



**Evaluation
of the
Aboriginal In-Home
Support Service**

Final Report

24 August 2023

Executive Summary

In January 2023, the Western Australian State Government's Department of Communities (Communities) engaged Keogh Bay People (Keogh Bay) to undertake an Evaluation of the Aboriginal In-Home Support Service (AISS).

ABORIGINAL IN-HOME SUPPORT SERVICE

AISS commenced in 2018 in the Perth metropolitan area. It provides intensive, cultural, and trauma-informed support to Aboriginal and/or Torres Strait Islander¹ families in their home to address issues impacting their parenting and the safety of their children. AISS aims to keep Aboriginal children safe and connected to their family, country, and culture. The service supports families at risk of child protection intervention to either:

- Keep children safely at home.
- Return children home to reunify with their family.

To deliver AISS, Communities contracted Wungening Moort (Healing Families) an Aboriginal in-home support service developed by a Consortium comprising of four Aboriginal Community Controlled Organisations (ACCOs), including:

- Wungening Aboriginal Corporation (contracted lead agency).
- Coolabaroo Community Services.
- Ebenezer Aboriginal Corporation.
- Moorditj Koort.

AISS is delivered in the Perth Metropolitan area across the following service corridors Mirrabooka/Joondalup, Perth/Midland, Cannington/Armadale, and Fremantle/Rockingham/Mandurah (covers nine Communities' Child Protection Districts).

THE EVALUATION OF THE ABORIGINAL IN-HOME SUPPORT SERVICE

The overall aim of the project was to evaluate:

- **Appropriateness** – The extent to which the AISS design is responsive to, and addresses, community need and demand, and aligns with government policy objectives.
- **Effectiveness** – The extent to which AISS is achieving outcomes for Aboriginal families and the family support service system.
- **Efficiency** – The extent to which AISS demonstrates government value for money in terms of the cost of services delivery (productive efficiency) for the outcomes achieved (cost-benefit).

In addition, AISS underwent an independent evaluation in early 2021, prior to the model variations of the AISS model. The previous evaluation found “positive impacts,” though it remained unclear if the AISS “partnership agreement between Communities District Offices, State-wide Referral and Response Service (SRRS), Community Service Organisations (CSO), other ACCOs and external stakeholders has been successful and how these collaborations can be strengthened.”

¹ From this point on Aboriginal will be used to describe both Aboriginal and/or Torres Strait Islander people.

This evaluation will therefore build on the findings of the 2021 evaluation, with updated consideration of the:

- Implementation of the recommendations from the 2021 evaluation.
- Impacts of the service variations since mid-2021.
- Expansion of Wungening Moort to the Peel District in the Bindjareb region.
- Effectiveness of partnerships and collaborations in the program.
- How new key learnings can inform future service design and contracts.

The evaluation used both a Process and Outcomes evaluation approach. The Process approach measured whether AISS is being implemented as intended, as this influences whether outcomes are being achieved and highlights key lessons learned. The Outcomes approach identified the short, medium, and long-term outcomes AISS families are achieving. We also conducted demographic analysis to evaluate projected demand for AISS and a Value for Money (VfM) analysis to determine if the program was achieving savings for the State Government.

FINDINGS

IMPLEMENTATION

Between 2019 and 2022, the AISS Consortium recorded referrals for 675 families and 1,732 children. Most referrals are for At-Risk Families (71 per cent), with the remaining being Reunification families (29 per cent).

The top 11 needs reported by families engaged by AISS were:

1. Advocating with Communities (Child Protection) – 87 per cent.
2. Meeting with Communities (Child Protection) - 79 per cent.
3. Family Violence Support - 57 per cent.
4. Drug and Alcohol Services - 52 per cent.
5. Other - 46 per cent.
6. Mental Health Services - 41 per cent.
7. Legal Information and Advice and Support - 42 per cent.
8. Family Led Family Safety Planning - 40 per cent.
9. Financial Information, Advice and Support -39 per cent.
10. Strengthening Cultural Identity - 37 per cent.
11. Family Connection Activities - 30 per cent.

Overall, the stakeholders consulted in this evaluation uniformly validated the need and rationale for a service delivered by ACCO(s) and dedicated to supporting Aboriginal families in a child protection space. The *intensive, in-home* and *culturally safe* delivery of holistic supports to families were commonly described by stakeholders as the most valuable features of AISS. There was strong support amongst stakeholders for the cultural security and trauma-informed approach of the program.

The Evaluation also identified a number of issues impacting how AISS was operating. For example, stakeholders discussed that at times AISS has limited referral/case capacity, inflexible brokerage rules, service reliability and intensity issues, challenges with staff recruitment, retention and training, and Aboriginal community concerns regarding confidentiality. Keogh Bay also found that AISS' governance arrangements in Communities have been impacted by internal staffing restructures and requires resetting to enable stronger central oversight and coordination.

PARTNERSHIP MODEL

Keogh Bay found that the relationship between the AISS Consortium and Communities at the senior leadership level was uniformly reported by all parties to be strong and constructive, with many examples provided of good communication and shared work. Communities' leadership valued AISS' responsiveness, and willingness to discuss and proactively address issues.

The Evaluation notes that overall, the foundations of the relationship are not as strong at the service delivery level and there is significant work that needs to be undertaken for AISS and Communities Child Protection teams to more effectively work in partnership for the benefit of children and families. The reasons for this are complex, partly historical, and require specific focus for the model to successfully move forward.

A key issue for the partnership is that the scope and purpose of "advocacy" is misunderstood across parties. Advocacy is the second highest type of support delivered by AISS (see above) and is contributing to perceptions in Child Protection Districts that AISS is prioritising 'advocacy' and 'culture' above child safety.²

Keogh Bay understands that client advocacy is an expectation of Aboriginal communities, it enacts the principles of Aboriginal "self-determination" and "community participation" legislated in the *Children and Community Services Act 2004* and is essential to an ACCO service model. However, current legislated responsibility and authority for child protection cases ultimately sits with the Communities' CEO and, by delegation, staff in Child Protection Districts, structurally embedding a power imbalance between Communities and the ACCO sector which makes it difficult to share authority and decision-making in child protection cases.³

OUTCOMES FOR ABORIGINAL FAMILIES AND THE SERVICE SYSTEM

Overall, the evaluation found that AISS contributes to strengthening outcomes for Aboriginal families who are experiencing a range of complex, intergenerational, and systemic issues.

The Heat Map table below summarises whether outcomes from the Program Logic were evidenced, considering the qualitative and quantitative data collected for the evaluation. The Heat Map's categories are:

- Red – Evidence indicates that the outcome was not achieved at all.
- Orange – Evidence indicates that the outcome was partially achieved or only achieved for some families.
- Green – Evidence indicates that the outcome was strongly achieved for many families.

When interpreting the Heat Map, it should be noted that given the client cohort, and the complexity of issues experiences, we would expect that for many families some of the medium to long-term outcomes would take years to be fully realised.

² As reported during consultations with stakeholders.

³ As reported during consultations with stakeholders.

Outcome	Heat Map	Examples to explain Heat Map scores
Short-term outcomes		
Families develop a trusting relationships with the service		69% of families self-reported as being in a position of “good” to “strong” in terms of feeling culturally safe with service on exit.
Families develop insight and awareness into factors influencing their wellbeing and child safety and wellbeing		AISS staff scored 43% of families as being in a position of being “good” to “strong” regarding understanding that drugs, alcohol, violence and abuse are not cultural and impact on the safety of their children.
Families develop <i>motivation</i> to reconnect with culture	Unclear evidence	
Medium-term outcomes		
Families start to address issues that impact negatively on family		AISS staff scored 44% of families as being in a position of being “good” to “strong” regarding their engagement “in activities that promote a sense of healing and wellbeing.”
Families improve parenting skills to safely care for their children at home		AISS staff scored 47% families as being in a position of “good” to “strong” regarding putting “the basic needs of the children first.”
Families develop skills and get their children to school		AISS staff scored 42% of families as being in a position of “good” to “strong” regarding children “doing well at school and attend regularly.”
Families improve and develop culturally secure networks		AISS staff scored 44% of families as being in a position of “good” to “strong” regarding their children having “a strong cultural identity, healthy minds, bodies and spirits”. Qualitative evidence was strong relating to this indicator.
Families begin to develop a better understanding and confidence in their interactions with the child protection system		68% of families indicated their relationship with Child Protection was “good” to “strong” on exit. Qualitative evidence was strong relating to this indicator.
Long-term outcomes		
Case goals achieved		Close to 50% of families did not have all their goals achieved predominantly due to disengagement.
Families have strong culturally safe support networks and connection to culture		AISS staff scored 45% of families as being in a position of “good” to “strong” regarding the family having “many positive relationships and a safety network who can support in times of need.”
Families are functioning well		AISS staff scored 42% of families as being in a position of “good” to “strong” regarding “sense of order and predictability within the family which gives the child a sense of security.”
Children are safe and well at home		AISS staff scored 45% of families as being in a position of “good” to “strong” regarding children being “safe, have a stable home where they are protected and secure.” Aboriginal children who were open to a Communities IFS Team and

Outcome	Heat Map	Examples to explain Heat Map scores
		referred to AISS were less likely to enter care than those Aboriginal children who were only engaged by an IFS Team.

This evaluation found that there were issues impacting the achievement of family outcomes, including:

- AISS works with many families who are in a crisis situation, and family goals are often focused on stabilising families by implementing practical supports, which detracts from the capacity of the service to implement interventions targeting complex trauma and longer-term behaviour change.
- AISS could benefit from providing more specialised and culturally-informed parenting knowledge and skills (i.e. Aboriginal Parenting Program).
- Families struggle to identify friends and/or family members considered safe by Communities for their Safety Network.
- The housing crisis is unavoidably focussing AISS casework on securing client housing at the expense of other supports and interventions.
- AISS staff need more vehicles to transport larger families.
- Some AISS families are entrenched in trauma and disadvantage, or have cognitive and other disabilities, which significantly limit their capacity for insight and change.
- Some families remain challenging to consistently engage.

The table below summarises AISS' service system outcomes as set by the *Earlier Intervention and Family Support Strategy* (2016):

Outcome	Finding
Delivering Shared Outcomes Through Collective Effort	Still a work in progress with Communities currently developing an overarching EIFS monitoring and evaluation framework (and EIFS Program Logic).
Creating a culturally competent service system	As mentioned earlier, all stakeholders reported that AISS was contributing to the creation of a culturally competent service system. Our evaluation findings strongly indicate that AISS has improved the cultural safety and responsiveness of the Child Protection system in the Perth metropolitan area.
Diverting families from the child protection system	While AISS was supposed to hold some diversionary or closed cases, it does not have capacity to service these families. To achieve better outcomes in diversion, additional funding would be required to increase the diversionary capacity of AISS (and the wider suite of EIFS Strategy services) so that current family support service responses are less crisis driven (i.e., focused on referred families open to IFS teams or Children in Care teams). See page 81 for further discussion of the need for increased government expenditure in diversionary/early intervention and prevention approaches.
Preventing children entering care	<p>Many families referred to AISS experience significant complexity and it would be unrealistic to expect the service to prevent and dramatically reduce the number of Aboriginal children in care within a five-year period. Undoing generations of trauma and disadvantage requires more time and investment.</p> <p>The number of periods in care for Aboriginal children has not decreased consistently across all AISS metropolitan service corridors since the implementation of AISS in 2018. However, half of the metropolitan service corridors have shown reductions. Furthermore, data shows that when a Communities IFS Team refers families to AISS, those families are less likely to have children enter care than families only engaged by the IFS Team.</p>

SERVICE DEMAND AND THE STRATEGIC ENVIRONMENT

Population data examined for the evaluation, supported the continuation of AISS, with our analysis indicating that the current level of services provided through the program will be insufficient to meet population growth and community need in the future.

Keogh Bay also found that while AISS aligns strongly to the existing State and National strategic environment, current confusion about roles and responsibilities between AISS and Communities in frontline undermine the capacity of the service to fully realise some key strategic intentions, particularly regarding shared decision-making and authority. This could be improved with AISS and Communities developing formalised arrangements for their Partnership Model (see recommendation four). AISS could also more strongly align to the strategic priority of earlier intervention and prevention if it received additional funding to increase its capacity for accepting diversionary cases.

VALUE FOR MONEY

Using a conservative approach, modelling indicates that with an investment of \$11.7 million, Communities has avoided costs totalling \$43.6 million, equating to \$143,859 per child who remained at home or returned home for the full year. This is an avoided cost ratio of 11.76.

Between the period 2019 to 2020, for every \$1 invested, Communities potentially saved \$11.76 in avoided costs. The main saving is from the cost of out-of-home care which constitutes more than 50 per cent of the figure.

SUMMARY

Overall, AISS is regarded as an essential service which has made the child protection system more culturally responsive and trauma-informed and aligns to the current Government strategic environment. Significantly, AISS is empowering families to better understand and navigate the child protection system, with some evidence indicating that the service is preventing Aboriginal children from entering, or staying in, out-of-home care.

Our evaluation identifies opportunities for improving AISS, as detailed in the table below.

Table 1 - Summary of opportunities for improvement from the AISS Evaluation

No.	Opportunities for improvement
1	Review the current process for capturing and managing AISS demand i.e., referrals that are not able to be made to AISS, due to service capacity. This process will need to consider: <ul style="list-style-type: none"> • A process that does not disadvantage families. • The best way for AISS and Communities to communicate in a timely and clear way updates on service capacity. • A way for capturing demand information to inform service planning and funding.
2	Develop more flexible AISS Brokerage Guidelines.
3	Communities and the AISS Consortium to review their current governance arrangements with consideration for strengthening the central oversight and coordination of the strategic and operational matters impacting AISS. This review should: <ul style="list-style-type: none"> • Include consideration by the AISS Consortium to reinstate the Aboriginal Advisory Group and the Practice and Service Delivery Advisory Group or something self-determined by the Consortium as more appropriate.

No.	Opportunities for improvement
	<ul style="list-style-type: none"> Implementing a trial AISS Operational Group with representatives from AISS and Child Protection Districts to strengthen the governance over frontline operations.
4	<p>The Consortium and Communities co-develop an AISS Partnership Model to include clearer governance arrangements which uphold the principles of Aboriginal “self-determination” and “community participation” enshrined in the <i>Children and Community Services Act 2004</i>.</p> <p>The AISS Partnership Model should be developed using a process respectful of Aboriginal self-determination. This could include consideration of the use of the Secretariat of National Aboriginal and Islander Child Care’s <i>Genuine Partnerships Audit Tool</i> (or similar) to first review current partnership arrangements and inform the development of new ones, and/or using an independent Aboriginal third party to facilitate or guide the process.</p> <p>As a starting point, the new AISS Partnership Framework should consider the following elements, listed under the four key domains in SNAICC’s <i>Partnership Framework</i> (capacity building; process, governance and accountability; cultural competence; and relationships):</p> <ol style="list-style-type: none"> 1. Capacity Building <ul style="list-style-type: none"> Communities’ commitment to building the child protection capacity of the ACCO sector in preparation for the planned transfer of delegated authority to ACCOs under <i>Safe and Supported: National Framework for Protecting Australia’s Children 2021 – 2031</i>. Seek assistance from Communities’ Aboriginal Outcomes division to identify ways for the AISS model to have ‘successful partnerships’ as outlined in Communities’ <i>ACCO Strategy</i>: respect, shared responsibility, shared decision making, transparency, commitment, and integrity. Deliver formal, informal, and joint training to AISS and Child Protection Districts about the updated Partnership Model. 2. Process, governance and accountability <ul style="list-style-type: none"> Recognition of the unique and specific role of the ACCO sector in accordance with the strategic and legislated requirements for Aboriginal self-determination and empowerment. Guidelines to clarify roles and responsibilities of AISS and Communities, including AISS’ involvement in Child Protection cases (IFS, Child Safety and Reunification) by specifying AISS’ participation and shared authority in key meetings and decision-making processes. Clarification about the scope and definition of “advocacy” (for inclusion in the AISS Service Agreement and practice guidance for both AISS and Child Protection). Guidance for where the operational balance lies between advocacy work and other types of family support/interventions in the context of prioritising child safety. Establishment of structured, regular, and consistent communication and information sharing requirements between AISS Hubs and Child Protection Districts across each service corridor. Identifying and using existing internal accountability, monitoring, and auditing processes to review the consistency of services and information sharing between both organisations. Providing, as a last resort, an external and independent mediation pathway for AISS and Child Protection Districts to resolve issues. 3. Cultural Competence <ul style="list-style-type: none"> Consider the role of Communities’ Aboriginal Outcomes division in driving system-level change (e.g., training in Child Protection Districts) to further develop the cultural competency of Child Protection staff, challenge current worldviews and practices and to build awareness of the unique purpose and models of working of ACCOs. 4. Relationships <ul style="list-style-type: none"> Appointing new AISS roles and/or existing roles (Communities SPDOs, APLs, Senior Aboriginal IFS Workers, and AISS Coordinators) to actively support communication, collaborative practices, and relationships. Consider opportunities for further developing and strengthening relationships across AISS and Child Protection Districts. For example, by having informal events (i.e., BBQs, morning teas, NAIDOC events {suggestions only}) to create opportunities for new interactions and building trust.

No.	Opportunities for improvement
5	<p>Provide AISS staff with additional training and supervision to strengthen the supports available to them for managing their personal and vicarious trauma, with consideration for supporting staff:</p> <ul style="list-style-type: none"> • To navigate the challenges of balancing cultural and community obligations with Child Protection practice. • To have difficult conversations with families to set boundaries and expectations. • To avoid burnout and re-traumatisation with self-regulation tools and access to cultural healing.
6	<p>AISS Consortium to review and consider potential opportunities for further building the organisational capacity of each Consortium partner and the ACCO sector.</p>
7	<p>Consider AISS staff training to increase their 'toolbox' of skills (whether traditional or western) to be used when responding to families who need a deeper journey of healing and therapeutic responses.</p>
8	<p>Develop specialist resources, referral pathways or roles to strengthen AISS parenting skills development i.e., establish an Aboriginal Parenting Program delivered by an ACCO or dedicated Parenting Support role which is attached to AISS to strengthen AISS' effectiveness in improving parental skills and capacity.</p>
9	<p>Review the contracted requirement for AISS to work with Diversionary cases to determine if additional resourcing is required to service these cases or if a separate contracting arrangement is needed. The diversionary capacity of AISS (or the wider suite of EIFS services) would need to be increased so that current family support service responses are less crisis driven and the child protection system can better divert families.</p>
10	<p>Further develop the cultural components of AISS with ongoing input from Aboriginal leaders and external Aboriginal services to provide families consistent access across AISS Hubs to activities designed to strengthen cultural connections.</p>
11	<p>Future evaluation should include methods to draw out data that analyses contributions of AISS to children remaining at home, or returning home, separately to the work of Communities to best understand the work's effectiveness. As this analysis is complex, future evaluation projects will need to allow sufficient time to do this.</p>
12	<p>Consider validating the AISS Model and <i>Moorditj Djerripin Koorlungas (Strong, Happy Children) Assessment Framework</i> to further develop the evidence base for the model and use the findings of the validation study to update the model (if needed) and inform policy, other service models and decision-making about culturally safe ways of working with Aboriginal families.</p>

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Acknowledgement of Country

Keogh Bay respectfully acknowledge the Traditional Owners and First People of the lands which this Report evaluated. We pay our respect to their Elders past, present and future, as well as their continued connection to culture, land, and waterways.

Acknowledgement

Keogh Bay would like to acknowledge the organisations and individuals who spoke to us for this important project. We appreciate the openness, trust and stories that were shared with our team.

Disclaimer

This Report has been prepared at the request of Department of Communities. Nothing in this Report should be taken to imply that Keogh Bay, or its principals have verified information supplied to them or in any way carried out an audit of the books of account or other records of Department of Communities, the Subject Properties or associated entities. It is possible that events will not occur as shown in this Report.

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Table of Acronyms

Acronym	Description
ABS	Australian Bureau of Statistics
AISS	Aboriginal In-home Support Service
AOD	Alcohol and Other Drugs
APL	Aboriginal Practice Leader
CaLD	Culturally and Linguistically Diverse
CMS	Client Management System
CSO	Community Sector Organisation
CSI	Child Safety Investigation
EIFSS	Earlier Intervention and Family Support Strategy
FSN	Family Support Network
FTE	Full Time Equivalent
IFS	Intensive Family Support
IFSS	Intensive Family Support Services
LGA	Local Government Area
MDK	Moorditj Djerripin Koorlungas
NDIS	National Disability Insurance Scheme
ROGS	Report on Government Services
SNAICC	Secretariat of National Aboriginal and Islander Child Care
SRRS	State-wide Referral and Response Service
VfM	Value for Money

1. INTRODUCTION

This Report has been developed for the Department of Communities (Communities) and presents the findings from the Evaluation of the Aboriginal In-Home Support Service (AISS).

REPORT STRUCTURE

The report has been structured as follows:

- **Executive Summary:** Provides an overview of the Report findings.
- **Section 1 – Introduction:** Introduces the Report.
- **Section 2 – The Aboriginal In-Home Support Service:** Presents key information about AISS.
- **Section 3 – Evaluation Methodology:** Summarises the evaluation approach and methods.
- **Section 4 – Implementation:** Presents details of AISS' implementation.
- **Section 5 – Partnership Model:** Presents findings about AISS' partnerships.
- **Section 6 – Outcomes for Aboriginal Families and the Service System:** Presents the outcomes being achieved by families and within the service system.
- **Section 7 – Service Demand and the Strategic Environment:** Presents the findings about whether AISS is appropriate to demand and strategic priorities.
- **Stream 8 – Value for Money:** Discusses the findings from the VfM analysis.
- **Section 9 – Conclusions and Opportunities for Improvement:** Identified key learnings and recommended actions.
- **Section 10 – References:** Lists the documents used to develop the Report.
- **Appendices A to B:** Presents additional information relevant to the Report.

2. THE ABORIGINAL IN-HOME SUPPORT SERVICE

The section of the Report provides an overview of AISS.

OVERVIEW

AISS commenced in 2018 in the Perth metropolitan area. It provides intensive, cultural, and trauma-informed support to Aboriginal and/or Torres Strait Islander families, in their home, to help them address issues impacting their parenting and the safety of their children. AISS prioritises families who either have children at high risk of entering care or children who are already in care and are undergoing the process of potential reunification.

To deliver AISS, Communities co-partners with, and contracted, Wungening Moort (Healing Families) an Aboriginal in-home support service delivered by a Consortium comprising four Aboriginal Community Controlled Organisations (ACCOs), including:

- Wungening Aboriginal Corporation (contracted lead agency).
- Coolabaroo Community Services.
- Ebenezer Aboriginal Corporation.
- Moorditj Koort.⁴

AISS is delivered in the Perth Metropolitan area across the following service corridors Mirrabooka/ Joondalup, Perth/Midland, Cannington/ Armadale, and Fremantle/Rockingham/Mandurah (including nine Communities' Child Protection Districts). Noting that AISS expanded to the Peel District in January 2022.

AIMS AND OBJECTIVES

Overall, AISS aims to ensure “families and individuals are assisted to overcome their risks and crises, are kept safe and are diverted from the child protection system.”⁵ AISS also aims to keep Aboriginal children connected to their family, country, and culture. The service supports families at risk of child protection intervention to either:

- Keep children safely at home, or
- Return children home to reunify them with their family.

The service was developed to build and support the capacity of the ACCO sector to deliver culturally informed services and achieve better outcomes for Aboriginal families and communities.⁶

Keogh Bay recognises the strength of Aboriginal people, parents and families in their communities, culture, spirit, and kinship systems.

Keogh Bay also recognises that intergenerational trauma resulting from government policies, racism and ongoing cumulative trauma and loss has impacted Aboriginal people's wellbeing and capacity to confidently participate in society today.

⁴ Part H Response Form: *Aboriginal In-Home Support Service Wungening Moort (2018)*, p. 12.

⁵ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan - CPFS20176605*.

⁶ SVA Consulting (2021). *AISS Summative Evaluation Report*, p. 21.

STRATEGIC ALIGNMENT

AISS aligns to Communities' *Building Safe and Strong Families, Earlier Intervention and Family Support (EIFS) Strategy*. Released in 2016, the EIFS Strategy aimed to reorient the child protection system toward more culturally informed and preventative services that intensively support families and divert them from further engagement with child protection services.

AISS also aligns to other strategies designed to empower Aboriginal organisations, communities, and families to address the traumas driving their high rates of child protection engagement. These include (though are not limited to) the following:

- *National Agreement on Closing the Gap* (July 2020).
- *Safe and Supported: National Framework for Protecting Australia's Children 2021 – 2031*.
- *Aboriginal Empowerment Strategy 2021-2029*.
- *Aboriginal Community Controlled Organisation Strategy 2022-2032*.

FUNDING

In 2021/2022 AISS was funded \$4.86 million and in 2022/2023 this was increased by \$0.79 million with the expansion of the service to the Peel District in the Bindjareb (Mandurah) region. Overall, Communities has expended \$28.1 million funding AISS Program since its implementation in 2018. Currently there is a Service Agreement in place with Wungening Aboriginal Corporation until 30 June 2024.

OPERATIONS

AISS has the following intended core operational attributes:⁷

Table 2 - Key operational elements of AISS

Operational area	Details
Service Locations	<ul style="list-style-type: none"> • Mirrabooka/Joondalup. • Perth/Midland. • Cannington/Armadale. • Fremantle/Rockingham/Mandurah.
Client group	<ul style="list-style-type: none"> • Aboriginal families experiencing intergenerational trauma and poverty, and a range of complex cooccurring issues impacting the wellbeing of children, such as: alcohol and other drug use (AOD); mental health issues; Disabilities and chronic conditions; family and domestic violence (FDV); financial and social disadvantage and isolation; and poor school attendance. AISS accepts families with a non-Aboriginal primary carer whose children are Aboriginal.
Hours of Operation	<ul style="list-style-type: none"> • 6am to 9pm Monday to Friday. Some provision for weekends and public holidays. • Provides "on-call" crisis support on weekends with morning and afternoon staff shifts in line with school drop/pick up times.⁸

⁷ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan - CPFS20176605*.

⁸ Part H Response Form: *Aboriginal In-Home Support Service Wungening Moort (2018)*, p. 32.

Operational area	Details
Referrals	Only from Communities (outlining concerns and goals): <ul style="list-style-type: none"> Majority are open cases with some child(ren) in care. Prioritise families with children at home. Referrals from State-wide Referral & Response Service (SRRS) may include closed cases (but they must have been previously subject to a Child Safety Investigation (CSI) for the same safety concerns and are at risk of becoming an open case).
Brokerage	\$500/client for services or goods.
Caseloads	Each team holds a maximum of 36 families at one time, with workers holding a caseload of 6 families. AISS services a minimum of 217 families over the course of the year.
Contact with Communities	AISS to maintain relationships with District Offices for example via regular in-person meetings or weekly updates regarding clients and wait lists.
Service Length and intensity	Service length and intensity is flexible and determined on a case-by-case basis. As an estimate, families receive up to 330 hours of in-home intensive support: <ul style="list-style-type: none"> 4 to 6 weeks of assessment and engagement. 6 to 8 months of intensive intervention and support. 3 to 4 months medium to low intensity step-down. For reunification cases, AISS may remain involved for a period of three to six months, post the children returning home to ensure sustained change.
Liquor Restricted Premises	AISS can apply for families to obtain a Liquor Restricted Premises in their home to assist with problematic alcohol consumption, family violence and housing stability.

AISS SERVICE MODEL

In its original design in 2018, the AISS (Wungening Moort) Model adopted an alternative approach to traditional Western models of service delivery, based on consultations with families, the American Homebuilders Preservation Model, and Elder Mr Ian Trusts' Pathway to Empowerment. It also included a mixture of therapeutic and practical skills and aimed to "address intergenerational trauma and work in Aboriginal Ways to effectively build family capacity and reduce the number of Aboriginal children entering the out of home care (OOHC) system."⁹

This original model was altered in a variation to the AISS service agreement in June 2021. The varied and current model "maintains the integrity of the initial model while making critical enhancements to improve our ability to deliver on our core objective."¹⁰ This included a cultural support element being incorporated into all areas of the model.

The AISS Model also uses the following approaches and activities:

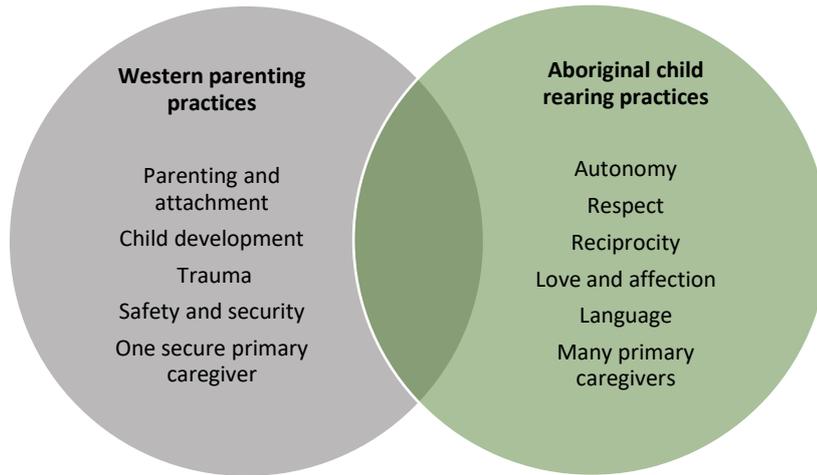
- Intensive in-home support to help families raise their children safely.
- AISS staff attend Signs of Safety meetings and integrate AFLDM into these meetings.

⁹ Part H Response Form: *Aboriginal In-Home Support Service Wungening Moort (2018)*, p. 13.

¹⁰ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPFS20176605*, p. 18.

- Supporting families through a healing journey via a “healing intervention, focussed on developing family understanding of the impacts of trauma.”¹¹
- Practical supports such as transporting families to appointments and advocates for families with mainstream services.
- Partnering with Aboriginal community agencies to remove service barriers and to jointly develop culturally competent, responsive, and safe activities.
- Use of both Western and Aboriginal child rearing practices, see figure below.

Figure 1 - Wungening Moort parenting support approach



CASE ASSESSMENT

The AISS Wungening Moort Model includes the MDK or Moorditj Djerripin Koorlungas (Strong Happy Children) Assessment Framework, which is the basis of all case assessment. This Framework is rooted in “Aboriginal values and norms”, and includes four pillars:

Figure 2 - Moorditj Djerripin Koorlungas Assessment Framework



Moort (Family): “the need to have family who will love, nurture and protect them.”

Mia (Home): “the need for a child to have safe, stable home where their basic needs are met and they feel connected.”

Kaat (Head): “the child’s need of learning and development.”

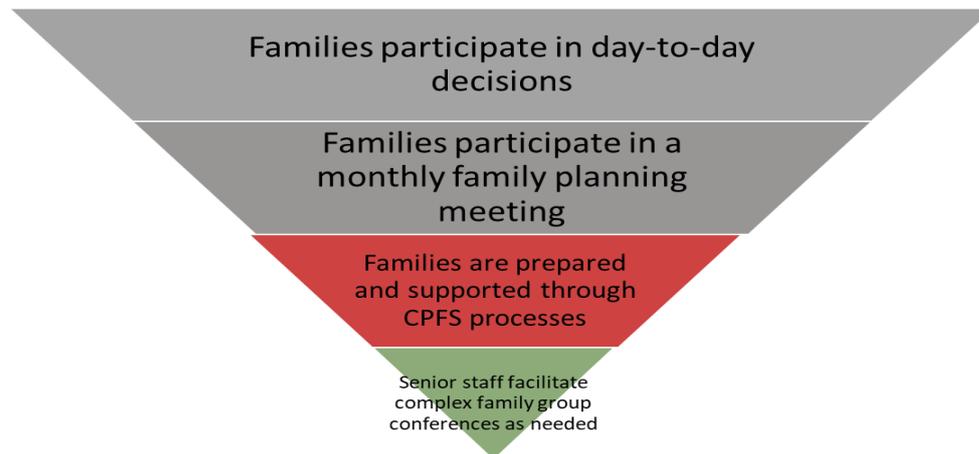
¹¹ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPFS20176605*, p.20.

Koort (Heart): “the child’s mental, physical and spiritual wellbeing.”¹²

CASE MANAGEMENT

The AISS Service Model also involves *Dabaakaan Koorliny Biddi (the path going forward slowly) Case Management Framework* based on Aboriginal Family Led Decision Making (AFLDM) and the principle of ‘family participation’, ‘self-determination’, and ‘trauma-informed practice.’¹³

Figure 3 - *Dabaakaan Koorliny Biddi Case Management Framework*



These family planning stages aim to support families to consider their current situation and establish goals. The stages are:

- Ngalang Moort (Our Family) – Elicits the family narrative and is designed to get the family to reflect on their current circumstances and what is impacting the children.
- Wungening Moort Benang (Families Healing for tomorrow) – Enable the family to look forward into the future and establish a vision for their family.
- Quobba Moorditj Djerripin (Good, strong, Happy Things) – Families reflect on what is currently occurring that is helping them achieve long-term goals, and what is helping create balance in the Moort, Mia, Kaat and Koort.
- Warra (Bad, no-good things) – Looks at the challenges the families are experiencing and that are impacting the children.
- Dabaakaan Koorliny Biddi (The path going forward slowly) – Small achievable goals or action steps to support the family to build on the good and overcome challenges.¹⁴

Part of the AFLDM approach also offers families the opportunity to hold private discussions or Private Family Time minus child protection workers in any family meeting.

CASE PLANS

AISS develops a Case Plan alongside the family and considers:

¹² Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPFS20176605*, p. 18.

¹³ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPFS20176605*.

¹⁴ Copied verbatim from the Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPFS20176605*, p. 20.

- “tailored in-home practice support” such as budgeting, meal planning, cleaning, routines, achieving daily school attendance, and accessing stable accommodation (if required);
- “support and advocacy” to help families better engage with other services and strengthen their community networks;
- “education and knowledge” and modelling about trauma-informed care, child development/attachment and protective behaviours;
- help for families to acknowledge harmful behaviours and need for change;
- “education, counselling and skill development” to help parents deal with their AOD and FDV issues (including “active referrals” to specialist services where necessary);
- support to identify “safe family networks”; and
- support to facilitate family contact both supervised and unsupervised for families undergoing reunification.¹⁵

PARTNERSHIP MODEL

Communities sends AISS referrals (with accompanying referral information such as assessments) to Wungening Moort’s central intake, with most families referred remaining open to Communities. This means that AISS maintains shared casework with Communities district offices.¹⁶

Wungening Moort seeks an “active and genuine partnership relationship” with Communities’ Child Protection Districts through:¹⁷

- involvement of Communities staff during service start;
- weekly updates;
- monthly progress reports;
- quarterly reviews of service data;
- open communication; and
- communities involved in family meetings.

GOVERNANCE

The Wungening Moort Consortium has an Aboriginal governance framework involving the Consortium Partnering Agreement between Wungening and the three other providers detailing their roles and responsibilities, Terms of Reference etc. The Governing Committee comprises representatives from the four Consortium agencies, which all have Aboriginal CEOs and Aboriginal boards or majority Aboriginal boards.

At Communities, the key governance mechanism overseeing the delivery of AISS and other family support services underpinning the implementation of the EIFS Strategy is the EIFS Steering Group, which includes internal staff across a number of areas. Keogh Bay has been informed by Communities that the EIFS Steering Group Terms of Reference is currently under review, however, its remit includes “contracted services including opportunities for change and improvement.”

¹⁵ Department of Communities (14 June 2021). *Variation to The Service Agreement for The Aboriginal In-Home Support Service – Metropolitan – CPF520176605.*

¹⁶ ARTD Consultants (September 2018). *Wungening Moort AISS Evaluation Plan.*

¹⁷ Part H Response Form: *Aboriginal In-Home Support Service Wungening Moort* (2018), p.53.

KEY CHANGES TO THE MODEL

AISS received a contract extension with a reduction in funding for a period of two years in 2021. At this time, Wungening took the opportunity to revise the AISS Service Model in line with recommendations from the AISS evaluation completed in early 2021. Changes to the AISS Service Model were documented via a Service Agreement Letter of Variation dated 14 June 2021 and the following changes took effect from 1 July 2021:

- A new assessment and planning framework *Moorditj Djerripin Koorkungas* (Strong, Happy Children) or MDK, focused on the needs of Aboriginal children and families, was implemented.
- Aboriginal Family Led Decision AFLDM and cultural healing was integrated into the case management framework.
- Increased alignment with Signs of Safety.
- A new team structure with an increase in Case Management workers.
- IFS / Pre-birth and reunification became priority cohorts.
- Revised service capacity and District allocations.
- A new process for central intake referrals.
- Modified timeframes including 12-month timeframe overall with the possibility of extension: 4-6 weeks engagement, assessment and planning phase; 6-8 months intensive provision; and, 3-4 months step down period.

Each AISS team began holding a maximum of 36 families at one time, with workers holding a caseload of six families each. This was based on evidence of best practice models across other jurisdictions in Australia, as well as the Homebuilders Model from America, where lower caseloads were demonstrated to allow for greater service intensity and therefore improved outcomes for families.

AISS Outcomes Framework

As part of the redevelopment of the AISS Model, Wungening developed an Outcomes Framework over a six-month period in 2021 via extensive collaboration and negotiation with Communities. The Outcomes Framework was informed by the new AISS contract in 2021 and the associated changes to the AISS service model noted above, as well as:

- Wungening's *Bardip Korangan (Change Story) and Impact Measurement Framework* developed via extensive consultations with families, clients, the Aboriginal community, Elders, and the Wungening Board (100% Aboriginal) and staff in 2020.
- The findings from the 2021 AISS Evaluation which incorporated the voices of families, AISS and Communities staff.

The Outcomes Framework aligned the four domains of the new AISS model - Moort (family), Mia (home), Koort (head) and Kaart (heart) - with 6 impact themes, as well as the contracted outcomes and additional outcomes identified in the 2021 AISS evaluation. The indicators under each of the four domains of the new AISS Model were compared against the North Carolina Family Assessment Scale.

The Outcomes Framework developed by Wungening also included:

- A "healing pathway" based on the six impact themes Wungening's *Bardip Korangan (Change Story) and Impact Measurement Framework*.
- An AISS Program Logic.
- *MDK Assessment Framework* (detailed below).

The updated AISS outcomes, indicators and associated Progress Reports were designed to provide more meaningful and culturally safe engagement with Aboriginal families.

Growth and Empowerment Measure (GEM)

The new AISS Outcomes Framework also involves the GEM or a case management tool and measure of change that is also being used for continuous quality improvement of AISS. The GEM is an established instrument that was first developed by Aboriginal people in 2010 to measure change in dimensions of empowerment (as defined and described by Aboriginal people).

The GEM has two components: a 14-item Emotional Empowerment Scale (EES14) and 6 Core Scenarios (12S) with AISS staff administering it by sitting and yarning with a primary family caregiver. The GEM is administered by staff, who are trained in its use, within one month of a referral and then at three-monthly intervals and can be carried out over a period of several days, rather than one sitting. GEM results enable AISS staff to provide strengths-based and culturally informed feedback to the family about the way they perceive their own level of empowerment in different domains over time.

The GEM is used on conjunction with Wungening’s *MDK Assessment Framework*. The GEM has a focus on family wellbeing and targeted towards parents, while *MDK Assessment Framework* has a focus on assessing children’s needs. Used together, both interventions together provide a holistic assessment of overall family wellbeing and inform case planning activities in AISS.

Keogh Bay notes that the GEM was not included in the evaluation as it required external ethics approval.

Moorditj Djerripin Koornlungas (Strong, Happy Children)

Keogh Bay further notes that Wungening’s *MDK Assessment Framework*, which now forms the foundation for AISS’ ongoing assessment and planning activities, further strengthened the cultural basis of the Model. The MDK was developed by Wungening in recognition that traditional Western theories and methods of assessment and child development do not accurately assess or measure strength for Aboriginal children. It was designed by Aboriginal staff and is grounded in Aboriginal ways of knowing, being and doing. It assesses and informs case planning through a holistic assessment framework of all aspects or 'domains' of a child's wellbeing (and is detailed further in chapter three).

Wungening used an evidence-based approach with the MDK Assessment Framework being informed by a study completed by Telethon Kids institute titled *Raising strong, solid Koornlungas* (2020). This study was guided by the Ngulluk Koornlunga Kgulluk Koort (Our children our heart) Elders research group and was also informed by the North Carolina Family Assessment Scale. The MDK also directly aligns to Communities’ Signs of Safety Child Protection framework and is used by staff monthly to track family progress.

Some of the key changes to the AISS Service Model are further detailed in Table 3 below.

Table 3 - Key changes to the Wungening Moort Model

Service Model 1 February 2018 - 30 June 2021 ¹⁸	Current Service Model 1 July 2021 - June 2023
240 clients	217 clients
43 staff	41 staff

¹⁸ Part H Response Form: *Aboriginal In-Home Support Service Wungening Moort* (2018), p. 32.

Service Model 1 February 2018 - 30 June 2021¹⁸	Current Service Model 1 July 2021 - June 2023
<ul style="list-style-type: none"> • 1 x Manager • 6 x Specialist Conveners • 2 x Team Leaders (seconded from Centrecare) • 12 x Senior Family Support Workers • 20 x Family Support Workers • 2 x Resources Officers 	<ul style="list-style-type: none"> • 1 x Wungening Moort Manager • 5 x Coordinators • 9 x Senior Moort Case Workers • 18 x Moort Case Workers • 8 x Aboriginal Family Support workers
Referrals from Department and FSNs	Referrals from Department only
Family Group Decision Making meetings to develop a “family support plan”	Dabaakaan Koorliny Bididi (the path going forward slowly) Case Management Framework integrates AFLDM MDK (Strong Happy Children) Assessment Framework
Three stages: <ul style="list-style-type: none"> • Families move through crisis to stability • Families establish motivation and readiness for change • Families make changes. 	Three stages: <ul style="list-style-type: none"> • Knowing – pre-engagement and assessment • Doing – intensive • Being – sustaining change.
Standalone group activities such as Strength in Culture, Moort Support, Circle of Security and a designated role to facilitate family group meetings;	There will be no standalone groups as will be embedded into overall case management.

3. EVALUATION METHODOLOGY

This section of the Report provides an overview of the evaluation and its approach.

OVERVIEW

In December 2022, Communities engaged Keogh Bay People (Keogh Bay) to conduct an *Evaluation of the AISS* to support the agency's contracting processes and to inform decisions about the operation of the service.

EVALUATION AIMS AND OBJECTIVES

The overall aim of the project is to evaluate:

- **Appropriateness** – The extent to which the AISS design is responsive to, and addresses, community need and demand, and aligns with government policy objectives.
- **Effectiveness** – The extent to which AISS is achieving outcomes for Aboriginal families and the family support service system.
- **Efficiency** – The extent to which AISS demonstrates government value for money in terms of the cost of services delivery (productive efficiency) for the outcomes achieved (cost-benefit).

In addition, AISS underwent an independent evaluation in early 2021, prior to the model variations. The previous evaluation found “positive impacts,” though it remained unclear if the AISS “partnership agreement between Communities District Offices, SRRS, Community Service Organisations (CSO), other ACCOs and external stakeholders has been successful and how these collaborations can be strengthened.”

This evaluation will therefore build on the findings of the 2021 evaluation, with updated consideration of the:

- Implementation of the recommendations from the 2021 evaluation.
- Impacts of the service variations since mid-2021.
- Expansion of Wungening Moort to the Bindjareb region.
- Effectiveness of partnerships and collaborations in the program.
- How new key learnings can inform future service design and contracts.

EVALUATION APPROACH AND DESIGN

Given the above, the evaluation used both a Process and Outcomes evaluation approach. The Process approach measured whether AISS is being implemented as intended, as this influences whether outcomes are being achieved and highlights key lessons learned. The Outcomes approach identified the short, medium, and long-term outcomes AISS families are achieving. We also conducted demographic analysis to evaluate projected demand for AISS and a VfM analysis to determine if the program was achieving savings for the State Government.

PROGRAM LOGIC

A Program Logic has been developed by Keogh Bay for AISS and is detailed below. The enclosed AISS Program Logic is significantly based on the Wungening Moort Program Logic used by the service and provided by Wungening Aboriginal Corporation to assist Keogh Bay with evaluation design and planning. **Keogh Bay would like to acknowledge their work and their permission in using their intellectual property.**

Please note in relation to the Program Logic:

- Keogh Bay has adapted the Wungening Moort Program Logic to include additional intended systems-level outcomes found in the Service Agreement regarding the EIFS Strategy.
- Keogh Bay has added components into the Program Logic that reflect the larger picture of AISS implementation e.g., the role and function of Communities in program oversight.

We have not included in our Program Logic many of the detailed short/medium/long-term 'service effects' recorded in the Wungening Moort Program Logic. While we recognise that these detailed family outcomes are important for understanding how clients should move through various stages of change, for the purposes of this evaluation we have instead decided to develop a Program Logic that captures the key outcomes at a higher-level. This will enable us to use our Program Logic to develop our evaluation tools and report on findings in a clear and manageable manner.

We further note that Communities is currently developing a Program Logic for all EIFS Strategy services, though it was not yet finalised at the time of this evaluation.

Table 4 - Keogh Bay's Program Logic for AISS Evaluation

Context					
Aboriginal people have been impacted by colonisation, system violence and disconnection from culture.	Intergenerational trauma (including from the stolen generation and systemic violence) has had an impact on identity, and often on connection with family and knowledge of family history.	Grief and loss have led to struggle with AOD, mental health issues, FDV and families suffering disadvantage, including poor financial circumstances; social support; educational attainment; housing issues; homelessness.	And this has led to an over representation of Aboriginal koorlungas (children) in OOHC or at risk in the child protection space.	Aboriginal moort (families) face multiple barriers to service engagement including lack of trust.	There is a disharmony between western and cultural understandings of neglect and child rearing practices and historical mistrust of the CP system.
INPUTS					
Workforce (Communities, AISS lead and Consortium workforce), resources (service facilities in metropolitan area, service hubs, brokerage, and IT systems), partners (Consortium partners, placed-based networks of AISS lead agency, agency partnerships and local service networks), cultural knowledge and connection (of the AISS lead agency); service frameworks/policies/procedures (Communities and AISS level [aims to be evidence based])					
ACTIVITIES¹⁹					
Referrals into service from Communities, active and persistent engagement, pre-engagement building rapport/trust, deep respectful listening, intensive education about the impacts of intergenerational trauma/Aboriginal child rearing practices, in-home counselling, intensive skills development, observation/feedback/modelling, family (Moort) group decision-making, facilitating cross cultural code-switching, strengthening culturally safe support networks and community links, practical support and advocacy, on-call crisis support over weekends, support working with child protection, active referrals to other services.					
OUTPUTS					
Number of referrals, number and type of clients and children, number of engagement strategies, number of case plans, number of hours delivering supports in the home, number of family meetings, number of referrals to other supports, number of interagency meetings					

¹⁹ AISS is contracted to service a minimum of 192 engaged families (developing/developed case plan) across the metropolitan area. It is predicted each family will receive up to 330 hours of in-home intervention.

FAMILY OUTCOMES		
Short-term	Medium-Term	Long-term
<ul style="list-style-type: none"> Moort develop a trusting relationship with the service. Moort develop insight and awareness into factors influencing their wellbeing and child safety and wellbeing. Moort develop motivation to reconnect with culture. 	<ul style="list-style-type: none"> Moort start to address issues that impact negatively on their children (SLO).²⁰ Moort improve parenting skills to safely care for their children at home (SLO). Moort develop skills and get²¹ their children to school (SLO). Moort improve and develop culturally safe support networks (SLO). Moort begin to develop a better understanding, and confidence in their interactions with, the child protection system. 	<ul style="list-style-type: none"> Moort have strong culturally safe support networks and connection to culture. Moort is functioning well. Children are safe and well at home.
Level of crisis at home is reducing as families are supported to move towards longer term outcomes		
SERVICE SYSTEM OUTCOMES/EIFS STRATEGY OUTCOMES (CONTRIBUTION TO)		
<ul style="list-style-type: none"> Delivering shared outcomes through collective effort – a system that is aligned and accountable to achieving shared outcomes for vulnerable families, with a focus on Aboriginal children and families. Creating a culturally competent service system – a system that is safe and responsive to the needs of Aboriginal families, and where the Aboriginal community feels more empowered and more capable of effectively working with Communities to support Aboriginal families. Diverting families from the child protection system – a system that identifies families that are vulnerable to involvement with the statutory child protection system and provides early and provides early and intensive support. Preventing children entering care – a system that prioritises and aligns Communities’ workforce and resources to prevent the most vulnerable children from entering OOHC. 		

²⁰ SLO: Service Level Outcome.

²¹ Noting there are many reasons outside of the service’s control as to why children may/may not attend school.

EVALUATION QUESTIONS

Based on above Program Logic, and the approach discussed earlier, a series of evaluation questions were designed by Keogh Bay and approved by Communities:

1. Is AISS being implemented as intended?
2. Is AISS appropriate for current and future demand and in the current State Government strategic environment?
3. Is AISS achieving its intended outcomes for Aboriginal families and the service system?
4. Is AISS providing value for money?

The evaluation findings are structured around these four Overarching Evaluation Questions. The Appendices outlines these evaluation questions and the more detailed sub-questions and methods.

EVALUATION METHODS AND IMPLEMENTATION

Keogh Bay used a mixed-methods approach to answer the key evaluation questions, including documentation analysis; consultations; survey; case studies; and VfM analysis. The tools used to implement these methods can be found in the Appendices.

MOORDITJ DJERRIPIN KOORLUNGAS ASSESSMENT FRAMEWORK

Outcomes findings in this report strongly drew from Wungening's MDK (Strong, Happy Children) Assessment Framework, which forms the foundation for AISS' ongoing assessment and planning activities.²² The development of the MDK assessment tool was informed by a study completed by Telethon Kids institute titled *Raising strong, solid Koolungas* (2020) which was guided by the Ngulluk Koolunga Kgulluk Koort (Our children our heart) Elders research group and also informed by the North Carolina Family Assessment Scale.

The MDK was developed by Wungening in recognition that traditional Western theories and methods of assessment and child development do not accurately assess or measure strength for Aboriginal children. The MDK directly aligns to Communities' Signs of Safety Child Protection framework and is used by staff on a monthly basis to track family progress. It was designed with Aboriginal staff and is grounded in Aboriginal ways of knowing, being and doing. It assesses and informs case planning through a holistic assessment framework of all aspects or 'domains' of a child's wellbeing.

The MDK Assessment includes four domains to explore with families in a strengths-based way:

1. Moort (family).
2. Mia (home).
3. Koort (head).
4. Kaart (heart).

Within each of these domains there are specific focus areas which guide AISS workers to plan supports, and some of these areas are then rated or scored by AISS workers and families in terms of their perceived progress and achievements. The MDK ratings are as follows:

²² Keogh Bay notes that from its experience talking with practitioners for evaluations, often at initial assessment the true situation, issues and experiences of families aren't known so they may receive a higher score than would be suitable. This may have influenced the pre and post scores.

MDK Score	Warra/ Winyarn (worries)	Leaving Warra	Quobba Babbinn (becoming good)	Quobba (good)	Moorditj Babbinn (becoming strong)	Moorditj (strong)
Keogh Bay assigned score for evaluation	1	2	3	4	5	6

The MDK assessment was partially implemented in October 2021 and went live in the Wungening Moort CMS in May 2022 (with some families’ data backdated). Therefore, Keogh Bay only reviewed the 2022 MDK dataset, and only included worker ratings if an entry and exit score was recorded.

GROWTH AND EMPOWERMENT MEASURE

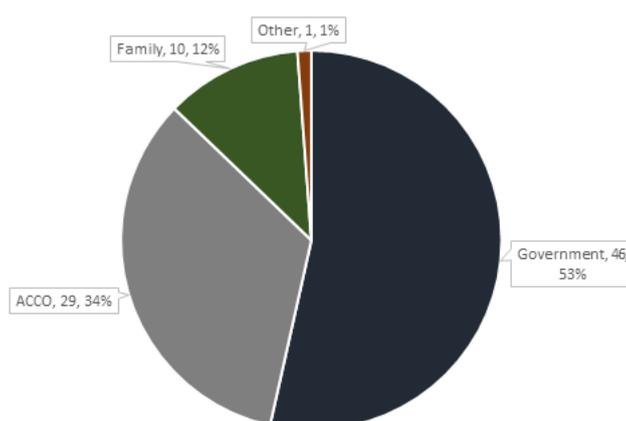
Please note that AISS also uses the Growth and Empowerment Measure (GEM) as a case management tool, measure of change, and for continuous quality improvement. GEM is a culturally secure tool measuring changes in life skills, personal growth, and social emotional wellbeing by stimulating reflection about past, present and future possibilities. This measure was not included in the evaluation as it required external ethics approval.

COHORT SAMPLED

The evaluation consulted 86 stakeholders, including 10 families/clients, with 47 per cent of stakeholders being Aboriginal.²³ The families interviewed included both those referred for ‘keeping children safely at home’ and for ‘reunification.’ A list of stakeholders can be found in Appendix A.

The ACCOs in the figure below includes all four organisations within the AISS Consortium. There were many government stakeholders as the evaluation consulted Communities Head Office Teams, eight Child Protection Districts, including Child Safety, IFS and Care/Reunification Teams, as well as Aboriginal Practice Leaders (APLs), Education Officers, and Senior Practice Development Officers (SPDOs).

Figure 4 - Number and proportion of stakeholders consulted for the Evaluation of AISS



EVALUATION LIMITATIONS

There were limitations with the Evaluation’s methodology that should be considered when interpreting findings, including:

²³ Note: most, though not all, stakeholders confirmed their cultural identity.

- COVID-19 may have influenced the patterns of service delivery in 2020 and 2021.
- Data results may differ from prior evaluations due to Keogh Bay using information from Wungening Moort's Client Management System (CMS) directly instead of Progress Reports.
- The 2022 MDK Assessment Framework scores used in this report rely on staff and client self-reporting, which may be subject to individual bias.
- The survey used for this evaluation had only a small number of respondents (10) and therefore results should be treated with caution and paired with other findings.
- Methods predominantly rely on the use comparator sites (i.e., sites where AISS is unavailable like the South-West District) which are less robust than strict control groups.

4. IMPLEMENTATION

The section details the findings relating to whether AISS has been implemented as intended.

OVERALL

Overall, the stakeholders consulted in this evaluation uniformly validated the need and rationale for a service delivered by ACCO(s) and dedicated to supporting Aboriginal families engaged by the child protection system for the purpose of preventing children from entering care and to improve chances for family reunification.

Many stakeholders reported that key elements of AISS have been implemented as intended, particularly cultural safety and responsiveness, and trauma-informed practice. However, there were certain issues identified impacting the full implementation of AISS and these are discussed further below.

SERVICE CORRIDORS

Wungening Moort is delivered by five teams located in: Midland; Mirrabooka; Armadale; and Rockingham (contains two teams).

Each Wungening Moort team services one child protection corridor made up of two District offices (except for the Rockingham team which services a third district in Peel). The teams usually engage families living within the bounds of each respective District corridor, though consultations revealed that out-of-corridor referrals are made on occasion. Wungening Moort teams have approximately 9 staff, with some variation as seen in the table below.

Table 5 - Overview of current staff and team locations

Wungening Moort Team Structure	Child Protection Corridor
1 x Coordinator 2 x Senior Moort Case Workers 4 x Moort Case Workers 2 x Aboriginal Moort Support Workers	Mirrabooka/Joondalup Cannington/Armadale Perth/Midland Fremantle/Rockingham
1 x Coordinator 1 x Senior Moort Case Workers 2 x Moort Case Workers 1 x Aboriginal Moort Support Workers	Peel

REFERRALS

Over the four-year period of 1 January 2019 to 31 December 2022, Communities reported that they made 868 referrals to AISS. The table below details the number of AISS referrals recorded by Communities, by district, over the four-year period.

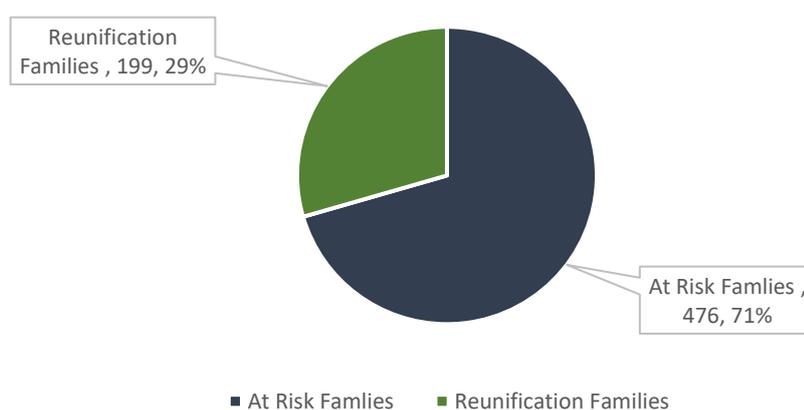
Table 6 - Number of AISS referrals recorded by Communities, by district, 2019-2022²⁴

District	2019	2020	2021	2022
Armadale	17	21	21	26
Cannington	38	28	28	29
Crisis Care	39	25	29	19
Fremantle	16	22	17	16
Joondalup	20	15	13	10
Midland	26	42	22	33
Mirrabooka	25	27	11	24
Peel	4	2	1	28
Perth	28	15	20	20
Rockingham	9	17	6	14
Non-metro	11	9	13	12
Total	233	223	181	231

The table above illustrates Peel District referrals increased in 2022 in line with AISS' expansion into the Peel/Bindjareb region in January of the same year. There has also been a small number of non-metropolitan referrals made to AISS. Wungening Moort also records the referrals received by Communities, but slightly differently. It records the number of families (not referrals) from Communities and reported that there was a total of 675 families referred/referrals made over the four-year period. These families included a total of 1,732 children.²⁵

Most of the referrals were for At Risk Families (71 per cent) as per Figure 5 below.

Figure 5 - Number of referrals by Wungening Moort, by family/referral type, 2019-2022²⁶



Keogh Bay notes that “ideal” case allocations include a proportion of Diversionary (or closed) cases from each District and that they are recorded within the ‘At Risk Families’ group above. However, documentation indicates there has been frustration expressed from Communities staff that AISS has

²⁴ Department of Communities. *Assist Data Summary for AISS Evaluation (2023)*.

²⁵ There is a difference between the number of referrals from Communities and Wungening Moort. This could be because of duplicate referrals from Communities, referrals potentially on hold, or different counting rules between the two agencies.

²⁶ Wungening Aboriginal Corporation. *Moort Reports 1 January 2019 to 31 December 2022*.

had limited capacity to accept Diversionary cases. Stakeholders within the AISS Consortium report that Wungening Moort “*would like to do more of, but within the current contract it’s just not possible. The Service feels that there should be a separate service for that cohort – diversionary cases/closed cases.*”²⁷

Regarding diversion, some stakeholders suggested that AISS needs to open its referral pathway to accept referrals from outside Communities (and include self-referrals and referrals from other organisations). This would better support the identification, and potential diversion, of families who are vulnerable to Child Protection engagement before they come to the attention of Communities.

Out of the referrals made to Wungening Moort in this four-year period (2019-2022), almost all were accepted (99 per cent). In 2022, 100 per cent of family new referrals were received and confirmed within two working days.

WAITLIST

As of 31 December 2022, data indicates that AISS did not have any waitlisted families. The waitlist is defined as when a family has been accepted for suitability/eligibility but is awaiting allocation to a Hub.

Although data appears to indicate that referrals are processed quickly, and that families are not having to wait for access, Communities’ Districts consistently report concerns with long waitlists for the service, most commonly of up to several weeks to three months, with some reporting they had been unable to refer to AISS for approximately 18 months. Stakeholders indicated that AISS informs Child Protection Districts when they are at capacity and Districts then cease sending referrals (i.e., they are not waitlisted).

Further, there may be a delay in service initiation following the allocation of a referral to a Hub, as families then need an AISS worker assigned to them (defined as ‘admission’). Keogh Bay notes that the number of referrals not sent to Hubs due to lack of capacity is not reported to Communities, neither is the length of ‘admission’ times.

The reported impacts of waitlists were:

- AISS waitlists were impacting Child Safety Teams as child protection workers had to provide supports to families while waiting for Wungening Moort to accept and initiate a referral, thereby reducing their capacity for completing CSIs.
- AISS is not engaging families fast enough to support the reunification process, noting that families can have only 12 months to undergo reunification and address significant complex issues during the period.

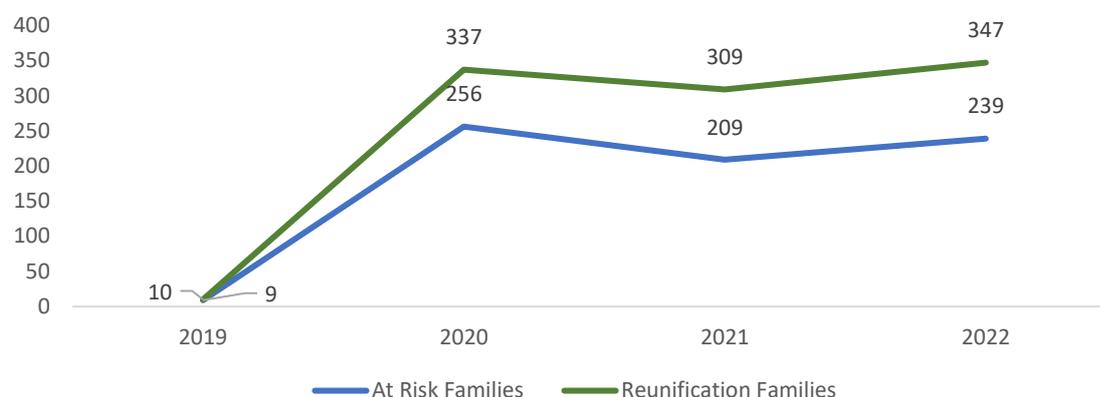
FAMILIES

The total number of distinct new families who were engaged in the four-year period examined was 594, with 71 per cent At Risk Families (n=423) and 29 per cent Reunification Families (n=171). Note that this does not represent the actual AISS workload as the service works with both new and carried over families from the prior year.

The number of families who were new and carried over from the previous years, depicting AISS workload overtime is depicted in the figure below. Note there was a drop in 2021 which then picked up in 2022.

²⁷ Department of Communities. *Service Agreement Reviews* (2022).

Figure 6 - Number of families engaged, by family type, 2019-2022²⁸



The table below outlines the demographics of distinct, new adults and children engaged by AISS during the four-year period. These are a distinct count of individual family members involved with a new case plan or a plan being developed, including those closed during the reporting period. Each individual is only counted once regardless of how many times they may have attended the service.

Table 7 - Description of distinct AISS clients, 1 January 2019 to 31 December 2022²⁹

	2019	2020	2021	2022	Total
Gender of new adult/parent clients in the period					
Female	7 (54%)	193 (58%)	195 (60%)	207 (62%)	602
Male	6 (46%)	137 (42%)	131 (40%)	129 (38%)	403
Diverse gender identity	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Gender unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0
Cultural identity of new adult/parent clients in the period					
Aboriginal and/or Torres Strait Islander (ATSI)	7 (54%)	236 (71%)	259 (79%)	303 (90%)	805
Culturally and/or Linguistically Diverse (CaLD)	1 (8%)	1 (0%)	2 (1%)	5 (1%)	9
Other – ethnicity not identified as either ATSI or CaLD	2 (15%)	11 (3%)	12 (4%)	18 (5%)	43
Ethnicity unknown	3 (23%)	84 (25%)	53 (16%)	10 (3%)	150

²⁸ Wungening Aboriginal Corporation. *Moort Reports 1 January 2019 to 31 December 2022*.

²⁹ Wungening Aboriginal Corporation. *Moort Reports 1 January 2019 to 31 December 2022*.

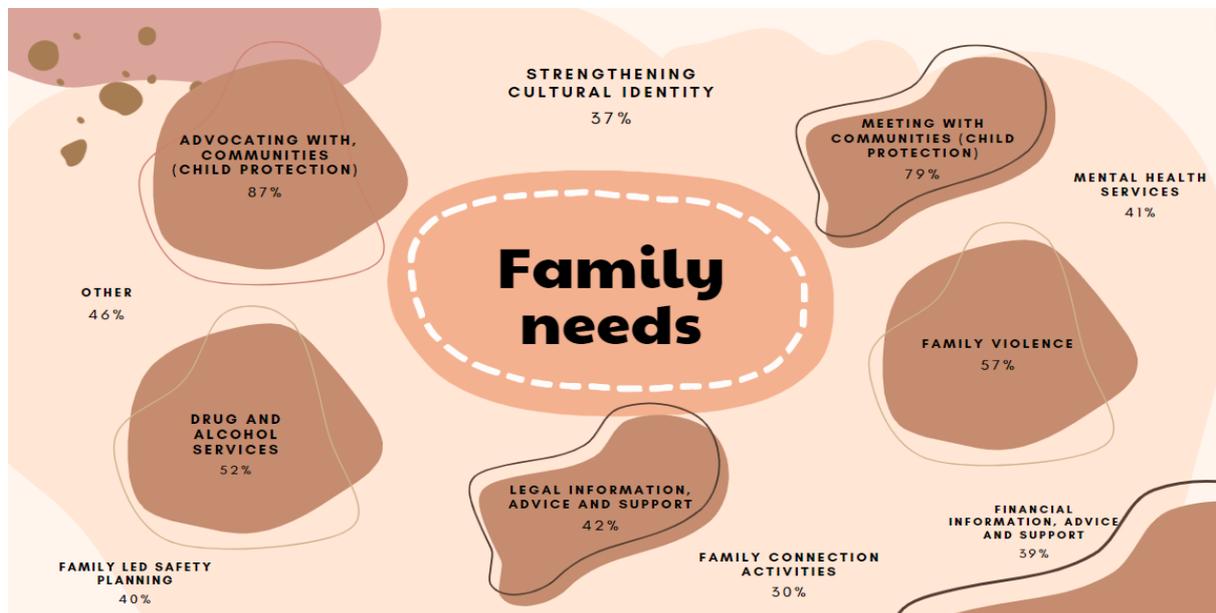
	2019	2020	2021	2022	Total
Age of new children in the period					
0-4 years	8 (32%)	190 (37%)	170 (35%)	171 (33%)	539
5-9 years	7 (28%)	148 (29%)	166 (34%)	170 (33%)	491
10-12 years	5 (20%)	75 (15%)	59 (12%)	81 (16%)	220
13-14 years	4 (16%)	46 (9%)	46 (9%)	37 (7%)	133
15-17 years	1 (4%)	39 (8%)	37 (8%)	37 (7%)	114
Age unknown	0 (0%)	17 (3%)	14 (3%)	24 (5%)	55

As seen above, AISS has been supporting families with children who are usually between zero and four years of age (this includes unborn children, n=116).

NEEDS OF FAMILIES

The top 11 needs reported by families engaged by AISS, as identified by Wungening Moort in 2022, are presented below. The most reported family needs were advocating with Communities (Child Protection), meeting with Communities (Child Protection) and FDV support.

Figure 7 - Proportion of families with needs in 2022³⁰



³⁰ Wungening Aboriginal Corporation. *Moort Reports 2022*.

SERVICES DELIVERED

AISS delivers service directly and supports families to access external services. In 2022, for 314 families:

- 2,494 needs were addressed directly by AISS.
- 1,340 needs were addressed by AISS and other services referred to.
- 95 needs were solely addressed by other organisations that AISS referred to.³¹

The table below details the type of supports delivered by AISS only, or in conjunction with a referral to an external service, for all open cases in 2022.

Table 8 - Type of support required and provided, 2022³²

Type of support	Service provided directly only	Provided service and formally referred to other services
Parenting	187	85
Meal planning	55	18
Cleaning	71	42
Getting children to school	118	48
Attending appointments	208	74
Parenting and child development education	132	77
Protective behaviours	120	58
Formal counselling	59	110
Health / medical services	100	101
Reducing truancy	49	18
Family violence	79	91
Disability services	14	20
Drug and alcohol services	50	102
Mental health service	54	63
Legal information, advice and support	47	76
Financial information, advice and support	63	53
Attending meetings with CPFS	194	53
Advocating with CPFS	221	53
Obtain / maintain government allowances	61	22
Strengthening cultural identity	96	19
Find family	37	14
Grief and loss	43	29
Intergenerational trauma	66	23
Return to, being with, country	39	13

³¹ Wungening Aboriginal Corporation. *Moort Reports 2022*. Note: There is likely an undercount of the number of needs addressed due to data reporting issues.

³² Wungening Aboriginal Corporation. *Moort Reports 2022*. Note: There is likely an undercount of the number of needs addressed due to data reporting issues.

Type of support	Service provided directly only	Provided service and formally referred to other services
Cultural immersion activity	39	6
Family connection activities	75	19
Family led safety planning	89	36
Other	128	17
Total	2,494	1,340

INTENSIVE, IN-HOME PRACTICAL SUPPORT SERVICES

The AISS Service Agreement (2021) states that the service “will deliver intensive in-home practical support to Aboriginal families to address safety issues, strengthen family functioning and parenting skills and create possibilities for significant change within high-risk families.”

The *intensive*, and *in-home* supports to families were commonly described by stakeholders as the most valuable features of AISS. It was noted that in-home supports are a scarce resource in the wider service system, with the AISS client group strongly benefitting from this type of intervention.

The uniqueness of AISS was understood by some stakeholders as its ability to provide the practical supports families need and which child protection workers largely have limited capacity to deliver themselves. Examples of practical support included:

- Linking parents to Centrelink.
- Housing support.
- Assistance with moving residence.
- Foodbank vouchers.
- Purchasing household goods such as washing machines, fridges, couches.
- Transport to appointments.
- Childcare arrangements.
- Providing encouragement and informal counselling.
- Support Letters.
- Assisting families to access external supports and navigate complex service systems.

Complexities

Intensiveness

Across all AISS service corridors, Child Protection Districts reported concerns about the consistency, reliability, and intensity of support provided by Wungening Moort and indicated that families were regularly informing them that Wungening Moort “only pop over for a cup of tea, or don’t always show up for planned appointments or don’t follow up with referrals.” They reported the service was “hit and miss”, with some AISS workers reportedly working intensively, while others either not engaging families or not informing Communities of their engagements.

Staff expressed this inconsistency as follows:

- *“There’s examples of really great collaborative work, and there’s a lot of examples of gaps and really challenging work ... it’s hard to say a blanket [judgement].”*
- *The “inconsistency or not doing what they say they’ll do is the key frustration.”*

These concerns were also identified in AISS’ *Service Agreement Reviews* in 2022.

In contrast, most of the families consulted reported having regular visits from AISS: [the AISS Caseworker] “was really good, she would always come over, take me and the kids to appointments and even when I had to go to court.”

AISS staff advised that Child Protection Districts did not understand that there were legitimate reasons the service did not visit families, such as during Sorry Time. Further, regular visits could be perceived by some families as “intrusive and overwhelming,” as they may have many other services involved in their lives and persistent visitation risked family disengagement. In addition, some families with multiagency responses were potentially being overserved and there was a need for regular interagency meetings to avoid duplication.

AISS stakeholders also reported Child Protection Districts had increased their expectations of AISS workers over time, particularly regarding their role supervising contact visits between children and parents in Reunification Cases, and this was causing role confusion.

Training

Stakeholders, both Child Protection and from within AISS, noted that AISS currently employs staff with relevant work experience who do not necessarily hold formal qualifications. Some suggested that some staff needed extra training as when “working with very vulnerable people with a lot of traumas you have to have that baseline of understanding and knowledge.” To strengthen practice depth, AISS should also consider working more closely with other ACCOs who can provide additional specialist supports.

Some AISS staff reported no formal orientation process specific to AISS and reflected it was “orientation by fire.” In addition, staff did not perceive there was a standardised way of working across AISS and suggested developing more clarification and consistency about the roles and responsibilities within the program. Wungening reported they have been strengthening professional development opportunities for AISS staff and provide new staff with introductory materials and AISS Program Guidelines, with new staff “shadowing” other employees in their first two weeks. Twelve key AISS activities (i.e., how to use the MDK tool) have been made electronically available to staff and in 2022, Wungening invested in specialist Child Protection training via Elia for all AISS staff, noting that AISS staff can also access all Communities child protection training (except Orientation courses).

Brokerage

Another issue is the AISS Brokerage Guidelines which are currently too restrictive and hinder AISS’ ability to provide tailored, flexible, and culturally responsive supports. Currently brokerage is capped at \$500 per family, and the AISS Consortium would like to purchase goods commonly needed by families in bulk to make cost savings. In addition, they would like to have more flexibility with what they spend brokerage funds on, for example, paying a client fine is prohibited but paying the fine may enable the client to overcome a significant hurdle to achieving stability in other domains of their life and to improving their parenting capacity.

TRAUMA-INFORMED SERVICES

Stakeholders noted that most AISS clients have experienced significant childhood and intergenerational traumas which are impacting their current wellbeing and capacity to parent their children safely. During consultation, AISS staff described holding a keen sensitivity to their clients’ trauma backgrounds: “We are well aware of the impacts of trauma and advocate on families’ behalf especially when dealing with Child Protection because that in itself is another trauma. Our staff recognise the intergenerational trauma and staff recognise that behaviours are a result of trauma.”

CASE STUDY

An Aboriginal mother with an open case to Communities was experiencing significant family violence, caring for unwell family members, needed motor vehicle repairs, was facing potential eviction from her Public Housing property (due to payments arrears) and was demonstrating heightened emotions and reactivity.

Her AISS worker used “deep listening” and “yarning” to hear what was stressing their client. They then turned their hand into a fist which they used as a “visual tool” to represent the “clump” of stresses being felt by the client, and then separated each stress, finger by finger, and said ‘which one is most urgent’? The client identified ‘housing’ as her primary stress and the AISS worker committed to calling Communities that day to negotiate an extension on the debt repayments for her property.

The AISS worker also committed to referring the client to counselling, and offered to visit her home in the interim before the counselling appointments began, to chat and draw together, warning their drawing skills were poor. The mother “started laughing. You know, bringing that laughter, trying to change her mental health from that negative to that positive ... it was a big transformation. And she had a bit of a cry ... just by taking that one ... stress a little bit less, ... got her back down into that window of tolerance.”

AISS worker: “It’s scary enough with the complex trauma ... with my clients, so that’s the best way to just use tools like that, because if you can do a bit of healing in there, then the client’s more willing to work with you ... that lessens their stress as well and then they just build that trust.”

Complexities

Both AISS and Child Protection stakeholders reported that it was a challenge for AISS to operate in a trauma-informed manner because the way Communities operates was “retraumatising Aboriginal families unnecessarily, for example having meetings in District offices, families don’t feel comfortable or safe there, they may have had bad experiences in those offices and going there may give them anxiety.”

Another example of Communities practices unnecessarily upsetting AISS clients and workers was requesting AISS bring a client to a Child Protection district office for a meeting and then, with no prior communication, delivering bad news, such as deciding a reunification process has been unsuccessful and they planned to apply for a Protection Order (Until 18).

As some AISS staff further explained, it is important for AISS to avoid the perception of “complicity” to maintain trusting relationships with clients and the wider Aboriginal community.

CULTURALLY SAFE AND RESPONSIVE SERVICES

Many stakeholders commented that core to the value of AISS was the strength of its cultural security being ACCO-led and staffed with high numbers of Aboriginal people with lived experience (81 per cent of AISS staff identify as Aboriginal).

This means AISS better understands and supports families’ cultural obligations and practices than Child Protection staff from non-Indigenous backgrounds. As noted by some stakeholders, Communities employ many Child Protection staff from international backgrounds who have a “textbook” understanding of the impact of the Stolen Generations, though in practice can appear puzzled with why Aboriginal clients struggle with parenting.

There was strong support amongst stakeholders for AISS’ cultural security: “The model around Cultural Security of their programs- Wungening is a leader in the field, that’s an opportunity for other services and organisations to learn from that model, the way it really defines what is culturally competent parenting support is just outstanding”. Keogh Bay notes that Wungening have undertaken extensive work to strengthen the cultural security of AISS since the previous AISS Evaluation in 2021 through the

redevelopment of the AISS Service Model, and the development of a new AISS Outcomes Framework (including the GEM, MDK Assessment Framework, and Program Logic) via extensive input from Aboriginal clients, staff and wider community members.

Stakeholders provided specific examples of cultural safety in practice with AISS staff:

- Calling elderly clients “aunty/uncle.”
- Giving child protection workers cultural guidance e.g., providing suggestions for children’s activities that were more culturally appropriate than what child protection workers had originally requested.
- Helping clients to understand child protection concerns and processes.
- Conducting family finding activities and advising child protection workers of wider family groups to help form Safety Networks or decisions about child placements (thereby supporting Communities’ legislated upholding of the Aboriginal Child Placement Principle).
- Providing child protection staff with useful information when families are moving between metropolitan and regional areas, such as where and why families were travelling.
- Working with clients’ cultural identity: “We ask ‘who’s your mob?’, this is cathartic for people. We also yarn with other family members when we see them. We place them within their family unit.”
- Working in a “black fella way by sitting there and just deep listening”, or by allowing a client to draw and “rather than looking at you ... just talking about other stuff, which leads to more in-depth stuff.”

“Communities main workforce is white female middle class going into Aboriginal homes and those families feel a great deal of judgement ... Aboriginal people supporting other Aboriginal people have a shared understanding around child rearing practices, around family obligation, around meeting the needs of their partner, it’s just completely different.”

Stakeholder

From Wungening Moort’s perspective, cultural safety and responsiveness was underpinned by healing: “Healing is at the centre of all of our interactions.” This was embedded in the Wungening Moort Way Service Model and the MDK Assessment Framework which assesses Aboriginal children’s needs within the following domains: **MOORT** Relationships, connection and belonging; **MIA** Safety, stability and security; **KAAT** Learning, growth and development; and **KOORT** Healing, empowerment and self-determination.

Cultural safety further comes from having “quite a bit of flexibility in the program, we run healing groups, we can do trips to support families to return back to country.” This flexibility is supported by low caseloads (six per caseworker) which allows AISS workers “to be more responsive to families. There is a real slow and steady approach ... It’s not rushing through in these strict timeframes, it’s very flexible.”

Complexities

Community Confidentiality Concerns

Many stakeholders observed that Aboriginal families engaged by Communities were declining a referral to Wungening Moort “purely for the shame factor, for people knowing people’s business they actually prefer not to have an Aboriginal service involved, but then on the flip side we have other families who ONLY want an Aboriginal service, so it’s one or the other.”

Keogh Bay notes that this finding suggests that, with the ACCO sector still developing, some Aboriginal families appear insecure about using an ACCO service and Communities needs to give Aboriginal families choice in family support service options as general community trust in the ACCO sector builds over time.

Wungening Moort address this issue by allocating a non-Aboriginal staff member to work with families who may prefer it. It is noted that Communities also funds IFSS, and the FSN Intensive Case Management service, which provide alternatives when needed.

EXPANSION INTO PEEL/BINDJAREB REGION

Stakeholder reports indicate that the initial implementation of Wungening Moort in the Peel/Bindjareb region in January 2022 was successful, with the District reporting genuine excitement from staff and local Aboriginal community members to have access to AISS as the region had no equivalent service and limited access to family support services compared to other Districts. Peel referrals to the service very quickly reached capacity and a strong relationship between staff in the District and AISS were formed.

In the first few months of implementation in Peel, Wungening Moort was providing an “exceptional” service, with reports of families achieving “huge changes” through a variety of holistic interventions. However, stakeholders indicated that toward the end of 2022, service delivery appeared to be impacted by some of the complexities discussed in Section 5 below.

Some stakeholders also suggested that the lack of an AISS Peel office remains a challenge. When AISS first began in Bindjareb, workers were initially based in Peel but working from home while Wungening searched for suitable office location. Wungening was unable to locate office space for them and the team were then relocated to the Rockingham Wungening Moort office. As noted by Wungening, “Logistics are hard to manage within this corridor due to the area being covered with the addition of the Peel region; ideally it would be good for Peel to sit alone (have its own corridor) in the future.”³³

GOVERNANCE FRAMEWORK

EIFS STEERING COMMITTEE

AISS and Child Protection Districts have raised service delivery and partnership concerns to the EIFS Steering Committee, indicating certain issues remain ongoing and likely require centrally coordinated intervention and resolution. Stakeholders reported that the EIFS Steering Committee has had “some confusion about roles,” and internal representation on the Committee has been impacted by structural reviews. Communities has informed Keogh Bay that the Committee’s Terms of Reference is currently under review.

AISS CONSORTIUM

Keogh Bay notes that when AISS was first implemented via Wungening Moort, it’s Consortium Governance Structure included the overarching Governance Committee Group (Consortium Chief Executive Officers [CEOs]) and two additional specialised subgroups: the Aboriginal Advisory Group and the Practice and Service Delivery Advisory Group. These specialist subgroups have since ceased and been replaced with internal AISS meeting groups, such as Portfolio Leadership Group meetings, Coordinator meetings and Staff meetings.

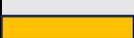
³³ Department of Communities. *AISS Fremantle/Rockingham/Peel Service Agreement Review 2022*.

IMPLEMENTATION OF THE PREVIOUS EVALUATION RECOMMENDATIONS

AISS was previously evaluated in 2021 with the results published in the Aboriginal In-Home Support Service Summative Evaluation Report. The 2021 Evaluation Report made 11 recommendations with suggested high-level actions. The table below summarises the progress to date of the 11 recommendations based on information provided by both Communities and Wungening Aboriginal Corporation. The colour code categories are as follows:

- Green – Recommendation has been implemented.
- Orange – Planning or activities have commenced to implement the recommendation.
- Red – Implementation of the recommendation has been minimal or has not commenced.

Table 9 - Implementation of evaluation recommendations from 2021

Implementation Actions	Status	Progress of implementation
		Strengthen the Department and Wungening Moort partnership (roles and responsibilities, mutual understanding of the program, communication)
		<p>Progress has been made to implementing this recommendation, including:</p> <ul style="list-style-type: none"> • Wungening Aboriginal Corporation developed the <i>Wungening Moort Program Guidelines</i> and other related program materials. • In 2021, Communities released <i>Points of Referral</i> to Child Protection and AISS staff which provides guidance about how to refer to EIFS services, and how to work with families. • Communities is currently updating its Child Protection staff Orientation training to include information about AISS, which may include an AISS Coordinator as a guest speaker. • In 2022, Wungening Aboriginal Corporation invested in Child Protection training via Elia for all AISS staff. AISS staff can access all Communities child protection training (except Orientation courses). • Communities is planning to undertake a <i>Review of Internal and External Earlier Intervention Support Functions</i> in 2023 which will include consideration for co-training opportunities between Communities staff and contracted EIFS services. <p>This recommendation could be further implemented by:</p> <ul style="list-style-type: none"> • Providing additional AISS resources and tools to Child Protection staff to ensure “mutual” understanding of the program. • Progressing, as planned, with implementing a trial AISS Operational Group with representatives from AISS and Child Protection Districts to strengthen the governance over frontline operations. • Co-developing for <i>joint</i> use materials outlining the scope of roles and responsibilities, and communication protocols and overall partnership elements. Note the current evaluation has made a recommendation to develop an AISS Partnership Model which builds on this previous recommendation.
		Reflect and learn from the partnership so far to identify new opportunities to build the ACCO service sector together.
		The implementation of this recommendation has been partly progressed through joint capacity building sessions and the co-development of the AISS Outcomes Framework (detailed in chapter two). This evaluation further contributes to the body of evidence on how the AISS Partnership Model can be further developed and strengthened (see recommendation four).
		Review current stages and estimated timeframes for each stage and for the program overall. Estimated timing should reflect the flexibility of the model and align with family needs.
		<p>This recommendation was implemented with:</p> <ul style="list-style-type: none"> • In 2021, Wungening Aboriginal Corporation developed a new AISS Model clarifying program timeframes and service stages, as recorded in the <i>Wungening Moort Program Guidelines</i>. • Case duration changed from up-to-12 months to 18 months. • New case counting rules, where cases were originally counted at the point of developing case plan goals with families, they were amended so that cases are now counted earlier at the point of family engagement.
		Review caseloads. Wungening Moort reduced their case load to preserve program quality and maximise potential to deliver outcomes.

Implementation Actions	Status	Progress of implementation
<p>This recommendation was implemented in the AISS contract variation in June 2021 in which:</p> <ul style="list-style-type: none"> • Caseloads were reviewed and reduced from 240 clients to 192 clients. • AISS referrals were given clear prioritisation with At Risk Intensive Family Support/Pre-birth families prioritised over reunification and diversionary referrals. 		
<p>Review and modify how the service supports reunification families.</p>		
<p>This recommendation has largely not progressed. The AISS contract variation in June 2021 notes that “Service intensity and duration will be determined on a case-by-case basis depending on the level of need in the family,” allowing for more flexibility to meet the needs of reunification timelines. The recommendation could be progressed by:</p> <ul style="list-style-type: none"> • Co-developing a targeted and coordinated approach, with supporting AISS and Child Protection staff resources, to working with reunification families. • Proceeding with a planned Reunification Trial in one of the Child Protection districts which will include accepting self-referrals from families undergoing Reunification. 		
<p>Wungening Moort to undertake more cultural healing and connection activities</p>		
<p>Progress has been made to implement this recommendation, noting that:</p> <ul style="list-style-type: none"> • The <i>Wungening Moort Program Guidelines</i> provide comprehensive information about “healing”, including “cultural activities” such as to “make visits back home, to re connect with distant family members and link in with community and cultural groups and activities that may be available.” • AISS facilitates a Healing Group at one of the AISS Hubs. <p>This recommendation could be further progressed by:</p> <ul style="list-style-type: none"> • Reviewing the costs of cultural healing activities and providing additional funding (i.e., brokerage) and guidance if needed. • Further building on the scope of cultural healing and consistency of client access to these activities across all Hubs. 		
<p>Review brokerage fee amounts per family</p>		
<p>This recommendation has not been implemented. The current evaluation recommends developing more flexible Brokerage Guidelines. Communities notes its recommissioning process for AISS in 2024 may have scope to review and update brokerage.</p>		
<p>Improve coordination and clarity of family engagement processes from first contact to family selection to referral and beyond</p>		
<p>Progress has been made to implement this recommendation:</p> <ul style="list-style-type: none"> • Wungening Aboriginal Corporation revised their AISS Model in 2021 and for all Central Intake Team referrals “There must be a warm referral process, for example, a handover visit with a CPL, APL or local CPW to maximise opportunity for positive engagement.” • The <i>Wungening Moort Program Guidelines</i> includes comprehensive information about “engagement” and the different service stages. <p>This recommendation could be further progressed with more co-developed practice guidance about AISS family engagement during each service stage that is also embedded in Child Protection guidance.</p>		
<p>Decide whether SRRS families are appropriate for AISS and act accordingly depending on decision</p>		
<p>This recommendation was implemented in the AISS contract variation in June 2021 which:</p> <ul style="list-style-type: none"> • Determined that AISS would accept referrals from SRRS for closed cases (previously open to Communities for a CSI and where the same safety concerns put the family at risk of being open again). • Prioritises At Risk and Reunification cases over Diversionary (SRRS) cases. <p>Further, SRRS have developed a trial process for referring families to improve family engagement with AISS.</p>		
<p>Build the capability and capacity of Department and Wungening Moort staff leveraging opportunities to learn from each other</p>		
<p>Progress has been made to implement this recommendation:</p> <ul style="list-style-type: none"> • Communities is currently updating its Child Protection staff Orientation training to include information about AISS, which may include an AISS Coordinator as a guest speaker. • In 2022, Wungening Aboriginal Corporation invested in Child Protection training via Elia for all AISS staff. AISS staff can access all Communities child protection training (except Orientation courses). 		

Implementation Actions	Status	Progress of implementation
<ul style="list-style-type: none"> Communities is planning to undertake a Review of Internal and External Earlier Intervention Support Functions in 2023 which will include consideration for co-training opportunities between Communities staff and contracted EIFS services. <p>This recommendation could be further enhanced with more formalised, co-developed training programs to facilitate two-way learning opportunities. Note, this is also a recommendation in the current evaluation.</p>		
<p>Develop a theory of change, corresponding evaluation framework and improved outcomes reporting processes</p>		
<p>Significant progress has been made to implement this recommendation:</p> <ul style="list-style-type: none"> Wungening Aboriginal Corporation developed a Theory of Change and led the co-development of new AISS Progress Reports including new culturally informed tools, indicators and outcomes. Communities is currently developing an overarching EIFS Evaluation Framework and Program Logic which will be informed by consultations with ACCOs and Wungening Mort's Theory of Change. 		

SUMMARY

Overall, stakeholders strongly value and support AISS. The service is reaching the right cohort of people, and as intended, is operating in a culturally responsive and trauma-informed way. However, findings indicate there are some issues impacting how AISS is operating, such as AISS having limited capacity, inflexible brokerage rules, concerns about service reliability and intensity, challenges with staff training, community mistrust regarding service confidentiality and the potential need for stronger governance and central coordination in the oversight of AISS and EIFS.

To address these issues, three opportunities for improvement are identified below.

No.	Opportunities for improvement
1	<p>Review the current process for capturing and managing AISS demand i.e., referrals that are not able to be made to AISS, due to service capacity. This process will need to consider:</p> <ul style="list-style-type: none"> A process that does not disadvantage families. The best way for AISS and Communities to communicate in a timely and clear way updates on service capacity. <p>A way for capturing demand information to inform service planning and funding.</p>
2	<p>Develop more flexible AISS Brokerage Guidelines.</p>
3	<p>Communities and the AISS Consortium to review their current governance arrangements with consideration for strengthening the central oversight and coordination of the strategic and operational matters impacting AISS. This review should:</p> <ul style="list-style-type: none"> Include consideration by the AISS Consortium to reinstate the Aboriginal Advisory Group and the Practice and Service Delivery Advisory Group or something self-determined by the Consortium as more appropriate. Implementing a trial AISS Operational Group with representatives from AISS and Child Protection Districts to strengthen the governance over frontline operations.

5. THE PARTNERSHIP MODEL

This section details the findings relating to the AISS Partnership Model including Communities Child Protection Districts, the Wungening Moort Consortium Partners, and the wider Community and Aboriginal services sector.

OVERALL FINDINGS

Keogh Bay found that the relationship between the AISS Consortium and Communities at the senior leadership level was uniformly reported by all parties to be strong and constructive, with many examples provided of good communication and shared work. Communities' leadership valued AISS' responsiveness, and willingness to discuss and proactively address issues. However, overall, the evaluation found that the foundations of the relationship are not as strong at the service delivery level and there is significant work that needs to be undertaken for AISS and Communities Child Protection teams to work in partnership for the benefit of children and families. The reasons for this are complex, partly historical, and need specific focus for the model to successfully move forward.

Keogh Bay has attempted to fairly reflect the perspectives of Child Protection and AISS in relation to the partnership below, noting each party comes from different professional and cultural worldviews and work in a highly complex and, at times contested, space.

COMMUNITIES ROLE IN THE PARTNERSHIP

SHARING OF POWER

Many stakeholders, Aboriginal and non-Aboriginal, noted that one of the key challenges for AISS' Partnership Model was the tensions arising from how risk and authority is shared between AISS and Communities.

The ACCO sector perceives that, in general, Communities is less willing to share risk with ACCOs than with the mainstream community services sector. There's "attitudinal shifts that needs to occur and there's a real general fear that ACCOs are not seen as an equal or they don't have capacity, or they're not seen in the same light as the 'Centrecare's' and the others (i.e. mainstream not-for-profits)." Keogh Bay notes that AISS' continued 'pilot' status after five years of implementation likely contributes to this perception.³⁴

"The key issue is that Communities ... struggles to let go and share the risk, it's a dynamic that's evolving and it's not particular to AISS, it's in every ACCO pilot."

Stakeholder

Like their Child Protection colleagues, AISS stakeholders reported mixed experiences with Child Protection Districts with some workers giving them the trust and flexibility to work autonomously. However, others reported that Child Protection staff appear "confused about what we should be doing for the families sometimes," or more problematically have a "mentality of we pay for you," which can be "micromanaging," and "authoritarian." This variability was mirrored in AISS Progress Reports, in 2022 it was reported that "some Districts and team leaders are willing to find creative ways to support families, while in other corridors, we are finding CPFS are almost completely unwilling to step up and provide family support to avoid children being taken into care."³⁵

³⁴ Note, Communities reports that commissioning rules determined the length of the pilot status of the program, which was not intended to be long-term.

³⁵ Wungening Aboriginal Corporation. *AISS Progress Report 2022*.

Empowerment

Wungening reported that, “advocacy is the majority of our work,” “that’s probably one of our biggest success roles. How we support family to self-advocate and have a voice in the process.” In turn, this is where AISS “intersects at the real pointy end of child protection.” Service data above, confirmed that in 2022 “Advocating with communities” was the most reported need of AISS clients and “Advocating with CPFS” and “Attending meetings with CPFS” were reported as the two most provided supports for AISS clients.

Principle of self-determination

“Aboriginal people and Torres Strait Islanders have a right to participate in the protection and care of their children with as much self-determination as possible.”

Children and Community Services Act 2004

While Wungening Moort stakeholders viewed advocacy as core to their work and the implementation of the principle of self-determination in the *Children and Community Services Act 2004*, Child Protection Districts’ expressed concerns with their advocacy as sometimes being “adversarial” and positioning AISS/families against Child Protection. Wungening stakeholders view Child Protection concerns about their advocacy role within the lens of the above power imbalance and the difficulty Communities has fully enabling Aboriginal self-determination.

Keogh Bay notes that it would appear that AISS’ prioritisation of advocacy work counters the competing expectations of Child Protection Districts that AISS should be driven by their case decisions and requests. Essentially, Child Protection Districts view the role of AISS as primarily to support their casework, whereas AISS views its primary role as empowering and supporting (or advocating for) clients. This core misalignment is creating tension.

LISTENING TO VIEWS FROM ABORIGINAL STAKEHOLDERS

Other Aboriginal stakeholders frequently commented that “the Department, can never fully let go and embrace our viewpoints, or they always have to have the final say.” This sense of power imbalance is amplified when AISS is excluded from key decision-making processes, such as Multidisciplinary Case Conferences (MCCs), Multiagency Case Management (MACM), and district consultations about bringing children into care. When AISS staff find out, after the fact, that the children in one of their cases have come into care “it’s really disempowering for Moort workers when [these] decisions are made without them.” These concerns were also identified in AISS’ Service Agreement Reviews in 2022.

TRAUMA-IMPACTED STAFF

Stakeholders observed that “the workers at Wungening are in a very tricky situation in being able to navigate that in-between of being in the community with Aboriginal people and being an Aboriginal person but then also trying to work alongside Child Protection which impacts them and some don’t know how to navigate that yet.”³⁶

³⁶ The quotes in the section about Trauma-Impacted Staff come from both AISS and Communities stakeholders, however it has been placed here as a reported concern from AISS as this was an issue that was reported by AISS staff and leadership.

“Culture doesn’t put a shield around a child ... it’s really hard to balance, sometimes your heart is going ‘this is not right’ but your head is going ‘this has to happen,’ learning to sit in this space is quite hard for an Aboriginal person.”

Aboriginal
Stakeholder

Multiple stakeholders suggested that AISS staff can be “triggered” or retraumatised by working with Child Protection services and “there’s a fine line between the Department is picking on me or is it intergenerational trauma?” Some AISS staff appear suspicious that Child Protection staff are unduly targeting Aboriginal families, rather than seeking to support them or protect children from harm. Currently, staff have monthly supervision with their manager and group supervision sessions co-facilitated by an Aboriginal person who provides clinical and cultural guidance. Staff can also access an external EAP program.

It was suggested that Aboriginal staff need extra training and support to address the unique challenges of managing blurred personal and professional boundaries in the context of experiences of racism, and intergenerational and vicarious trauma.

As noted above in chapter four, Communities continues to demonstrate limitations in its implementation of trauma-informed practice. In the context of AISS, it was reported during consultations and in Service Agreement Reviews in 2022 that some meetings between AISS and Child Protection Districts lacked sensitivity, with AISS Coordinators significantly outnumbered by Child Protection District staff: it’s like “lambs to the slaughter ... they drill us”.

STAFF TURNOVER

Like AISS, Child Protection Districts were also subject to high staff turnover, which made it more difficult to build common understanding of roles and responsibilities, as well as sustained trusting relationships.

AISS’ ROLE IN THE PARTNERSHIP

INCONSISTENCY OF SERVICES

As described in Section 4 earlier.

ROLE OF ADVOCACY

This evaluation found that one of the strongest outcomes achieved by AISS relates to the contracted outcome that families “begin to develop a better understanding, and confidence in their interactions with, the child protection system,” with the families consulted commonly reporting a key value of AISS was having an advocate to “speak up for me” during Child Protection meetings. As noted above, in 2022 “Advocating with Communities” was the most reported need of AISS clients, with both “Advocating with CPFS” and “Attending meetings with CPFS” reported as the two most provided supports to AISS clients. When applied effectively, stakeholders reported that advocacy assisted Child Protection casework by providing a voice for vulnerable families in a variety of contexts, such as:

- Enabling a family to inform decisions about the placement of their children.
- A client having issues at a Contact Centre and requesting Wungening Moort raise their concerns on their behalf as they knew they would get angry if they voiced them. Wungening Moort communicated these issues to Communities with the matter fully resolved without escalation.
- Advocating on behalf of clients needing immediate financial support by being able to explain and verify to Communities that all other avenues of financial support had been exhausted.
- Advocating for families by doing a joint referral with Communities for an external service, thereby strengthening the referral.

In these ways, AISS demonstrates the capacity for communicating between ‘two worlds,’ translating Child Protection processes and cultural understanding between Aboriginal families and Communities.

However, the way in which advocacy was being undertaken by some AISS staff was the number one issue Child Protection staff perceived was impacting the Partnership Model. Whilst Child Protection staff recognised the need for AISS to advocate on behalf of families, it was seen as the service’s primary activity with families, and often in an “us and them” or “adversarial” manner, positioning AISS/families against Child Protection.

Child Protection Districts communicated that some AISS staff were “being quite aggressive and verbally attacking in meetings, eye rolling, being really unprofessional and not being conducive to supporting the relationship between the District and the family.” Or, AISS appears to “befriend families” and support them “by being adversarial with the Department.”

Other examples of “adversarial” advocacy that Child Protection staff perceived included:

- District staff attending joint family meetings and encountering hostile questioning about the validity of their assessment of child safety risks.
- AISS staff advising families not to cooperate with, or provide information to, Communities Districts, and to electronically record District staff during meetings.
- AISS staff informing Child Protection Districts of safety concerns or difficulties engaging families and then refusing to confirm or raise these issues in meetings with families.

Child Protection Districts perceived that the impacts of these adversarial forms of advocacy were:

- Feelings of active “sabotage” of District relationships with families.
- Undermining case progress in increasing safety for at-risk children.
- District staff feeling “unsafe”, with one report of a staff member ceasing their employment after a particularly volatile situation.
- District staff hesitating or refusing to send referrals to AISS.

Keogh Bay notes that AISS workers maybe struggling with meetings with Child Protection given the ongoing impacts of the Stolen Generations, and the issues described earlier relating to power imbalances. Child Protection staff are experiencing complex stressors relating to high caseloads and supporting families with high levels of risk and complexities within a set legislative framework.

Further, Keogh Bay notes that the current AISS service documentation provides limited information and guidance about the definition and scope of AISS’ role in advocacy:

Table 10 - Advocacy role defined for AISS³⁷

Document	Definition of ‘Advocacy’
Communities AISS Service Agreement 2021	A key element of the AISS Model is to provide “support and <i>advocacy</i> , including crisis support and assisting families to engage and negotiate with community or government services to improve their community networks and increase their confidence to access supports as required.”
Wungening Moort Program Guidelines	We “support families ... through helping to explain child protection processes to them and also helping to advocate for them,” and we “also act as a bridge between Aboriginal families and mainstream services.” “Where there may be a clash between cultural obligation and what the Department is asking of them, we can advocate and support our

³⁷ Communities AISS Service Agreement 2021 and Wungening Moort Program Guidelines.

Document	Definition of 'Advocacy'
	clients to advocate for themselves with the Department around the importance of these obligations."

Information Sharing

Another issue in the partnership model raised by Child Protection Districts was inconsistent and limited reporting of risk and case information or updates by AISS.

In IFS cases, children sit on the threshold of coming into care representing particularly significant safety concerns, and child protection staff require regular updates about what AISS is doing to engage and support families to monitor ongoing risks and/or improvements to children’s safety and wellbeing.

In Reunification cases, Wungening Moort are often supporting the reunification process, for example by supervising parent contact visits, and need to provide Communities information about how families engaged with their children during the visit to inform their assessment of parental capacity and whether safety has improved enough for a child to return to their parent(s)’ care.

District stakeholders consistently stated that updates and reports from AISS were either too brief (i.e., “visit went well”) or not forthcoming. Resultantly, Districts reported lacking:

- Awareness if AISS was visiting family homes or implementing other interventions.
- Sufficient information to assess family safety and inform key decisions such as when a case should close or if a child needs to come into care, which was impacting outcomes for families.

DIFFERENT VIEWS ON CHILD SAFETY RISKS

Stakeholders frequently pointed out that AISS and Child Protection Districts hold diverging “thresholds of risk” and views over key child protection decisions.

From a Child Protection perspective, concerns about advocacy and culture were underpinned by the view that “it’s like overstepping the boundaries ... they become the advocate and forget about the safety.” Or:

- “It’s as if they’re totally blind to the risks to the children.”
- “It seems culture is more important than safety.”
- “The relationship [with parents] seems to be prioritised over child safety”.

Districts provided examples of AISS not understanding or undervaluing child safety risks:

- A parent contacted AISS regarding their concerns for the sexualised behaviours of their child. Instead of promptly communicating these concerns to the IFS child protection workers, the AISS worker visited the family home and interviewed the child about their behaviours, thereby compromising Communities’ ability to initiate a new CSI if deemed necessary and any potential future police investigation.
- A parent was struggling with AOD misuse and Communities was concerned this was impacting their parental capacity for keeping their children safe. The parent was denying AOD use, and Communities requested a hair strand test which returned positive for methamphetamine. The AISS caseworker responded by informing Communities they will ensure all future clients refuse drug testing.

“Taking an adversarial role against the Department, it’s an easy way to get buy in from the client ... which is not a terrible thing as long as it results in building safety, when they are being dismissive of the Department’s concerns or minimising them and taking the clients word as Gospel, it can be very trying.”

Stakeholder

AISS COORDINATOR ROLE

Another issue in the Partnership Model raised by Child Protection Districts was the high turnover of AISS Coordinators across all AISS service corridors. They reported that high Coordinator turnover meant it was difficult to gain traction with the service in terms of establishing consistent communication and information exchange procedures and to have issues which arise addressed. Each new Coordinator triggers another 'starting from scratch' scenario.

Keogh Bay notes the AISS Coordinators play a pivotal role linking AISS Hubs to Child Protection Districts and when operating well, stakeholders reported they enabled good communication and collaboration. However, reports indicate significant variation in the way each Coordinator manages each service corridor. Some Coordinators attended monthly Partnership Meetings in their Districts and maintained current records of all AISS cases, however this was not uniform.

CONSORTIUM PARTNERS

AISS is delivered via a Consortium of one lead and three partner ACCOs, and they reported that their partnership was working well. The Consortium CEOs meet regularly and discuss individual cases requiring problem solving or system levels issues requiring discussion with Communities.

ACCO SECTOR CAPACITY BUILDING

From its inception, AISS was envisioned by Communities as building relationships and service capacity across small and medium-sized ACCOs. This has been achieved to some extent. As the Lead Agency, Wungening Aboriginal Corporation reportedly provides informal support to the smaller-sized Consortium partners in terms of human resources matters and developing policies and procedures, assisting with developing their organisational capacity.

One of the Consortium members reported that joining the arrangement raised their profile and credibility in the community and within the government sector, resulting in organisational growth. The Consortium further reports that working collectively as a group of ACCOs enables them to strengthen their relationships with government.

Keogh Bay notes that Communities is currently implementing the ACCO Strategy 2022-2032 with a *Call-to-Action - Implementation Plan One 2022 to 2024*, which includes the following key actions:

- Complete a Strengths and Opportunities Analysis of the Western Australian ACCO Sector.
- Co-design and implement an ACCO Strategy Accountability, Monitoring and Evaluation Framework.
- Establish an Aboriginal shared decision-making body in Communities to oversee the implementation of the Strategy.
- Co-design and implement an Aboriginal Engagement Framework.
- Co-design and implement an ACCO Commissioning Framework.
- Co-design Implementation Plan Two.

As the *ACCO Strategy 2022-2023* is implemented further, the AISS Consortium and Communities will need to ensure they continue to align to this Strategy' direction and priorities.

FRONTLINE IMPACT

AISS staff are managed and supervised by Wungening Aboriginal Corporation, though they also regularly meet with their employing Consortium Partner, which maintains responsibility for their staff's human resources matters.

All AISS staff reported that the Consortium arrangement did not impact their cohesion as a staff group. Further, they benefited by being able to link clients to Consortium services: "able to leverage off the Consortium which has been a strength, we've been able to use housing or medical and bring different lenses that all compliment how we work with families. We also leverage off the whole [Wungening Aboriginal Corporation] organisation and get families into AOD."

Some AISS staff suggested internal Consortium referral pathways could be strengthened by increasing staff awareness and streamlining referral processes.

Also, staff suggested having more inter-Hub gatherings and a central AISS email group for all Hubs (currently each AISS Hub has a distinct email group) to share information about services, events or other relevant information. They also would like external services to visit and share information during Hub team meetings.

COMMUNITY SECTOR AND ABORIGINAL ORGANISATIONS

The survey of wider government and community organisations had 10 respondents (two government and 8 CSOs). Survey analysis indicates that:

- 90 per cent of respondents either Agree or Strongly Agree that AISS "supports families to access other services available in the community."
- 80 per cent either Agree or Strongly Agree that AISS "collaborates well with your organisation to achieve client outcomes" and "works with other agencies to address service barriers impacting Aboriginal clients."
- 70 per cent either Agreed or Strongly Agree that AISS "works with other agencies to address service barriers impacting Aboriginal clients."

In the free text response of the survey, there was support among survey respondents that AISS is linking family to other services: "workers being able to do with families and go with families really helps families connect with other services and navigate barriers like Centrelink, where it can often be overwhelming for families and difficult for them to be heard and believed."

Keogh Bay Notes none of the survey respondents were ACCOs which is a limitation of this evaluation.

SUMMARY

Consultations revealed that the relationship between AISS and Child Protection District offices is under strain. This was one of the most significant findings of the Evaluation. There is confusion and misunderstanding regarding roles and responsibilities, with the scope and purpose of "advocacy" representing a flashpoint in the Partnership Model.

Keogh Bay understands that client advocacy is an expectation of Aboriginal communities, it enacts the principles of Aboriginal "self-determination" and "community participation" legislated in the *Children and Community Services Act 2004* and is essential to an ACCO service model. However, current legislated responsibility and authority for child protection cases ultimately sits with Child Protection

Districts, contributing to their reluctance to share risk and authority, and structurally embedding a power imbalance between Communities and the ACCO sector.

Keogh Bay notes the *Aboriginal and Torres Strait Islander First Action Plan 2023-2026* arising from *Safe and Supported: National Framework for Protecting Australia's Children 2021 – 2031*, includes an Action (Action 1) to essentially delegate authority in child protection decision-making to ACCOs and requires Communities to develop a plan in the next two years for how Western Australia will progress this.

In the long-term, the planned transfer of child protection powers to the ACCO sector will address many of the issues. discussed in this chapter. However, in the interim (noting the full transfer of child protection authority may take years to implement), Keogh Bay recommends Communities and the AISS Consortium develop a new Partnership Model as matter of priority.

Communities has informed Keogh Bay that it is planning to undertake a Review of Internal and External Earlier Intervention Support Functions to strengthen the alignment between contracted family support services and internal Child Protection service provision. This Review could potentially run concurrently to, and inform the development of a new AISS Partnership Model.

No.	Opportunities for improvement
4	<p>The Consortium and Communities co-develop an AISS Partnership Model to include clearer governance arrangements which uphold the principles of Aboriginal “self-determination” and “community participation” enshrined in the <i>Children and Community Services Act 2004</i>.</p> <p>The AISS Partnership Model should be developed using a process respectful of Aboriginal self-determination. This could include consideration of the use of <i>SNAICC’s Genuine Partnerships Audit Tool</i> (or similar) to first review current partnership arrangements and inform the development of new ones, and/or using an independent Aboriginal third party to facilitate or guide the process.</p> <p>As a starting point, the new AISS Partnership Framework should consider the following elements, listed under the four key domains in <i>SNAICC’s Partnership Framework</i> (capacity building; process, governance and accountability; cultural competence; and relationships):</p> <ol style="list-style-type: none"> 1. Capacity Building <ul style="list-style-type: none"> • Communities’ commitment to building the child protection capacity of the ACCO sector in preparation for the planned transfer of delegated authority to ACCOs under <i>Safe and Supported: National Framework for Protecting Australia’s Children 2021 – 2031</i>. • Seek assistance from Communities’ Aboriginal Outcomes division to identify ways for the AISS model to have ‘successful partnerships’ as outlined in <i>Communities’ ACCO Strategy</i>: respect, shared responsibility, shared decision making, transparency, commitment, and integrity. • Deliver formal, informal, and joint training to AISS and Child Protection Districts about the updated Partnership Model. 2. Process, governance and accountability <ul style="list-style-type: none"> • Recognition of the unique and specific role of the ACCO sector in accordance with the strategic and legislated requirements for Aboriginal self-determination and empowerment. • Guidelines to clarify roles and responsibilities of AISS and Communities, including AISS’ involvement in Child Protection cases (IFS, Child Safety and Reunification) by specifying AISS’ participation and shared authority in key meetings and decision-making processes. • Clarification about the scope and definition of “advocacy” (for inclusion in the AISS Service Agreement and practice guidance for both AISS and Child Protection). • Guidance for where the operational balance lies between advocacy work and other types of family support/interventions in the context of prioritising child safety. • Establishment of structured, regular, and consistent communication and information sharing requirements between AISS Hubs and Child Protection Districts across each service corridor. • Identifying and using existing internal accountability, monitoring, and auditing processes to review the consistency of services and information sharing between both organisations.

No.	Opportunities for improvement
	<ul style="list-style-type: none"> • Providing, as a last resort, an external and independent mediation pathway for AISS and Child Protection Districts to resolve issues. <p>3. Cultural Competence</p> <ul style="list-style-type: none"> • Consider the role of Communities' Aboriginal Outcomes division in driving system-level change (e.g., training in Child Protection Districts) to further develop the cultural competency of Child Protection staff, challenge current worldviews and practices and to build awareness of the unique purpose and models of working of ACCOs. <p>4. Relationships</p> <ul style="list-style-type: none"> • Appointing new AISS roles and/or existing roles (Communities SPDOs, APLs, Senior Aboriginal IFS Workers, and AISS Coordinators) to actively support communication, collaborative practices, and relationships. • Consider opportunities for further developing and strengthening relationships across AISS and Child Protection Districts. For example, by having informal events (i.e., BBQs, morning teas, NAIDOC events {suggestions only}) to create opportunities for new interactions and building trust.
5	<p>Provide AISS staff with additional training and supervision to strengthen the supports available to them for managing their personal and vicarious trauma, with consideration for supporting staff:</p> <ul style="list-style-type: none"> • To navigate the challenges of balancing cultural and community obligations with Child Protection practice. • To have difficult conversations with families to set boundaries and expectations. • To avoid burnout and re-traumatisation with self-regulation tools and access to cultural healing.
6	<p>AISS Consortium to review and consider potential opportunities for further building the organisational capacity of each Consortium partner and the ACCO sector.</p>

6. OUTCOMES FOR ABORIGINAL FAMILIES AND THE SERVICE SYSTEM

This section of the Report provides finding relating to the short, medium, and long-term outcomes being achieved for families engaged by AISS as well as the systems-level outcomes. The findings are presented in accordance with the outcomes in the AISS Program Logic.

OVERALL FINDINGS

Overall, the evaluation found that AISS does contribute to strengthening outcomes for Aboriginal families who are experiencing a range of complex, intergenerational and systemic issues.

The Heat Map table below summarises whether outcomes from the Program Logic were evidenced, considering the qualitative and quantitative data collected for the evaluation. The Heat Map's categories are as follows:

- Red – Evidence indicates that the outcome was not achieved at all.
- Orange – Evidence indicates that the outcome was partially achieved or only achieved for some families.
- Green – Evidence indicates that the outcome was strongly achieved for many families.

When interpreting the Heat Map, it should be noted that given the client cohort, and the complexity of issues experiences, we would expect that some of the medium to long-term outcomes would take many years to be fully realised.

Table 11 - Summary of outcomes from Program Logic

Outcome	Heat Map	Examples to explain Heat Map scores
Short-term outcomes		
Families develop a trusting relationship with the service		69% of families self-reported as being in a position of “good” to “strong” in terms of feeling culturally safe with service on exit.
Families develop insight and awareness into factors influencing their wellbeing and child safety and wellbeing		AISS staff scored 43% of families as being in a position of being “good” to “strong” regarding understanding that drugs, alcohol, violence and abuse are not cultural and impact on the safety of their children.
Families develop <i>motivation</i> to reconnect with culture	Unclear evidence	
Medium-term outcomes		
Families start to address issues that impact negatively on family		AISS staff scored 44% of families as being in a position of being “good” to “strong” regarding their engagement “in activities that promote a sense of healing and wellbeing.”
Families improve parenting skills to safely care for their children at home		AISS staff scored 47% families as being in a position of “good” to “strong” regarding putting “the basic needs of the children first.”
Families develop skills and get their children to school		AISS staff scored 42% of families as being in a position of “good” to “strong” regarding children “doing well at school and attend regularly.”

Outcome	Heat Map	Examples to explain Heat Map scores
Families improve and develop culturally secure networks		AISS staff scored 44% of families as being in a position of “good” to “strong” regarding their children having “a strong cultural identity, healthy minds, bodies and spirits”. Qualitative evidence was strong relating to this indicator.
Families begin to develop a better understanding and confidence in their interactions with the child protection system		68% of families indicated their relationship with Child Protection was “good” to “strong” on exit. Qualitative evidence was strong relating to this indicator.
Long-term outcomes		
Case goals achieved		Close to 50% of families did not have all their goals achieved predominantly due to disengagement.
Families have strong culturally safe support networks and connection to culture		AISS staff scored 45% of families as being in a position of “good” to “strong” regarding the family having “many positive relationships and a safety network who can support in times of need.”
Families are functioning well		AISS staff scored 42% of families as being in a position of “good” to “strong” regarding “sense of order and predictability within the family which gives the child a sense of security.”
Children are safe and well at home		AISS staff scored 45% of families as being in a position of “good” to “strong” regarding children being “safe, have a stable home where they are protected and secure.” Aboriginal children who were open to a Communities IFS Team and referred to AISS were less likely to enter care than those Aboriginal children who were only engaged by an IFS Team.

Further detail on each of these outcomes is presented in the sections below, as well as in Appendix B. Appendix B lists the MDK scores used for the evaluation and the difference in scores between entry and exit. Please note that in Keogh Bay’s experience workers often overscore families at entry as they are still to understand the depth of family’s issues and situation. This can cause a smaller, under counted change value between entry and exit scores. However, even considering this, all MDK scores improved, many moving from a Category 2 ‘Leaving Warra/Leaving Worries’ to Category 3 ‘Quobba Babbín/Becoming Good’.

SHORT-TERM FAMILY OUTCOMES

FAMILY DEVELOP A TRUSTING RELATIONSHIP WITH THE SERVICE

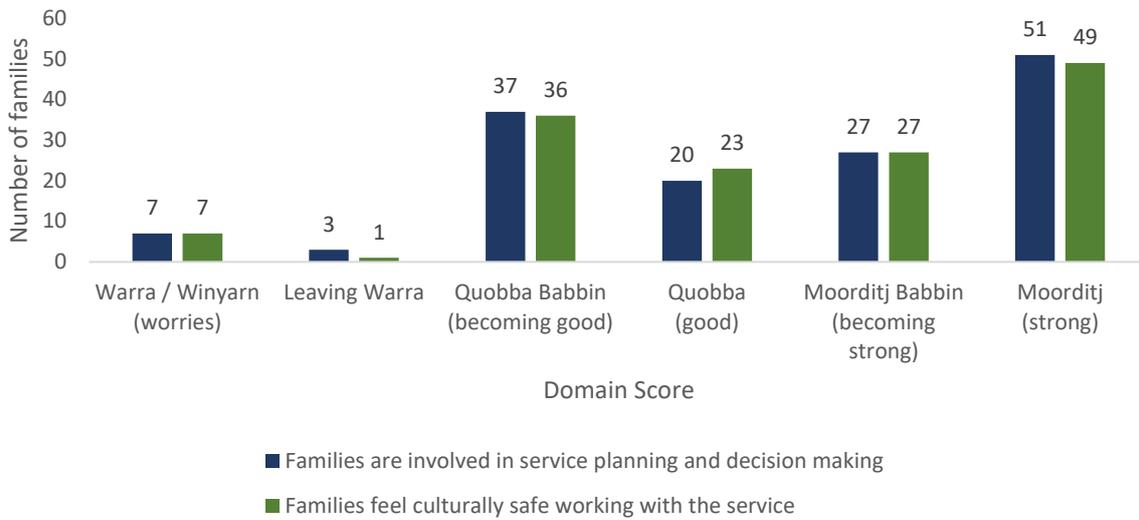
As can be seen in the figure below, families with a closed case plan in 2022, scored AISS positively (i.e., mainly between “becoming good” and “strong”) at case closure in terms of:

- being involved in service planning and decision making; and
- feeling culturally safe working with the service.³⁸

This may indicate that that AISS develops trusting relationships with families.

³⁸ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

Figure 8 - Number of families and their MDK scores at case closure, 2022³⁹



Most stakeholders reported that one of AISS’ strengths is its ability to build relationships with families, noting that Aboriginal families commonly have deep mistrust of Child Protection services and feel “judged.” As three AISS clients explained:

“I felt like when I was with DCP before I hooked up with Wungening I felt like I was being judged like they didn’t really understand ... When I explain the situation to them and why I keep ending up back in that [FDV] situation they made me feel like I was being judged and they didn’t understand and the emotions that run through that and how people can make you feel. To them it was all pretty much just don’t go back or just get out and it’s not that easy.”

“I’ve got really good trust with her [AISS Casework] ... I started building up the relationship closer ... I pretty much tell them my life story and its good even when they would pick me up for visits with my kids, they’re really supportive like helpful and like confident and in all honesty, I would’ve preferred them because being an Aboriginal everyone looks at you and I used to get paranoid that I’ve got this white woman following me around. But with Wungening even though they still had their work shirts on I still felt comfortable... They were more supportive than what the Department was.”

“I just feel like it’s good to have somebody that I feel comfortable with, that I can ring anytime of the day, like when I’m going through anything and I don’t feel stupid talking to them.”

AISS staff maintained that key elements of client engagement were the provision of immediate practical supports and the use of unscheduled home visits. Further, to build trust with clients they emphasised that AISS is separate to Communities.

FAMILY DEVELOP INSIGHT AND AWARENESS INTO FACTORS INFLUENCING THEIR WELLBEING AND CHILD SAFETY AND WELLBEING

AISS stakeholders reported that AISS achieved mixed results in this outcome area, with some families engaging in ongoing conversation about their family histories and developing greater insight into their

³⁹ Note: Some case plans are closed without answering outcome data. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022.*

family history and the issues impacting their parenting, though “getting them to take ownership for their part in things can be difficult.”

In the MDK assessment, 43 per cent of families exiting AISS in 2022 were scored by staff as being in a position of being “good” to “strong” regarding their “understanding that drugs, alcohol, violence and abuse are not cultural and impact on the safety of their children.”⁴⁰

FAMILY DEVELOP MOTIVATION TO RECONNECT WITH CULTURE

There is no data available to report on this outcome. While stakeholders provided examples of AISS assisting clients to reconnect with culture, there was minimal information provided regarding the development of the *motivation* to reconnect with Aboriginal culture. One family reported they did not want to work on cultural networks or identity and chose to have a non-Aboriginal AISS caseworker.

A staff member suggested that AISS should use more cultural activities to engage clients so that they are not only working on ‘issues’: “don’t want the clients to see Wungening staff as DCP checking up on them.” Using more cultural activities as a form of engagements may strengthen outcomes in this area.

COMPLEXITIES

Crisis Intervention

Keogh Bay notes that some families consulted during the evaluation were unable to recall the goals in their Case Plans, with the remainder who mentioned their case goals largely referring to practical needs, including:

- Furniture.
- Food vouchers.
- Drivers’ licence.
- Childcare.

Keogh Bay notes that Progress Report Case Studies, and staff and family interviews, indicated that a lot of AISS casework involves crisis intervention (i.e., securing housing, food relief etc.). This appears to indicate that establishing less crisis-driven goals, which focus on addressing chronic AOD, mental health and family violence issues, may be challenging for AISS families. It may also provide further support for further developing the specialist skills and/or relevant experience of staff to know the practices required for longer-term behaviour change.

MEDIUM-TERM FAMILY OUTCOMES

FAMILY START TO ADDRESS ISSUES THAT IMPACT NEGATIVELY ON THEIR CHILDREN

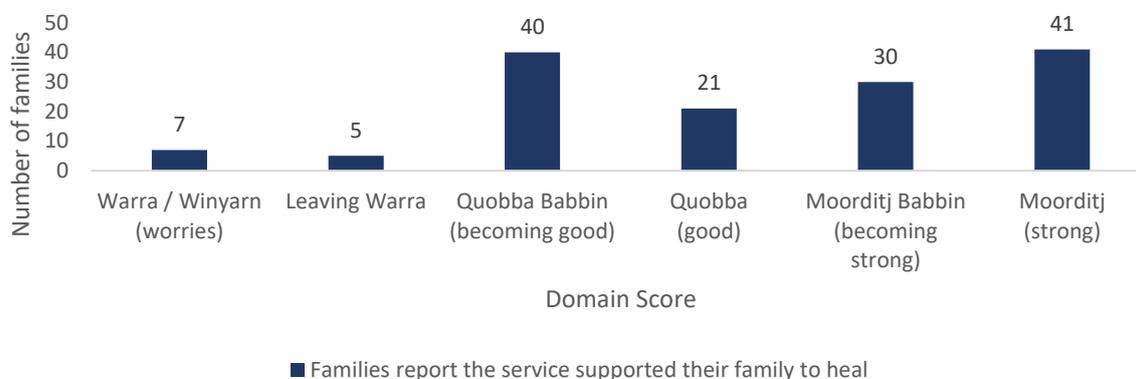
A few AISS families reported addressing issues impacting their ability to safely care for their children: “I go to counselling because I suffer anxiety like I used to have really severe anxiety where I couldn’t breathe to one point. But I’ve learnt to control that. So that’s one good thing.”

AISS workers noted, that change for many clients was challenging, as “that’s what they know, that’s the life they grew up in, that’s what they’ve been raised on. They don’t see anything is wrong with it ... Some will never change, and some will slowly.” This outcome area was also impacted by many clients having reduced capacity for insight and change due to low levels of education, limitations in cognitive functioning, poor mental health and entrenched AOD misuse.

⁴⁰ Total cases with an Initial and Exit Scores were 55 to 56 families.

The figure below shows that out of 144 families with a closed case plan in 2022, 92 self-reported that AISS had supported their family to heal to some extent and at exit they were good “good” to “strong.”

Figure 9 - Number of families and their MDK scores at case closure, 2022⁴¹



MDK results for 2022 show that AISS staff scored 44 per cent of families as being in a position of being “good” to “strong” regarding their engagement “in activities that promote a sense of healing and wellbeing.”⁴²

The Case Study below demonstrates some of the ways AISS can help families to address the issues impacting their children’s wellbeing. The case highlights the complexity of family issues and the imperatives of meeting immediate family needs versus achieving long-term sustained change.

CASE STUDY

Communities sent AISS a referral for an At-Risk Family with four children aged 11 years and under regarding ongoing concerns for family violence (father incarcerated), poor school attendance, neglect, poor physical and mental health, and suspected parental drug use.

After several attempts, a joint meeting with AISS and Communities was held in the family home to discuss concerns and family goals.

The AISS caseworker began to provide urgent practical assistance by visiting the family (two nights and mornings per week) to help establish evening routines and to yarn with Mum, helping Mum with budgeting and shopping, using brokerage to purchase essential household furniture and items (i.e., beds, mattresses, bedding, dining table and chairs, and towels). Mum was also supported to attend an AOD group at Cyrenian House.

Two months after the referral, following a significant medical event for one of the children and Mum refusing emergency care, the children were placed in the care of their Maternal Grandmother (Nan), and the family turned into a Reunification case.

AISS linked Mum to Legal support and referred her to 32 weeks of residential rehab (paid via brokerage). While Mum was in AOD rehab, AISS continued supporting Nan and the children with emergency relief (ER), assistance to obtain financial support, transport to medical appointments and Christmas presents. AISS also supported the children’s contact with their Mum while she was in rehab.

⁴¹ Note: Some case plans are closed without answering outcome data. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁴² Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

AISS conducted advocacy work to secure Nan and Mum's tenancies. Mum's time in rehab exceeded Communities' Housing guidelines regarding rent default periods and Nan had accumulated a debt on her rental payments (which Communities agreed to pay).

The initial case Assessment took six months to complete as AISS focussed on crisis intervention and stabilisation. The family goals were to help Mum identify family violence behaviours, safety planning for her and the children and better understanding of how family violence impacted her Mental Health and AOD issues and alienated her from her cultural identity.

After exiting AOD rehab, Mum was reunited with her four children with Nan living with them for three months as part of the family Safety Plan. AISS supported the reunification with initially three then two visits per week; as well as driving Mum to weekly Urinalysis testing and AOD counselling.

Approximately 14 months after the referral, the case was closed. While it is suspected that Mum continues to use drugs, she is better managing her AOD use, has stronger community connections and knowledge about where to access help and has a secure tenancy and increased confidence managing household routines and a stable home environment.

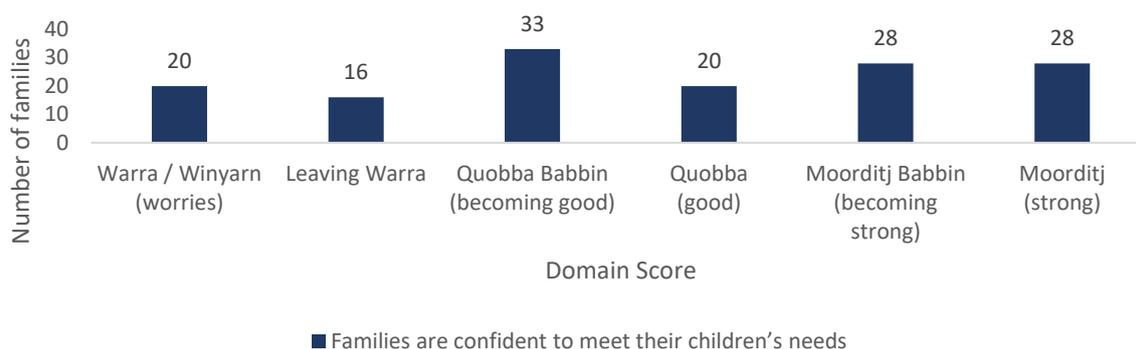
FAMILY IMPROVE PARENTING SKILLS TO SAFELY CARE FOR THEIR CHILDREN AT HOME

Keogh Bay found that stakeholders, staff, and families, provided minimal information about this outcome. One AISS staff member reported observing improvements in the way parents spoke to their children and applying new communication strategies. One family stated that regarding parenting guidance, they were not "really interested in having any of that." However, AISS Progress Reports demonstrated that AISS supports families to develop parenting skills using a variety of strategies, including:

- Referrals to the Circle of Security program.
- Providing advice on routines, sibling fighting, and gaming.
- Setting boundaries with children.
- Advising on the importance of parental self-care.

In terms of data, the figure below shows that out of 145 family with a closed case plan in 2022, 76 rated themselves as being "good" to "strong" in terms of their confidence meeting their children's needs upon service exit.

Figure 10 - Number of families and their MDK scores at case closure, 2022⁴³



Staff MDK score are also indicating that families are making improvements to their parenting skills. In 2022, AISS staff reported all exiting families made gains in this outcome area and scored:

- 51 per cent of families as being in a position of “good” to “strong” regarding children having “a strong connection and bond with their primary caregivers.”
- 47 per cent of families as being in a position of “good” to “strong” regarding putting “the basic needs of the children first.”
- 44 per cent of families as being in a position of “good” to “strong” regarding promoting “freedom and independence while ensuring physical safety is not compromised.”
- 44 per cent families as being in a position of “good” to “strong” regarding disciplining “the child in a way that does not impact their physical or emotional safety.”
- 48 per cent of families as being in a position of “good” to “strong” regarding being able to “read and respond to the child’s emotional needs.”⁴⁴

FAMILY DEVELOP SKILLS AND GET THEIR CHILDREN TO SCHOOL

Keogh Bay notes stakeholders provided minimal information about this outcome area, with many families who were consulted during the evaluation having non school-aged children. However, AISS Progress Reports indicate that when schooling is a concern, staff first identify the issues impacting children’s attendance and apply various strategies:

- Assisting families with enrolment.
- Texting or calling parents in the morning to remind them to get their children ready for school.
- Attending school meetings with parents.
- Visiting family homes during early morning to establish and model school routines (including developing charts and visual schedules).
- Visiting family homes in the evenings to show parents how to prepare for school i.e., getting uniforms ready, preparing lunch and getting children to bed early so they can wake up for school start time.
- Purchasing school supplies and uniforms with brokerage.
- Transporting children to school and back.

⁴³ Note: Some case plans are closed without answering outcome data. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁴⁴ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

The Case Study below provides an example of how AISS works with families where poor school attendance is one of many issues impacting family functioning and child safety.

CASE STUDY

Communities sent AISS a referral for an At-Risk Family open to IFS with concerns for the two children (aged under ten years) arising from multiple incidents of family violence in the context of drug and alcohol abuse, housing insecurity, and a newborn in the home. Communities developed the following case goals:

- Father to grow insight and seek support for his violent behaviour
- Children to engage medical services (i.e. autism) and improve school attendance
- Safety planning with parents to protect children from violent behaviours.

AISS allocated a Senior Male Caseworker to engage the father (perpetrator) and a Female Family Support Worker to support and yarn with the mother.

During the first month of casework, there were multiple unsuccessful attempts by AISS and Communities to make contact by phone and via unannounced home visits, before a joint meeting was held in the family home. AISS used a “yarning approach” to conduct the MDK Assessment and complete the GEM tool, and to develop family goals focussed on accessing support for their child’s autism and establishing routines in the home to assist the child attend school, as well as urgent sourcing of furniture and financial assistance, and advocating with Communities Housing regarding a debt repayment plan.

During its intensive casework phase, AISS transported the family or supported them at meetings with Communities, the local Primary School, NDIS, Wungening Emergency Relief and Brokerage. AISS further assisted by discussing with the family their wellbeing and the availability of therapeutic supports, alternatives to using violence or Safety Planning strategies, routines for school attendance and supports that the local School could provide (i.e., uniforms), and how to build a Safety Network.

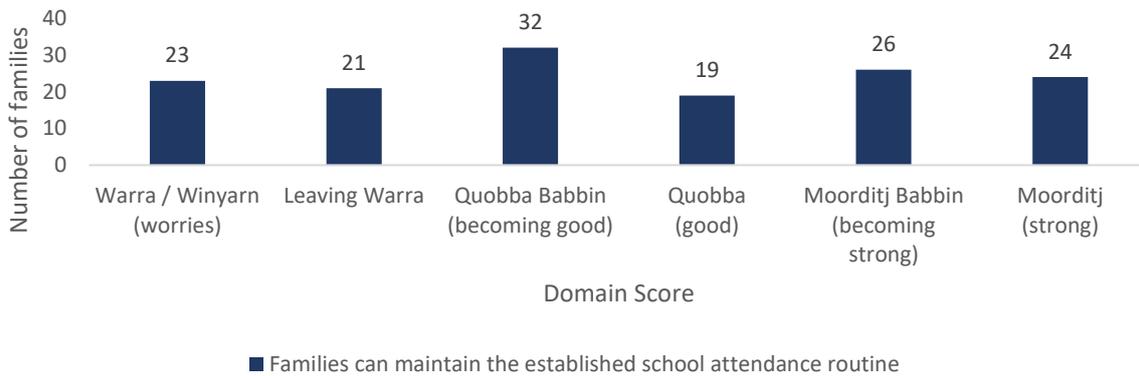
AISS reports the family has achieved most of their case goals:

- Family relationships are stronger and they follow the Safety Plan (i.e., Father leaves to cool down if needed).
- Child has returned to school and the school advises he is doing well and are continuing to support the child’s attendance.
- The family are engaging an NDIS provider to assist with their child’s disability.
- The Family have arranged for payments to be made towards housing debt and are no longer at risk of losing their tenancy.

The figure below outlines that out of 145 families exiting AISS in 2022, 69 reported they were in a position of “good” to “strong” with maintaining school attendance routines at the point of their case closure.⁴⁵

⁴⁵ It should be noted that there are many factors that drive school attendance including cultural and neurodiversity safety, racism, and transport etc.

Figure 11 - Number of families and their MDK scores at case closure, 2022⁴⁶



AISS staff indicate gains for all families exiting AISS in 2022 across all school related MDK indicators. AISS staff recorded:

- 42 per cent of families as being in a position of “good” to “strong” regarding being “able to maintain routines to get the children to school.”
- 45 per cent of families as being in a position of “good” to “strong” regarding the family viewing “western education as important for their children.”
- 42 per cent of families as being in a position of “good” to “strong” regarding children “doing well at school and attend regularly.”⁴⁷

FAMILY IMPROVE AND DEVELOP CULTURALLY SAFE SUPPORT NETWORKS

Stakeholder consultations provided minimal information about this outcome area, however a review of AISS Progress Reports demonstrated AISS worked toward creating culturally safe support networks with clients in their extended family, friendship circles and/or with other Aboriginal services. For example, staff yarn with families to “establish who their mob is, where they come from,” conduct “family mapping” and link families to services that can help them identify lost family connections or form new connections by attending groups like Ebenezer Aboriginal Corporation’s Men Supporting Men program.⁴⁸ The family clients consulted commonly referred to AISS itself as part of their support network.

Staff MDK scores for whether families made gains upon exit from AISS in 2022 in this outcome area demonstrated:

- 42 per cent of families as being in a position of “good” to “strong” regarding the family gathering “regularly as a collective, yarning and sharing stories.”
- 45 per cent pf families as being in a position of “good” to “strong” regarding the children “being taught Aboriginal values, norms, history and cultural practices.”
- 49 per cent of families as being in a position of “good” to “strong” regarding the children and family being “increasingly proud of their Aboriginality.”
- 41 per cent of families as being in a position of “good” to “strong” regarding their children having “opportunities to spend time on country and other places of significance to the family.”

⁴⁶ Note: Some case plans are closed without answering outcome data. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁴⁷ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁴⁸ Wungening Aboriginal Corporation. *AISS Progress Reports 2021-2022*.

- 44 per cent of families as being in a position of “good” to “strong” regarding their children having “a strong cultural identity, healthy minds, bodies and spirits.”⁴⁹

Keogh Bay notes that the fourth MDK indicator ‘The children have opportunities to spend time on country and other places of significance to the family’ had the highest change or gains recorded between entry and exit compared to all other MDK indicators in 2022.

FAMILY BEGIN TO DEVELOP A BETTER UNDERSTANDING, AND CONFIDENCE IN THEIR INTERACTIONS WITH, THE CHILD PROTECTION SYSTEM

This was one of the strongest outcomes achieved by AISS. Family clients consulted during this evaluation reported having minimal understanding of Communities’ involvement in their lives: “because I didn’t know where my children were, it was because of Wungening that I knew where my kids were. I got them to ring because I don’t even know what is going on”.

AISS staff reported that one of their key activities was helping families to understand Child Protection language, with many clients reportedly not understanding the meaning or purpose of Child Protection requests for information, such as providing the details of a Safety Network. Attending Child Protection meetings was described by a stakeholder as a form of “systemic healing” in “the way we allow their voice to be heard in a respectful way, but still advocating, that can be healing for them because we are trying to support their relationship ... with their children. Sometime without that [AISS] person in the room the family do not feel safe and they just get frustrated and ... they are seen as disengaging.”

Three families reported not knowing why their children were taken into care: “I was homeless last year and I went in the office and they told me to go for a cigarette and they took my kids,” or “the kids were taken for no reason. They said the case was going to close on a Friday and then on the Monday they came and took my kids for no reason.”

Many family clients reported that AISS was a buffer they needed between themselves and Child Protection. For examples, three clients stated they:

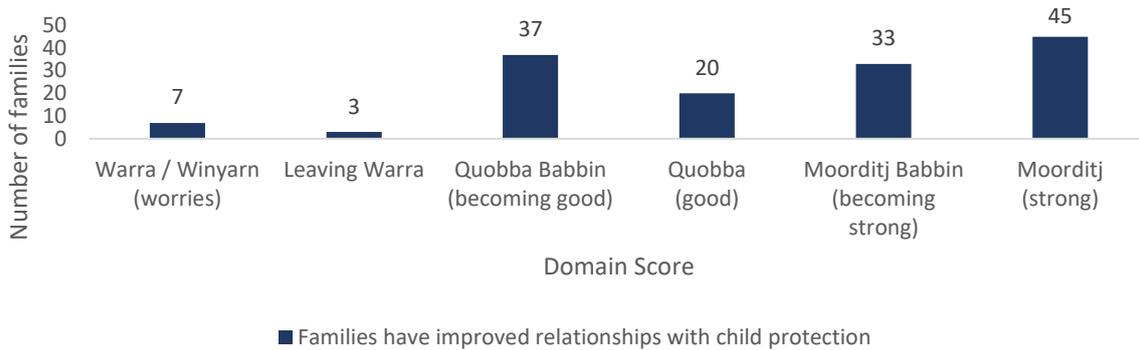
- *“Come across aggressive and angry. So I ... don’t even want to speak anymore to them [Child Protection] because [I] don’t know how to speak” as I get “really frustrated because I feel like they’re not hearing me.”*
- *Do not “know how to talk to them [Child Protection]. She [AISS Caseworker] helps me with my words, because sometimes I say things and I don’t mean it like that. It comes out a lot worse.”*
- *“It’s very helpful [having AISS attend Child Protection meetings]. Its good. Much better than before, they speak up for me.”*

These clients preferred to have AISS communicate on their behalf to avoid their own distress dealing with Communities.

The figure below illustrates many families self-reported having improved relationships with Child Protection, with 98 families out of 145 reporting (68 per cent), that at the time of case closure in 2022 their relationship with Child Protection was “good” to “strong.”

⁴⁹ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022.*

Figure 12 - Number of families and their MDK scores at case closure, 2022⁵⁰



COMPLEXITIES

Specialist Parenting Skills

AISS Progress Reports indicate that staff predominantly use ‘positive role modelling’ when interacting with families to help them improve their parenting.⁵¹ AISS staff noted that its “tricky” talking to families about parenting, which is a sensitive topic to raise with clients. There are no formal Parenting Guidelines staff can refer to and there is no specific parenting training delivered to staff, which means they predominantly draw on their personal experiences and knowledge of parenting when conducting AISS casework.

Keogh Bay notes Indigenous Psychological Services’ *Cultural Competency Audit of Child Protection Staff and Foster Care and Adoption Assessment Manual* includes Key Action 9: “Support families with early intervention prevention services,” and Recommendation 41:

“Department considers further expansion of the current metropolitan Aboriginal In-home Support Service Pilot for high risk, remote communities, with an emphasis on an evidence-based attachment approach. Those implementing the program need to have training in attachment theory as well as cultural competency and parenting differences.”

Our evaluation findings further evidence the need for AISS to provide staff training or access to specialist resources regarding culturally secure parenting approaches. The AISS Consortium has identified that there is no available training regarding parenting skills which combines both Western and Aboriginal modes of parenting and child rearing.

Staff also reported the added complexity of there not being appropriate services, such as culturally informed perpetrators programs, that they can refer clients to and/or there being long wait times or expensive costs for clients to access specialist programs.⁵²

Safety Networks

Another complexity to achieving medium-term outcomes reported by AISS staff was the challenges of establishing culturally safe support networks when Communities assess family members with criminal or Child Protection histories as unsuitable. Due to “intergenerational trauma many of our families do

⁵⁰ Note: Some case plans are closed without answering outcome data. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁵¹ Wungening Aboriginal Corporation. *AISS (Mirrabooka/Joondalup) Progress Report 1 January – 30 June 2021*.

⁵² Wungening Aboriginal Corporation. *AISS Progress Reports 2021-2022*.

not have people whom [Communities] deem safe to support the family to keep children safe at home or in their reunification journey. This proves difficult for our families.”⁵³

Housing Crisis

The recurring issue of overcrowding, rental debt, and housing insecurity in AISS casework discussed during consultations further suggests that a key systemic issue impacting AISS is a lack of Public Housing stock and low rental availability and affordability. AISS Progress Reports also highlight that it is difficult to help families access housing (including mothers escaping family violence) “Housing is often a goal that remains outstanding in a lot of cases and can also be a barrier to reunification progressing.”⁵⁴ Or:

‘When working with clients who are homeless or living in insecure, unstable housing, it is a complex task to work towards addressing anything other than the basic need of shelter. Engaging at a deeper level to address issues such as mental health or AOD misuse, parenting and attachment strategies and concerns, is difficult. The impact on outcomes arises due to the decreased ability to deliver therapeutic interventions due to the family constantly being in crisis mode.’⁵⁵

Vehicles

Consultations and Progress Reports indicate that a shortage of cars for AISS staff to use as part of casework limited their ability to transport larger families and respond to some clients’ needs.

LONG-TERM FAMILY OUTCOMES

CASE GOALS ACHIEVED

One indicator of the long-term outcomes achieved by families is the proportion of families who have case plan goals achieved at the time of case closure. Between 1 January 2019 and 31 December 2022, there were 373 AISS case plans (open and closed), including:

- 271 (73 per cent) case plans for At Risk Families; and
- 102 (27 per cent) Case Plans for Reunification Families.

Data in the table below indicates a high proportion of these cases, on average across the four years, were closed with no goals achieved (48 per cent for At Risk Families and Reunification Families). Wungening Aboriginal Corporation explained that poor or inconsistent data recording may have contributed to this high figure.

Table 12 - Case plans for At Risk and Reunification Families closed, by closure status, 2019-2022⁵⁶

Reason for closure	2019	2020	2021	2022	Total
At Risk Families					
Number of case plans with no goals achieved	0 (0%)	36 (42%)	48 (60%)	46 (43%)	130 (48%)

⁵³ Wungening Aboriginal Corporation. AISS (Midland/Perth) 1 July – 31 December 2021.

⁵⁴ Wungening Aboriginal Corporation. AISS (Fremantle/Rockingham) Progress Report 1 January – 30 June 2021.

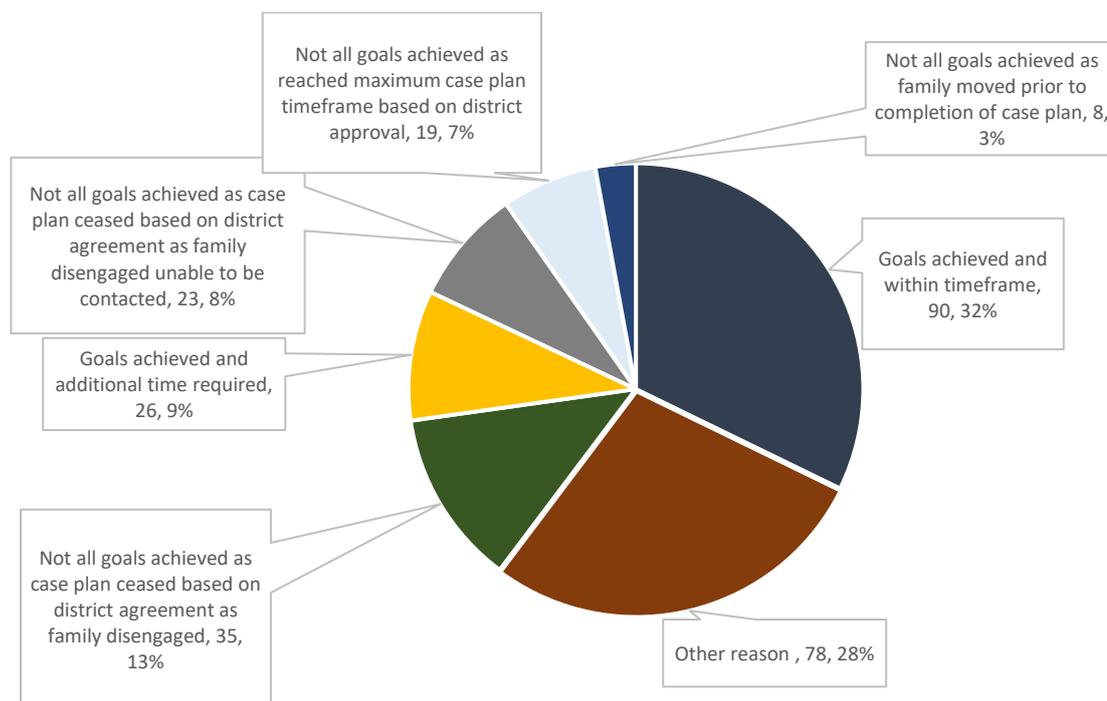
⁵⁵ Wungening Aboriginal Corporation. AISS (Mirrabooka/Joondalup) Progress Report 1 January – 30 June 2021.

⁵⁶ Note: At times the number of closure reasons didn’t add to the total number of closures in the same reporting period. Wungening Moort. Moort Reports 1 January 2019 to 31 December 2022.

Reason for closure	2019	2020	2021	2022	Total
Number of case plans with less than half goals achieved	0 (0%)	4 (5%)	3 (4%)	3 (3%)	10 (4%)
Number of case plans with half or more goals achieved	0 (0%)	8 (9%)	9 (11%)	31 (29%)	48 (18%)
Number of case plans with all goals achieved	0 (0%)	37 (44%)	20 (25%)	26 (25%)	83 (31%)
Reunification Families					
Number of case plans with no goals achieved	0 (0%)	13 (48%)	17 (57%)	19 (42%)	49 (48%)
Number of case plans with less than half goals achieved	0 (0%)	3 (11%)	3 (10%)	4 (9%)	10 (10%)
Number of case plans with half or more goals achieved	0 (0%)	1 (4%)	4 (14%)	14 (31%)	19 (19%)
Number of case plans with all goals achieved	0 (0%)	10 (37%)	6 (20%)	8 (18%)	24 (24%)

The figure below outlines the reason for case closure.

Figure 13 - Reasons for case closure, for At Risk Families, 2019-2022⁵⁷



Positively around a third of At-Risk Family cases were closed (32 per cent) as ‘goals were achieved within the timeframe’. However, 21 per cent of cases were closed because not all goals were achieved as ‘family disengaged’ or were ‘unable to be contacted’.⁵⁸ Regarding the 28 per cent of cases closed for

⁵⁷ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

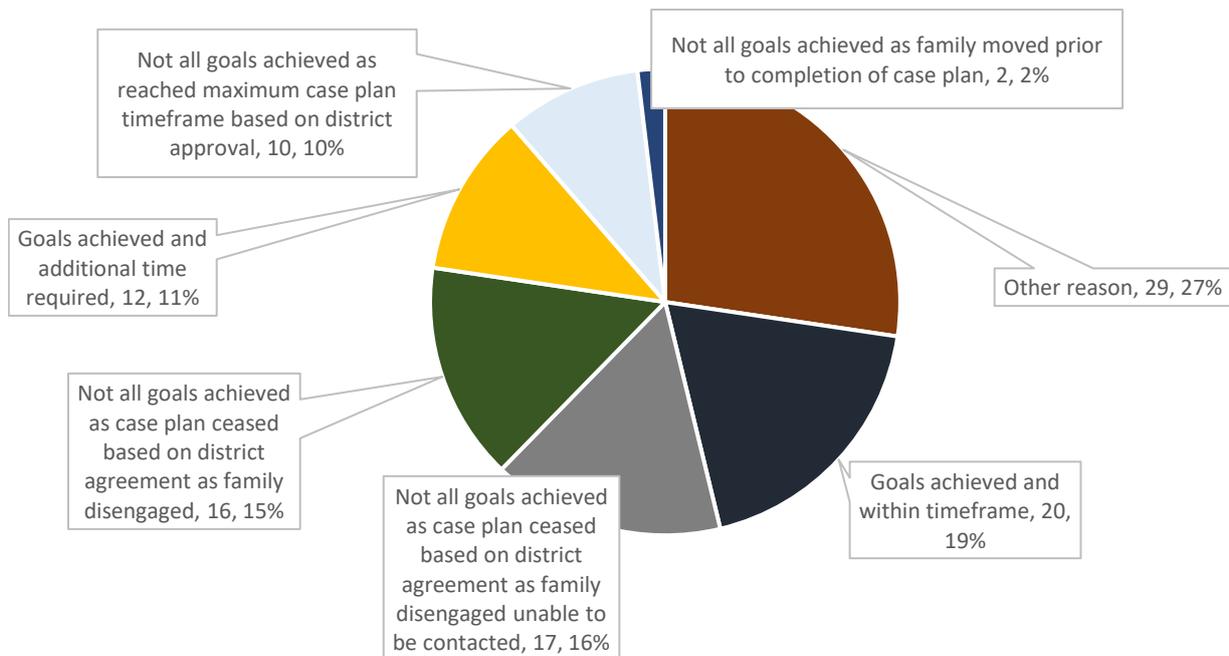
⁵⁸ This combines the two ‘family disengaged’ categories together.

‘other reason’, the AISS Consortium informed that this reason generally relates to cases where there has been some form of disengagement and the case has not been progressed.⁵⁹

These figures indicate that AISS clients (as expected of the cohort) are hard to engage, which remains a complicating factor in achieving outcomes.

The figure below presents the same data for Reunification Families.

Figure 14 - Reasons for case closure, for Reunification Families, 2019-2022⁶⁰



As can be seen above, slightly lower cases are reported to be closed due to goals being achieved (19 per cent).

FAMILY HAVE STRONG CULTURALLY SAFE SUPPORT NETWORKS AND CONNECTION TO CULTURE

As discussed above in the medium-term outcomes section, AISS helps families to identify people in their family or friend network and to link to local Aboriginal services. MDK scores completed by AISS staff indicate that all families who exited in 2022 made improvements in this outcome area, with staff scoring:

- 48 per cent of families as being in a position of “good” to “strong” regarding their children having “positive role models in their life, particularly Elders.”
- 45 per cent of families as being in a position of “good” to “strong” regarding the family having “many positive relationships and a safety network who can support in times of need.”
- 49 per cent of families as being in a position of “good” to “strong” regarding the children having “many hands holding them, keeping them safe and nurturing them.”⁶¹

⁵⁹ ‘Other reason’ is mostly used when no other exit reason accurately reflects the families circumstances and can also relate to clients whose case has been withdrawn or declined referrals.

⁶⁰ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

⁶¹ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

Stakeholders also reported that AISS is helping families to deepen their cultural connections in different ways. For example, the AISS Mirrabooka Hub has begun delivering a Healing Group which involves a weekly discussion topic delivered via yarning and food and where staff are able to observe family functioning and supervised contact between parents and children in a more natural and culturally safe setting. AISS Progress Reports showed that other Hubs, like Rockingham, had implemented Back to Country Day trips involving a smoking ceremony, tool making, storytelling, bush tucker and cave exploration. While AISS reports that the Healing Days will be rolled out across all Hubs, there could be further clarity and consistency about the sorts of activities constituting cultural activities and connections.

FAMILY IS FUNCTIONING WELL

AISS staff scored the families with closed cases in 2022 as having made improvements in family functioning, and scored:

- 42 per cent of families as being in a position of “good” to “strong” regarding the “sense of order and predictability within the family which gives the child a sense of security.”
- 44 per cent of families as being in a position of “good” to “strong” regarding the “home or homes where the children stay are neat, tidy and free of hazards.”
- 45 per cent of families as being in a position of “good” to “strong” regarding the family meeting “the health/medical needs of the children appropriately.”
- 39 per cent of families as being in a position of being “good” to “strong” regarding their “patterns of coercive control or physical violence within the family.”⁶²

The Case Study below illustrates how AISS works toward achieving long-term outcomes, including overall improved family functioning, for families struggling with complex issues.

CASE STUDY

Communities Central Intake Team sent AISS a referral for a diversionary (not open) case involving an Aboriginal mother and her three children (aged five to twelve) regarding ongoing concerns for the poor hygiene of the children and medical neglect in the context of FDV, AOD use, mum’s cognitive impairments and poor mental health. The family also had two strikes for their Public Housing property due to “noise disruptions” created by family staying with them and were facing potential eviction.

Communities’ goals on referral were for the children to learn and practice good hygiene, eat regularly, receive proper nutrition, meet academic and developmental milestones.

AISS engaged Mum over several weeks, and persisted through multiple failed attempts at contact, completing the MDK Assessment and a Family Plan slowly while building trust and rapport (i.e. providing Emergency Food Hamper). The Family Plan focussed on improving the home environment, boundaries setting, cleaning/hygiene and establishing family house rules.

During the intensive phase of casework, Communities initiated a CSI and substantiated neglect, emotional harm, and sexual abuse, with the case then opening to IFS for Safety Planning. During this period, the family received a third strike on their public housing property and faced eviction, with AISS referring them to a Legal Service to negotiate with Communities Housing on their behalf.

⁶² Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022.*

AISS also provided practical supports by using Brokerage to purchase food, clothing, and cleaning products; mowing the family lawns; transporting mother to meetings with Communities and to medical appointments (to treat her depression and other health issues); arranging School Packs; creating bed and meal routines; providing Coles Vouchers; arranging for the children's Birth and Immunisation Certificates; assisting mother to apply for VRO; and arranging a skip bin to help mother clean after family members left her residence. AISS referred Mum to Yorgum Healing Services.

AISS conducted family mapping and finding to strengthen her support networks and found that Mum's family was causing the disturbances in the residence and culturally she was torn between obligations and her children's wellbeing. The AISS caseworker focussed on empowering mum to establish boundaries, and create parenting and property standards, enabling Mum to increase her confidence in parenting and managing humbugging and family obligations.

Nine months following the referral, the family is in the Step-Down phase of AISS and has achieved:

- Increased insight into their children's needs and maintenance of a safe and stable home.
- A stronger Aboriginal identity and improved ability to maintain cultural obligations.
- Improved mental health and coping skills.
- Increased confidence and skills to navigate mainstream systems, such as Communities.
- Improved communication within the family unit.

CHILDREN ARE SAFE AND WELL AT HOME

In total, of the 360 AISS case closures (for At Risk and Reunification Families) between 1 January 2019 and 31 December 2022, 303 families had children remaining at home at closure (84 per cent).⁶³

At Risk Families

Overall, **93 per cent** (n=245) of At-Risk Families who received an AISS service and who had a closed case plan in the four-year period, had children remaining at home when exiting the service.

Reunification families

Overall, **60 per cent** (n=58) of Reunification Families who received an AISS service and who had a closed case plan in the four-year period, had children remaining at home when exiting the service.

Comparison analysis

Given IFS and Care teams work with families concurrently with AISS, Keogh Bay has drawn out the contributions of AISS in keeping children at home by using two comparison groups:

- An Intervention Group – Aboriginal families who received both IFS and AISS services between 1 January 2019 and 31 December 2022.
- Comparator Group – Families who received IFS services, but never had an AISS referral opened, between 1 January 2019 and 31 December 2022.

For each group, children's individual client identification number was followed to track whether they had one or more CSIs or periods of care after their AISS referral was accepted (for intervention group) or after their IFS start date (for the comparator group).

Results comparing these two comparison groups are below.

⁶³ Note: There maybe some minor inaccuracies as there are discrepancies between the number of children at referral and exit. Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022.*

Table 13- Outcomes from the comparator analysis for IFS and AISS families⁶⁴

Group	Number of children in the group	At least one CSI	At least one substantiated CSI	At least one not substantiated CSI	At least one period of care
Intervention Group (AISS and IFS)	1,292	18%	11%	7%	9%
Comparator Group (IFS only)	7,217	4%	3%	2%	13%

The results indicate that, over the four-year period examined, Aboriginal children who were open to a Communities IFS Team and referred to AISS were less likely to enter care than those Aboriginal children who were only engaged by an IFS Team. However, children who received both AISS and IFS were more likely to be the subject of a CSI. Without further investigation the reason for this trend is uncertain. Overall, the analysis does indicate that by referring families to AISS, Communities is potentially slowing the proportion of new periods of care for those Aboriginal children engaged by the service.⁶⁵

MDK scores provide further indication that AISS is having success with keeping children safe at home. AISS staff reporting that for families exiting the service in 2022, all made improvements in keeping children safe and well, scoring:

- 45 per cent of families as being in a position of “good” to “strong” regarding the children being “safe, have a stable home where they are protected and secure.”
- 41 per cent of families as being in a position of “good” to “strong” regarding the children being “safe and protected from harm. (e.g. impacts of drugs, alcohol and FDV etc.)”
- 44 per cent of families as being in a position of “good” to “strong” regarding the children having a “strong cultural identity, healthy minds, bodies and spirits.”⁶⁶

Keogh Bay notes the third item ‘The children have a strong cultural identity, health minds, body and spirit’ was one of the top two outcomes recorded in MDK scores in 2022, at .91 points change.

Child Safety Investigations

When a family is engaged by the Child Protection system, Communities may have a role to conduct a CSI to determine whether the child has experienced physical, emotional, or psychological harm resulting from abuse and/or neglect (as per Section 28 of the Act).

If AISS is effectively diverting Aboriginal families from the Child Protection system, we would anticipate seeing a reduction in CSIs, and/or a reduction in substantiated CSIs after AISS’ implementation in 2018.

The table below demonstrates that overall, Child Protection Districts in the Perth metropolitan area have reduced their Aboriginal CSIs between 2019 and 2022. However, when viewed by District, the

⁶⁴ Children in Care Intervention and Comparator Groups weren’t analysed due to project timeframe constraints. Any family who had a ‘Reunification referral’ accepted by AISS were removed from the dataset. Department of Communities. *Comparator Data for AISS Evaluation (2023)*.

⁶⁵ Note: The number of children in the comparator group is much larger than the number of children in the intervention group. This analysis doesn’t control for certain variables, including the complexity of child protection issues. This analysis includes families who had recent involvement with IFS and AISS (i.e., in late 2022) where we may have less likelihood of measuring a new period of care or CSI.

⁶⁶ Wungening Mort. *Moort Reports 1 January 2019 to 31 December 2022*.

results are mixed with only four or half of the Districts (Cannington, Fremantle, Midland, and Rockingham) showing decreases in Aboriginal CSIs post-2018.

As the comparator site, the Southwest corridor in which AISS is unavailable, experienced a significant increase in CSIs, thereby indicating AISS may be assisting some metropolitan Districts to reduce their Aboriginal CSI numbers and to the overall reduction in the metropolitan region.⁶⁷

It is difficult to make conclusive findings in view of the mixed District trends observed. It should also be noted that many variables, such as cost of living pressures and other service and policy changes, are likely contributing to CSI trends for Aboriginal families.

Table 14 - Number of CSIs, by district, for Aboriginal cases, 2022⁶⁸

District	2019	2020	2021	2022	Trend 2019-2022
Armadale	498	450	452	356	↓
Cannington	325	365	343	348	↑
Fremantle	352	306	221	215	↓
Joondalup	230	236	232	256	↑
Midland	414	466	447	520	↑
Mirrabooka	306	248	253	282	↓
Perth	231	187	146	177	↓
Rockingham	332	295	313	384	↑
Total	2,909	2,731	2,608	2,714	↓
Comparators					
Southwest	212	156	280	354	↑

Children in Out-of-Home Care

The table below shows that over time (with 2019 and 2022 compared side by side), half of the AISS Corridors (Armadale/Cannington and Fremantle/Rockingham) have had a reduction in the number of Aboriginal children in care.

The Southwest comparator site in which AISS is unavailable has had an increase in the number of Aboriginal children in care (and all children), indicating that AISS may be having positive impact in the metropolitan Districts achieving reductions in the number of Aboriginal children in care.

⁶⁷ Note, district boundary changes many have impacted figures in the Southwest.

⁶⁸ Note: CSIs are included in scope if they were opened within the year examined. Therefore, CSIs that were open in the years prior to 2019 but remained open in 2019 and beyond were not included in scope. Department of Communities. Assist Data Summary for AISS Evaluation (2023).

Table 15 - Number of children in care by corridor and comparator sites, 2019-2022⁶⁹

Corridor	2019	Rate of change	2020	Rate of change	2021	Rate of change	2022
Aboriginal children							
Armadale/Cannington	565	-5%	538	2%	551	-4%	531
Fremantle/Rockingham/Peel	382	3%	392	-3%	381	-7%	354
Mirrabooka/Joondalup	292	10%	321	-3%	310	7%	333
Perth/Midland	370	15%	427	3%	441	2%	448
Southwest	152	28%	194	4%	201	-9%	182
Western Australia	2,942	5%	3,082	-1%	3,056	-3%	2,955
Non-Indigenous children							
Armadale/Cannington	461	-2%	453	-8%	416	0%	417
Fremantle/Rockingham/Peel	643	-3%	625	-9%	570	-10%	514
Mirrabooka/Joondalup	412	0%	414	-8%	381	-6%	360
Perth/Midland	399	6%	424	7%	455	-7%	425
Southwest	228	17%	266	-4%	255	-7%	237
Western Australia	2,437	-1%	2,416	-5%	2,288	-7%	2,138
All children							
Armadale/Cannington	1,026	-3%	991	-2%	967	-2%	948
Fremantle/Rockingham/Peel	1,025	-1%	1017	-6%	951	-9%	868
Mirrabooka/Joondalup	704	4%	735	-6%	691	0%	693
Perth/Midland	769	11%	851	5%	896	-3%	873
Southwest	380	21%	460	-1%	456	-8%	419
Western Australia	5,379	2%	5,498	-3%	5,344	-5%	5,0933

According to figures from the Commissioner for Children in WA, the child population has been increasing steadily at approximately 1 per cent per annum between 2019 and 2021.⁷⁰ As such, a corresponding increase in the total number of children in care is expected. For example, in Armadale/Cannington the number of Aboriginal children in care in 2019 was 565: a 1% increase per annum would entail a natural increase in this figure due to population growth to an expected 576 children in care in 2021. However, Armadale/Cannington children in care numbers in 2021 were 531, adding more significance to any reductions to the number of children in care.

Periods of care

The table below illustrates that overall, the number of periods in care for Aboriginal children has not decreased consistently across all service corridors since the implementation of AISS. There is a

⁶⁹ Note: Children may enter care for multiple and varied reasons. Department of Communities. *Assist Data Summary for AISS Evaluation (2023)*.

⁷⁰ Commissioner for Children and Young People WA. *Profile of Children and Young People in WA – 2022*.

significant decrease in the Armadale/Cannington and Perth/Midland corridors. There may be a range of policy, practice and recording reasons for this beyond the scope of AISS to account for.

Table 16 - Number of new periods of care for Aboriginal children by corridor and comparator site, 2019-2022⁷¹

Corridor	2019	Rate of change	2020	Rate of change	2021	Rate of change	2022
Armadale/Cannington	83	-1%	82	-2%	80	-20%	64
Fremantle/Rockingham/Peel	62	2%	63	-22%	49	27%	62
Mirrabooka/Joondalup	60	-43%	34	41%	48	19%	57
Perth/Midland	75	-33%	50	14%	57	4%	59
Southwest	25	-36%	16	75%	28	21%	34
Whole of WA	552	-20%	442	-14%	380	16%	440

COMPLEXITIES

Entrenched Trauma and Disadvantage

Regarding family outcomes, and whether AISS helps families to function well in the long-term, many stakeholders noted that some Aboriginal families are entrenched in trauma and disadvantage and will likely need ongoing supports for the course of their lifetime. In view of the complexity of some families, even small gains in improvement and change should be considered significant outcomes.

Disengagement

As highlighted in case goals data, cases can be closed with not all goals achieved as 'family disengaged'." AISS Progress Reports for 2021 to 2022 confirm family disengagement was a complicating factor in service provision, commonly driven by families' housing instability and not having reliable means of contact (i.e., mobile phone or email address).

SERVICE SYSTEM OUTCOMES

The table below details the four service system outcomes.

Table 17 – Summary of Service System Outcomes

Outcome	Finding
Delivering Shared Outcomes Through Collective Effort	The evaluation indicates that AISS likely contributes to the collective effort of Communities and other funded services to achieve EIFS related outcomes, including diversion of families from the child protection system. Communities is developing an overarching EIFS monitoring and evaluation framework and the EIFS Program Logic incorporates Wungening Moort's theory of change as well. Keogh Bay notes that the Department of Premier and Cabinet released in 2019 the <i>Whole of Government Outcomes Framework</i> .
Creating a culturally competent service system	As mentioned earlier, all stakeholders reported that AISS was contributing to the creation of a culturally competent service system. Our evaluation findings strongly indicate that AISS has improved the cultural safety and responsiveness of the Child Protection system in the Perth metropolitan area.

⁷¹ Note: Periods of Care allocated to Crisis Care were not included in this analysis. Department of Communities. *Assist Data Summary for AISS Evaluation (2023)*.

Outcome	Finding
Diverting families from the child protection system	This has been covered elsewhere in the Report.
Preventing children entering care	This has been covered elsewhere in the Report. At a more strategic level, however, as identified by stakeholders, many families referred to AISS experience significant complexity. Therefore, it would be unrealistic to expect AISS to prevent and dramatically reduce the number of Aboriginal children in care within a five-year period. Undoing generations of trauma and disadvantage requires more time and investment.

SUMMARY

Overall, the evaluation indicated that AISS strongly achieved highest outcomes relating to trusting relationships with families, families starting to address issues that impact negatively on children, partnerships with families, families beginning to develop an understanding of Child Protection and various elements relating to culture. Further work maybe required in future evaluations, however, to draw out AISS' contribution to children staying at home or returning home above and beyond the work of Communities given the data is currently intertwined. However, data available currently does indicate that AISS does improve outcomes relating to this important area.

Keogh Bay has identified six opportunities for improvement in the table below.

Table 18 - Summary of opportunities for improvement

No.	Opportunities for improvement
7	Consider AISS staff training to increase their 'toolbox' of skills (whether traditional or western) to be used when responding to families who need a deeper journey of healing and therapeutic responses.
8	Develop specialist resources, referral pathways or roles to strengthen parenting skills i.e., establish an Aboriginal Parenting Program delivered by an ACCO or dedicated Parenting Support role which is attached to AISS to strengthen AISS' effectiveness in improving parental skills and capacity.
9	Review the contracted requirement for AISS to work with Diversionary cases to determine if additional resourcing is required to service these cases or if a separate contracting arrangement is needed. The diversionary capacity of AISS (or the wider suite of EIFS services) would need to be increased so that current family support service responses are less crisis driven and the child protection system can better divert families.
10	Further develop the cultural components of AISS with ongoing input from Aboriginal leaders and external Aboriginal services to provide families consistent access across AISS Hubs to activities designed to strengthen cultural connections.
11	Future evaluation should include methods to draw out data that analyses contributions of AISS to children remaining at home, or returning home, separately to the work of Communities to best understand the work's effectiveness. As this analysis is complex, future evaluation projects will need to allow sufficient time to do this.
12	Consider validating the AISS Model and <i>Moorditj Djerripin Koorkungas (Strong, Happy Children) Assessment Framework</i> to further develop the evidence base for the model and use the findings of the validation study to update the model (if needed) and inform policy, other service models and decision-making about culturally safe ways of working with Aboriginal families.

7. SERVICE DEMAND AND THE STRATEGIC ENVIRONMENT

This section of the report details whether AISS is appropriate in meeting current demand and projected future demand, as well as its appropriateness in the context of the State Government’s strategic priorities.

FUTURE DEMAND FOR THE PROGRAM

This section analyses a range of datasets to identify whether there is sufficient demand to justify the continuation of the AISS Program at its current size and scale and/or whether service growth may be required into the future.

DATA INTRODUCTION

Australian Bureau of Statistics (ABS) Census of Population and Housing 2021 data has been used as a basis for much of the demand analysis in this section. This Census data uses specific geographical boundaries called Australian Statistical Geography Standard (ASGS). These geographical statistical areas used by the ABS are estimates only, and the “Greater Perth (5GPER)” data is used as a ‘best fit’ in terms of the examination of AISS Program Data.

The ABS data contains specific Aboriginal and or Torres Strait Islander information allowing for understanding of current and projected population figures for AISS’ target group.

CURRENT POPULATION

The table below presents the increase in Aboriginal populations in Greater Perth between 2016 census and 2021 census.

Table 19 - Current Population, Greater Perth⁷²

Census Data	2016	2021	% Change
Total Population	1,943,858	2,116,649	11%
Aboriginal population (a)	31,212 (1.6%)	42,083 (2.0%)	35%
Aboriginal children population, 0-17 years	12,736 (41%)	16,797 (40%)	32%
Aboriginal adult population, >=18 years	18,476	25,286	37%
Average Aboriginal household size (b)	3.2	3.1	
Estimated number of Aboriginal household (c)	9,754	13,575	39%

As can be seen above, between 2016 and 2021, the Aboriginal population in the Greater Perth region has increased by 35% despite a slight decrease in household size from 3.2 in 2016 to 3.1 in 2021. In 2021, the total number of Aboriginal households was estimated to be 13,575, with the number of Aboriginal children aged between 0 to 17 years increasing from 2016 by 32% to 16,797.

⁷² ABS. *Census of Population and Housing 2021 - Aboriginal and Torres Strait Islander Peoples Data Pack*. Accessed 16 May 2023 at <https://abs.gov.au/census/find-census-data/community-profiles/2021/5GPER>; ABS. *Census of Population and Housing 2021 – 2021 Census – Greater Perth - Aboriginal and/or Torres Strait Islander people QuickStats*. Accessed 16 May 2023 at <https://www.abs.gov.au/census/find-census-data/quickstats/2021/IQS5GPER>

FUTURE POPULATION

Population modelling estimates have been analysed in this section to predict the potential demand for the AISS Program in the future.

According to *ABS Estimates and Projections Data 2016 to 2031*, for Aboriginal people residing in the *Perth Indigenous Region*, the Aboriginal population in Perth will increase by 2.3 per cent, per year.⁷³

Keogh Bay has then used this percentage growth estimate (2.3 per cent) to model population growth over a ten-year period, from 2021 (when the latest Census was undertaken) to 2031. As this population growth figure was originally estimated for 2016, and Keogh Bay has used it for 2031, the findings should be treated with caution and paired with other evidence in this Report.

Table 20 - Future Aboriginal Population, Greater Perth⁷⁴

Census Data	2021	2031	% Change
Aboriginal population (a)	42,083	52,827	26%
Aboriginal children population, 0-17 years	16,797 (40%)	19,742 (37%)	18%
Aboriginal adult population, >=18 years	25,286	33,085	31%
Average Aboriginal household size (b)	3.1	3.1 ^(a)	

(a) Assume same household size as 2021

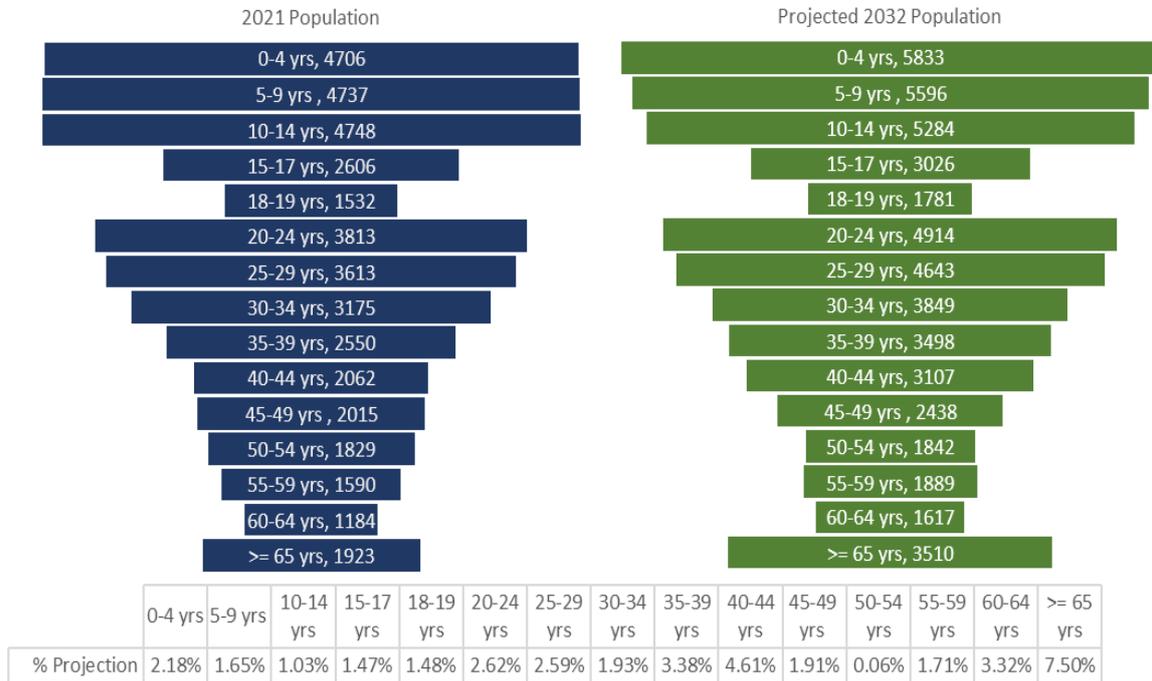
As can be seen above, the Aboriginal population in the Greater Perth region is projected to increase by 26 per cent to 52,827 in 2031. The population of Aboriginal children is projected to increase by 18 per cent to 19,742 in 2031.

The figure below presents the current and projected Aboriginal population in 10 years' time relating to different age groups in the Greater Perth Region.

⁷³ ABS. *Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2006 to 2031, Series B dataset*. Series B is based on medium assumption on fertility, paternity and mortality. Accessed 16 May 2023 at <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>; Note: Series B was chosen as it is a middle point estimate. This is usually recommended by the ABS for most projects.

⁷⁴ ABS. *Census of Population and Housing 2021 - Aboriginal and Torres Strait Islander Peoples Data Pack*. Accessed 16 May 2023 at <https://abs.gov.au/census/find-census-data/community-profiles/2021/5GPER>; ABS. *Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2006 to 2031, Series B dataset*. Series B is based on medium assumption on fertility, paternity and mortality. Accessed 16 May 2023 at <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>

Figure 15 - Greater Perth Aboriginal Population, current and in 10 years' time⁷⁵



POPULATION IN SCOPE OF PROGRAM

There is no exact dataset that can predict the number of Aboriginal families who will require a child protection response in the future. However, this section examines the following dataset as a proxy:

Australian Early Development Index (AEDI)⁷⁶

The AEDI is a population measure of how young children are developing in Australian communities. It measures five areas or domains of early childhood, including physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication and knowledge. It is also known as the 'developmental census.'

Australian Institute of Family Studies

The AEDI is a population measure of how young children are developing in Australian communities. The AEDI cohort has been chosen because this population is assessed as being developmentally vulnerable on one or more domains of the assessment tool at age five or six years.

The table below predicts the proportion of developmentally vulnerable children in 2031, by applying the proportion of Aboriginal children who were identified as developmentally vulnerable as per the AEDI, to the broader Aboriginal population in Greater Perth.

⁷⁵ ABS. *Census of Population and Housing 2021 - Aboriginal and Torres Strait Islander Peoples Data Pack*. Accessed 16 May 2023 at <https://abs.gov.au/census/find-census-data/community-profiles/2021/5GPER>; ABS. *Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2006 to 2031, Series B dataset*. Series B is based on medium assumption on fertility, paternity and mortality. Accessed 16 May 2023 at <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/latest-release>.

⁷⁶ Note: The AEDI is not a culturally secure assessment tool, there were no culturally-informed tools available. The latest available data for Greater Perth is 2018.

Table 21 - Estimated developmental vulnerability child population in Greater Perth area in 2031⁷⁷

Greater Perth	Aboriginal population aged 5 & 6 years (Census, 2021)	% developmentally vulnerable on at least one domain at age 5/6 years ⁷⁸ (Perth metro, AEDI, 2018)	Population with developmentally vulnerable at 5 & 6 years
Census, 2021	1,939	38.60%	748
Projection, 2031	2,164	38.60%	835

These results indicate that by 2031, potentially there will be 835 Aboriginal children who are developmentally vulnerable on at least one of the AEDI domains (i.e., physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication and knowledge).

The above results should be treated as an estimate only due to:

- The 2018 AEDI scores having been used against a 2021 population.
- Some children who were assessed as developmentally vulnerable against at least one domain may experience protective factors that decrease their vulnerability in the future.
- Children with a disability or delay are potentially included in this figure, who do not necessarily have safety or wellbeing concerns.

Speaking Out Survey 2021 (SOS21)⁷⁹

The Speaking Out Survey is a robust and representative survey of the wellbeing of children and young people in WA. Areas surveyed include: physical health, mental health, feeling safe, material wellbeing, family, community and school engagement. The survey targets students from Year 4 to Year 12 (9 years to 17 years) The survey was first carried out in 2019.

The Commissioner for Children and Young People

The SOS21 is a survey of the views of WA children and young people (year 4 to year 12) about their wellbeing. This cohort has been chosen as the survey measures the following:

- Feeling safe at home.
- Having enough food at home.
- Worry a lot about whether someone at home will be fighting.
- Staying away from home overnight because of a problem.
- Worry a lot about their family hurting themselves.

It is presumed that children and young people who do not feel safe at home or who are experiencing violence tend to be living in an unstable and likely unsafe environment, placing them in need for supports, such as those available through the AISS Program.

⁷⁷ Department of Education. *Australian Early Development Census 2018*. Early Childhood Development for Children Living in Western Australia. Accessed 16 May 2023. www.education.wa.edu.au; ABS. Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2006 to 2031, Series B dataset. Series B is based on medium assumption on fertility, paternity and mortality. Accessed 16 May 2023 at <https://www.abs.gov.au/>.

⁷⁸ Based on Regional proportions as LGA wasn't available for Aboriginal children.

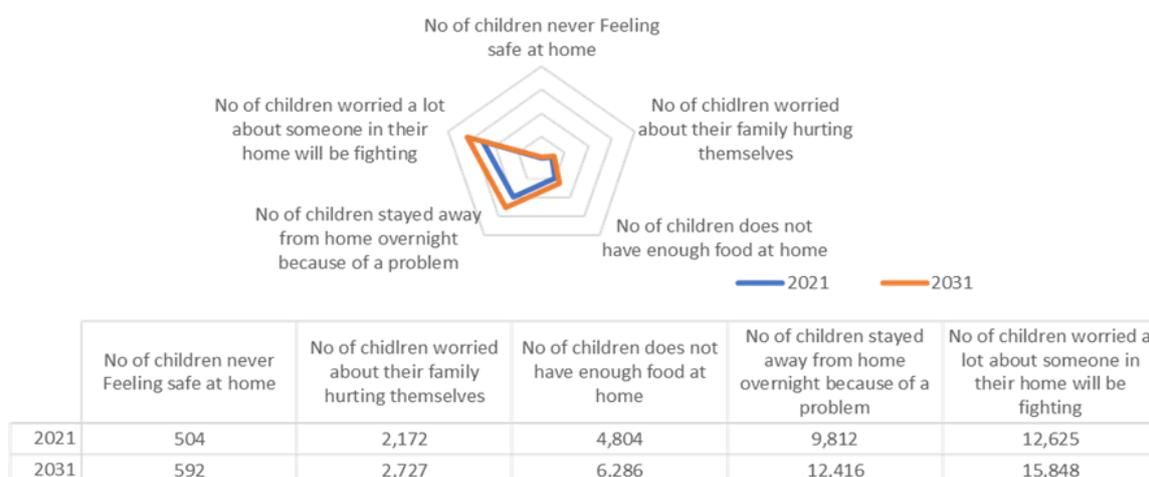
⁷⁹ Commissioner for Children and Young People Western Australia. *Data Snapshot – Aboriginal student's view on their wellbeing*. Accessed 16 May 2023. <https://www.cyp.wa.gov.au/our-work/projects/speaking-out-survey/aboriginal-children-and-young-peoples-wellbeing/>

Table 22 - SOS21 results based on 1,206 participating Aboriginal students

	Never Feeling safe at home	Not enough food at home	Worried a lot or somewhat about whether someone in their home will be fighting	Stayed away from home overnight because of a problem	Worried a lot about their family hurting themselves
SOS21	3%	19%	30%	42%	16%

The chart below predicts/models the proportion of Aboriginal children and young people who will be vulnerable, as per SOS21, in Greater Perth. This is calculated using the percentage reflected in the Table above against the 2021 Census for Aboriginal children in Perth and the projected 2031 Aboriginal child population.

Figure 16- Estimated population eligible for AISS in 2031 based on SOS21 responses⁸⁰



These results indicate that by 2031, potentially there will be:

- 592 children never feeling safe at home (likely the most relevant to the AISS program).
- 2,727 children worrying about their family hurting themselves.
- 15,848 children worried a lot about someone in their home will be fighting.
- 6,286 children who do not have enough food at home.

The above results should be treated as an estimate only due to:

- The SOS21 state-wide scores having been used against a 2021 Greater Perth population. Further, children in regional WA may have different experiences to those in Greater Perth.
- The SOS21 is a survey only, and not a broad-based population screen, as some children and young people would not have completed it (i.e., only 16,532 children and young people have taken part in this survey, including 1,206 participating students who identified as Aboriginal).

Projection of AISS clients, 2022

Keogh Bay has applied the ABS population growth estimate of 2.3 per cent against the distinct AISS family cases and children in 2022 to estimate the potential number of future AISS clients. As shown in

⁸⁰ Commissioner for Children and Young People Western Australia. Ibid/.

the table below, by 2031, the number of family cases is forecast to increase to 437, while the number of children will grow to 611.

Table 23 - Projection of AISS Clients

Census Data	2022	2031	% Change
Distinct AISS family cases in 2022	347	437	26%
Distinct new AISS children, 0-17 years, 2022 ⁸¹	520	611	18%

Using SOS21 and AEDI data, we estimate the number of children who might need AISS by 2031 will be between 590 to 800.

Figure 17 - Estimated population who might be eligible for AISS Program in 2031



STRATEGIC ENVIRONMENT AND ALIGNMENT

The table below examines whether AISS and State and Commonwealth Government strategic priorities are in alignment, and any areas for potential improvement.

Table 24 - Strategic environment analysis

Strategic Aims	AISS Alignment
National Agreement on Closing the Gap (2020)	
<p>The National Agreement on Closing the Gap (2020) is the most significant national driver of state-based services either targeting or involving significant numbers of Aboriginal children, families, communities, and organisations. This Agreement was developed with the national Coalition of Aboriginal and Torres Strait Islander Peak Organisations and involves four Priority Reform Areas, including:</p> <ol style="list-style-type: none"> 1. Formal Partnerships and shared decision making 	<p>AISS is designed to support many of the socioeconomic outcomes in the Closing the Gap Agreement, particularly:</p> <ul style="list-style-type: none"> ○ Families and households are safe. ○ Children are not overrepresented in the child protection system. ○ Youth are engaged in employment and education. ○ People enjoy high levels of emotional wellbeing. ○ Cultures and language are strong and flourishing. ○ People have access to information and services enabling participation in informed decision-making.

⁸¹ This will not include all children supported in the year as it encompasses new children only.

Strategic Aims	AISS Alignment
2. Building the community-controlled sector 3. Transforming government organisations 4. Shared access to data and information at a regional level	AISS' also supports other Priority Reform Area of Closing the Gap via the formal partnership arrangement between Communities and the AISS Consortium, building the capacity of the ACCO sector, and encouraging transformation in Communities (e.g., increased cultural awareness). To fully implement this agreement, AISS needs to clarify its Partnership Model, and shared decision-making arrangements.
Safe and Supported: National Framework for Protecting Australia's Children 2021 – 2031	
Developed with SNAICC and the National Coalition on Child Safety and Wellbeing, Safe and Supported aims to reduce child abuse and neglect. It has four focus areas: 1. National approach to early intervention/targeted support 2. Addressing the overrepresentation of Aboriginal children in child protection systems 3. Improved information sharing, data development/ analysis 4. Strengthening the child/family sector and workforce. The <i>Safe and Supported: Aboriginal and Torres Strait Islander First Action Plan 2023-2026</i> includes specific actions, such as transferring legislative authority in child protection matters to the ACCO sector and also investing in the ACCO sector's role providing culturally safe family supports in early intervention.	AISS strongly aligns to the aims of Safe and Supported, particularly regarding its core purpose of reducing the number of Aboriginal children engaged by child protection and placed in out-of-home care. Safe and Supported is driving significant child protection system transformation in view of the pending delegation of child protection authority to the ACCO sector. To support implementation of Safe and Supported, Communities needs to update the AISS Partnership Model with a view to developing the capacity of ACCOs to exercise legislated authority in child protection matters. This entails developing guidance and protocols for AISS' involvement and shared decision-making in key child protection processes.
Aboriginal Empowerment Strategy 2021-2029	
Released in 2021 the Strategy sets out how the WA Government will direct efforts towards a future in which all Aboriginal people, families and communities are empowered to live good lives and choose their own futures from a secure foundation. Healing and addressing trauma are essential parts of the Strategy. The key elements are: 1. Culture at the heart. 2. Building Aboriginal empowerment into how we work. 3. Investing in foundations and futures. 4. Walking together.	AISS strongly aligns with the key elements of this Strategy. Key elements one and two are demonstrated in AISS's operating model and the MDK Assessment Tool. Element is reflected in government investment in AISS as a prevention services, and element four can be seen in the ongoing partnership work between the Consortium and Communities. To ensure AISS fully adheres to the Strategy, Communities needs to update the AISS Partnership Model in line with the 'partnerships shared decision making, and engagement' elements: (i) Ensure Aboriginal people have a defined and systematic role in decision-making, proportional to the potential impacts or opportunities for Aboriginal people; (ii) Support Aboriginal representation in decision-making, and build the engagement capacity of both Aboriginal and Government participants; and

Strategic Aims	AISS Alignment
	<p>(iii) Enable more decisions within Government agencies to be made at the regional or local level, enabling greater place-based engagement.</p> <p>Communities also needs to consider how AISS can more effectively support this Strategy’s direction to invest “in building strengths, prevention and earlier intervention.”</p> <p>Can the diversionary capacity of AISS be increased to provide more coverage in the ‘secondary’ space of the government service continuum (i.e., less crisis driven)?</p>
Aboriginal Community Controlled Organisation Strategy 2022-2032	
<p>Developed by Communities in partnership with ACCOs, the ACCO Strategy 2022-2032 aims “to improve the way that Communities procures and delivers services to Aboriginal children, families, and communities, while supporting the empowerment of ACCOs through creating opportunities to deliver place based culturally appropriate services across Western Australia.”</p> <p>The ACCO Strategy has three pillars:</p> <ol style="list-style-type: none"> 1. Cultural Safety and Governance 2. Partnerships, and 3. Economic Opportunities 	<p>AISS aligns with the ACCO Strategy.</p> <p>To ensure AISS fully adheres to the intent of the ACCO Strategy Communities can seek assistance from the Aboriginal Outcomes division and redevelop the AISS Partnership Model using the seven principles required for ‘successful partnerships’ identified by the ACCO Strategy: respect, shared responsibility, shared decision making, transparency, commitment, and integrity.</p>

As can be seen in the table above, the strategic alignment analysis supports the earlier findings of the evaluation.

For example, stronger government investment in diversionary/early intervention and prevention is foundational to State and Commonwealth strategies. However, in 2021-22, across Australian jurisdictions, Western Australia:

- had the second lowest, real recurrent expenditure, per child, commencing intensive family support services at \$10,884 per child; and
- had the lowest rate of children aged 0 to 17 years receiving these services at 3.7 per 1,000 children (compared to the highest Tasmania at 13.1 per 1,000).⁸²

To implement the strategic priorities of Government and to bring Western Australia in line with other jurisdictions, Communities has a strong case to make for requesting increased government expenditure in intensive family support services. Increased investment is needed to better resource the sector and to support a larger number of families and children in the ‘secondary’ (or pre-tertiary) space of the government service continuum.

⁸² Note: There are differences between the way that jurisdictions provide information to ROGS that can impact comparability and the NT did not provide data. Productivity Commission. *Report on Government Services 2023*. Accessed 30 May 2023 at <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

SUMMARY

The information in this section indicates that population data evidence a continuation and future expansion of the AISS Program. The analysis indicates that as the population grows, the current level of support provided through AISS will be insufficient to meet population growth and community need in the future.

Keogh Bay also found that while AISS aligns strongly to the current State and National strategic environment, it falls short in terms of its partnership and shared decision-making elements. AISS could also more strongly align to the strategic priority of earlier intervention and prevention if it had additional funding to increasing its capacity for accepting diversionary cases. Earlier recommendations in this report address these issues.

8. VALUE FOR MONEY

This section of the Report examines the financial performance of the AISS Program and whether AISS provides VfM.

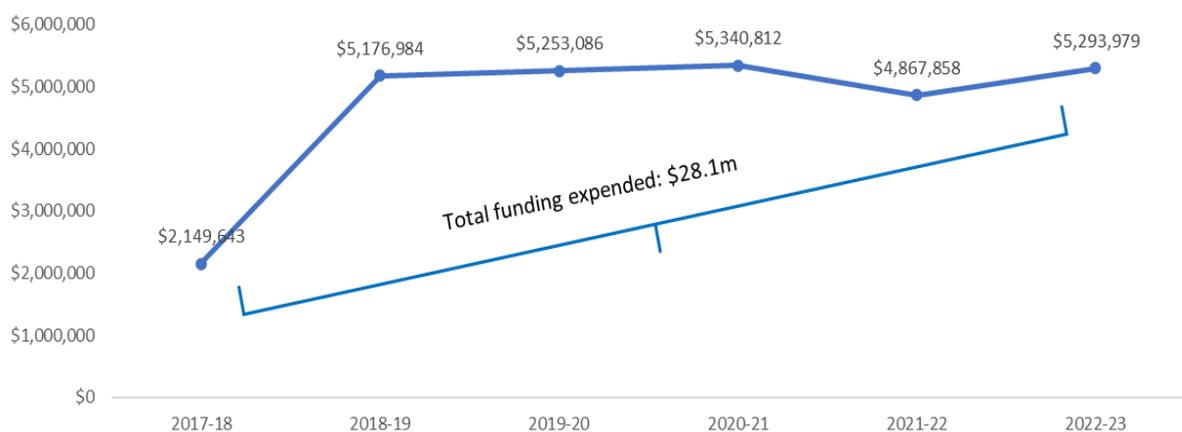
FINANCIAL OVERVIEW OF THE PROGRAM

Analysis of AISS' financial performance is based on funding expended by Communities and how Wungening Aboriginal Corporation used the funding as recorded in their financials for the financial years ended 30 June 2019, 2020, 2021 and 2022 and for the period July 2022 to December 2022 and the organisation's budget for the financial year ended 2024.

PROGRAM FUNDING

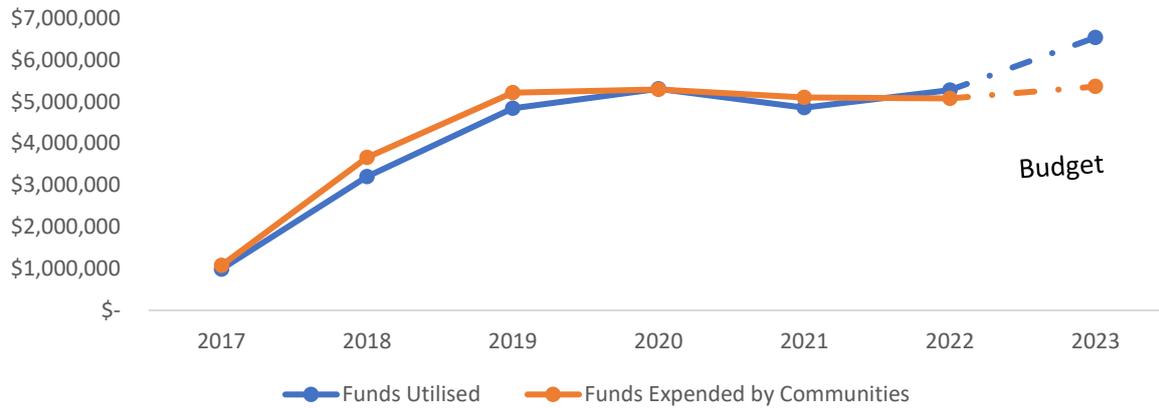
Since commencement, Communities has expended \$28.1 million in relation to the AISS Program. Funding decreased marginally in 2021/2022 to \$4.86 million but increased by \$0.79 million in 2022/2023 with the expansion of the service to the Peel District.

Figure 18 - AISS Program funding, from commencement to 30 June 2023 (GST Exclusive)



A review of Wungening Aboriginal Corporation's financials and budget indicate that by the end of 30th June 2023, up to 99 per cent (\$27.9 million) of expended funds will be used as reflected in the Chart below. Wungening Aboriginal Corporation reports that the funding will be fully used by the end of the Program through as it plans to increase its workforce.

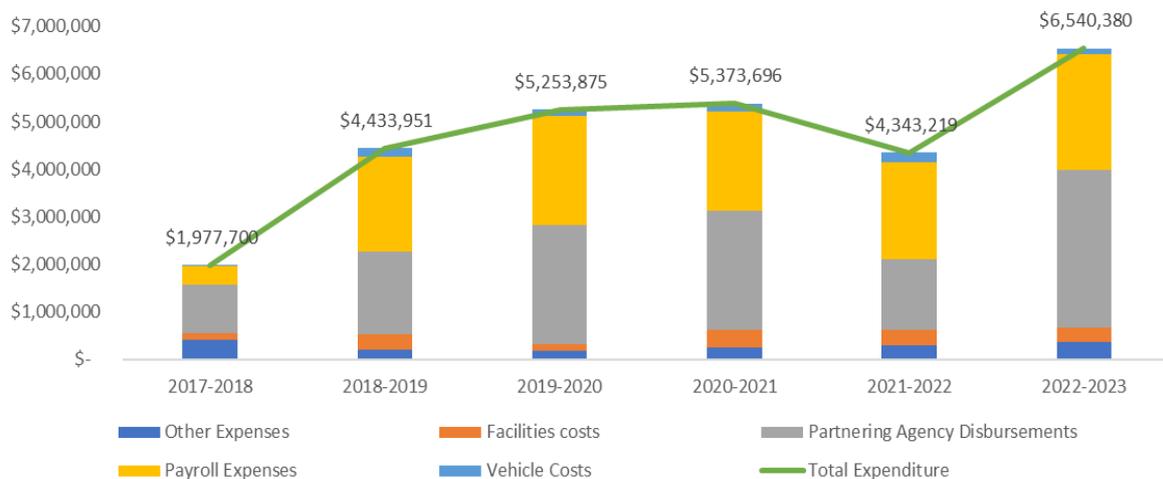
Figure 19 - AISS Program funding expended, from commencement to 30 June 2023 (GST Exclusive)



PROGRAM EXPENDITURE

As reflected in the Figure below, AISS Program expenditure has increased gradually from \$2.0 million in 2017-18 to \$5.4 million in 2021 as Wungening ramped up its service provision. Program expenditure reduced marginally in 2022 to \$4.3m in line with a reduction in funding and reduced disbursements claimed from partnering agencies. By 30 June 2023, program expenditure is expected to reach \$6.5 million in line with the expansion of AISS to the Peel district.

Figure 20 - AISS Program expenditure, from commencement to 30 June 2023 (GST Exclusive)



Since commencement, up to 45 per cent of AISS expenditure incurred was disbursement to the Consortium Partnering Agencies, while 40% of was spent on payroll expenses.

Wungening Aboriginal Corporation has a Service Agreement with its three Consortium Partners (Coolabaroo Community Services, Ebenezer Aboriginal Corporation and Moorditj Koort Aboriginal Corporation), which stipulates the amount of allocation to each partner agency based on staffing allocation and a 10% administrative fee.

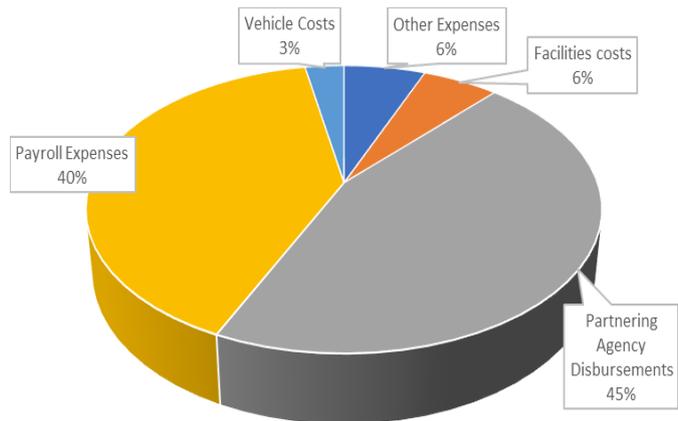
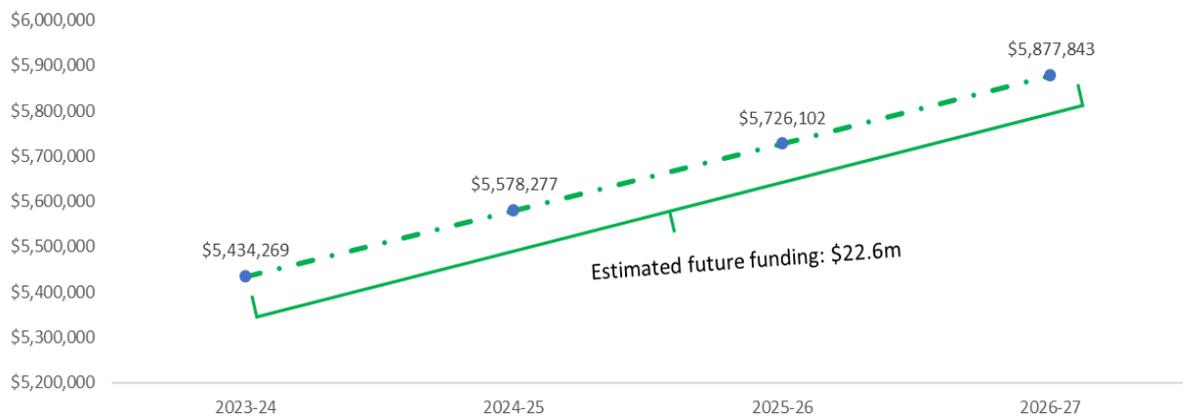


Figure 21 – AISS Program Expenditure

FUTURE FUNDING OF THE PROGRAM

If the AISS Program is extended to 30th June 2027, Communities is expected to expend a further \$22.6 million in the next four years, as reflected in the Chart below.⁸³

Figure 22 - AISS Program likely future funding to 30 June 2027 (GST Exclusive)



⁸³ Per AIHS Expenditure to date and Estimated Annual Funding Levels 270323 provided by Communities.

VALUE FOR MONEY ANALYSIS

Value of Money (VfM) analysis was conducted to assess the efficiency and effectiveness of running the AISS Program, and whether the service should continue beyond 2023.

Given the goal of the AISS Program is to support families to keep children safely at home and reunify families whose children are in out-of-home care, based on available AISS outcome data and conservative assumptions, Keogh Bay has performed an Avoided Cost Analysis as an approach to the VfM analysis. Avoided Costs are likely to be generated from:

- A reduction in child protection activity.
- A reduction in children potentially entering OOHC placements through keeping children safely at home.
- A reduction in children in OOHC placements through reunification of families.

The following analysis aims to determine the avoided costs:

- Achieved on closed cases where up to 84 per cent of the children remain at home or reunified with families.
- Likely to be achieved on the open cases assuming the same percentage of children will remain at home or will reunify with their families from the closed cases.

ANALYSIS CAVEATS

The VfM analysis summarised below is for four calendar years, 2019-2022. All available financial year figures have been prorated to align with this analysis period. In addition, Keogh Bay has also taken into consideration additional costs incurred by Communities to administer the program centrally. These administration costs are based on 1 FTE salary in the EIFS team, adjusted for on-costs directly related to administration of the program. Other indirect costs that are not directly attributed to the implementation of the program have been excluded.

The figures in the tables below form the basis of the VfM Analysis.

Table 25 - AISS Program Funding and Expenditure for 2019 to 2022

	2019 ⁸⁴	2020 ⁸⁵	2021 ⁸⁶	2022 ⁸⁷	Total (2019 -2022)
Funding expended by Communities	\$5,215,035	\$5,296,949	\$5,104,335	\$5,080,857	\$20,697,176
Communities Administration Cost ⁸⁸	\$135,592	\$93,190	\$96,073	\$98,955	\$423,810

⁸⁴ Calculated as 50% of 2018/2019 audited figures + 50% of 2019/2020 audited figures.

⁸⁵ Calculated as 50% of 2019/2020 audited figures + 50% of 2020/2021 audited figures.

⁸⁶ Calculated as 50% of 2020/2021 audited figures + 50% of 2021/2022 audited figures.

⁸⁷ Calculated as 50% of 2021/2022 audited figures + 31 Dec 22 Management Account.

⁸⁸ Costs are based on General Division salaries for Level 6 staff, sourced from Schedule 2 of the WA Public Section CSA Agreement (2022). As outlined in the WA Department of Treasury Costing and Pricing Government Services (May 2020) a factor of 30 percent is applied to salaries for on-costs directly related to program delivery (such as superannuation, leave loading and sick pay) plus an allocation for other costs applied to individually (such as assets and equipment, communication services, consumable supplies, and consultants).

	2019 ⁸⁴	2020 ⁸⁵	2021 ⁸⁶	2022 ⁸⁷	Total (2019 -2022)
Total Communities Cost	\$5,350,627	\$5,390,139	\$5,200,408	\$5,179,812	\$21,120,986
Expenditures incurred by Wungening	\$4,843,913	\$5,313,786	\$4,858,458	\$5,281,421	\$20,297,577

To determine the potential savings achieved by Communities with AISS, Keogh Bay used the *Report on Government Services 2023 - Child Protection Services* data as published by the Australian Government Productivity Commission with emphasis on the following:

Table 26 - Report on Government Services 2023, Child Protection Data for 2019 to 2022⁸⁹

	2019 ⁹⁰	2020 ⁹¹	2021 ⁹²	2022 ⁹³
AG1: Cost per report to child protection	\$1,167.50	\$1,406.00	\$1,590.00	\$1,726.78
AG1: Cost per notification	\$337.00	\$377.50	\$402.50	\$430.14
Cost per notification to child protection	\$1,504.50	\$1,783.50	\$1,992.50	\$2,156.92
AG2: Cost per child receiving family support services	\$2,251.00	\$1,889.00	\$1,706.00	\$1,643.03
AG4: Cost per notification investigated (Child Safety Investigation)	\$3,188.50	\$3,522.50	\$3,782.50	\$4,008.82
AG6: Cost per order issued	\$9,806.00	\$12,131.50	\$13,460.50	\$13,736.69
AG7: Cost per child receiving protective intervention and coordination services who is on an order	\$13,475.00	\$14,924.50	\$16,069.00	\$16,031.14
AG8: Cost per placement night	\$190.50	\$200.50	\$221.00	\$244.02

⁸⁹ Note: AG3: Cost per child receiving intensive family support services and AG5: Cost per child receiving protective intervention and coordination services who is not on an order are considered not applicable for the analysis of AISS Program.

⁹⁰ Calculated as 50% of 2018/2019 ROGS 2023 + 50% of 2019/2020 ROGS 2023. Accessed 16 May 2023. <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

⁹¹ Calculated as 50% of 2019/2020 ROGS 2023 + 50% of 2020/2021 ROGS 2023. Accessed 16 May 2023. <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

⁹² Calculated as 50% of 2020/2021 ROGS 2023 + 50% of 2021/2022 ROGS 2023. Accessed 16 May 2023. <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

⁹³ Calculated as 50% of 2021/2022 ROGS 2023 (Accessed 16 May 2023. <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>) + 50% of 2022/23 estimated figures, i.e. applying WA inflation of 6.8% (accessed 16 May 2023. <https://www.watc.wa.gov.au/economic-insights/economic-indicators/cpi-inflation/>) against the 2021/2022 ROGS 2023 figures

	2019 ⁹⁰	2020 ⁹¹	2021 ⁹²	2022 ⁹³
Estimated Cost per placement per year	\$69,532.50	\$73,182.50	\$80,665.00	\$89,068.76
Total estimated cost per incident	\$99,757.50	\$107,433.50	\$117,675.50	\$126,645.35

COST OF SERVICE PROVISION



During the analysis period, 2019 to 2022, a total of 671 families (with 1,727 children) were referred to Wungening and accepted under the AISS Program.

Given that total cost incurred by Communities during this period is \$21,120,986 for each family accepted into the Program, the estimated cost of service provided to support the family is \$31,477⁹⁴ and the estimated cost for each child supported is \$12,230.⁹⁵

AVOIDED COST ANALYSIS

There is no available dataset comparable to the AISS Program. As such, Keogh Bay has performed an Avoided Cost Analysis to estimate the savings achieved by Communities as a result of investment in the AISS Program.

Given that the AISS Program aims to support families to keep children safely at home and to reunify families, this approach seeks to estimate the potential savings that are likely to be generated as a result of:

- Reduction in the cost of report and notification to Child Protection.
- Reduction in the cost per child receiving family support services.
- Reduction in the cost of child safety investigation.
- Reduction in the cost per order issued.
- Reduction in the cost per child receiving protective intervention and coordination services who is on an order.
- Reduction in the cost of placement in out-of-home care.

This approach is a conservative estimate, relates only to date for the period 2019 – 2022, and accounts for the factors outlined above and the following assumptions:

⁹⁴ Funding expended 2019-2020 / number of families accepted.

⁹⁵ Funding expended 2019-2020 / number of children accepted.

Factors	Assumptions
Number of report and notification to Child Protection no longer required for the closed plans where some goals have been achieved	1 per close case
Number of children receiving family support services	Per children in the close cases
Number of child safety investigation no longer required for the closed plans where some goals have been achieved	1 per close case
Number of orders issue	1 per close case
Number of children receiving protective intervention and coordination services who is on an order	1 per close case
Number of days children remain at home per year	365
% of children who remain at home who otherwise will enter out-of-home care without AISS Program	100%
% of children who remain at home continue to remain at home in subsequent years, refer Table below	100%

Table 27 Number of days children assumed to remain at home during the analysis period

	2020	2021	2022	Total
Number of Children remain at/ return home	91	88	124	303
Number of days of placement in out-of-home care per child no longer required given that the child remain at home or unified with their families	365	365	365	
Cumulative number of days of placement in out-of-home care per child no longer required given that the child remain at home or unified with their families	33,215	65,335 ⁽ⁱ⁾	110,595 ⁽ⁱⁱ⁾	209,145

(i) $91 + 88 = 179$ children remain at home/ return home in 2021

(ii) $91 + 88 + 124 = 303$ children remain at home/ return home in 2022

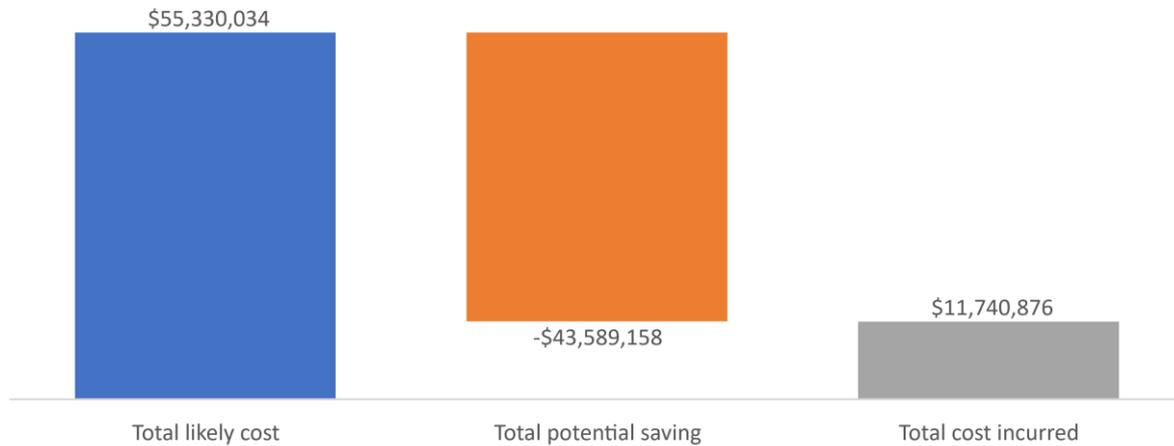
FINDINGS

Potential Savings Achieved on Closed Cases

Between 2019 – 2022, the total number of case plans closed was 373 with up to 48% of plans having some goals achieved and 303 children remain at home or reunified with families.⁹⁶ Keogh Bay performed a high level calculation to estimate the potential savings achieved by Communities based on the number of closed plans where some goals have been achieved and the number of children remaining at home or were reunified as a result of the AISS Program.

⁹⁶ There are 16 goals Case Plan goal including parenting and attachment, culture and identity, physical health, housing, relationships, alcohol and drug, FDV, mental health, reunification, education, justice, financial, community inclusion, intergenerational trauma, employment and training and grief and loss.

Figure 23 - Potential Savings Estimated for Closed Cases with some goals achieved 2019-2022



As reflected in the chart above, between 2019 to 2022, the potential savings achieved by Communities based on 194 closed cases with some goals achieved and 303 children remaining at home is \$43.6 million out of an investment of \$11.7 million.⁹⁷ This equates to \$143,859 per child that remain at home or return home for the full year, or a saving ratio of 11.76. Between the period 2019 – 2020, for every \$1 invested, Communities will potentially save \$11.76. The main saving is from the cost of placement in out-of-home care which constitutes more than 50% of the saving.

Potential Savings Likely to be achieved on Open Cases

Of the closed plans, given that 84 per cent of the children remain at home or return home, assuming all factors remain the same, Keogh Bay used this to estimate the likely number of children that would remain at home from the ongoing cases.

Table 28 - Potential savings based on children who remain at home 2019-2022

	2009 - 2022
Total Children Accepted	1,727
Number of Children associated with closed plans	<360>
Number of children associated with ongoing cases	1,367
% of children remain at home (closed plan)	84%
Estimated number of children that most likely will remain at home on the ongoing cases	1,148
Estimated savings per child assuming remain at home/ return home for 365 days	\$143,859
Total likely saving from children that remain at home on the ongoing cases	\$165,150,132

From the above table, the potential savings to be achieved from the children associated with the current ongoing cases is \$164.4 million. Should Communities decide to extend the AISS Program beyond 2023 for a further 4 years to 2027 with an additional investment of \$22.6 million as discussed above, the potential saving expected to be achieved will outweigh the future investment given that more children and families will benefit from the AISS Program.

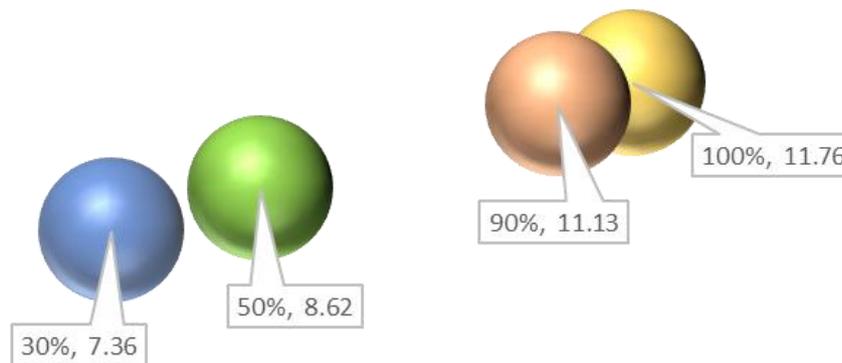
⁹⁷ \$30,845 per family x 373 closed plans.

As discussed above, this is a conservative approach which only considers a limited set of cost data. Should other cost (Health, Education, Justice, Social Service, Employment) be considered, the return is expected to be even higher.

SENSITIVITY ANALYSIS

Given that majority of the savings relates to the cost of placements in OOHC, Keogh Bay performed a sensitivity analysis by changing the factor in relation to the percentage of children who remain at home in subsequent years.

Figure 24 - Potential Saving Ratio achieved for children remaining at home



As reflected in the figure above, if up to 90 per cent of children remain at home in subsequent years, the saving ratio decreased marginally to 11.13 and continue to remain positive at 7.36 if only 30 per cent of the children remain at home in subsequent years.

SUMMARY

Using a conservative approach, we estimate that with an investment of \$11.7 million, Communities has avoided costs of up to \$43.6 million equating to \$143,859 per child who remain at home or return home for the full year, or an avoided cost ratio of 11.76. Between the period 2019 – 2020, for every \$1 invested, Communities potentially avoided costs of \$11.76. The main avoided cost relates to the cost of placement in out-of-home care which constitutes more than 50% of the savings.

9. CONCLUSIONS AND OPPORTUNITIES FOR IMPROVEMENT

Overall, AISS is regarded as an essential service which has made the child protection system more culturally responsive and trauma-informed and aligns to the current Government strategic environment. Significantly, AISS is empowering families to better understand and navigate the child protection and wider service system, and evidence indicates the service is preventing Aboriginal children from entering care.

Population growth trends indicate that the demand for AISS will steadily increase over time, and the projected increases in the numbers of families and children who are vulnerable will mean the current capacity of the service will need future expansion. The VfM analysis demonstrated that financial investment in AISS creates significant cost savings for Government overall.

Keogh Bay found that AISS focusses on crisis interventions and providing practical supports for families. While this is an inevitable reflection of the complex issues experienced by most AISS families who are often in some state of crisis, there is scope for the service to strengthen its practice capacity to assist staff and families to work beyond short-term crisis interventions with more interventions designed to address complex trauma and long-term behaviour change. This could partly be further progressed by providing specialist resources, referral pathways or roles to strengthen the parenting skills of AISS families.

The Evaluation also found that, at the system level, the diversionary capacity of AISS (or the wider suite of EIFS services) needs to be increased so that current family support service responses are less crisis driven and the child protection system can better divert families.

Perhaps the most significant finding was how, at the service delivery level, misunderstanding regarding roles and responsibilities, spotlighted by tensions about the role of “advocacy” and perceptions that AISS is prioritising advocacy above child safety, is creating strain in the AISS Partnership Model.

With every strategic document highlighting Government’s prioritisation of Aboriginal self-determination and shared or delegated authority with the ACCO sector, as a matter of priority Communities and the AISS Consortium need to develop a formal Partnership Model for AISS which clarifies roles and responsibilities, including specific guidance on how authority is to be shared, and how to balance child safety with cultural or community expectations.

The Partnership Model needs to be implemented with strong central coordination by Communities as the body responsible for implementing EIFS, and the collection of State and National strategies seeking to empower and improve outcomes for Aboriginal people. The evaluation suggests reviewing the current governance arrangements for AISS with a view to increasing central oversight and coordination over the program.

Lastly, one of the other key lessons from AISS, is that as Communities progresses the building of the ACCO sector in WA, Aboriginal staff need consideration and support for navigating vastly different cultural and professional worldviews often while themselves experiencing personal and vicarious traumas.

10. REFERENCES

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APPENDIX A – STAKEHOLDERS CONSULTED

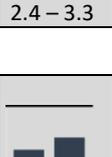
AISS families	Ebenezer Aboriginal Corporation
Coolabaroo Community Services	Moorditj Koort Aboriginal Corporation
Department of Communities	Wungening Aboriginal Corporation
10 survey stakeholders	

APPENDIX B – MOORDITJ DJERRIPIN KOORLUNGAS (STRONG HAPPY CHILDREN) RESULTS

The table below summarises the MDK Assessment Framework scores at entry and exit. 12 of the 36 MDK indicators are excluded from the table (and main report) due to being similar in nature to the ones utilised. However, these excluded 12 indicators all showed similar, slight improvement from entry and exit as per the ones below.

Outcome	Warra/ Winyarn (worries)	Leaving Warra	Quobba Babbin (becoming good)	Quobba (good)	Moorditj Babbin (becoming strong)	Moorditj (strong)	Total cases	Initial & Exit Scores ^{2a}
Score	1	2	3	4	5	6		
Moort develop insight and awareness into factors influencing their wellbeing and child safety and wellbeing								
The family have an understanding that drugs, alcohol, violence, and abuse are not cultural and impact on the safety of their children.	13%	9%	36%	18%	9%	16%	187	 2.6 – 3.3
Moort start to address issues that impact negatively on their children (SLO)								
The family engage in activities that promote a sense of healing and wellbeing	12%	11%	34%	17%	15%	12%	188	 2.7-3.6
Moort improve parenting skills to safely care for their children at home (SLO)								
The children have a strong connection and bond with their primary caregivers.	7%	9%	33%	13%	19%	19%	188	 3.1-3.6
The family put the basic needs of the children first	13%	10%	29%	18%	13%	16%	188	 2.8-3.5
The family promote freedom and independence while ensuring physical safety is not compromised.	15%	9%	31%	17%	15%	12%	188	 2.7-3.4
The family can read and respond to the child's emotional needs	10%	12%	29%	18%	19%	11%	187	 2.9-3.6
The family discipline the child in a way that does not impact their physical or emotional safety	9%	9%	38%	19%	14%	12%	188	 2.8-3.5
Moort develop skills and get their children to school (SLO)								

Outcome	Warra/ Winyarn (worries)	Leaving Warra	Quobba Babbin (becoming good)	Quobba (good)	Moorditj Babbin (becoming strong)	Moorditj (strong)	Total cases	Initial & Exit Scores ²⁸
Score	1	2	3	4	5	6		
The family is able to maintain routines to get the children to school	13%	10%	36%	17%	10%	15%	188	 2.7-3.4
The family view western education as important for their children	10%	8%	37%	20%	11%	14%	187	 2.9-3.5
The children are doing well at school and attend regularly	12%	10%	37%	18%	10%	14%	188	 2.7-3.4
Moort improve and develop culturally safe support networks (SLO)								
The family gather regularly as a collective, yarning and sharing stories	12%	11%	34%	18%	13%	11%	186	 2.8-3.6
The children are being taught Aboriginal values, norms, history and cultural practices	9%	9%	37%	19%	12%	14%	188	 2.7-3.4
The children and family are increasingly proud of their Aboriginality	7%	5%	38%	17%	14%	18%	187	 3-3.7
The children have opportunities to spend time on country and other places of significance to the family	10%	10%	39%	20%	10%	11%	188	 2.6-3.6
The children have a strong cultural identity, healthy minds, bodies, and spirits	9%	10%	36%	17%	14%	13%	187	 2.7-3.6
Family have strong culturally safe support networks								
The children have positive role models in their life, particularly Elders.	10%	12%	31%	18%	17%	13%	188	 3.0-3.6
The family have many positive relationships and a safety network who can support in times of need	12%	11%	32%	18%	16%	11%	188	 2.7-3.5
The children have many hands holding them, keeping them	10%	10%	32%	17%	17%	15%	187	 2.7-3.4

Outcome	Warra/ Winyarn (worries)	Leaving Warra	Quobba Babbin (becoming good)	Quobba (good)	Moorditj Babbin (becoming strong)	Moorditj (strong)	Total cases	Initial & Exit Scores ²⁸
Score	1	2	3	4	5	6		
safe and nurturing them.								3.0-3.6
Family is functioning well								
There is sense of order and predictability within the family which gives the child a sense of security.	18%	9%	32%	16%	14%	12%	188	 2.7-3.3
The home or homes where the children stay are neat, tidy and free of hazards.	16%	9%	31%	16%	15%	13%	188	 2.8-3.4
The family meet the health/medical needs of the children appropriately.	9%	12%	34%	15%	11%	19%	188	 3.1-3.7
There are no patterns of coercive control or physical violence within the family.	20%	10%	32%	18%	9%	12%	188	 2.4 – 3.3
Children are safe and well at home								
The children are safe, have a stable home where they are protected and secure	11%	11%	31%	13%	16%	16%	183	 2.7-3.4
The children are safe and protected from harm. (e.g., impacts of drugs, alcohol and FDV etc.)	20%	9%	30%	17%	12%	12%	187	 2.6-3.4
The children have a strong cultural identity, healthy minds, bodies and spirits.	9%	10%	36%	17%	14%	13%	187	 2.7-3.6