



# Prevention & Strengthening Families

## *Outcomes Report*

**2022-2023**

Executive Summary



## Introduction

Data from the Australian Institute of Health and Welfare (AIHW) demonstrates a significant prevalence of substantiated abuse or neglect among children and young people (C&YP) in Australia between 2021 and 2022. During this period, 45,500 C&YP experienced substantiated abuse or neglect (AIHW 2023). This represents a slightly improved rate (eight per cent) from the previous year, 2020-21, where 49,700 C&YP experienced substantiated abuse or neglect (AIHW 2022). Among the C&YP subjected to substantiated abuse or neglect, a significant portion consisted of First Nations C&YP, specifically 13,600, accounting for 30 per cent of the total. While this rate improved by seven per cent since 2020-21 (14,600), it is important to highlight that the current rate demonstrates that 40 per 1,000 First Nations C&YP experienced abuse or neglect.

Despite the slight improvement in the rate of C&YP experiencing substantiated abuse or neglect, this figure demonstrates a lack of substantial progress, reflecting a relatively consistent pattern in comparison to the data reported by AIHW in 2017-18. In that period, 8.5 per 1,000 C&YP were subjected to abuse or neglect, as opposed to the eight per 1,000 observed in 2021-22.

All C&YP hold the inherent right, as stipulated by the United Nations Convention on the Rights of the Child, to be safeguarded from any form of abuse and neglect (AIFS 2017). Instances of child maltreatment are correlated with a wide range of adverse long-term health and developmental outcomes extending into adolescence and young adulthood (Strathearn et al. 2020). These include deficiencies in cognitive development, reduced social functioning, challenges obtaining employment, decreased educational achievements, mental and physical health challenges, substance misuse, and reduced life expectancy (AIFS 2017; Strathearn et al. 2020).

The prevalence of substantiated child abuse and neglect can be reduced through three public health interventions: Primary Prevention, Secondary Prevention, and Tertiary Response (AIFS 2017). Primary Prevention involves activities that target the entire population, such as family support, community building, promoting the rights of C&YP, and addressing social inequity. Secondary Prevention focuses on averting abuse and neglect before it occurs, such as home visiting programs that provide support to vulnerable families or intensive family support. Tertiary Response initiatives are specifically provided to those directly affected by child abuse and neglect, aiming to reduce the impact of maltreatment and prevent it from reoccurring.

Positioned between Secondary Prevention and Tertiary Response, OzChild's Prevention and Strengthening Families (P&SF) services offer an intermediary approach. The goal is to empower families by nurturing and strengthening relationships to ultimately create a safer home environment that ensures the well-being of C&YP (OzChild 2020). This is achieved through early intervention and prevention programs that target families experiencing vulnerability that may lead to (or are likely to lead to) child protection intervention due to the risk of child abuse and neglect. These families experience factors such as mental health challenges, family violence, substance misuse, disability, homelessness, and intergenerational trauma, that heighten the probability and significance of abuse and neglect. The programs use evidence-based, and evidence-informed decision making principles to address these risks and enhance protective factors, aiming to improve parenting capacity, enhance family functioning and outcomes for C&YP.

To ensure that OzChild continues to implement effective early intervention and prevention programs to keep families together, OzChild's 2026 Strategy was developed to centre around the commitment to use evidence to identify the most effective approaches in delivering P&SF services. This will be achieved in a variety of ways, including the continued implementation of the National Practice Framework. This framework provides a unifying and clear approach to conceptualising and framing our work with C&YP and those who care for them. In addition, OzChild will continue advocating for the expansion of evidence-based P&SF services, and utilising evidence-based and evidence-informed decision-making principles.

To enhance understanding of effective strategies and identify areas that require improvement, OzChild introduced Project CORE (Continuous Outcomes, Reporting, and Evaluation). The project aims to improve OzChild's outcomes and reporting processes by updating outcomes frameworks, Program Logics, and reviewing outcomes tools and indicators. Project CORE aims to transition from the annual delivery of outcomes reports to a quarterly delivery. In addition, following each quarterly report, dedicated revision and actions workshops will be conducted with services teams to identify areas of improvement and establish actionable plans. Through the regular reporting and the facilitation of workshops, Project CORE will empower OzChild staff to consistently deliver enhanced services, resulting in improved outcomes for children and their families.

As a result of Project CORE, OzChild's P&SF outcomes report for 2022-23 has been condensed, resulting in the delivery of an executive summary instead of the custom, comprehensive report. This summary will provide a succinct overview of our progress against specific outcome indicators enabling a comparison to data from the 2021-22 reporting period.



## Purpose

The purpose of this document is to evaluate the efficacy of OzChild's P&SF programs in attaining the three key domain outcomes outlined in OzChild's P&SF Outcomes Framework. This framework was adapted from the *Victorian Public Health and Well-being Outcomes Framework* and the *NSW Human Services Outcomes Framework*.



### Permanency

OzChild services support keeping families **together** to ensure continuity of **care arrangements and relationships**.



### 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**.



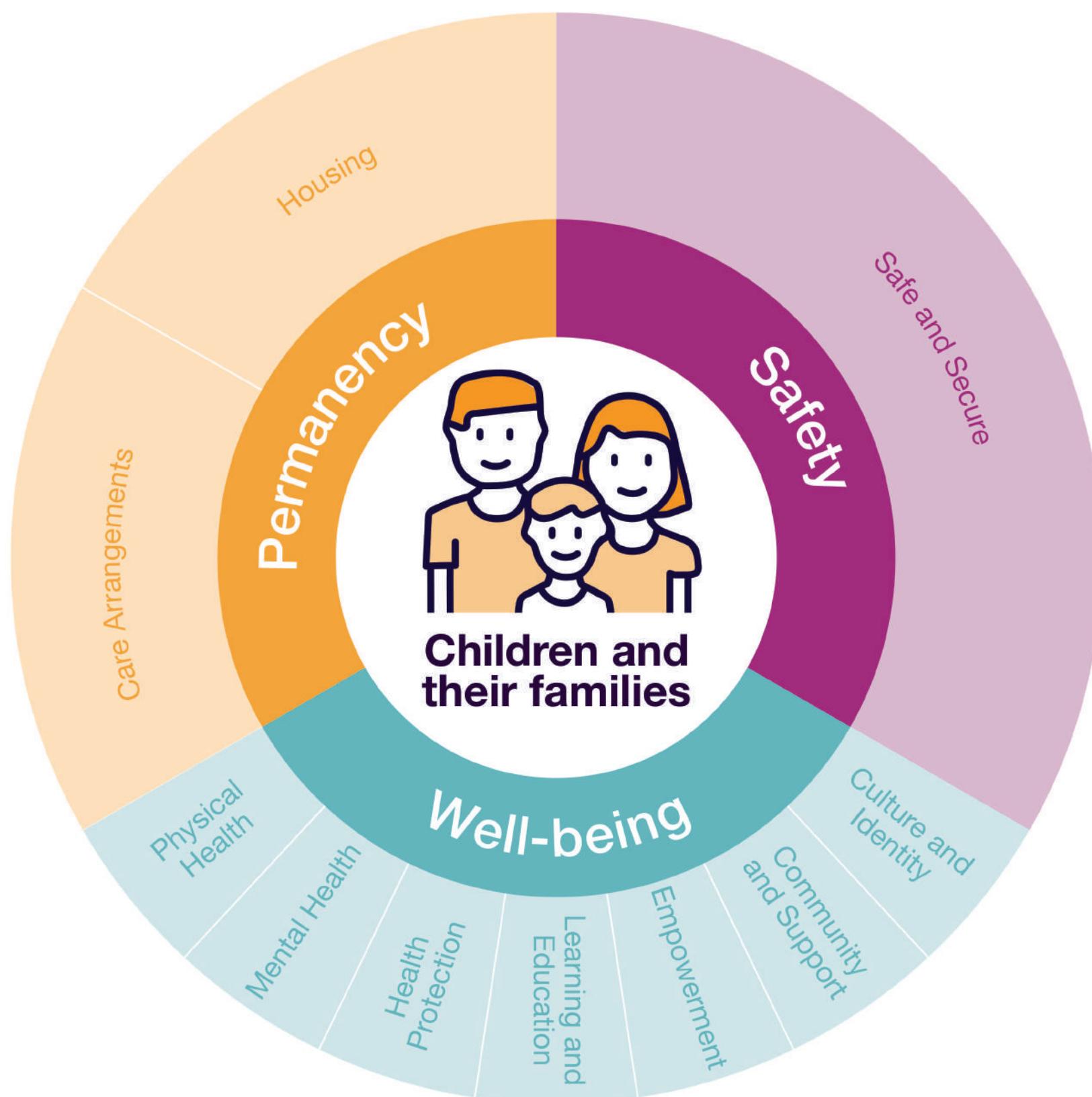
### Well-Being

OzChild services 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**.



# OzChild's

## Prevention and Strengthening Families Outcomes Framework



### 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 are as follows:

### **Evidence-Based Programs**

- Functional Family Therapy (FFT) – NSW
- Functional Family Therapy-Child Welfare (FFT-CW) ACT Together – ACT
- FFT-CW Gungan Gulwan – ACT
- FFT-CW – NSW
- FFT-CW – VIC
- Multisystemic Therapy (MST) – VIC
- Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) – NSW

### **Case Management Programs**

- Integrated Family Services (IFS) – VIC
- Family Worx – VIC<sup>1</sup>

### **Early Years Program**

- Stepping Stones 2 School (SS2S) – VIC

### **Family Law Services**

- Family Relationship Centre (FRC) – VIC
- Regional Family Dispute Resolution (RFDR) – VIC
- Children's Contact Service (CCS) – VIC
- Parenting Orders Program (POP) and Post-Separation Cooperative Parenting Program (PSCP) – VIC

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

- **Koorie Early Years Network (KEYN) – VIC:** This service is distinct from other in-scope P&SF programs and requires a different evaluation approach.
- **School Focused Youth Services (SFYS) – VIC:** SFYS have recently established and implemented outcome measurement tools for the 2023 school year. This data will be available for analysis in the following year's outcomes report.
- **Orange Door/Support and Safety Hub – VIC:** 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 recently been established and implemented. This data will be available for analysis in the following year's outcomes report.

### **Review period**

- Families who were active in, discharged from or completed OzChild P&SF programs between 1 July 2022 and 30 June 2023 were in scope. This includes families who commenced the program prior to 2022-23, however were discharged or completed the program during this period.

<sup>1</sup> A combination of evidence-informed practice: Family Preservation and Reunification (FPR) and evidence-based programs: FFT-CW and SafeCare based on individual family needs.

## Methodology

### Quantitative

- Validated outcomes tools
  - Client Outcome Measure – Youth (COM-Y) (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, IFS, and all FFT-CW programs)
  - Sick or Injured Child Checklist (SICC) (SafeCare)
  - Daily Activities Checklist (DAC) (SafeCare)
  - Home Accident Prevention Inventory (HAPI) (SafeCare)
  - SCORE (Family Law Services)

### Outputs

- Number of family referrals (all in scope programs)
- Service completion data (all in scope programs)
- Youth Living at Home at end of treatment data (MST)
- Rate of target children either in school or working by treatment completion (all FFT-CW programs, FFT, MST, and MST-CAN)

### Feedback Surveys

- Parent/Caregiver P&SF Feedback Survey
- C&YP P&SF Feedback Survey



## Key Considerations

Overall:

- The objective of this executive summary is to evaluate the effectiveness of OzChild's P&SF programs in achieving the three primary outcome domains specified within OzChild's P&SF Outcomes Framework. This summary offers a comprehensive overview of the progress made and as a result, comparisons between programs using the same outcomes tool and outputs will not be included, as the focus is on gauging OzChild's overall progress.

Please note the following factors in relation to the **Family Worx – VIC** program:

- Family Worx is a program that brings together OzChild's experience in the delivery of evidence-based programs (FFT-CW and SafeCare) as well as evidence-informed practice. Specifically, evidence-informed practice is implemented through Family Preservation and Reunification (FPR). While the majority of referrals are involved in FPR, the involvement of families in FFT-CW and/or SafeCare is determined by the practitioner, based on the families' individual needs. As a result, not all Family Worx referrals will participate in both FFT-CW and SafeCare programs.
- Although Family Worx offers FFT-CW to families, all families engaged in FFT-CW through Family Worx will be counted as a Family Worx referral, not as an FFT-CW – VIC referral. This approach was taken to demonstrate the programs uptake for funding purposes.
- The SafeCare program was delivered through Family Worx funding as both a standalone program and as a part of Family Worx. As such, all SafeCare referrals have been counted as a Family Worx referral as SafeCare is funded by Family Worx. This approach was taken to demonstrate Family Worx program uptake for funding purposes. Further, the SafeCare outcomes tools: DAC, SICC, and HAPI are in scope for this summary. When referring to the outcomes identified from these tools, SafeCare will be specifically mentioned to showcase the achievements obtained as a result of the program.
- In cases where Family Worx families have engaged in FFT-CW, the outcomes applicable to FFT-CW (e.g., NCFAS results) have been integrated with the outcomes of those engaged in the standalone FFT-CW programs (FFT-CW ACT, NSW, and VIC). This amalgamation was undertaken to ensure an accurate depiction of the overall achievements resulting from the FFT-CW programs.



## Demographics

### Evidence-Based Programs

**Table 1 – Number of Family Referrals Active in OzChild's in scope Evidence-Based P&SF programs during the reporting period**

Program Name	No. of First Nations Referrals	No. of Non-First Nations Referrals	Total No. of Referrals
Functional Family Therapy - NSW	18	47	65
Functional Family Therapy - Child Welfare ( <i>FFT-CW</i> ) ACT Together – ACT	13	61	74
FFT-CW Gudan Gulwan – ACT	53	0	53
FFT-CW – NSW	104	288	392
FFT-CW – VIC	3	79	82
Multisystemic Therapy ( <i>MST</i> ) – VIC	0	30	30
Multisystemic Therapy for Child Abuse and Neglect ( <i>MST-CAN</i> ) – NSW	7	12	19
<b>Total</b>	<b>198</b>	<b>517</b>	<b>715</b>

### Case Management Programs

**Table 2 – Number of Family Referrals Active in OzChild's in scope Case Management P&SF programs during the reporting period**

Program Name	No. of First Nations Referrals	No. of Non-First Nations Referrals	Total No. of Referrals
Integrated Family Services ( <i>IFS</i> )– VIC	8	195	203
Family Worx - VIC	41	278	319
<b>Total</b>	<b>49</b>	<b>473</b>	<b>522</b>



## Early Years Programs

**Table 3 – Number of Family Referrals Active in OzChild's in scope Early Years P&SF programs during the reporting period**

Program Name	No. of First Nations Referrals	No. of Non-First Nations Referrals	Total No. of Referrals
Stepping Stones 2 School (SS2S) - VIC	14	84	98

## Family Law Services

**Table 4 – Number of Family Referrals Active in OzChild's in scope Family Law P&SF programs during the reporting period**

Program Name	No. of First Nations Referrals	No. of Non-First Nations Referrals	Total No. of Referrals
Childrens Contact Service (CCS) – VIC	12	59	71
Family Relationship Centre (FRC) – VIC	14	228	242
Parenting Orders Program (POP) and Post-Separation Cooperative Parenting Program (PSCP) – VIC	4	89	93
Regional Family Dispute Resolution (RFDR) – VIC	4	36	40
<b>Total</b>	<b>34</b>	<b>412</b>	<b>446</b>

## Overall Total

**Table 5 – Number of Family Referrals Active in all OzChild's in scope P&SF programs during reporting the period**

No. of First Nations Referrals	No. of Non-First Nations Referrals	Total No. of Referrals
295	1486	1781

# Key Findings



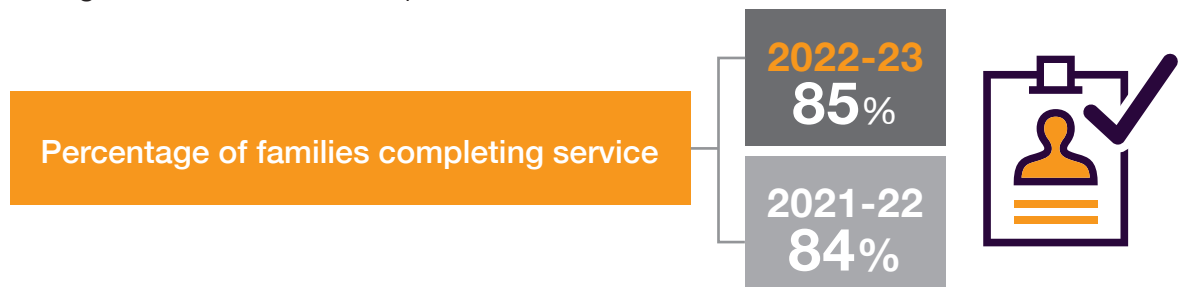
## Permanency

OzChild services support keeping families together to ensure continuity of **care arrangements and relationships**.

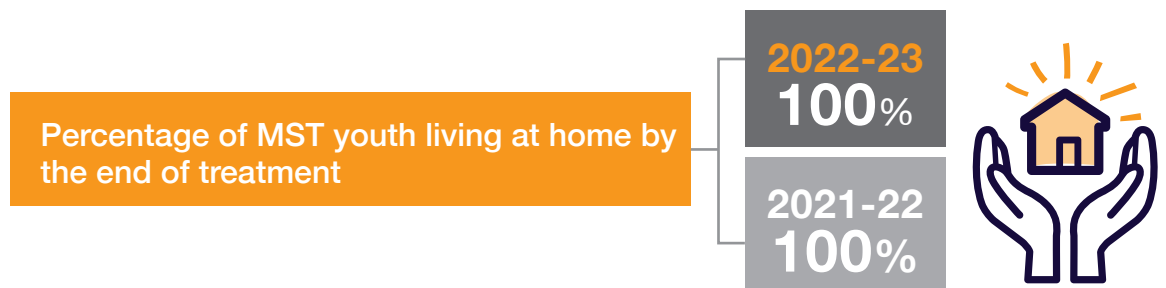


## Care Arrangements

*Children and their families live together and have continuous and stable care arrangements and relationships.*



In 2022-23, 843 families concluded an in-scope P&SF service. Of these, 716 families completed the service, resulting in an 85 per cent completion rate. This represents a slight (one per cent) improvement compared to the previous reporting period.



10 young people completed MST in the reporting period (83 per cent completion rate). Each of the 10 young people remained at home at the end of treatment, demonstrating that MST prevented entry to OOHC. While two of these young people were remanded at program closure, there were plans in place to return them to their families once they were released.





## Housing

*Children and their families have suitable and stable housing.*

Percentage of children and families in stable housing by program closure  
(programs that completed the NCFAS)

2022-23

87%

7% improvement  
from intake

2021-22

84%

16% improvement  
from intake



The NCFAS was used to measure outcomes through the assessment of family functioning and social environment across various domains (e.g., Family Safety, Family Interactions, and Child Well-being) (Martens 2008). This tool consists of a six-point scale, spanning from clear strength to serious problem, and is administered by caseworkers both at intake and closure to determine if any changes have occurred as a result of the program.

To assess changes to the housing stability of families, the NCFAS 'Housing Stability' subdomain was completed for 319 families at both intake and closure. Upon program entry, a majority of families (80 per cent) had stable housing. However, 19 per cent faced housing instability, falling within the problem range. Falling in this range typically indicated that families were experiencing eviction threats, or lacked proper housing arrangements (i.e., unable to pay mortgage/rent, were living with relatives/friends, or living in a homeless shelter). The remaining one per cent had a 'Not Applicable' rating, this rating was provided to families when the domain does not apply to the families situation at the time of assessment. Of the families experiencing housing instability at intake, 58 per cent transitioned to either a baseline/adequate or strength rating by program closure, indicating improvements to housing stability. By program closure, just 11 per cent of all families faced housing instability. Within this 11 per cent, just under one third (31 per cent) of families demonstrated newly developed housing instability, as they shifted from a baseline/adequate or strength rating at intake, to a problem rating by closure. The remaining two per cent of families had a 'Not Applicable' rating.

Key Findings



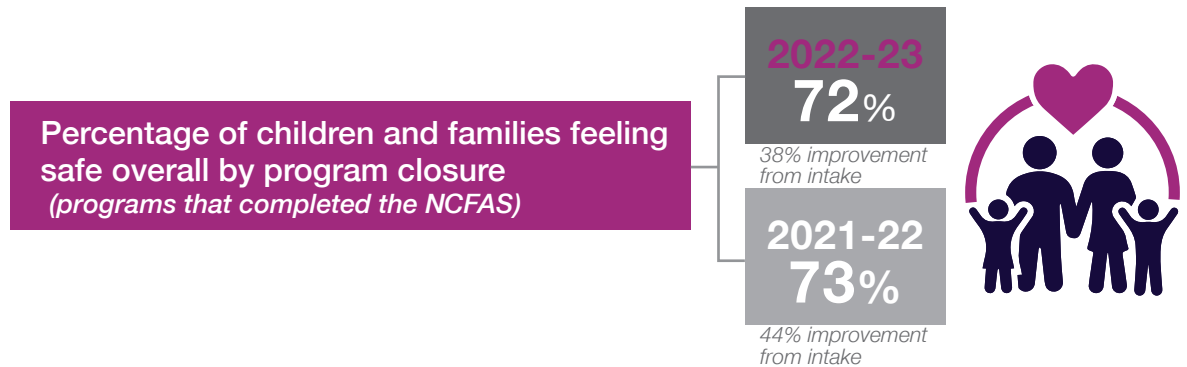
## Safety

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**.



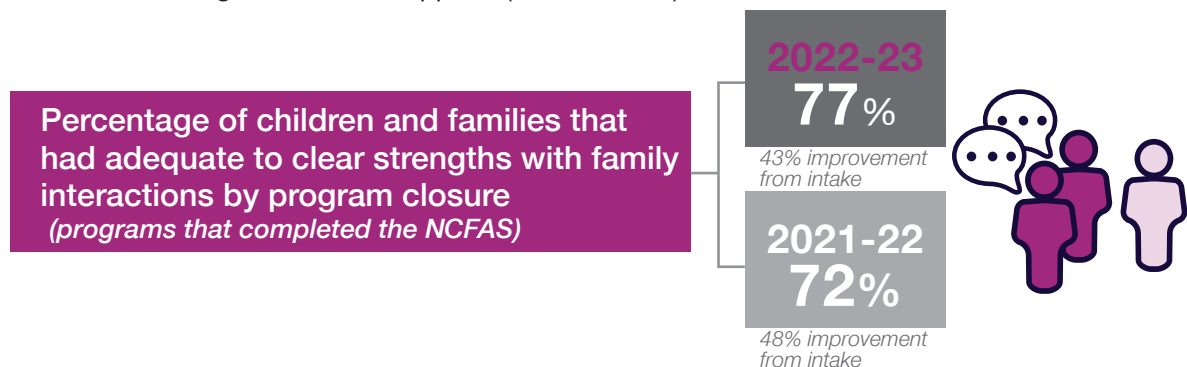
### Safe and Secure

*Children and their families live free from abuse and violence.*



To assess changes to family safety, the NCFAS 'Overall Family Safety' domain was completed at both intake and closure for 319 families. At intake, a majority of families (64 per cent) demonstrated a problem rating for overall family safety. This meant that families were dealing with challenges such as family violence, instances of physical, emotional, or sexual abuse of children, or instances of neglect of children. However, by program closure this percentage decreased to 26 per cent, with 72 per cent of families achieving either a baseline/adequate or strength rating. The remaining two per cent of families were administered a 'Not Applicable' rating.

The shift in family safety stands out as one of the most notable changes, which holds significance as OzChild services are designed and delivered to prioritise reducing risk in families increasing overall safety for C&YP. This is done by improving parenting capacity, strengthening communication and problem-solving skills and resourcing parents in ways to reduce stress, conflict and strengthen broader supports (OzChild 2020).



The NCFAS 'Family Interactions' domain was completed for 319 families at both intake and closure to measure whether the services resulted in changed interactions among families. At program intake, the majority of families (65 per cent) had family interactions falling into the problem range. This meant that caregivers were facing challenges in areas such as in establishing strong bonds, facilitating effective communication, setting appropriate expectations of their children, and ensuring sufficient time for recreation and play activities. This significantly improved by program closure, with only 22 per cent of families rated within the problem rating range. The remaining one per cent had a 'Not Applicable' rating.

Of the families that received a problem rating at intake, 68 per cent demonstrated an improvement in family interactions by transitioning to either a baseline/adequate or strength rating by closure. Among the 22 per cent of families with a problem rating at program closure, most families either retained their initial problem rating (demonstrating no change) or experienced a slight improvement to their family interactions (e.g., moving from a serious problem rating to a moderate problem rating). Interestingly, seven per cent transitioned from a baseline/adequate rating to a problem rating, demonstrating a deterioration in positive family interactions.





## Safe and Secure

Children and their families live free from abuse and violence.

Percentage of children and families that were safe in their community by program closure  
(programs that completed the NCFAS)

2022-23

86%

8% improvement from intake

2021-22

87%

14% improvement from intake



To assess the rate of families who were safe within their community, the NCFAS 'Safety in the Community' subdomain was completed for 316 families at both intake and closure. At intake, 20 per cent of families had a rating within the problem range indicating that the communities where these families lived was not considered safe for children to engage in outdoor activities. By program closure, this number reduced to 12 per cent, indicating a modest improvement in community safety. The remaining two per cent of families had a 'Not Applicable' rating at program closure.

Out of those with a problem rating at program intake, 55 per cent transitioned to either a baseline/adequate or strength rating by program closure. This transition demonstrated that a safe and secure community for children had been established, allowing them to engage safely outdoors. Out of the 12 per cent of families with a problem rating at program closure, almost one third (28 per cent) displayed a decline in community safety since program intake, as they initially received either a baseline/adequate or a mild strength rating. The remaining families either maintained their problem rating, or for 10 per cent, displayed a decrease in community safety moving from a mild problem rating to either a moderate or serious problem rating.

Percentage of SafeCare families reducing at least 60 per cent of safety hazards in the home

2022-23

93%

2021-22

73%



SafeCare therapists used the HAPI to identify potential hazards in the home that could cause unintentional injury to children (Arruabarrena 2019). This assessment involved SafeCare therapists conducting the HAPI at intake and closure, where they assessed three rooms in the home where the child spends the most time in. During the assessment, therapists recorded 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 and provides a means to track the progress of parents in eliminating identified hazards (Guastaferrero et al. 2012).

14 families had the HAPI completed at program commencement and at program closure. The results demonstrated that all families were able to reduce the number of hazards in their home. Specifically, 43 per cent (six families) demonstrated a 90-100 per cent reduction of hazards in the home. Program management attributed the substantial 20 per cent improvement in the rate of families reducing at least 60 per cent of safety risks within their homes compared to the previous reporting period to several factors. They noted that there was a distinct difference in families referred to SafeCare when compared to the demographic of families in the program's early years. The discrepancy arose from of SafeCare being a part of Family Worx and the direct work with Child Protection. The differences in families translated into a greater number of safety hazards identified at the beginning of the program, in comparison to previous years, leading to a substantial reduction in hazards by program closure. Furthermore, program management also acknowledged the enhanced expertise of SafeCare staff, which was a result of their accumulated years of experience in program delivery and assessments.



## Safe and Secure

Children and their families live free from abuse and violence.

Percentage of SafeCare families with improved Parent and Child/Infant interactions

2022-23

100%

2021-22

93%



The DAC, which assesses parent-child interactions and parent-infant interactions, was used to identify improvements within these interactions. The DAC consists of a list of everyday and routine activities, such as bath time, bedtime, changing clothes and playtime (Guastaferrero et al. 2012). These activities are categorised into three distinct groups: interactions within the home, interactions outside the home, and other daily activities chosen by caregivers. Caregivers are asked to comment on the level of ease or difficulty they experience when engaging in these interactive activities with their child/infant. Following this, caregivers, in consultation with the SafeCare therapist, assess the degree of change required in each activity to improve interactions with their child/infant. The DAC is to be completed at the beginning and end of the program.

Six caregivers had the DAC completed at both the beginning and at the end of the program. When considering the collective average of the three categories, it was apparent that all caregivers displayed improved parent child/infant interactions. This improvement was evident as on average, all caregivers reported a decreased need to change interactions by program closure, compared to commencement. Program management credited the improvement since the previous reporting period to the experience of SafeCare educators who have been administering the program for several years. This prolonged exposure has bolstered their confidence in delivering both the program and assessments, therefore contributing to the improvement.

Percentage of Caregivers reporting that their family status was either 'A lot better' or 'Very much better' at program completion (*programs completing COM-C*)

2022-23

65%

2021-22

67%



The COM-C is a measurement tool used to measure improvements to family functioning and is undertaken by caregivers who complete either FFT or FFT-CW. The COM-C is a six-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 six-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 six-point scale: 0 (things are worse) to 5 (things are very much better).

In this reporting period, 332 caregivers completed the COM-C at program completion. Compared to 2021-22, there was a small decrease (two per cent) in rate of caregivers reporting a significant improvement (i.e., 'A lot better' or 'Very much better') to their family status at the end of the program. Despite this small decrease, there was a slight (three per cent) increase in the proportion of caregivers stating that their family status was 'Very much better'- the optimal family status rating since the 2021-22 reporting period.





## Safe and Secure

Children and their families live free from abuse and violence.

Percentage of adolescents reporting that their family status was either 'A lot better' or 'Very much better' at program completion (programs completing COM-A)

2022-23

56%

2021-22

63%



The COM-A is a measurement tool used to measure improvements to family functioning and is undertaken by adolescents (if they are 11 or over) who complete either FFT or FFT-CW. The COM-A is a six-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 six-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 six- point scale: 0 (things are worse) to 5 (things are very much better).

In this reporting period 131 adolescents completed the COM-A. The rate of adolescents reporting a notable improvement (i.e., 'A lot better' or 'Very much better') in their family status upon completion saw a decrease of seven per cent since 2021-2022. Even though fewer adolescents reported substantial improvements, 31 per cent reported a moderate improvement ('Somewhat better') to their family status at program closure. This implies that most adolescents (87 per cent) recognised at least some degree of enhancement to their family status as a result of the programs, parallel to the findings of 2021-22, where 87 per cent noticed at least some improvement in their family status.

Percentage of Therapists reporting that the family status of families was either 'A lot better' or 'Very much better' at program completion (programs completing TOM)

2022-23

42%

2021-22

37%



The TOM is a measurement tool used to measure improvements to family functioning. The TOM is undertaken by therapists for all families who conclude FFT or FFT-CW (whether completed or not). The therapist describes perceptions of client and family change during treatment on the same six dimensions as the COM-C and COM-A. Therapists also rate the families on nine family factors reflective of positive social relationships, effective supervision, and discipline. The scores of each domain are averaged to obtain a family status rating on a six- point scale: 0 (things are worse) to 5 (things are very much better).

There were 453 TOMs completed in this reporting period. Compared to 2021-22, there was a five per cent improvement in therapists reporting that there was a notable improvement (i.e., 'A lot better' or 'Very much better') in the family status of families concluding the program. Additionally, 2022-23 findings demonstrated a four per cent improvement in the rate of therapists reporting that 'Things are worse' or that there was 'No change' (19 per cent compared to 23 per cent in 2021-22) to the family status as a result of the program. This means that that for 81 per cent of families, their family status was perceived to be at least a 'Little better' compared to the beginning of the program.



## Safe and Secure

Children and their families live free from abuse and violence.

Percentage of families within Family Law Services that demonstrated decreased dysfunctional behaviours

2022-23

57%

42% improvement from intake

2021-22

56%

38% improvement from intake



To assess improvements in dysfunctional behaviours among caregivers, an examination of SCORE's 'Changed skills' and 'Changed behaviours' domains was conducted. Specifically, 343 caregivers completed the 'Changed skills' domain and 496 caregivers completed the 'Changed behaviours' domain. Caregivers utilised a five-point self-rating scale where 1 represented 'No progress' and 5 indicated that Goals/Outcomes fully achieved. Caregivers who reported 'Moderate progress' (4) or 'Full achievement' (5) indicated reduced dysfunctional behaviours through altered skills and behaviours relevant to their needs. Notably, program management highlighted that families demonstrating 'Moderate progress' (4) represented a positive indicator of improvement, particularly given the challenges families encountered at the start of service.

The post-SCORE results highlight a significant shift: 49 per cent of caregivers demonstrated 'Moderate progress' towards changing behaviours, a substantial increase compared to the initial intake rate of 14 per cent. In terms of changed skills, 55 per cent demonstrated 'Moderate progress', in contrast to just 15 per cent at intake. The rate of caregivers fully achieving their skills and behaviour change goals was modest, standing at four per cent and seven per cent, respectively. While the rate of caregivers fully transforming skills and behaviours to mitigate dysfunctional behaviours was minimal, it is clear that many families were at least making 'Moderate progress' by the end of service. This highlights the meaningful impact of the suite of family law services in promoting changed behaviours and skills, leading to a reduction in dysfunctional behaviours within families.

Percentage of families within Family Law Services with improved Family functioning

2022-23

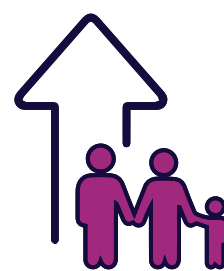
41%

29% improvement from intake

2021-22

43%

32% improvement from intake



The SCORE domain 'Family Functioning' was analysed to evaluate improvements in family functioning. Specifically, 528 caregivers across all Family Law Services completed the 'Family Functioning' domain. Caregivers making 'Moderate progress' (4) or 'Full achievement' (5) exhibited improved family functioning to support independence, participation, and well-being. Again, families achieving 'Moderate progress' (4) indicated a positive sign of improvement, particularly considering initial family challenges.

Post-SCORE outcomes revealed that three per cent of families reached 'Full achievement'. Caregivers administered this rating if they felt they were able to demonstrate adequate and ongoing family functioning at the end of service. This marked an improvement since no families demonstrated this level of family functioning at intake. Noteworthy progress was evident among families making 'Moderate progress', indicating that these families were demonstrating adequate family functioning over a short term period. The rate of families in this category increased from 12 per cent at intake, to 38 per cent at the end of service, signifying a 26 per cent improvement. While the rate of families attaining 'Full achievement' was minimal, there was a clear improvement in families achieving 'Moderate progress'. This highlights the meaningful impact of family law services in promoting improved family functioning, translating to sustained independence, participation, and well-being.



## Well-Being

OzChild services 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**.



## Physical Health

*Children and their families have good physical health.*

Percentage of caregivers in SafeCare who were able to manage their young child(ren)'s health symptoms and respond appropriately by program closure

2022-23

92%

2021-22

99%



The SICC was used by therapists to determine whether caregivers require support identifying their child(ren's) health symptoms and illnesses and deciding on the most appropriate treatment (Guastaferrero et al. 2019). The SICC presents caregivers with hypothetical scenarios involving their child's symptoms, prompting them to identify the most suitable course of action: either going to the emergency department, scheduling a doctor's appointment, or providing care at home. These scenarios aid SafeCare therapists in identifying the extent of support and training required for caregivers (Lutzker 2016). The training and support provided aims to prepare caregivers for potential situations when their child is sick or injured, ensuring they can make informed decisions, even if distressed. The SICC is completed at two stages at program commencement (Pre, Session 1) and at the end of treatment (Post, Session 6). For this tool, 'Success' means caregivers responded satisfactorily to most steps in each scenario (at least four steps) and 'Mastery' means that they responded satisfactorily to the entire scenario.

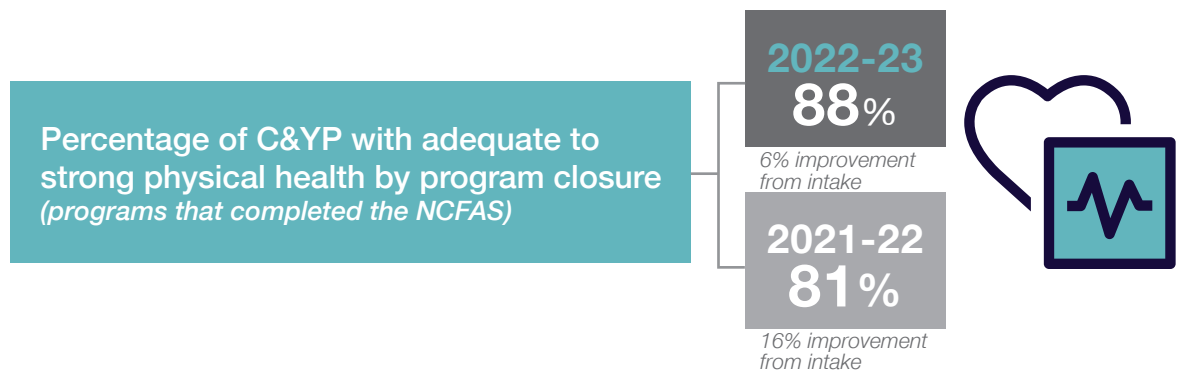
22 caregivers completed the 'Doctor's Appointment' scenarios, 19 completed the 'Care at Home' scenarios, and 20 completed the 'Emergency Department' scenarios at both program commencement and at the end of treatment. Caregivers demonstrated the highest rate of 'Mastery' and 'Success' in the 'Care at home' scenarios where 95 per cent of caregivers demonstrated 'Mastery' (79 per cent) or 'Success' (16 per cent) at the end of the program. This was a 21 per cent improvement from intake, where just 11 per cent of caregivers demonstrated 'Mastery' and 63 per cent demonstrated 'Success'. For the 'Emergency Department' scenarios, 90 per cent per cent of caregivers achieved either 'Mastery' (75 per cent) or 'Success' (15 per cent). This again was an improvement compared to intake, where 65 per cent of caregivers achieved either 'Success' (55 per cent) or 'Mastery' (10 per cent). The 'Doctor's Appointment' scenarios demonstrated the highest rate of improvement since intake (38 per cent) where 67 per cent of caregivers achieved 'Mastery' and 24 per cent achieved 'Success' at closure, compared to just five per cent achieving 'Mastery' and 48 per cent achieving 'Success' at intake.





## Physical Health

Children and their families have good physical health.



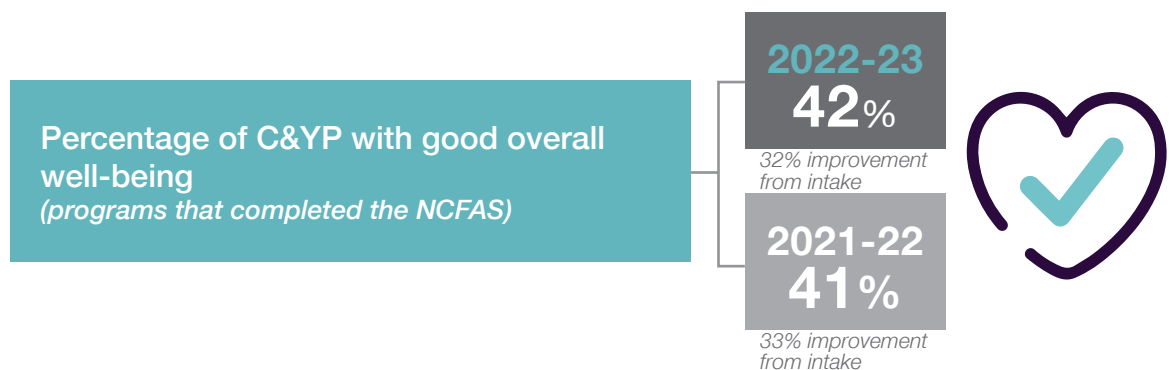
The NCFAS 'Children's physical health' subdomain was completed for 315 C&YP at both intake and closure to assess whether changes to the physical health occurred. At program intake, 15 per cent of C&YP had a problem rating relating to their physical health. This indicated that these C&YP faced challenges such as dealing with a physical health condition that affected their development and functioning, caregivers not adequately managing the physical health needs of their child(ren), and/or that C&YP lacked age-appropriate awareness of maintaining their own health. This slightly improved by program closure, with nine per cent of C&YP falling into the problem rating range. Of the remaining three per cent, two per cent of C&YP had a 'Not Applicable' rating at program closure. One per cent had an 'Unknown' rating, meaning that the therapist was unable to identify the status of the child or young person's physical health.

Of those with a problem rating at intake, 55 per cent transitioned to either a baseline/adequate or strength rating. In contrast, out of the eight per cent of C&YP with a problem rating at closure, 19 per cent moved to a mild or moderate problem rating from either a baseline/adequate or mild strength rating at program intake, demonstrating a decline in physical health.



## Mental Health

Children and their families have good mental health.



To assess changes to child well-being and mental health, the NCFAS 'Child Well-being' domain was completed for 378 families at both intake and closure. The majority of C&YP (59 per cent) had a problem rating with respect to their overall well-being at program intake. This was evident through either poor behaviour, subpar school performance, strained relationships with family members and peers, or a lack of cooperation and motivation to maintain the family unit. By closure, this reduced to 26 per cent.

At closure, 42 per cent of C&YP had a strength rating, demonstrating good overall well-being. 31 per cent of C&YP demonstrated baseline/adequate well-being, signifying a relatively similar rate to intake (29 per cent). Of those, 57 per cent transitioned from a problem rating, demonstrating that although these C&YP were yet to achieve good overall well-being, the services provided led to some improvement. The remaining one per cent had either a 'Not Applicable' or 'Unknown' rating.



## Learning and Education

Children and their families participate in learning and education.

Percentage of caregivers demonstrating baseline or strong capabilities by program closure in encouraging children to be involved in enrichment opportunities, like sport, music etc.  
(programs that completed the NCFAS)

2022-23

83%

21% improvement  
from intake

2021-22

79%

25% improvement  
from intake



The NCFAS 'Provision of developmental opportunities' subdomain was completed for 316 families at both intake and closure to assess changes in caregiver capabilities in encouraging developmental opportunities. At intake, 62 per cent of caregivers were rated as having baseline/adequate or strong parental capabilities in encouraging developmental opportunities. 34 per cent of families had a problem rating. The remaining four per cent had a 'Not Applicable' or 'Unknown' rating. By program closure, 83 per cent demonstrated baseline/adequate or strong parental capabilities in encouraging developmental opportunities with just 14 per cent demonstrating problem rating. Of the 14 per cent with a problem rating at program closure, a small rate of caregivers (nine per cent) displayed a decline in their ability to provide encouragement for their child(ren) to participate in enrichment opportunities, transitioning to a problem rating from either a baseline/adequate or strength rating. The remaining three per cent were administered with either a 'Not Applicable' or 'Unknown' rating.

Percentage of C&YP in school or working by program completion  
(FFT-CW, FFT, MST and MST-CAN)

2022-23

83%

2021-22

89%



Out of the 355 C&YP, 83 per cent were engaged in school or working by program closure. This percentage demonstrated a decrease of six per cent when compared to the prior reporting period, during which 89 per cent of C&YP were in school or working by program completion. Despite the decline, this rate demonstrates that most C&YP are engaged in school or working by program completion.



## Empowerment

Children and their families are self-sufficient.

Percentage of children and their families that demonstrated self-sufficiency by program closure  
(programs that completed the NCFAS)

2022-23

80%

17% improvement  
from intake

2021-22

79%

33% improvement  
from intake



To assess changes to family self-sufficiency, the NCFAS 'Self-Sufficiency' domain was completed for 319 families at both intake and closure. At program intake, 36 per cent of families had a problem rating with respect to family self-sufficiency. This indicated that these families encountered difficulties related to factors such as caregiver employment, family income, financial management, food and nutrition, or transportation. This number reduced to 19 per cent at program closure. The remaining one per cent of families were administered with a 'Not Applicable' rating at program closure.

Demonstrating the positive impacts of the programs, 57 per cent of families who had a problem rating at program intake, transitioned to either a baseline/adequate or a mild strength rating at program closure.

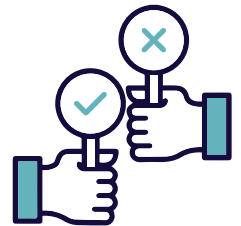
Percentage of families in Family Law Services who reported they were better able to deal with issues that they sought help with

2022-23

84%

2021-22

92%



The SCORE domain 'Better able to deal with issues they sought help with' was completed by 121 caregivers at the end of service to identify the responsiveness and value of the service received. Caregivers were asked if they agree (on a scale of 1 = Disagree to 5 = Agree) that they were 'Better able to deal with issues they sought help with' as a result of the service. The findings demonstrate that a majority of caregivers (60 per cent) reported that they 'Agree'. Additionally, 24 per cent of caregivers reported that they 'Tend to agree'. These outcomes outline that participation in family law services generally lead to caregivers feeling more capable to independently address issues they originally sought help with.





## Community and Support

Children and their families are socially engaged and live in inclusive communities.

Percentage of children and their families that demonstrated connection to community and access to social supports by program closure  
(programs that completed the NCFAS)

2022-23

84%

26% improvement  
from intake

2021-22

79%

31% improvement  
from intake



The NCFAS 'Social/Community Life' domain was completed for 319 families at both intake and closure to assess changes to social and community connection. At program intake, 41 per cent of families had a problem rating, demonstrating social isolation and/or having little to no contact with the community. This improved by program closure, with only 15 per cent of families falling into the problem rating range. The remaining one per cent of families were rated with a 'Not Applicable' rating, demonstrating that this domain was not relevant to their current family situation.

Of those families with a problem rating at program intake, 70 per cent demonstrated an improvement in their social and community connections. This improvement was observed as they transitioned to either a baseline/adequate or strength rating. Of those maintaining a problem rating at closure, 54 per cent maintained the same problem rating, indicating no change, while 38 per cent demonstrated a slight improvement, transitioning to a mild or moderate problem rating from either a moderate or serious problem rating. Only eight per cent saw a decline in their rating, signifying a deterioration in community connections and access to social support.

Key Findings

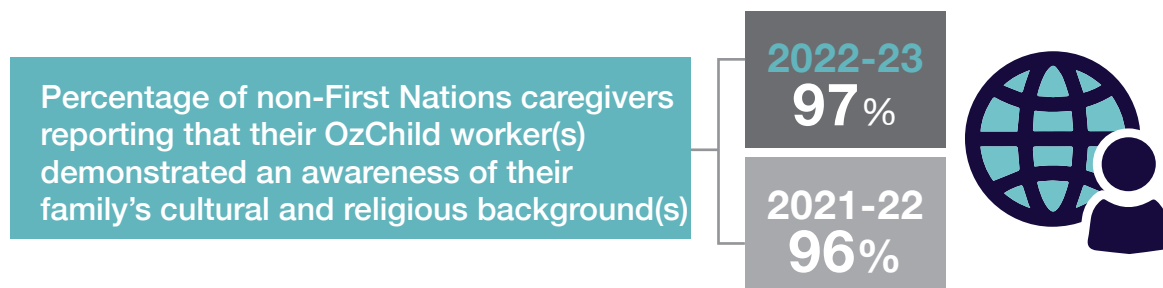




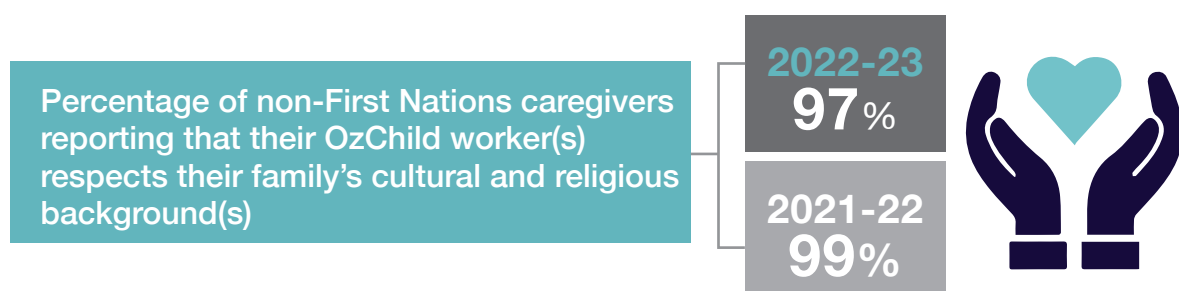
## Culture and Identity

*Children and their families can safely identify and connect with their culture and identity.*

### Non-First Nations Caregivers



Out of the 118 non-First Nations caregivers who responded to the P&SF feedback survey at program conclusion, only four caregivers (constituting the remaining three per cent) reported they either 'Disagree' or 'Strongly Disagree' that their OzChild worker demonstrated an awareness of their cultural and religious background. Among these caregivers, three were of Australian descent, and one had a Samoan background.



Representing the remaining three per cent, four caregivers reported that they either 'Strongly Disagree' or 'Disagree' that their OzChild worker respected their cultural and religious background(s). Two of these caregivers also reported they either 'Strongly disagree' or 'Disagree' that their OzChild worker had an awareness of their families cultural and religious background(s). All four caregivers had an Australian background.



## Culture and Identity

*Children and their families can safely identify and connect with their culture and identity.*

### First Nations Caregivers

Percentage of First Nations caregivers reporting that their OzChild worker(s) demonstrated an awareness of their family's Aboriginal and/or Torres Strait Islander cultural background(s)

2022-23

100%

2021-22

100%



All 18 First Nations caregivers who participated in the P&SF feedback survey reported that their OzChild worker(s) had an awareness of their family's Aboriginal and/or Torres Strait Islander cultural background(s). This rate remained consistent with 2021-22.

Percentage of First Nations caregivers reporting that their OzChild worker(s) respects their family's Aboriginal and/or Torres Strait Islander cultural background(s)

2022-23

100%

2021-22

100%



100 per cent of First Nations caregivers who engaged in the P&SF feedback survey affirmed that their OzChild worker(s) respected their family's Aboriginal and/or Torres Strait Islander cultural background(s). This rate also remained consistent since 2021-22.

Percentage of First Nations caregivers reporting that their OzChild worker(s) acknowledges when they don't know something about their Aboriginal and/or Torres Strait Islander cultural background(s)

2022-23

100%

2021-22

88%



100 per cent of First Nations caregivers who responded to the P&SF feedback survey reported that their OzChild worker(s) acknowledged when they did not know something about their family's Aboriginal and/or Torres Strait Islander cultural background(s). This demonstrated a notable 12 per cent improvement since 2020-21.





## Culture and Identity

*Children and their families can safely identify and connect with their culture and identity.*

Non-First Nations C&YP

Percentage of non-First Nations C&YP reporting that their OzChild worker(s) has an awareness of their family's cultural and religious background(s)

2022-23

97%

2021-22

100%



Out of the 32 non-First Nations C&YP participating in the P&SF feedback survey, just one C&YP, reflective of three per cent of the total, reported they 'Disagree' that their OzChild worker(s) had an awareness of their family's cultural background. This rate declined by three per cent since 2021-22.

Percentage of non-First Nations C&YP reporting that their OzChild worker(s) respects their family's cultural and religious background(s)

2022-23

100%

2021-22

100%



All non-First Nations C&YP participating in the P&SF feedback survey felt that their OzChild worker respected their families cultural and religious background(s). This rate remains unchanged since 2021-22.

Key Findings





## Culture and Identity

*Children and their families can safely identify and connect with their culture and identity.*

First Nations C&YP

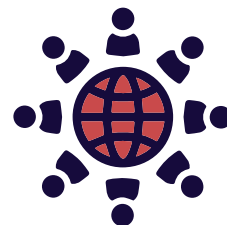
Percentage of First Nations C&YP reporting that their OzChild worker(s) has an awareness of their family's Aboriginal and/or Torres Strait Islander cultural background(s)

2022-23

100%

2021-22

83%



10 First Nations C&YP participated in the P&SF feedback survey and each of these C&YP reported that their OzChild worker demonstrated an awareness of their Aboriginal and/or Torres Strait Islander cultural background(s). This rate demonstrates a remarkable 17 per cent improvement in the perceived awareness among OzChild workers in relation to C&YP with Aboriginal and/or Torres Strait Islander background(s), as compared to 2021-22.

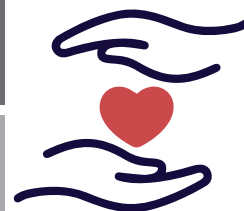
Percentage of First Nations C&YP reporting that their OzChild worker(s) respects their family's Aboriginal and/or Torres Strait Islander cultural background(s)

2022-23

100%

2021-22

83%



All First Nations C&YP reported that their OzChild worker(s) demonstrated respect of their families Aboriginal and/or Torres Strait Islander backgrounds since 2021-22. This rate demonstrates a notable 17 per cent improvement since 2021-22.

Key Findings





## Summary and Conclusion

The 2022-23 P&SF Outcomes Executive Summary found that OzChild's in-scope P&SF programs have made progress towards the achievement of indicators relating to the three key outcome domains: Permanency, Safety, and Well-being.

The indicators that showcased notable progress when compared to the previous reporting period included:

- **20 per cent** improvement in the percentage of SafeCare families effectively reducing at least 60 per cent of safety hazards in their homes (93 per cent).
- **Seven per cent** improvement in the percentage of SafeCare families experiencing improved interactions between parents and children/infants (100 per cent).
- **Seven per cent** increase in the percentage of caregivers adequately managing their child(ren)'s physical health by program closure (applicable to programs that completed the NCFAS) (88 per cent).
- **Five per cent** improvement in the percentage of C&YP and families demonstrating adequate or strong family interactions by program closure (applicable to programs that completed the NCFAS) (77 per cent).
- **Five per cent** improvement in the rate of C&YP and families establishing connections with the community and accessing social support by program closure (applicable to programs that completed the NCFAS) (84 per cent).
- **Five per cent** increase in the rate of therapists reporting that families within FFT-CW and FFT demonstrated a family status that was 'A lot better' or 'Very much better' at program completion (42 per cent).

Another noteworthy statistic was the percentage of MST youth who were living at home at the end of treatment, which remained consistent at 100 per cent for both the 2021-22 and 2022-23 reporting periods.

In contrast, there were some indicators that exhibited a modest decrease in comparison to the previous reporting period. These declines were observed in the following areas:

- **Eight per cent** decrease in the percentage of families within Family Law Services reporting improved capability in dealing with issues they initially sought help with.
- **Seven per cent** decline in the percentage of SafeCare caregivers who were able to appropriately manage their young child(ren)'s health symptoms and respond appropriately by program closure.
- **Seven per cent** decline in the percentage of adolescents in FFT and FFT-CW reporting that their family status was either 'A lot better' or 'Very much better' at program completion.
- **Six per cent** decrease in the rate of C&YP in FFT-CW, FFT, MST, or MST-CAN engaged in school or employment by program completion.



# Summary and Conclusion

It is important to point out some findings pertaining to the NCFAS that merit attention. Firstly, out of the nine NCFAS domains and subdomains analysed for this review, seven demonstrated an improved rate of families with a baseline/adequate or strength rating by program closure compared to the previous reporting period. In contrast, the 'Overall safety' domain and 'Safety in the community' subdomain both experienced a marginal one per cent decrease each since 2021-22.

What is intriguing, is that despite the overall improvement seen in most NCFAS results, the rate of improvement within each of these domains and subdomains from program intake to closure declined in this reporting period, compared to the previous one. This implies that for the 2022-23 reporting period, while families were more likely to complete the service with a baseline/adequate or strength rating, they also tended to commence programs, with a relatively higher initial rating on average.

This review also saw positive rates in relation to culture and identity, specifically in relation to First Nations caregivers and C&YP:

- **100 per cent** of First Nations caregivers and C&YP reported that their OzChild worker(s) has an awareness of their family's Aboriginal and/or Torres Strait Islander cultural background(s).
- **100 per cent** of First Nations caregivers and C&YP reported that their OzChild worker(s) respects their family's Aboriginal and/or Torres Strait Islander cultural background(s).
- **100 per cent** of First Nations caregivers reported that their OzChild worker(s) acknowledges when they don't know something about their Aboriginal and/or Torres Strait Islander cultural background(s).

These findings highlight the remarkable achievements of OzChild's P&SF programs in the past year, whilst also pinpointing specific areas that require attention and enhancement.



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