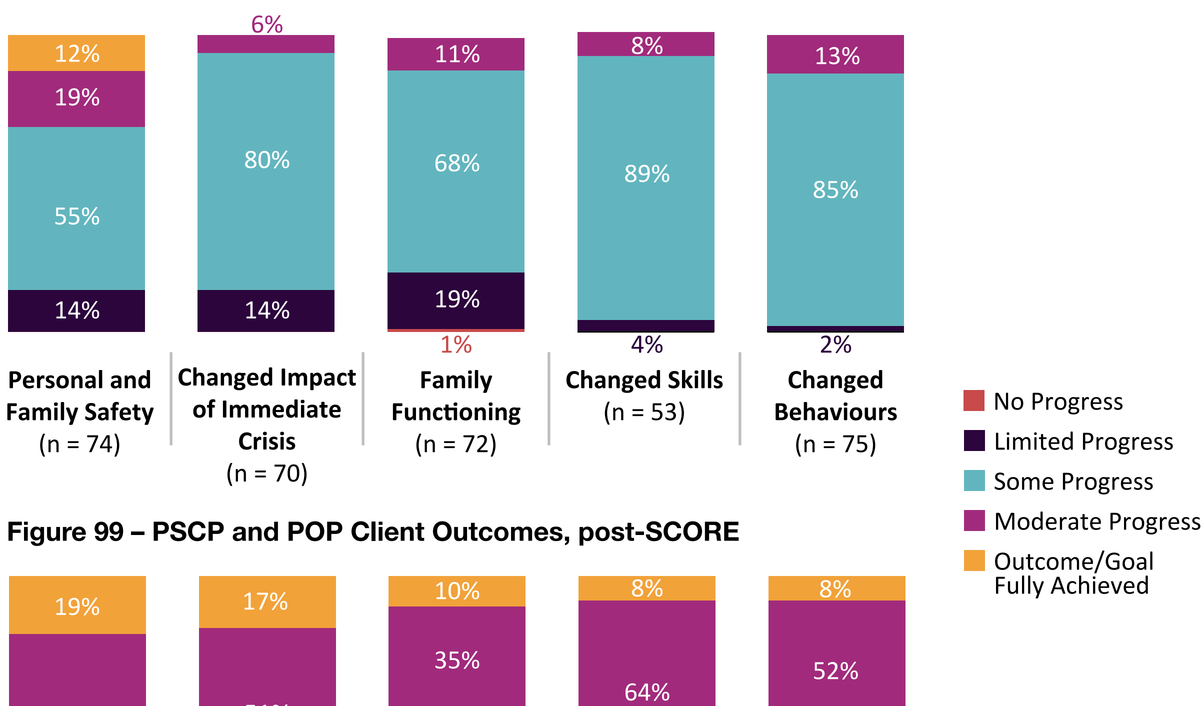


Figure 99 – PSCP and POP Client Outcomes, post-SCORE

19%
59%
22%
Personal and Family Safety (n = 74)
17%
51%
26%
6%
Changed Impact of Immediate Crisis (n = 70)
10%
35%
44%
10%
1%
Family Functioning (n = 72)
8%
64%
28%
Changed Skills (n = 53)
8%
52%
40%
Changed Behaviours (n = 60)

Well-Being

Mental Health

Improved Mental Well-Being of Parent and Child

Four domains in three of the SCORE components (‘Client Circumstances’, ‘Client goals’, and ‘Client satisfaction’) were analysed to assess family well-being. Firstly, the SCORE domain ‘Mental health, well-being and self-care’ was analysed to evaluate improvements mental health. This domain assessed whether caregivers had adequate ongoing mental health, well-being, and self-care. The post-SCORE results demonstrated that nine per cent of caregivers fully achieved this outcome. This rate improved by four per cent since pre-SCORE (five per cent) (*see Figures 100 and 101*). Further, the post-SCORE results indicated that there was a 37 per cent improvement in caregivers making ‘Moderate Progress’.

Empowerment

Increased Parent Capacity to Focus on Interest of the Children and to Work Together Effectively as Co-parents

The SCORE domains ‘Changed confidence to make own decisions’ and ‘Changed knowledge and access to information’ were analysed to assess improvements in parent capacity to focus on the interests of children and work together effectively as co-parents. The post-SCORE results demonstrate that 27 per cent of caregivers fully achieved goals relating to the ‘Changed confidence to make own decisions’ domain and 31 per cent of caregivers fully achieved goals relating to the ‘Changed knowledge and access to information’ domain (*see Figures 100 and 101*). This was a 26 per cent and 16 per cent improvement respectively.

Figure 100 – POP and PSCP Client Outcomes, pre-SCORE

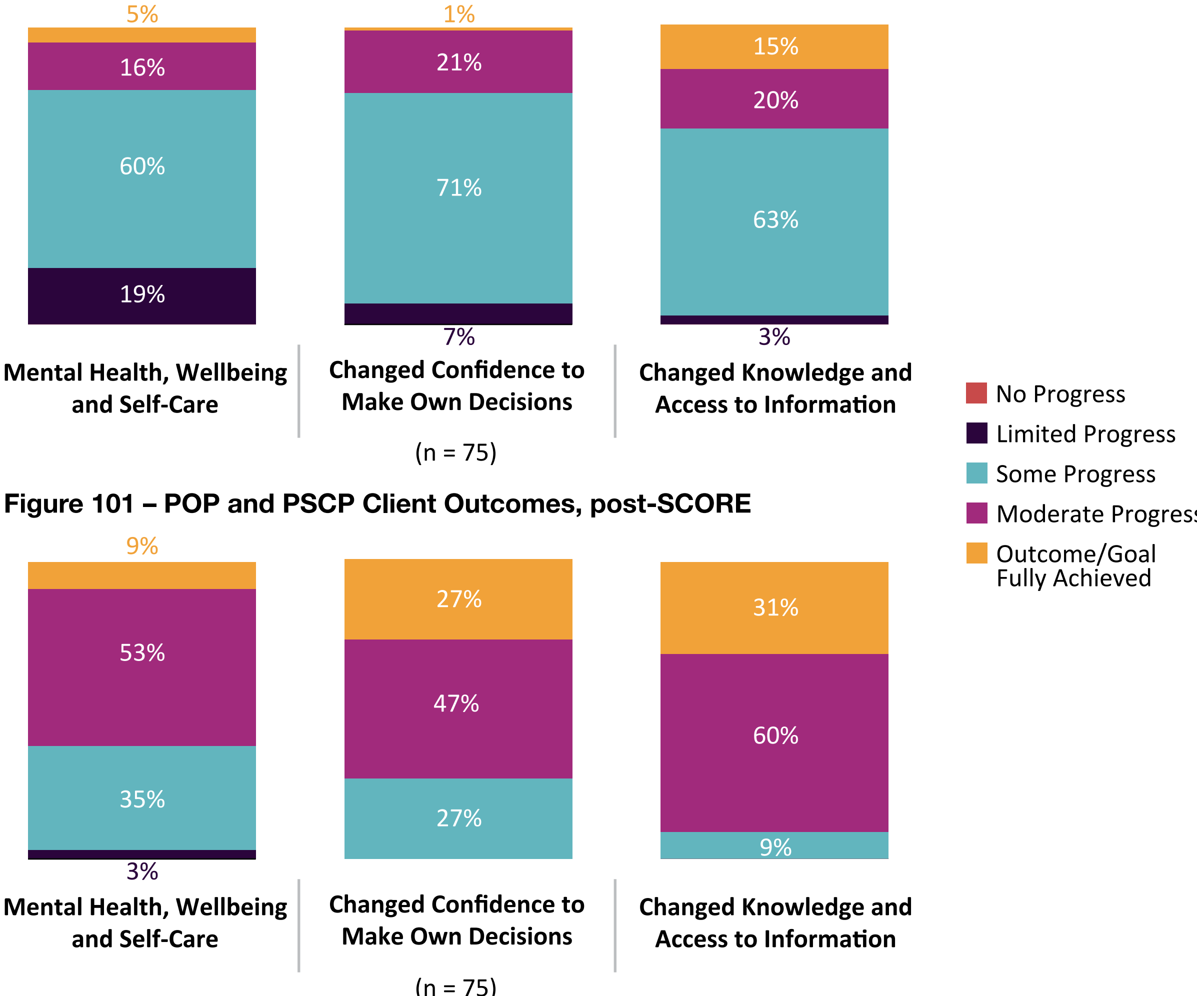


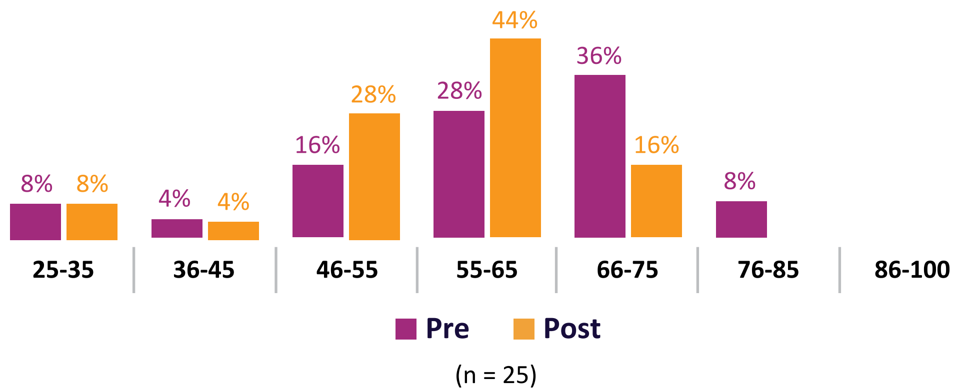
Figure 101 – POP and PSCP Client Outcomes, post-SCORE

The 'Better able to deal with issues they sought help with' domain was completed by caregivers only at post-SCORE. The results demonstrate that 89 per cent of caregivers 'Agree' (one a scale of 1= disagree to 5= agree) and 13 per cent reported that they 'Tend to agree' that they were better able to deal with issues they sought help with.

25 Caregivers in POP and PSCP completed the Acrimony Scale pre- and post-program to identify improvements in parenting conflict and co-parenting (*refer to Appendix 1 for further information about the Acrimony Scale*). The post Acrimony scores demonstrate a 28 per cent improvement in co-parenting and conflict between parents (*see Figure 102*). Whilst most caregivers (84 per cent) had an improved Acrimony score, 16 per cent had a higher score post-program indicating increased conflict and co-parenting difficulties. Program management mentioned that the higher score may have been due to parents with unreasonable demands at program closure or, a change in circumstance impacting cooperation among parents.

The Parenting Scale was completed by 25 caregivers pre- and post-program to measure improvements to dysfunctional discipline practices. 16 fathers and nine mothers completed the Parenting Scale (*refer to Appendix 1 for further information about the Parenting Scale*). For fathers, 13 per cent (two fathers) had Hostility scores equal to or greater than the clinical cut-off score (2.5) indicating that intervention was required pre-program (*see Figures 103 and 104*). This rate remained unchanged post-program. After further analysis it emerged that the two fathers above the cut-off score post-program differed to those at intake. This finding indicated that whilst two fathers had decreased the use of hostile discipline behaviours, two fathers increased the use of hostile behaviours (such as verbal or physical abuse) by the end of the program. For mothers, two (29 per cent) scored above clinical cut off (2.4) pre-program and by post-program both mothers scored in the normal range indicating that the use of hostile discipline had significantly decreased.

Figure 102 – POP and PSCP Parent Acrimony Scores



For Laxness, eight fathers (50 per cent) had scores indicating that intervention was necessary at intake (scored equal to or above 3.4). At closure, four of these fathers displayed improvements whilst the other four demonstrated declines in their scores. One mother had a Laxness score that indicated they required intervention at intake (scored over 3.6). By program conclusion, this mother scored in the normal range, demonstrating improvement.

Regarding Over-Reactivity, two fathers (13 per cent) had scores indicating the use of harsh, authoritarian discipline pre-treatment (scored equal to or above 3.9). This rate remained unchanged post-treatment. However, after further analysis it emerged that one father had improved their score (4.0 to 1.6) and as a result was in the normal range, whilst the other father remained over the cut-off (6.4 to 5.8). An additional father declined and moved from a score of two at intake to a score of six at program closure, indicating that further intervention may be required. Two mothers had scores above cut off (2.4) pre-program. By closure, these mothers displayed improvements to the use of Over-Reactive parenting styles as they scored in the normal range.

Figure 103 – POP and PSCP Parenting Scale, Male

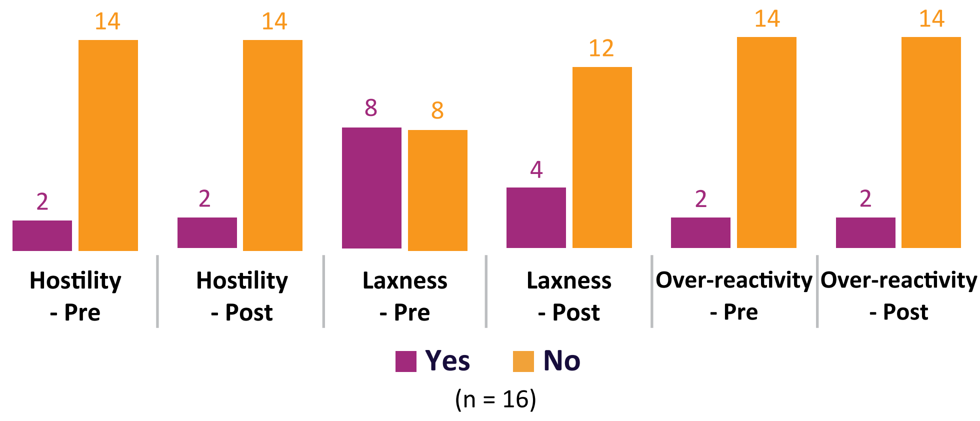
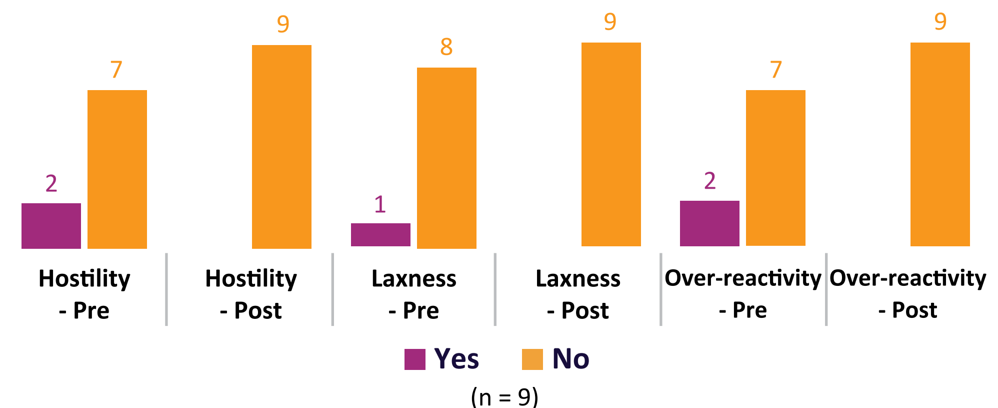
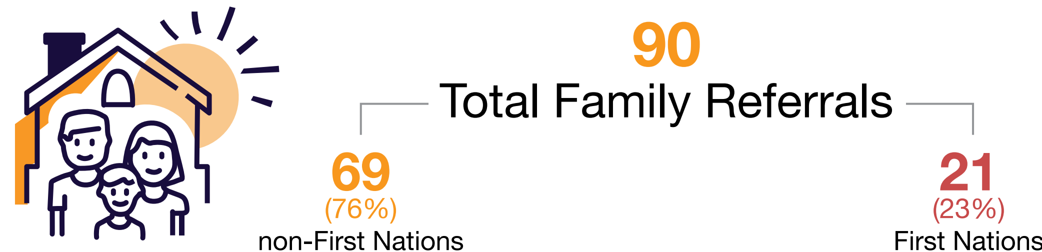


Figure 104 – POP and PSCP Parenting Scale, Female



Demographics

Number of Family Referrals Active in POP and PSCP VIC, 2021-2022



Permanency

Care Arrangements

Number of Families Completing SS2S

Figure 105 – Percentage of Families Concluding Participation in SS2S, 2021-2022

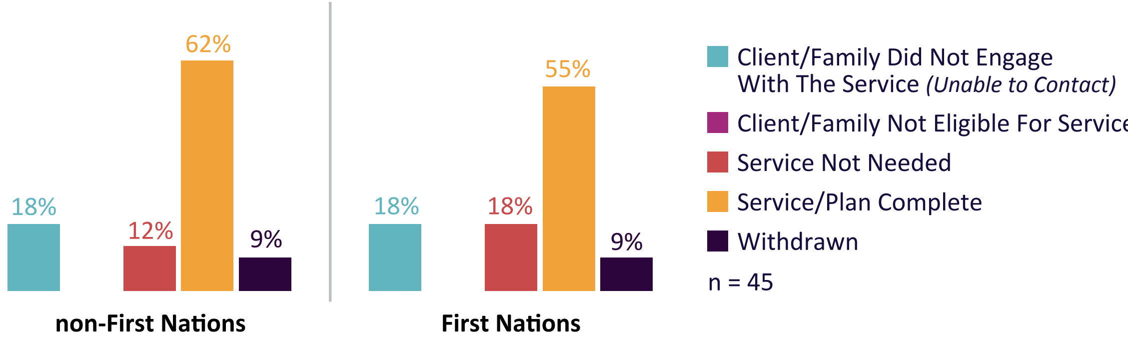
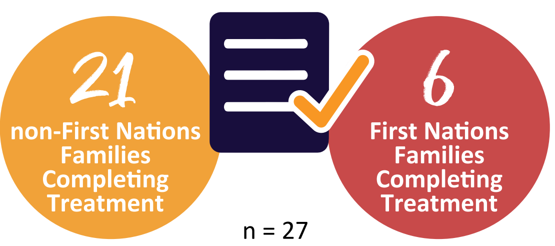


Figure 106 – Number of Families Successfully Completing SS2S, 2021-2022



During the reporting period, 45 families concluded participation in SS2S for one of four reasons (*see Figure 105*). 34 families were non-First Nations and 11 families identified as First Nations. 27 of these families successfully completed the program. Six families were First Nations and 21 were non-First Nations (*see Figure 106*). Out of the 45 families, non-First Nation families had a higher rate of successful completion compared to First Nations families (62 per cent and 55 per cent respectively).

Six families (four non-First Nations and two First Nations) concluded participation in SS2S as a result of increased family challenges. These families were referred to other more appropriate services. Management stated that families often required other interventions before being able to completely engage in the program.

Well-Being

Mental Health

The SS2S Readiness tool was allocated to identify whether the program was meeting the Well-Being outcomes including Mental Health, Physical Health, Learning and Education, and Empowerment. The low rates of completion impacted data quality and as a result this information was not included in this year's outcomes report. The Outcomes and Evaluation Research Specialist will work with the team to improve response rates to improve data quality for next year's Outcomes Report.

Empowerment

Increased Self-Sufficiency

25 caregivers responded to the SS2S Parent Feedback Survey. To determine whether family self-sufficiency has improved as a result of SS2S, caregivers were asked to rate four statements on a Likert scale (1= Strongly Disagree, 5= Neutral, 10=Strongly Agree). 24 caregivers responded to this question. The average scores were derived and are presented in *Figure 107*. The average survey results demonstrate that parents felt more confident playing with their child, reading and interacting with their child, and talking to kindergarten teachers and allied health professionals as a result of the program. Parents also reported that their child spends more time reading, singing rhymes, or listening to stories outside of SS2S as a result of the program.

To also determine whether family self-sufficiency has improved, parents were asked whether they had an increased awareness to provide a variety of activities to develop their child's learning and skills. 22 caregivers responded to this question and the responses are displayed in *Figure 108*. 68 per cent of parents were 'Definitely' more aware. Two parents (9 per cent) were 'A little' more aware. Program management advised that parents feeling 'A little' are most likely parents who are new to SS2S or, are parents with a disability who have increased challenges identifying activities to assist in their child's learning and development.

Figure 107 – Whether SS2S Increased Family Self-Sufficiency

6.9/10
My Child Spends More Time Reading, Singing Rhymes or Listening to Stories Outside of SS2S

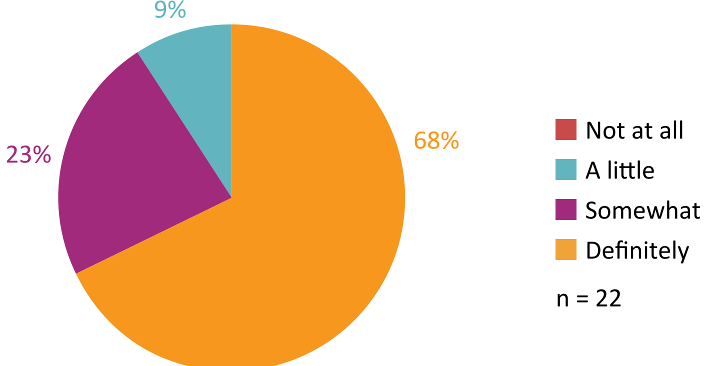
8.6/10
I feel more confident playing with my child

8.4/10
I feel more confident reading and interacting with my child

8.5/10
I feel more confident to talk to kindergarten teachers and Allied Health professionals about my child's needs

n = 24

Figure 108 – Whether SS2S Increased Parent Awareness to Provide Activities to Develop their Child's Learning and Skills



Stepping Stones to School (VIC)

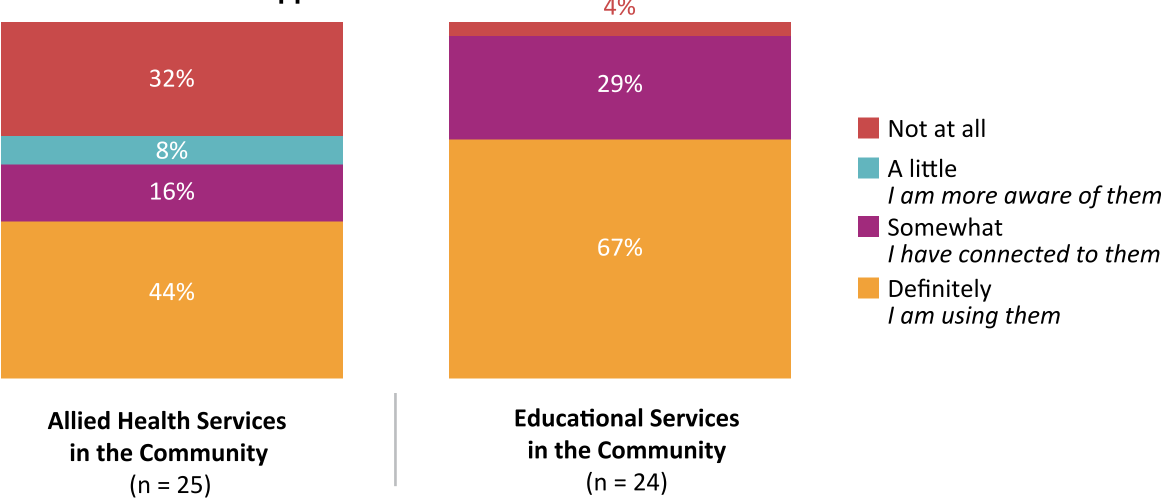
Community and Support

Increased Connection to Communities and Access to Social Support

Each of the 25 caregivers participating in the SS2S Parent Feedback Survey were asked whether they have increased connection to communities and access to social support as a result of the SS2S program. The responses are displayed in *Figure 109*. One caregiver did not provide an insight of their connection to educational services in the community. The responses indicated that 60 per cent of caregivers were connected to Allied Health Services in the community. 44 per cent of these caregivers were using these services. Consultation with program management revealed that the lower rate of caregivers using these services was commonly due to parents feeling overwhelmed, or they lacked confidence engaging these services. 32 per cent were not connected to any Allied Health services. Program management advised that these parents were not connected to Allied Health services as they were not required.

96 per cent of caregivers were connected to educational services in the community. Interestingly, just 67 per cent were using these services. Program management revealed that those who were connected but not engaged to educational services, were not engaged as their child was yet to commence their foundation schooling year. Four per cent reported they were not connected to any educational services. Program management stated that these parents had children who were too young to require connection to educational services (aged under three years).

Figure 109 – Whether SS2S Increased Caregiver Connection to Community Services and Social Support



Culture and Identity

Increased Responsiveness to Culture and Identity

Caregivers were asked one question to determine whether SS2S program facilitators have been respectful to their culture. To determine this, parents were asked to rate on a Likert scale, whether they strongly agree or strongly disagree that SS2S has been respectful to their culture (1= Strongly Disagree, 5= Neutral, 10=Strongly Agree. 24 caregivers responded to this question with the average score (99) demonstrating that caregivers 'Strongly Agree' that SS2S was respectful to their culture.

Appendix 1

Detailed Methodology

Quantitative

Validated outcomes tools

- **Strengths and Difficulties Questionnaire (SDQ) (FFT, FFT-CW (NSW and VIC), MST-CAN and MST):** A brief behavioural assessment tool used to assess the psychological wellbeing of C&YP aged 2-17 (Youth in Mind 2015). The SDQ is comprised of five scales with five items each. The scores are added together to provide a Total Difficulties and Prosocial Behaviour score (Lawrence et al. 2015). The SDQ has differing versions that can be completed by parents, carers, and teachers. C&YP older than 11 years (depending on their level of understanding and literacy) can self- complete an SDQ. Due to the tools' ability to identify treatment effects, a 'Pre' and 'Post' SDQ can be administered to evaluate the impact of specific interventions. As such, the SDQ is commonly used to assess C&YP receiving specialised child and adolescent service.

  The scores of pre and post SDQ's are classified into four categories: 'Close to Average', 'Slightly Raised', 'High' and 'Very High' for the Total Difficulties (total emotional and behavioural difficulties) scale and 'Close to Average', 'Slightly Lowered', 'Low' and 'Very Low' for the Prosocial scale (Youth in Mind 2015). The categories were designed so that approximately ten per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al. 2015). Therefore C&YP who have 'High', 'Very High', 'Low' and 'Very Low' scores indicate substantial risk of clinically significant problems.

- **Client Outcome Measure – Adolescent (COM-A) (FFT and all FFT-CW programs):** A measurement tool prescribed by FFT LLC to measure improvements to family functioning. The COM-A is undertaken by the target adolescent (if they are 11 or over) at program closure. The COM-A is a 6-item questionnaire which assesses the adolescent's perceptions of change in family functioning, communication, personal behaviour, improved parenting skills, parental supervision, and change in family conflict. Each dimension is rated on a 6-point scale from 0 (things are worse) to 5 (things are much better). The scores of each domain are averaged to obtain a family status rating on a 6- point scale 0 (things are worse) to 5 (things are much better).

- **Client Outcome Measure – Caregiver (COM-C) (FFT and all FFT-CW programs):** A measurement tool prescribed by FFT LLC to measure improvements to family functioning. The COM-C is undertaken by the target caregiver at program closure. The COM-C is a 6-item questionnaire which assesses the caregiver's perceptions of change in family functioning, communication, personal behaviour, improved parenting skills, parental supervision, and change in family conflict. Each dimension is rated on a 6-point scale from 0 (things are worse) to 5 (things are much better). The scores of each domain are averaged to obtain a family status rating on a 6- point scale 0 (things are worse) to 5 (things are much better).

- **Therapist Outcome Measure (TOM) (FFT and all FFT-CW programs):** A measurement tool prescribed by FFT LLC to measure improvements to family functioning. The TOM is undertaken by the therapist at program closure. The therapist describes perceptions of client and family change during treatment on the same 6 dimensions as the COM. Therapists also rate the families on 9 family factors reflective of positive social relationships, effective supervision, and discipline. This measure is completed for all completed and non-completed cases. The scores of each domain are averaged to obtain a family status rating on a 6- point scale 0 (things are worse) to 5 (things are much better).

- **North Carolina Family Assessment Scale (NCFAS) (Family Worx, MST-CAN, all FFT-CW programs, Families First and ITP):** The NCFAS is used to measure outcomes by assessing family functioning and social environment in relation to several domains (e.g., Family Safety, Family Interactions and Child Wellbeing) (Martens 2008). The NCFAS is considered a leading assessment tool for practitioners when identifying areas of improvement in families (Fernandez & Lee 2013). The NCFAS was administered to all families of in scope programs at program intake and closure. This includes families who completed full treatment. Families who had an assessment undertaken at both intake and closure were included in analysis.

- **Outcomes Questionnaire 45.2 (OQ) (FFT and FFT-CW (NSW and VIC):** A 45-item self-report scale designed to measure important areas of mental health functioning (symptoms, interpersonal problems social role functioning and quality of life) for adults (Beckstead et al., 2003). The OQ is designed to be administered repeatedly (e.g., prior to and following treatment) to measure whether clients are progressing, deteriorating, or displaying no evident changes. OQ scores were only included in analysis if pre and post treatment scores were completed.

  The OQ has a Reliable Change Index (RCI) of 14, which is the amount a client's total OQ score must increase (deterioration) or decrease (improvement) to be considered clinically significant. Changes in the total score that are less than the RCI are not considered statistically relevant (i.e., no change) (OQ Measures LLC 2020).

  Scores greater than or equal to 64 indicate increased distress related to experiencing a greater number of mental health challenges, interpersonal difficulties, in addition to decreased satisfaction and quality of life. Scores above 64 are classified into three categories demonstrating the level of increased mental health challenges. They are: **Moderate** (64 and 82), **Moderately high** (83 and 105) and **High** (above 105).

- **Personal Well-Being Index (PWI) (MST-CAN):** The PWI was used to assess overall well-being and satisfaction of caregivers (International Well-being Group, 2013). The PWI scale contains seven items of satisfaction, each one corresponding to a quality-of-life domain. The domains include 'Standard of Living', 'Health', 'Achieving in Life', 'Relationships', 'Safety', 'Community-connectedness', and 'Future Security.' This tool was completed by parents in the MST-CAN program at intake and closure. **The normative index range for an individual in Australia is between 50 and 100 and the normative index range for a mean score of a group is between 73.4 and 76.4.**

- **Sick or Injured Child Checklist (SICC) (SafeCare):** SafeCare therapists use the SICC to determine whether parents require support identifying their child(ren's) health symptoms and illness and ability to decide on the most appropriate treatment (Guastaferro et al. 2019). SafeCare therapists used hypothetical scenarios to assess and train parents in the SafeCare program through the SICC decision-making process (Lutzker, 2016). These are hypothetical scenarios designed to coach the parent through potential situations when his/her child is sick or injured, so if that situation or a similar situation occurred in the future, the parent is fully prepared and can arrive at an informed decision, even if distressed. The scenarios assist parents in deciding whether it is most appropriate to seek emergency services, call their doctor, or care for their child at home. The SICC is completed at Pre (session 1) and at Post (session 6 at the end of treatment). Success means they responded satisfactorily to most steps in the scenario (at least four) and mastery means that they responded satisfactorily to the entire scenario. Therapists walk families through scenarios until they achieve either success or mastery for each scenario type. Some families may have needed to go through more scenarios than others due to intellectual disabilities or literacy levels.

- **Daily Activities Checklist (DAC) (SafeCare):** The DAC was used to measure family interactions and functioning. The DAC consists of a list of daily and routine activities (such as bath time, bedtime, changing clothes and playing) and parents are asked to comment on the level of ease or difficulty perceived when completing these activities (Guastaferro et al. 2012). Parents rate with the therapist, the amount of change that is required within that activity. The DAC uses the following scale: 0 = no change, 1 = very little change, 2 = some change, and 3 = a lot of change. Parents were then asked to practice the daily activities during and in between the sessions for homework. The scores for each of the activities selected by the parent at the beginning of the module, and at the end, were compared to determine whether the parent believed that change was still required.

- **Home Accident Prevention Inventory (HAPI) (SafeCare):** The HAPI was used by SafeCare therapists to identify hazards in the home that could cause environmental unintentional injury to children (29 hazardous items classified in 10 categories) (Arruabarrena 2019). SafeCare therapists complete the HAPI at intake and closure of the program by assessing three rooms in the home that the child spends the most time in and recording the number of hazards that can be accessed by the child based on their height.

  The use of the HAPI allows SafeCare therapists to assess the number of home hazards

as well as a means to track the progress of parents in eliminating hazards as a result of the program (Guastaferro et al. 2012).

- **Standard Client/Community Outcomes Reporting (SCORE) (All Family Law Services):** The SCORE is an outcome reporting tool that identifies the impact of service delivery (Australian Government 2021). The SCORE uses a five-point rating scale to report changes in client outcomes (1- no progress to 5- goals/outcomes fully achieved). This scale rates four components (Circumstance, Goal, Satisfaction, and Community). The SCORE is recorded at two points: a pre-SCORE (completed during a session at the beginning of service delivery) and the post-SCORE (completed during a session at the end of that service delivery).

- **Acrimony Scale (AS) (POP and PSCP):** The Acrimony Scale is a is a 25-item Likert scale that measures coparenting conflict or coparental acrimony amongst separated or divorced parents (Peixoto et al. 2022). Each item is rated on a Likert scale from one (almost never) to four (almost always). Scale items that are positively worded are reversed and the ratings are summed to create a total acrimony score where higher scores demonstrate increased acrimony (i.e., coparenting conflict). The scale items address common challenges that arise between separated or divorced parents like custody arrangements (e.g., "Is the parenting schedule a problem between you and your former spouse?"), financial support (e.g., "Are support payments a problem between you and your former spouse?"), as well as general conflict (e.g., "Do you have any angry disagreements with your former spouse?").

- **Parenting scale (POP and PSCP):** The parenting scale (PS) was used to measure dysfunctional discipline practices of parents with young children (Arnold et al. 1993). The 30 item questionnaire measures three dysfunctional discipline styles in parents: Laxness (permissible, inconsistent discipline), Over-reactivity (harsh, authoritarian discipline) and hostility (use of verbal or physical force on children) and yields a total score for each style. There is no clinical cut off for the total score, but instead each of the three discipline styles has a cut-off point that differs between males and females. These cut off scores are Over-reactivity: Mothers=4.0, Fathers=3.9, Laxness: Mothers=3.6, Fathers=3.4, Hostility: Mothers=2.4, Fathers=2.5.

Other outcome measures (prescribed by Government Agencies and have not been validated)

- **Improvements to family functioning, improved behaviour and mental health and decreased substance abuse (MST):** Collected once a month during the program. A 4-point scale is used to rate clients (1 - not at all, 2 - to a small extent, 3 - to a moderate extent and 4 - to a great extent).

- **Stepping Stones to School Readiness Tool:** Information relating to the child's and parents' readiness for transition to kinder and primary school is captured at the end of each term.

Outputs

- Number of family referrals

- Youth Living at Home at end of treatment (FFT-NSW and MST-VIC)

- Target Child is either in school or working by treatment completion (FFT-CW, FFT, MST and MST-CAN)

Feedback Surveys

- **Parent/Caregiver Prevention and Strengthening Families Feedback Survey (Case Management and Evidence Based programs)**
    - 118 caregivers from PSF Services participated in this feedback survey between 1 July 2021 and 30 June 2022 (except for Foster Care – ACT). Responses relating to the Wellbeing outcome domains 'Community and Support' and 'Culture and Identity', were captured in this report. Questions were presented in either a Yes/No format or Likert scale.
- **C&YP Prevention and Strengthening Families Feedback Survey (Case Management and Evidence Based programs)**
    - 29 C&YP aged between 11 and 17 years from PSF Services (except for Foster Care – ACT) participated in this feedback survey between 1 July 2021 to 30 June 2022. Responses relating to the Wellbeing outcome domains 'Culture and Identity' were captured in this report. Questions were presented in either a Yes/No format or Likert scale.
- **Stepping Stones to School Parent Feedback Survey**
    - 25 caregivers from Stepping Stones to School participated in this feedback survey between 1 July 2021 and 30 June 2022. Responses relating to the Well-Being outcome domains 'Empowerment', 'Community and Support' and 'Culture and Identity' have been captured in this report. Questions were presented in either a Yes/No format or Likert scale.

Qualitative

- Consultation with program staff and leadership.

Acronyms

CALD	Culturally and Linguistically Diverse
CCS	Children's Contact Service
DFFH	Department of Families Fairness and Housing
EBP	Evidence-Based Programs
FDR	Family Dispute Resolution
FRC	Family Relationship Centre
FFT	Functional Family Therapy
FFT-CW	Functional Family Therapy – Child Welfare
ITP	Intensive Therapeutic Program
MST	Multisystemic Therapy
MST-CAN	Multisystemic Therapy for Child Abuse and Neglect
NDIS	National Disability Insurance Scheme
OOHC	Out-of-home Care
POP	Parenting Orders Program
PSCP	Post-Separation Cooperative Parenting Program
PWI	Personal Well Being Index
VACC	Victorian Aboriginal Child Care Agency

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ozchild.org.au

National Support Office

PO Box 1312
South Melbourne VIC 3205
T: (03) 9695 2200
F: (03) 9696 0507
E: hello@ozchild.org.au