Evaluation report for FamilyCare: a process-outcome evaluation of the Children with Complex Disability Support Needs Program

THE UNIVERSITY OF MELBOURNE, DEPARTMENT OF RURAL HEALTH - 2024

Carol Reid & Lucinda Aberdeen

Executive Summary

In July 2023 the University of Melbourne, Department of Rural Health was engaged to undertake an evaluation of the FamilyCare, Children with Complex Disability Support Needs Program. The aim of the evaluation was to explore the outcomes of the program from the perspectives of FamilyCare program staff, clients (parents/carers) accessing the program and external professionals associated with the program.

This final report, submitted to FamilyCare in April 2024, provides the details of the evaluation findings to address the overall aim along with the two key evaluation questions: To what extent can the program delivery characteristics be described to understand implementation? and; What outcomes can be identified and described connected to the program?

To present the information drawn from the evaluation the report uses a combination of summary tables (e.g., for program service data), diagrammatic representations (e.g., to illustrate program geographical reach) and narrative descriptions (e.g., about program outcomes for parents). Logic modelling concepts are used to summarise and present the overall findings of the evaluation.

Background

The Children with Complex Disability Support Needs (CCDSN) Program is a Victorian statewide initiative funded by the Department of Families Fairness and Housing (DFFH). The FamilyCare Program operates within the Hume Region of northern Victoria. It began as a pilot initiative in 2019 to support families who are in the situation of relinquishing care or in the situation of family reunification.

The goal of the Program is preventive, to keep children out of statutory care. The Program does this through an intensive case management model which provides various support options, for example, linking families to National Disability Support services and assisting with support plans; recommending and connecting families to a variety of services to relieve multiple parent stressors; and by building parent, family, or child capacity.

Design and method

The evaluation design involved a process-outcome approach. This approach is situated within impact evaluation methodology, it seeks to examine the extent of program implementation and determine outcomes. The data collection methods for the evaluation involved a review of documents and workforce and client interviews. A limited review of published research and grey literature was undertaken for background information. Interview recordings were transcribed to text and, using the Qualitative Framework Approach, transcripts were examined to develop summary themes. The evaluation received ethical

approval from the University of Melbourne, Office of Research Ethics and Integrity, on 15 August 2023, approval reference ID: 2023-27457-43327-3.

Findings

The review of documents contributed to understanding the program's characteristics, its implementation, and the evidence about its impact in relation to the achievement of family goals. The documents reviewed included the FamilyCare website and Annual Reports, service data reports to DFFH, the CCDSN Program Manual and the CCDSN Program Framework. The description of program characteristics highlighted the importance of intensive case management and coordination support; and the significant contribution of the blended multidisciplinary team (social worker and disability support practitioner) which was found to increase capacity and capability within families and the service sector. Additionally, in describing program characteristics, this emphasised the role of advocacy within the program, the types of advocacies undertaken and their impact, along with the knowledge and skills required when advocating for families, parents, siblings, and children with complex needs, across a multifaceted system and service environment.

The qualitative interviews involved three different groups FamilyCare program staff, program clients (parents/carers), and external professionals (associated with the program as support links). Overall, eleven interviews were completed. They provided rich accounts about program benefits, barriers/challenges, and suggestions about sustainability and improvement. Themes drawn from the analysis of interview transcripts described overall program immediate/intermediate outcomes. These are presented using the descriptors of: Making a difference for children; Acknowledging and validating the parent; Building capacity for all, and; Keeping the family safely connected.

Conclusion

The evaluation of the FamilyCare Children with Complex Disability Support Needs Program describes the implementation characteristics and connections between the implementation strategies and mechanisms which influence outcomes. The findings highlight the program outcomes in relation to the service environment, parent, child, siblings and family. The evidence from the evaluation provides the basis for FamilyCare to propose a best practice model for CCDSN Program delivery.

Acknowledgments

This study was undertaken on Yorta Yorta country The authors acknowledge the Aboriginal and Torres Strait Islander Peoples as Australia's First Peoples and the Traditional Owners of the land. We acknowledge their ongoing connection to land, waters, and community. We pay our respect to all Elders past and present.

The evaluation team would like to thank everyone who participated in an interview and shared their experiences and views. In addition, thank you to FamilyCare for sharing of resources and documents to contribute to the evaluation.

Abbreviations

	Full title
CCDN	Children with Complex Disability Needs
CCDSN	Children with Complex Disability Support Needs
DFFH	Department of Families Fairness and Housing
MMM	Modified Monash Model
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
RHAN	Rural Health Academic Network

Recommended citation: Reid, C. & Aberdeen, A. (2024). *Evaluation report for FamilyCare: a process-outcome evaluation of the Children with Complex Disability Support Needs Program,* prepared for FamilyCare, by the Department of Rual Health, The University of Melbourne.

Evaluation team

Dr Lucinda Aberdeen	Senior Research Fellow, The University of Melbourne Department of Rural Health **E:** lucinda.aberdeen@unimelb.edu.au **P:** 5823 3173
Dr Carol Reid	Rural Health Academic Network - RHAN, The University of Melbourne Department of Rural Health **E:** reid.c@unimelb.edu.au **M:** 043 9949 020

Contents

Figures

Tables

1. Introduction

FamilyCare, a leading regional Victorian Family and Children's service, has offered a family support program, the Children with Complex Disability Support Needs (CCDSN) Program since 2019. FamilyCare were interested in understanding the outcomes of the CCDSN Program and approached the University of Melbourne, Department of Rural Health to undertake an evaluation. This report presents the findings of the evaluation.

The CCDSN Program is part of a Victorian statewide initiative funded by the Department of Families Fairness and Housing (DFFH). CCDSN supports families who are in the situation of relinquishing care or in the situation of family reunification. The FamilyCare Program operates within the Hume Region of northern Victoria.

The goal of the Program is preventive, to keep children out of statutory care. It does this through an intensive case management model that provides various support options. These include linking families to National Disability Support Services and assisting with disability support plans; recommending and connecting to services to relieve multiple parent stressors; and by building parent, family, or child capacity.

The FamilyCare CCDSN Program is allocated one full-time position involving two workers: a social worker at three days per week and a disability support practitioner at two days per week. The caseload for the program has strict criteria to ensure intensive support is available to families relative to the limited workforce allocation for the program. The evaluation of models, such as the CCDSN, are critical to further understand their value in regional and rural areas. This evaluation report, commissioned by FamilyCare, will contribute to this knowledge.

2. Service context: background information

The World Health Organization states that, '*investing in children is one of the most important things a society can do to build a better future'* (World Health Organization, 2024). To do this, '*children must have a stable environment in which to thrive, including good health and nutrition, protection from threats and access to opportunities to learn and grow'*. The following background information commences with previous research about family support services, that exist to preserve the family unit and, like FamilyCare, aim to support families through difficulties.

Family support programs

Family support programs, based on collaboration, empowerment, and strengths-based approaches, are a key strategy to assist families and children who are considered vulnerable

across a wide range of circumstances and where complexity exists (LaBrenz et al., 2022; Testa & Kelly, 2020). The broad aims of such programs are to increase a family's network of resources, facilitate their links to community and health services, motivate and activate change, improve family functioning and parenting capacity, strengthen parent-child relationships, and to support family preservation (Busschers & Boendermaker, 2015; Economidis et al., 2023; Pacella et al., 2023).

Early intervention in the form of parent support programs have been promoted to reduce the need for child protection involvement and to improve family and child outcomes, particularly when children have additional needs (Testa & Kelly, 2020). Such programs aim to reduce involvement with child protection systems, removal of children and the need for out-of-home care (Busschers & Boendermaker, 2015; Economidis et al., 2023). Typically these programs focus on child-safety and where abuse and neglect exist, they act in the '*best interest of the child*' and do not prevent out-of-home placement (Al et al., 2012; Australian Human Rights Commission, 1989).

Research has noted the detrimental impact of child removal and statutory care on families and children (Léveillé & Chamberland, 2010; Trivedi, 2019). Children experience complex and long-lasting harm when removed from their family (Trivedi, 2019). The comprehensive Australian report about, *'Children and young people in statutory out-of-home care*', highlighted the gaps in consistent attention, advocacy and support for young people with specialised care needs such as, chronic health conditions or developmental impairments (Webster, 2016).

Tailored programs, to match the needs of families and children and at a level to support sustainable change, are posed as a specific mechanism to improve child and family outcomes (Octoman et al., 2022; Pacella et al., 2023). A previous 2012 meta-analysis (20 studies; 31,369 participants), to examine the effects of in-home intensive family preservation interventions, revealed that providing such support has a positive effect on family functioning (Al et al., 2012). This analysis showed that smaller caseloads, allowing for more intensive social work support, facilitate positive intervention effects (Al et. al., 2012).

The service environment

The socio-political context of the FamilyCare, CCDSN Program is embedded within the nationwide disability reform agenda. Creating an environment to influence policy change has been a significant achievement for the Australian disability movement (Horsell, 2023; Olney & Dickinson, 2019; Thill, 2015). The Productivity Commission inquiry in 2009, criticised the existing system of overlapping Federal and State arrangements, as inequitable, underfunded, fragmented, and inefficient (Productivity Commission, 2011). The inquiry

cumulated in the National Disability Insurance Scheme (NDIS) which was legislated in 2013. This universal scheme replaced the previous block-grants to service providers with a personalised service model involving individualised funding (Olney & Dickinson, 2019; Thill, 2015). It has been framed as having a rights-based focus on service planning, providing more autonomy (‘*choice and control’*) for people with disabilities (Horsell, 2023; Olney & Dickinson, 2019)

The National Disability Insurance Scheme (NDIS)

The Australian, National Disability Insurance Scheme (NDIS), officially began with a **pre-trial** from 2008 to 2013. This involved the National Disability Agreement, signed in 2008 and the development of a National Disability Strategy 2010-2020. It was followed by a three-year **trial** period, starting with four sites, ending in July 2016. The **transition** to full Scheme rollout across Australia was completed in 2020, when the scheme was made available to all Australians (National Disability Insurance Agency, 2023).

Implementation of the NDIS is undertaken by an independent statutory agency, the National Disability Insurance Agency (NDIA). Subsequent reviews of the NDIS have prompted improvement strategies In 2018 for example, the new Complex Support Needs Pathway was announced in response to feedback that the NDIS was not meeting expected standards (National Disability Insurance Agency, 2018). Contemporary social work researchers continue to critique the NDIS as failing to provide rights-based disability policy (Carey et al., 2018; Horsell, 2023). The CCDSN Program, which is the focus of this evaluation, is complementary to disability supports funded by the NDIS.

The Children with Complex Disability Support Needs (CCDSN) Program

FamilyCare is a provider of the CCDSN Program, which is funded through the Victorian State Government department of DFFH. Each provider of Children with Complex Disability Needs (CCDN) is required to comply with program requirements to meet the obligations of their service agreement. Child eligibility for the program includes being an NDIS participant, the child having complex disability support needs that may not be sustainably met in the family home and, the child does not require a statutory response to ensure their safety (Department of Families Fairness and Housing, 2023).

The aims for the Program, as stated by DFFH (Department of Families Fairness and Housing, 2023), are to achieve:

- coordinated supports to help a family safely maintain care of their child in the family home, with appropriate mainstream and disability supports in place.
- coordinated supports for a child requiring accommodation outside the family home.

Integrated Family Services (IFS)

The CCDSN Program additionally connects within the Family Services environment. This DFFH funded area is part of the integrated child and family services system. Family Services promote the safety, stability and development of vulnerable children, young people and their families, with a focus on building capacity and resilience (Department of Families Fairness and Housing, 2024). FamilyCare, is a leading regional Victorian Family and Children's service provider. The organisation must align its work with the policy and program guidelines required by DFFH, such as the Strategic Framework for Family Services. This provides guidance on:

- Legislative context
- Best interests framework for vulnerable children and young people
- Role of The Orange Door
- Family services principles
- Target group
- Governance arrangements
- Service delivery approaches and interventions (Department of Families Fairness and Housing, 2024).

The family support worker, through a casework framework, works with the family to undertake an assessment of need, and the development of a child and family action plan. This plan determines the goals of the intervention to support child/ren and family. The aim is to enhance parenting capacity and skills, parent-child relationships, child development, and social connectedness (Department of Families Fairness and Housing, 2024).

The significance of the CCDSN evaluation

There is limited regional and rural research in Australia about the contextual features of intensive family support programs and the characteristics of programs which assist with family and child complexity, particularly where disability exists. This evaluation will add to knowledge and understanding about outcomes of a program designed to provide supports for children and young people with complex disability support needs and their families to preserve the family unit in a supported and safe manner.

3. Aim

The evaluation aim, as negotiated with the FamilyCare manager and team leader of the CCDSN Program, was to explore the outcomes of the Children with Complex Disability Support Needs program from the perspectives of FamilyCare program staff, clients (parents/carers) accessing the program and external professionals associated with the program. The two key evaluation questions are: To what extent can the program delivery characteristics be described to understand implementation? and; What outcomes can be identified and described connected to the program?

4. Method

The evaluation design was a process-outcome approach. This approach examines the extent of program implementation and determines outcomes (Owen, 2020). Data collection involved a review of documents and interviews with FamilyCare program staff, program participants (parents/carers), and external professionals. A scan of the literature, including published research and grey literature, was undertaken for background information. All data were analysed and collated to form a descriptive, summative report.

4.1 Ethical approval

The evaluation received ethical approval (reference ID: 2023-27457-43327-3) from the University of Melbourne, Office of Research Ethics and Integrity on 15 August 2023. All participants provided a signed consent prior to being interviewed. Client participants were offered a $50 voucher to thank them for their time.

4.2 Evaluation timeline

The timeframe for the evaluation was approximately eight months and was dependent on the ethics approval process and access to interview participants and their availability. The report to FamilyCare was submitted in April 2024.

4.3 Evaluation rationale

FamilyCare identified an evaluation would be beneficial for funder and organisational understanding about program outcomes. The broader sector benefits will be multiple in adding to knowledge about programs to support families and children with complex needs by for example, describing program delivery characteristics such as individualised intensive case management or advocacy and the contribution to outcomes of these activities. Overall, this will add to transferable learnings for the service sector and the workforce. The evaluation setting is described next in Figure 1.

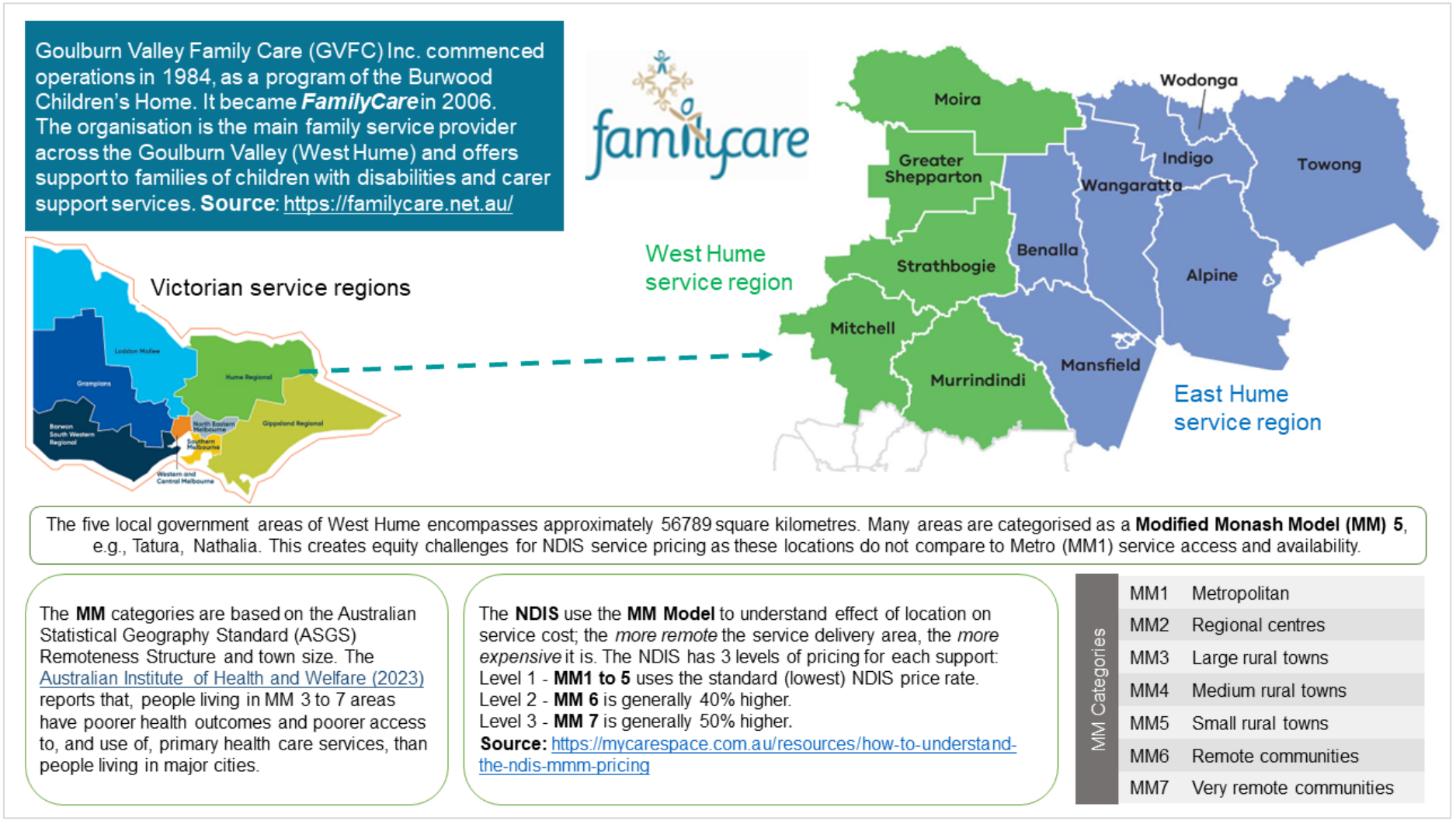


Figure 1: Evaluation setting

5. Document review and interviews

Identifying program features and strategies that contribute to outcomes are important for any intervention. For the current evaluation, the document review and interview results assisted with answering the two evaluation key questions, to describe the program delivery characteristics to understand implementation and to identify and describe the program outcomes.

The materials and documents reviewed to understand and describe implementation included the FamilyCare website, Annual Reports, reports to DFFH, the CCDSN Program Manual and the CCDSN Program Framework (see Appendix 1). Firstly, a summary of overall program data is provided followed by a detailed table of program service data and client demographic characteristics is presented in Table 1.

5.1 Program data

The three DFFH reports available for examination for the evaluation encompassed the consecutive periods of 2020-21, 2021-22 and 2022-23. A summary of referral sources for the entire period showed there were 11 internal agency (FamilyCare) referrals, five referrals from the DHHS Principal Disability Practice Advisor, and there was one referral from Families First and Cradle to Kinder. Overall, eight clients (families) had cases opened twice (i.e., they received two occasions of intensive case management). Three of these families had more than one child with complex disability support needs. Interestingly, the children with complex disability support needs involved 15 males and 7 females; age range for males was six years to 14 years; age range for females was eight years to 15 years.

Table 1: Program service delivery data

Reporting year	Client referral sources	Service hours	Client (FamilyCare) characteristics		
			Parents	*Child/ren with complex needs*	*Siblings*
2020-21	Own agency	1 occasion = 208 hrs	Widowed mother	1 male (8 yrs)	1 female (11 yrs)
	Families First and Cradle to Kinder	Open twice = 400 hrs 2 occasions of 200 hrs	Mother and stepfather	1 male (12 yrs)	1 male infant
	DFFH Principal Disability Practice Advisor	Open twice = 400 hrs 2 occasions of 200 hrs	Mother and stepfather	3 females (15 yrs, 13 yrs, and 11 yrs)	1 female (9 yrs)
	DFFH Principal Disability Practice Advisor	Open twice = 400 hrs 2 occasions of 200 hrs	Mother and stepfather	1 male (13 yrs)	1 female infant
	Own agency	1 occasion = 110 hrs	Mother	1 male (8 yrs)	2 males
	Own agency	1 occasion = 200 hrs	Mother	1 male (11 yrs) 1 female (8 yrs)	
Subtotal	**6 families**	**1,718 hrs**	**9 parents**	**9 children**	**6 siblings**
2021-22	DFFH Principal Disability Practice Advisor	Open twice = 382 hrs 1 occasion = 200 hrs 1 occasion = 182 hrs	Mother and father	3 females (10 yrs, 12 yrs, and 14 yrs)	1 female (16 yrs)
	Own agency	1 occasion = 200 hrs	Mother and father	1 male (14 yrs)	

Reporting year	Client referral sources	Service hours	Client (FamilyCare) characteristics		
			Parents	*Child/ren with complex needs*	*Siblings*
	DFFH Principal Disability Practice Advisor	Open twice = 265 hrs 1 occasion = 200 hrs 1 occasion = 65 hrs	Mother and father	1 male (6 yrs)	
	Own agency	1 occasion = 50 hrs	Mother and father	1 male (11 yrs)	1 female (6 yrs) 1 male (9 yrs)
	Own agency	1 occasion = 200 hrs	Mother and father	1 male (14 yrs)	1 female (23 yrs) 1 male (24 yrs)
	Own agency	1 occasion = 28 hrs	Mother and father	1 male (10 yrs)	1 female (9 yrs) 3 males (6 yrs, 14 yrs, and 17 yrs)
	Own agency	1 occasion = 29 hrs	Mother	1 male (13 yrs)	
Subtotal	**7 families**	**1,154 hrs**	**13 parents**	**9 children**	**8 siblings**
2022-23	Own agency	Open twice = 325 hrs 1 occasion = 200 hrs 1 occasion = 125 hrs	Mother and father	1 male (10 yrs)	1 female (9 yrs) 3 males (6 yrs, 14 yrs, and 17 yrs)
	Own agency	1 occasion = 85 hrs	Mother	1 male (13 yrs)	
	DFFH Principal Disability Practice Advisor	Open twice = 310 hrs 1 occasion = 200 hrs	Mother and father	1 male (12 yrs)	5 males (infant 2 mths, 1 year old

Reporting year	Client referral sources	Service hours	Client (FamilyCare) characteristics		
			Parents	*Child/ren with complex needs*	*Siblings*
		1 occasion = 110 hrs			twins, 4 yrs, and 11 yrs) 2 females (6 yrs, and 10 yrs)
	Own agency	Open twice = 310 hrs 1 occasion = 200 hrs 1 occasion = 110	Mother and father	1 male (14 yrs)	1 female (23 yrs) 1 male (24 yrs)
Subtotal	**4 families**	**945 hrs**	**7 parents**	**4 children**	**13 siblings**
TOTAL	17 families	3,817 hrs	29 parents	22 children	27 siblings

Abbreviations: hrs = hours; mths = months; yrs = years old

5.2 Summary of intensive case management support

The features of intensive case management support were garnered from the FamilyCare yearly financial reports to the funding body, DFFH. The three reports to DFFH examined involved two that were narrative formats (2020/2021 and 2021/2022), these captured the depth of the intensive case management involvement and the third (2022/2023), was a numerical only format as requested by DFFH.

The narrative reports provided descriptions of referrals placed, coordination and support organised, advocacy undertaken, and strategies to assist families. Importantly, they gave explanations regarding parents' views about the goals reached and outcomes of the intensive case management intervention. Some examples gleaned from the narratives are summarised under the following four headings.

Referrals generated by CCDSN staff encompassed the following:

- Behavioural therapists
- Occupational therapists
- Financial counsellors (money management and debts)
- Speech therapists
- Requests for review of NDIS plans
- Carer Support Services
- Child and Family Support services
- Cradle to Kinder program
- CCDN pathway (to escalate NDIS plan reviews)
- Specific services for parents/siblings mental health and wellbeing
- Commencing processes for siblings to be assessed and for access to NDIS

Coordination and support involved:

- organising access to NDIS (this has included parents' own NDIS needs and child with complex care needs)
- organising regular care team meetings, involving, for example, staff from schools, representatives from Department of Education, Paediatricians
- developing a list of professionals involved with the family for parents, explaining their various roles and functions
- liaising with Child Protection and updates on appropriate supports in place
- acting as a conduit to organise support, such as working with support coordination services to link to group activity programs, in home and community-based support

workers, respite services, in home domestic supports and purchase of recommended sensory and behavioural aids/tools

- direct provision of emergency financial aid such as taxi from hospital, food vouchers or petrol vouchers to enable transport of the child to respite (nearest service an hour away).
- identification of parent needs for their own NDIS support plans and the types of support workers required to increase parent capacity with daily living skills
- identification of workers involved with families who lacked the skills/training to work with child/ren's complex needs and organising specific training/upskilling to meet these needs

CCDSN advocated:

- to the Office of Housing for environmental adaptations (e.g., to improve safety through higher fencing, removal of shedding, installation of safety glass, installation of locks, yard maintenance repairs)
- for improved communication through facilitation of meetings across all services and professionals
- to progress funding approvals
- in recognition of siblings needs and linking to support (e.g., school wellbeing team, referrals for assessment)
- for review of NDIS plans
- for Specialist Support Coordination under NDIS
- to paediatricians for medication review and to supply medication orders for respite placements

Strategies undertaken to support families included:

- advising on management of child behaviour, for example about alternatives to restrictive practices
- developing and implementing safety plans (including support options to aid in problem solving and de-escalation before reaching crisis point)
- working on ways to strengthen family relationships, individually and improving communication between family members
- working on problem solving techniques for issues relating to child/ren's behaviours and that affect the safety and wellbeing of siblings.

5.3 Describing achievement of family goals

The DFFH narrative reports provided descriptions of parents' views about goals achieved and outcomes of intensive case management. Implementation features of the CCDSN Program include the completion of a Family Outcome Star which takes place during Assessment and the development of the Action Plan (FamilyCare Inc., 2023, 2024). For privacy reasons, the Outcomes Stars, were not available to examine for the evaluation. As an alternative Maslow's Hierarchy has been used to illustrate the achievement of family goals (see Figure 2).

Maslow, a humanistic psychologist, first theorised in 1954 that people have levels of needs, with the lower levels requiring sufficient satisfaction before progressing to the next (Gawel, 2019). This hierarchy has been used in previous research to provide a nuanced illustration of how interconnected barriers can prevent the fulfilment of children's needs (Lygnegård et al., 2013). These barriers include disadvantage, poverty, disability, primary caregiver access to emotional and social resources; all of which can impact upon, for example, parent-child attachment (Lygnegård et al., 2013).

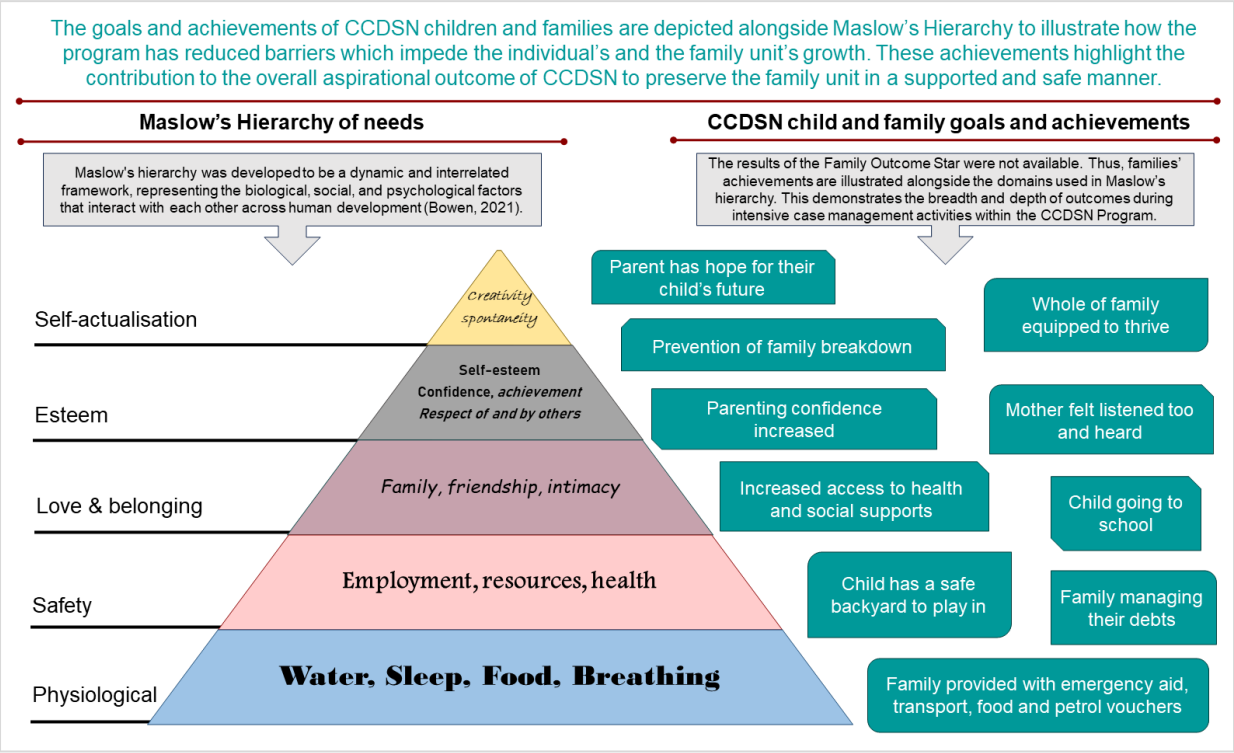


Figure 2: Family goal achievement

5.4 Highlighting complexity

To highlight system and service complexity some examples were drawn from the review of CCDSN Program reports and are briefly described below. These descriptions demonstrate the type of expertise and knowledge required of workers or which workers must investigate and learn about. Additionally, these examples illustrate the complexity of an assessment with a family in order to understand their needs, whereby the assessment in itself could trigger trauma responses for parent or child.

Child Protection – Department of Families Fairness and Housing

The Victorian Child Protection Service is specifically targeted to support those children and young people at risk of harm or where families are unable to protect them.

The main functions of Child Protection are to:

- investigate matters where it is alleged that a child is at risk of significant harm
- refer children and families to services that assist in providing the ongoing safety and wellbeing of children
- make applications to the Victorian Children's Court if the child's safety cannot be ensured within the family
- administer protection orders granted by the Victorian Children's Court (Department of Families Fairness and Housing, 2020).

Secure Welfare

The Victorian Child Protection service has access to secure welfare services where a child or young person (aged 10-17 years) is at substantial and immediate risk of harm. The purpose of a secure care service is to provide a short-term placement option to keep the young person safe while plans are developed or revised to reduce their risk of harm and return them to the community as soon as possible (Department of Families Fairness and Housing, 2020).

The Oasis Unit

The Oasis Unit at The Monash Children’s hospital in Melbourne is a child mental health inpatient facility, which provides brief emergency admissions and planned assessment admissions for children aged up to 12 years (Monash Children's Hospital, 2024).

Mansfield Autism State-wide Service

Mansfield Autism State-wide Service (MASS) are an independent, not-for-profit organisation supporting young people and their families living with autism. It offers therapeutic

placements, which are a nine-week residential placement in Mansfield, Victoria. This is supported accommodation and intervention for those aged 6 to 18 years who need help to develop important life skills. The placement is supported by Mansfield autism practitioners (MAPs) who are integral in helping families transfer the skills learnt back to the home environment (Mansfield Autism State-wide Service, 2023).

The NDIS Quality and Safeguards Commission

The complicated legislative and policy context is a further area FamilyCare and CCDSN workers had to have knowledge of and to understand to ensure the quality and safety of NDIS services and support. The NDIS Commission is an independent agency which works with providers to improve the quality and safety of NDIS services and supports (Australian Commonwealth Government, 2023). This body can address complaints, provide education for services and workers, and monitors pricing of services. A situation encountered by the FamilyCare, CCDSN social worker and documented in the report to DFFH, was managing the complex circumstances where an interim behaviour support plan for a child out of the family home was not registered with the Quality and Safeguards Commission by another service.

5.5 Geographical reach of the Program

The evaluation also mapped the geographical reach of the Program, to further relate program outcomes to the description of the study setting, as provided in Figure 1. The Program reach is illustrated in Figure 3. It includes the Modified Monash Model (MMM) classifications which shows the CCDSN Program provides access and equity to families across regional and remote areas (MM3 to MM5 classifications). These numbers show that a high level of clients (81 per cent) from these underserviced areas were receiving intensive case management support during 2020 to 2023.

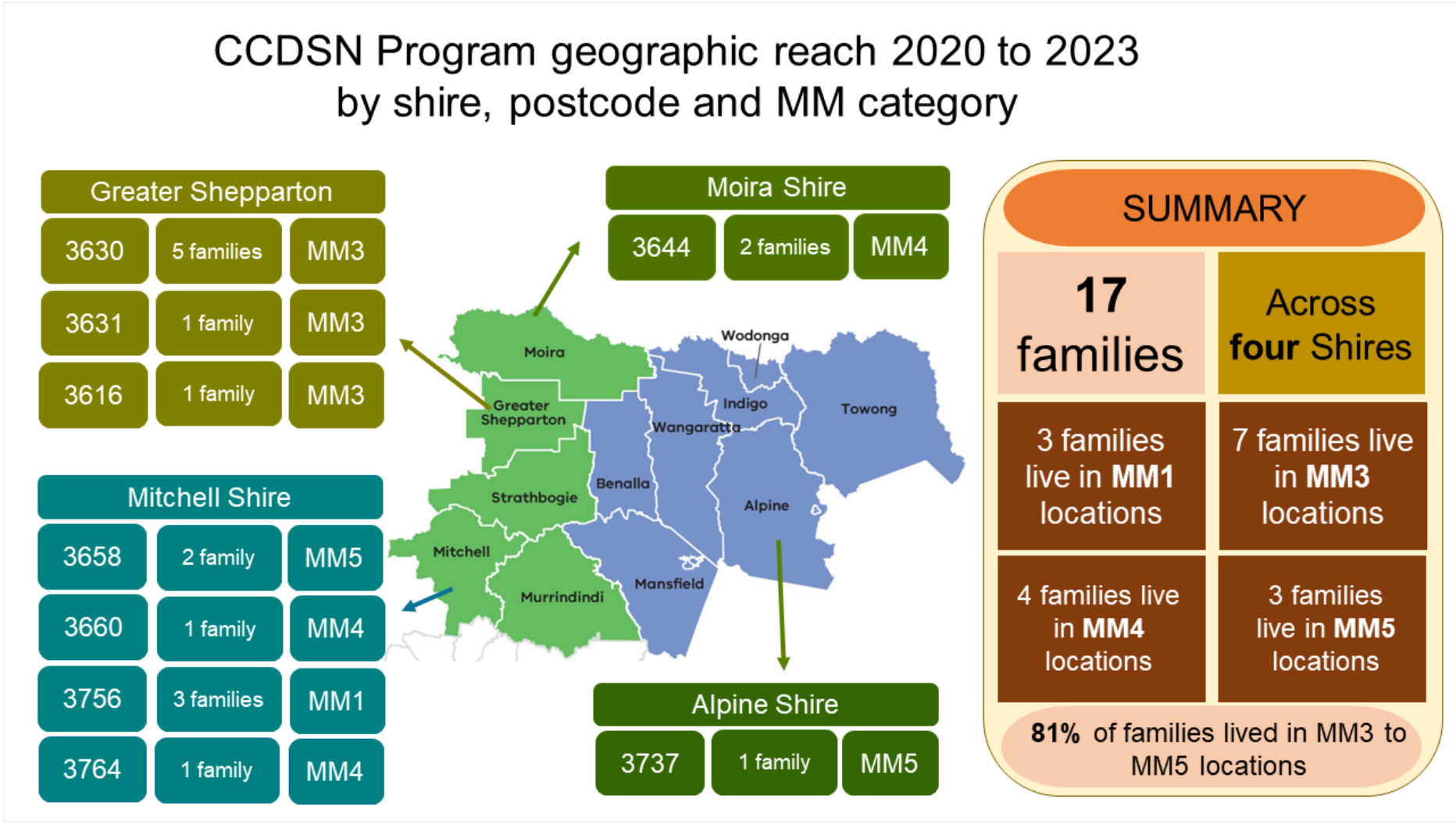


Figure 3: Program geographical reach

5.6 Interview findings

Overall, eleven interviews were completed which involved three different groups. A participant summary is provided in Table 2. The voice recorded conversations ranged from 25 to over 90 minutes. Recordings were transcribed to text for analysis.

Table 2: Interview participants

Interview groups	n
FamilyCare staff Interviews involved former, current, and commencing staff members, who gave an array of perspectives about the program.	4
Program clients (parents/carers adults over 18 years). The parents who were interviewed came from varied circumstances, including single parent situation, refugee background, single child, more than one child with complex needs.	4
External professionals (associated with the program as support links). The professionals interviewed were mainly from organisations which organise and provide support workers.	3

A series of indicative interview questions were designed to address the key evaluation questions (see Appendix 2). Responses to these were used as categories to describe the program's beneficial features, barriers or challenges, and views about the program's sustainability, and suggestions for improvements. This step was taken prior to developing themes from the interview transcripts. The categories are direct accounts and use the explicit content of text as simple descriptions (Vaismoradi et al., 2013). These are presented next with supporting excerpts from the interviews.

5.6.1 Program beneficial features

The CCDSN FamilyCare staff provided detailed views about beneficial features of the program. The blended team was a critical characteristic identified throughout all interviews. The social work lens and a disability support lens provided opportunities to examine everything (child, parent, family, service and system needs) from those different disciplines and skill sets.

In addition, the way the program operates was deemed as facilitative. This included, for example, the holistic assessment, and a strength-based approach with parents – particularly not 'blaming' parents or their parenting for the challenges they were facing. Interviewees summarised the important operating features of the program as, "*working with the family to get the plan* [NDIS plan] *right, getting support workers on board, finding other agencies that*

can help" and, "*CCDSN, works with the whole family network and every other provider that's around them as well and helps by centralising all that information*". The skills involved with case management were a further feature for program success, "*to understand the complexity in the families' daily lives*".

The parents described program benefits, when asked about what they found helpful or supported them, one parent felt this was, "*sorting the mess out"*. Essentially the program characteristics described by parents was assistance to navigate the service system, advocating on the family's behalf, connecting all the people involved, linking to other supports such as counselling, emotional support and, "*some reassurance that I was doing okay"*.

The external professionals described the advocacy capacity of CCDSN as a feature that was beneficial. One interviewee spoke about feeling helpless and the limitations of their role in not being able to advocate for a family. However, due to the holistic approach of CCDSN the family was supported to receive sufficient NDIS funding, liaison is occurring with the school and other services which, "*is a perfect example of the positive advocacy from the CCDSN*." Another described the social work background of the CCDSN worker as supporting advocacy as they can describe the family's complexity and have the skills to work closely with the DFFH, CCDN pathway and with Child Protection.

The person-centred attitude of CCDSN was identified as facilitative. As one interviewee stated, "*it's refreshing to find non-judgmental talk, it's about the person, not the number or the disability*." In addition, the support coordination provided by CCDSN was a feature that made the program successful, for example as a workforce member explained,

> *when dealing with complex families, or complex kids, getting all providers onboard and on the same page is challenging. The CCDSN does this really well. Ensuring everybody's well aware of the behaviour support strategies, for example, and that the provider is aware of the strategies that need to be in place. CDCSN will identify if family or support workers need training, and they'll ensure that that happen.*

5.6.2. Barriers or challenges

Barriers or challenges were captured from the unique perspectives of individual experiences of interviewees. These emphasised different areas. From the view of CCDSN FamilyCare staff system challenges were key concerns. These mainly appeared to focus on the navigation of the system, one person described of this as, "*it's just a nightmare, a nightmare process and without having people in the industry, who know how to work it. It's too much for families*".

Access was a common challenge, access to services, to support workers, to workers with skills, and consistent services. Contributing to this challenge were slow processes, which hindered the setting up of services, compounded by long waiting lists and backlogs of referrals across the entire industry. An interviewee highlighted that, *"When we're trying to engage an OT* [occupational therapist] *or a speech therapist or similar, there might be a three-to-four-month delay. So, when we get them in there and get them on the right track, your* [CCDSN program] *hours are up"*.

Access challenges described by parents related mainly to consistency of services and worker availability to allow productive service relationships to be built. Consistency and continuity of workers were essential to enable trust to be built and facilitate open conversations. As one parent stated, "*the trust aspect is huge. And it doesn't take two minutes to build it. It takes months and months"*. Time to build that trust was critical for parents who indicated that it was additionally just as important for children.

The external professionals identified system challenges encompassing referral criteria, particularly the tension between addressing, "*complex disability need and a complex family need but not the child protection need or the DFFH need*". Although identified as complex CCDSN cannot take direct referrals. The intense caseload can be a challenge as external professionals also have their own large caseloads to manage. A barrier was the small program staff allocation and number of staff as there are only two people employed part time. This can result in gaps in communication and follow up. A further barrier identified was building relationships and trust with families from different cultures. The concern was the time required to establish a connection with such families to then, "*really understand their needs*", although the professional involved felt that the CCDSN staff were mindful of cultural needs and for clients to be "*culturally respected*."

A sub-category involving barriers and challenges focused on rurality. From the CCDSN FamilyCare staff viewpoint, examples were given of client location and hours spent travelling to the client which impacted upon the program's allocation of client hours. Further, the introduction of the NDIS resulted in the removal of 'block funding', hence, *"clients have to pay for travel and transport out of their plan, which isn't always allowed for, I think it's a bigger issue up here"*. An external professional felt there was a gap in rural areas to access services with a lack of allied health professionals. This impacted on access to support for rural families.

5.6.3. Program sustainability and improvement

Sustainability

The CCDSN FamilyCare staff were aware of program funding instability and the effect on the future of CCDSN. For example one commented,

> *..the future is about the stability of the ongoing funding, every time we're hitting 30th of June and there's that space around you that you might not have that funding. So even though we see the department has increased their team and it looks like it's staying, you certainly don't have that certainty.*

Interviewees also discussed ongoing need, that these issues "*were not going away*" and identifying that client complexity was increasing. The external professionals, similar to the CCDSN workforce, identified that changes in funding arrangements impacts program sustainability. They also emphasised that, "*CCDSN are just touching the surface and starting to make some real progress, there's a lot of work to do*".

Program Improvement

The sub-category of improvements has been included here as participants raised these as they discussed the future. One person framed it simply as the need for, "*more funding, extra services, more workers, and all of the above* [meaning everything we had discussed]." It was felt the program could be expanded, highlighting the combination of social worker and disability practitioner was a successful blend, "*as they both come at the situation from a different lens*". Access to the program via a central hub was a suggestion for improvement, alongside increased numbers of practitioners.

An interesting suggestion for improvement, repeated several times, was to incorporate 'levels' into the program. This change was explained as, "*providing the capacity to provide lower support to families before they reach crises*." In this way the program could undertake some earlier case management, complete some consultations, and bring a supportive network together, rather than when families reach a point of relinquishing care. Lastly, it was identified that education about NDIS across all systems, services and the workforce was important.

Advertising of the program was mainly a suggestion from parents perspectives. The view was that many families were in need of similar support, they '*don't know where to start*', and how to navigate "*that system".* Through the benefits of the support they received one parent felt it would be good to "*pass that word on",* through promoting the CCDSN Program.

5.7 Program outcomes

To answer the evaluation question, regarding outcomes that can be identified and described in connected to the program, all interview transcripts were examined for themes. This analysis was completed by utilising the Qualitative Framework Approach (Smith & Firth, 2011). It involved an iterative process of applying codes to passages of interview text, then grouping the codes which described similar things with similar meanings (e.g., behaviours, structures, or emotions), and which were interpreted as important. The final step was refinement and interpretation of these groups into major themes (Gale et al., 2013; Goldsmith, 2021). These themes are presented next and include illustrative narratives from the interviews.

5.7.1 Making a difference for children

The involvement of CCDSN in the lives of children and the program's influencing effects is represented within the theme of *making a difference for children.* A range of situations were evident in the interviews which reflected positive impact on children, including children with a disability and/ or their siblings. This highlighted the child-centred nature of the CCDSN work which prioritises access and participation for the child. Two examples about making a difference and affecting change are provided below. The first relates to environmental factors to increase safety and to increase optimal participation. The second example is about the culture of the CCDSN program which views any achievement of a child as significant thereby highlighting the underlying norms and values of the program.

Facilitating environmental change made a difference in children's behaviour which was opined by all service providers involved as negative. An example was given about a child's shower time and their distressing responses when shower time was initiated. The use of the CCDSN 'disability lens' looked at the family bathroom, shared by all family members, observing that "*there was glass everywhere and it was very inaccessible"*. CCDSN involvement prompted a NDIS review and funding requests for bathroom modifications. The result was reduced triggering of the child and increased safety for all. Another account concerning an environment involved a child restricted to indoors as they absconded when outside. Again, using the 'disability lens' of observation and assessment of the backyard at the family home safety concerns were identified along with unmet sensory and physical needs of the child. This resulted in altering the backyard fencing, introducing plants and other sensory items and appropriate play equipment. The outcome was "*a safe stimulating play area for the child providing opportunities to regulate emotions and behaviour"*.

The second example within the theme of *making a difference* highlights the culture of the CCDSN program. This culture celebrates the child as an individual and typifies the

underlying values of the CCDSN, as a determinant of implementation and a mediator for influencing for example, attitudinal change. The following is an account about a NDIS plan review for a young person.

> *During the review, the worker said, "..well, he's not getting anywhere, he hasn't achieved any of his goals, he hasn't moved forward". Whereas 5 minutes before that we'd all been celebrating the fact that this child in the last 12 months learned a new word. He was using it appropriately and it was a standard word, like food or drink. We* [the CCDSN team] *were all sitting there going, he's starting to verbalize. He's* maybe *got four words in his vocabulary and now, one new word. Brilliant! They go into this space* [NDIS plan review] *and it's dismissed as no growth. For us sitting with a parent and being able to say to them "how good's that", and meaning it, because we know what that took, for them to be able to hear even one new word and to see that step forward. They* [the parents] *are stoked. And then it's dismissed as no growth in that space.*

5.7.2 Acknowledging and validating the parent

This theme encompasses acknowledgment and validation of the parent journey, parent experiences, and the parent voice. It captures the connections within CCDSN program implementation strategies and mechanisms to influence positive outcomes. For example, actions in the key areas of, engagement with clients, assessment, and advocacy. This theme also describes where acknowledgment and validation of the parent journey, parent experiences, and the parent voice did not occur with other services, which can act as barriers or moderators upon client outcomes.

Parents variously described this process and feelings about being acknowledged. For example, one parent stated that due to contact with CCDSN, "*I've got some reassurance that I was doing okay".* Another parent described an experience when seeking a care plan review, "*I would have given up if it wasn't for CCDSN. It's a lot to constantly advocate for the kids, and not feel like you are being heard or believed*."

In closing an interview and thanking a parent for their time, the influence of the CCDSN in validating the parent journey was apparent as the parent spoke about agreeing to the interview process and reflected on the importance of this for them,

> *It's a pleasure. It actually makes me feel good to talk about it because if I imagine I was back in those days, I wouldn't have been able to come and openly talk. But so many good things have happened. So, it's cherishing and just reflecting back from where we started and where we are now. It's good to talk about it and I think it's really*

helpful for other parents' voices and wider as well. So other people can learn from my experience.

The detrimental impact of not acknowledging parents' experiences external to the CCDSN Program were also evident. This lack of recognition of the parent journey as unique and individualised resulted in lowering parent's trust in services, self-confidence, and self-esteem. A parent described their experience as,

You get involved with organisations that are just so unhelpful. You think, here goes another one.

There were examples of minimisation of the parent situation during interactions with services. Recounting one instance a parent who was seeking a review of services for their two children with specific high needs was told, "*Oh yeah, I know it's hard. I understand I have grandchildren."*

The workforce interviews reflected similar encounters they had witnessed for parents, often describing attitudes where parents were 'blamed' for their child's disability or views about parenting failure, for example,

I think, unfortunately the journey for a lot of families with children with complex disability needs is they go through their whole journey not being believed.

This theme, similar to the previous one about *making a difference for children*, again exemplifies the underlying culture of the CDDSN program, in its strengths-based approach and respectful attitudes toward parents and supporting client power as experts in their own lives.

5.7.3 Building capacity for all

Building capacity as an impact of the CCDSN program occurred in relation to parents, children, families, the workforce and for services. There were multiple examples where parents were supported to build capacity, for example in strengthening their emotional resilience or increasing their skills in navigating the service system and coordinating the different services they and their child needed.

There have been times when I wasn't in a good mental stage, it has been a huge challenge, but then as I said, good things have been put in place and just moving forward with that. Now I think I'm in a better place where if we are in some sort of problem, I know who other people are that I can turn to.

Internally, within the CCDSN program, the blended team approach provided interdisciplinary opportunities to learn and grow, as stated previously, connecting professionally through the

disability lens and social work lens. External workforce members gave examples about increasing capacity in relation to knowledge and skills and, work satisfaction. An external workforce member reflected on their professional role and experiences when working with CCDSN,

> *I was really motivated working with the CCDSN workers because it has opened lots of avenues of support for the family and the client. As a NDIS support coordinator our lens is just focused on the disability and how to use the NDIS. We need to push our boundaries beyond that. I realised, like how important it is to work collaboratively and especially the importance of care team meeting approaches. The team can support each other in identifying the priorities. So that's really positive for my professionalism. Even how to outsource the services, these are useful skills that I can bring into my professional role.*

In addition, service's capacity was increased through the ability of the CCDSN to coordinate case management meetings. Such multidisciplinary engagement has increased capacity by breaking down siloed ways of working. As one team member put it,

> *.. everyone's been so segregated into, that's the support coordination's role or that's the providers role. Everyone's trying to do their own little bit, but they're not talking to each other. I think the best part of the CCDSN is to bring everybody together and get everyone on the same page because it's so important for these kids that they have consistency.*

5.7.4 Keeping the family safely connected

Keeping the family safely connected is the last theme from the evaluation findings. As an outcome it aligns with the program aim. This theme emphasises the CCDSN holistic, family-centred approach to understand the unique circumstances of each family as a unit alongside the individual members within the family and then partnering with the family to identify and address their safety needs and ensuring the family remains connected. One parent compared their situation prior to connecting with CCDSN and after working with the program,

> *It's just terribly different to what it was. Knowing that they are there in the background. You know, people are in the background that I can contact if I need to. It's a bit of a saviour.*

Another family situation was different in that the child was not living at home but the parent's recounted improvement with reduced self-harming behaviour and what it meant for them to see the absence of self-inflicted scratches and bite marks on their child's face. They were pleased the child was in a safe environment and this had an impact on siblings as they were

also safe. The CCDSN were still involved with the family and ensuring regular visits and contact occurred between the child with complex needs and parents and the team were also advocating for increased opportunities for connection with siblings.

The intensity of families remaining safe and connected was captured by a CCDSN workforce member when highlighting the emotional and physical crisis point parents reach prior to coming to the program, crises, in part created by a complex system.

> *I don't think people in government positions necessarily understand how complex that is on the ground and how fatigued families are. I feel like there is money wasted in creating the market or separating out the support coordination role, there's no case manager, and really that's what's needed. That's what families have needed before they come to our door. Because they are already at breaking point. Parents don't reach a point of considering relinquishing the care of their child without going through some serious stuff first. No one does that. So, I think when we say things like the parents are considering relinquishing the care of the children, I think that needs to be understood and not just, "Ok, they're just giving up". I don't know how to convey that to the right people in the rising levels of government, I wish there was a better understanding in the system. I don't know how to convey that any more for each individual family.*

This theme illustrated that safe connections are inclusive of physical aspects and also, emotional and social features for the child with complex needs, parents, siblings and the family unit.

6. Overall findings from the evaluation

This part of the report presents a consolidated merging of all the results from the document review and analyses of interviews. Logic modelling concepts are utilised to summarise these overall evaluation findings. Logic models are an important tool in evaluation to illustrate the workings of a program (Frechtling, 2007; Funnell & Rogers, 2011). The Implementation Research Logic Model (IRLM) has been used in this report. A brief outline of the IRLM is provided in Figure 4 below, a detailed explanation of its origins is provided in Appendix 3.

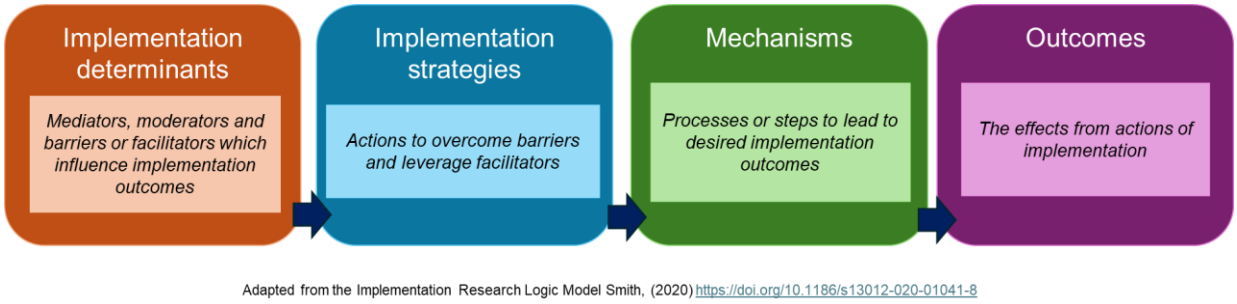


Figure 4: The Implementation Research Logic Model (IRLM)

To enhance readability the IRLM domains of implementation determinants and implementation strategies are presented first (see 6.1 Implementation), then the domains of mechanisms and outcomes are provided (see 6.2 Program outcomes). All domains of the IRLM are included in Appendix 4.

6.1 Implementation characteristics

To summarise the evaluation findings about program delivery characteristics in order to understand implementation, the IRLM domains of determinants and strategies are depicted in Figure 5. Determinants of implementation as outlined in the IRLM, have been reported in previous research as factors which are associated with effective implementation (Smith et al., 2020). They can include barriers and facilitators, mediators, moderators, predictors, and/ or outcomes as defined in Figure 4. The presentation of implementation strategies has been used in the evaluation to identify and describe 'the methods or techniques used to enhance the adoption, implementation, and sustainability of the intervention' (Powell et al., 2015, p. 2).

6.2 Program outcomes

The effects of the CCDSN program have been drawn together to summarise findings about outcomes in connection to the program. The IRLM domains of Mechanisms and Outcomes are utilised to describe these in Figure 6. Mechanisms have been explained as actions, processes or events which influence outcomes; they provide evidence about casual

pathways (Lewis et al., 2018; Smith et al., 2020). Outcomes refer to the desired endpoints of the implementation of an intervention. They can be described as immediate/intermediate (proximal), which are more direct, measurable and observable or distal outcomes, which are the ultimate intended achievements (Lewis et al., 2018).

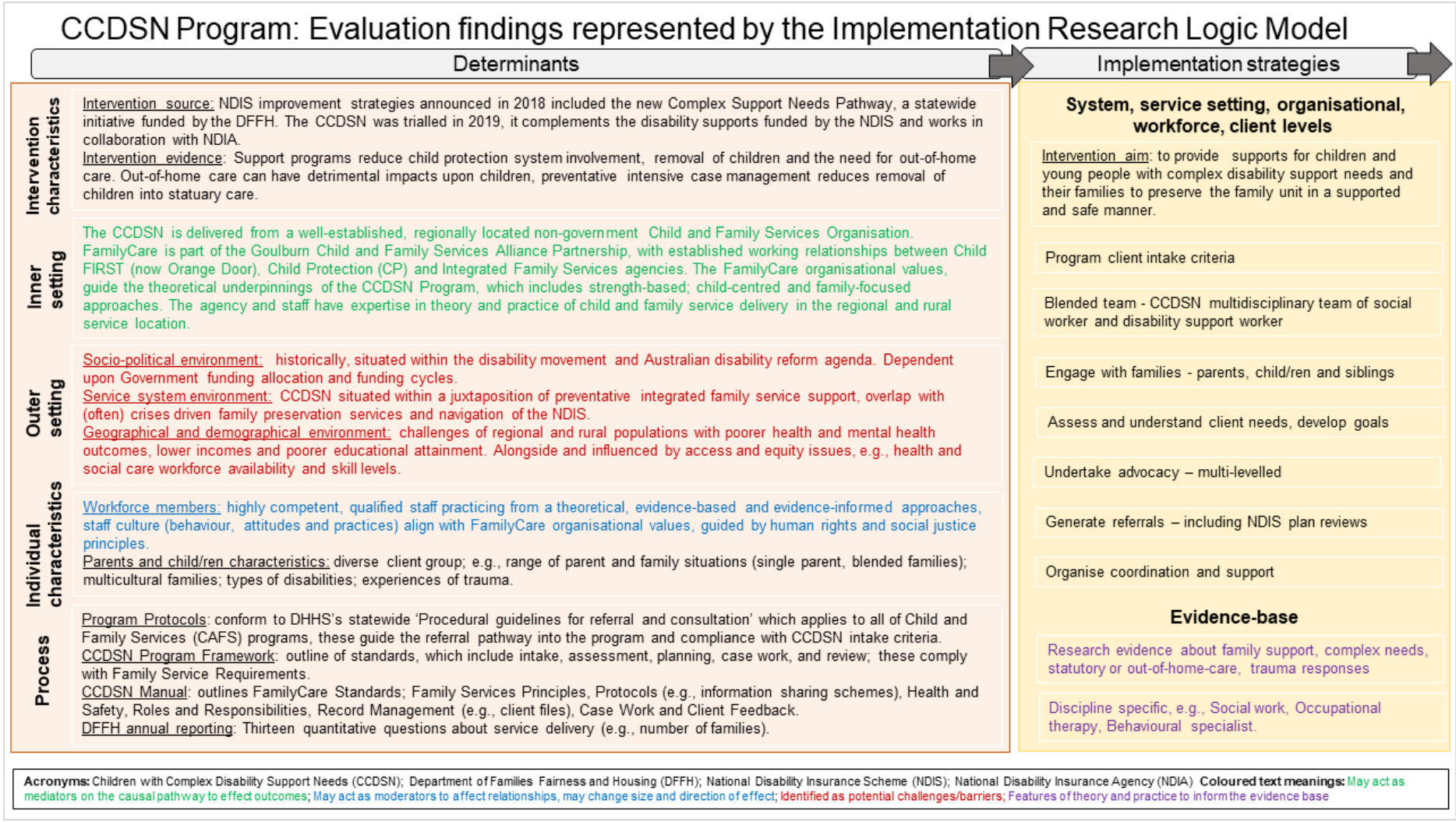


Figure 5: Implementation characteristics

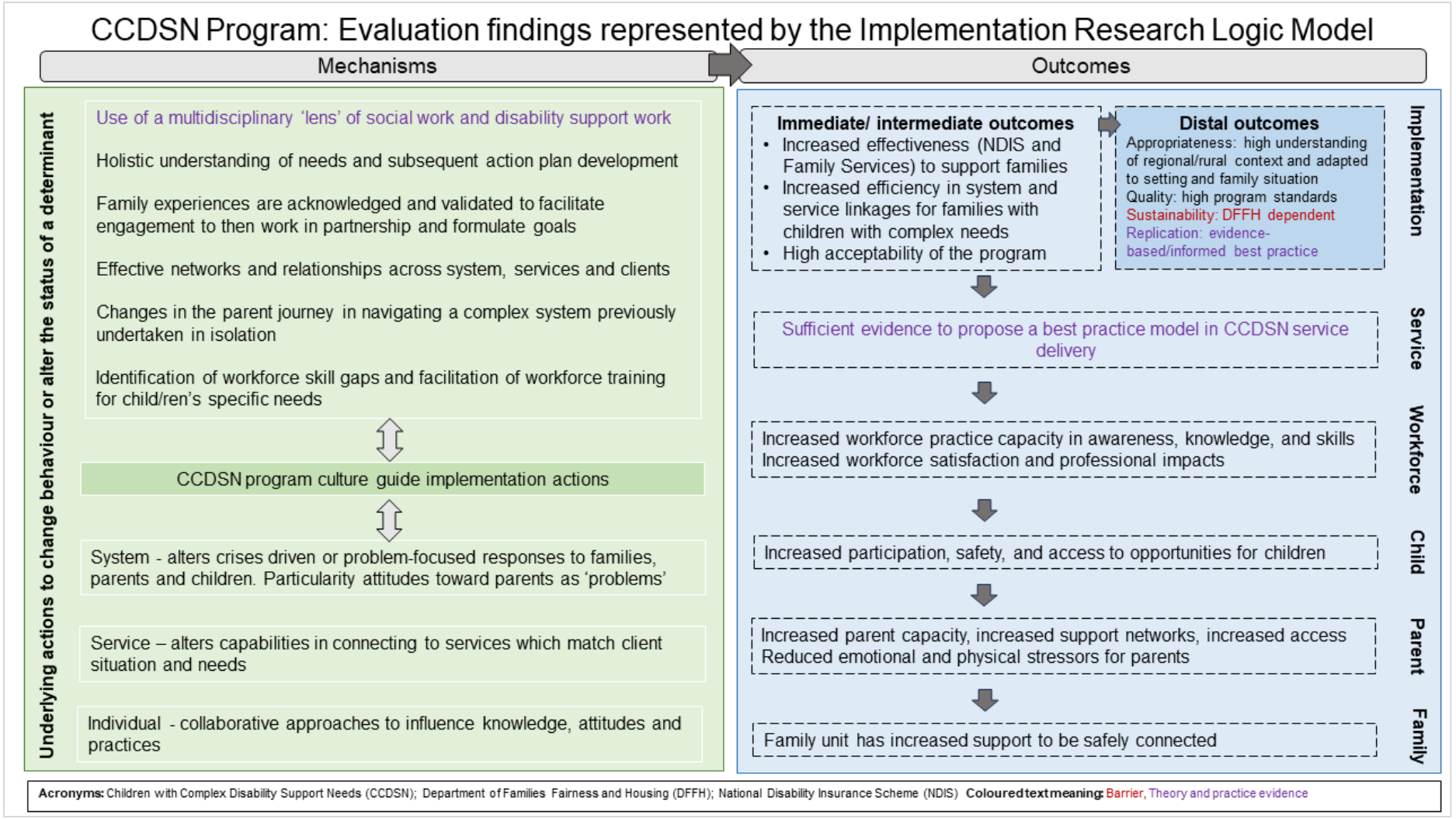


Figure 6: Program outcomes

6.3 CCDSN Program and best practice

A recommendation for FamilyCare arising from the synthesis of the evaluation findings is to propose a best practice model for CCDSN Program delivery. Best practice models offer evidence-based actions, techniques and methods which influence optimum outcomes. Based on the evidence from the evaluation a draft, diagrammatic representation of a best practice model has been included in Figure 7.

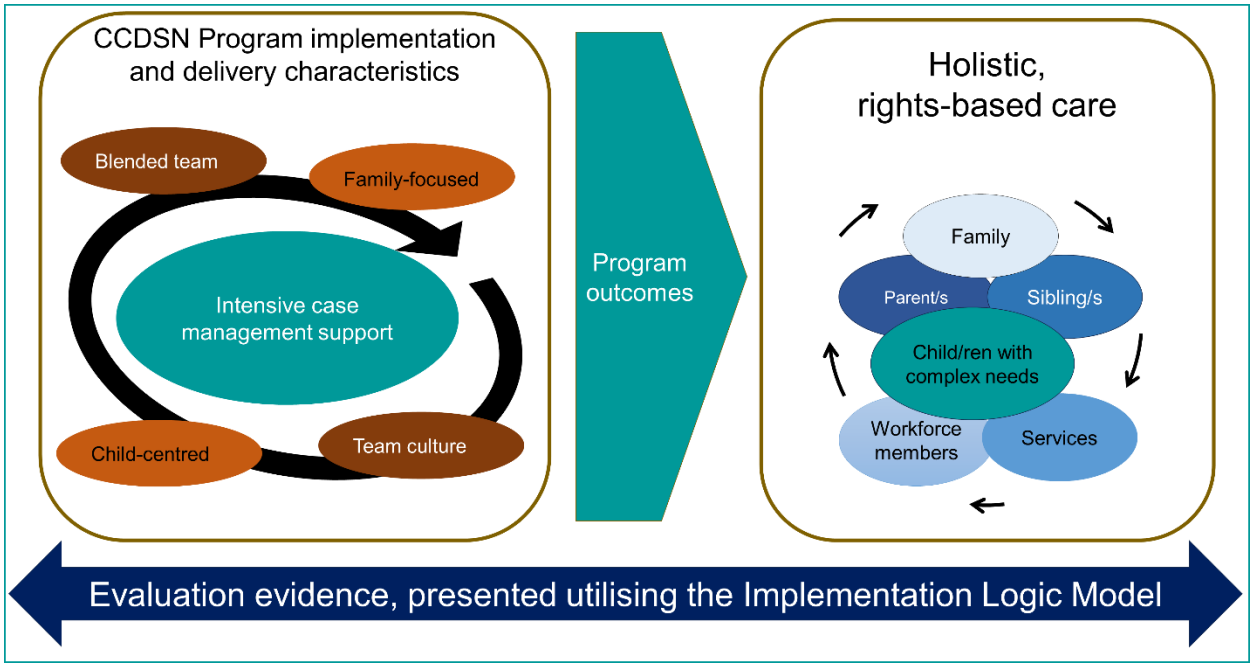


Figure 7: Best practice model and CCDSN evaluation evidence

7. Discussion

This report has detailed the undertaking of an evaluation of the CCDSN Program, the aim of which was to explore the outcomes of the program from the perspectives of FamilyCare program staff, clients (parents/carers) accessing the program and external professionals associated with the program. The findings have highlighted the critical implementation characteristics of the program such as, support coordination, advocacy, and facilitating access to pathways for support plan reviews. The themes derived from the interview transcripts have emphasised the holistic work of the CCDSN program, embedded within child-centred and family-focused approaches.

The FamilyCare CCDSN program is situated within a unique juxtaposition of the service system in which integrated family service support, family preservation services and navigation of the NDIS overlap. Family support services are primarily preventive and intervention strategies are designed to alleviate stress, promote parenting capacity, and increase family resources such as their network of community and social support. Family preservation services typically target families already in crisis related to risk, abuse, neglect, and safety concerns (Chaffin et al., 2001). The NDIS has a focus on funding of individualised support plans. The evaluation has shown the overlap in these service juxtapositions and the successful strategies utilised by the CCDSN to negotiate this environment.

The summary of the CCDSN intensive case management support highlights the unique individual intricacies of each family and the CCDSN worker's expertise in navigating and coordinating the complexities of health, mental health and welfare systems and services. The determinants of service complexity (e.g., intensity of use: number, type, duration and frequency) have previously been measured using a combination of socio-demographic factors (e.g., age, gender, family structure); child diagnoses; child behaviour (e.g., aggressive, disruptive, self-harm and harm toward others); child learning and communication; caregiver stress; family functioning and others (Stewart et al., 2017). This evaluation has presented a narrative description about complexity in service system involvement which has emphasised the relation determinants of supporting families, such as building trust, acknowledging the parent journey and their experiences and respect for parents as the experts in their own lives.

Equity and access factors were additionally brought forward in the evidence gathered during the evaluation. The allocation of NDIS service price rates (see Figure 1) for MM1 to MM5 at the lowest rate is incongruent with previous research which has shown MM locations categorised as MM3 and above have poorer health outcomes and poorer access to, and use of, primary health care services, than among people living in MM1 city locations (Australian

Institute of Health and Welfare, 2023). The CCDSN program engages with families across MM1 to MM5 areas and the evaluation findings highlighted the variety of challenges and barriers regarding access to services and the availability of skilled workforce members throughout the region serviced by the program. This has emphasised that a 'one-size fits all' approach in service provision to families is inequitable. Overall, this evaluation supports previous research which has shown that family interventions and case management relevant to need over the life course optimise child and family outcomes. (Stewart et al., 2017; Swann-Thomsen et al., 2022).

Limitations and strengths

There are limitations to the findings of this evaluation. Namely, those interviewed, were of a limited representative number. Hence the findings cannot be considered generalisable across the CCDSN workforce, clients (parents/carers) and external professional's perspectives. The views and experiences of a larger cross section of parents, for example, may have revealed other program outcomes which have not been included here. Similarly, the evaluation may not have captured all the characteristics of implementation.

However, a strength of the evaluation has been the incorporation of the IRLM as this has supported the process-outcome evaluation approach which seeks to describe the degree of implementation of the program, along with the intended outcomes (Owen, 2020). In addition, these types of logic modelling concepts can illustrate causal pathways and provide evidence about actions, techniques and methods which can be considered best practice.

8. Conclusion

The evaluation of the FamilyCare Children with Complex Disability Support Needs Program has described implementation characteristics and outcomes of the program. The findings detailed in this report have highlighted connections between program implementation and delivery features which were essential to contribute to the achievement of program outcomes. The IRLM was used to summarise these important characteristics and outcomes. The use of this logic model concept has outlined the determinants, strategies, mechanisms, and outcomes which, from this evaluative research, provide evidence for FamilyCare to propose a best practice model for CCDSN program service delivery.

9. References

Al, C. M. W., Stams, G. J. J. M., Bek, M. S., Damen, E. M., Asscher, J. J., & van der Laan, P. H. (2012). A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning. *Children & Youth Services Review*, *34*(8), 1472-1479. https://doi.org/10.1016/j.childyouth.2012.04.002

Australian Commonwealth Government. (2023). *NDIS Quality and Safeguards Commission*. Australian Commonwealth Government. Retrieved March 20 from https://www.ndiscommission.gov.au/

Australian Human Rights Commission. (1989). *Human Rights Brief No. 1 The Best Interests of the Child*. Retrieved March 20 from https://humanrights.gov.au/our-work/human-rights-brief-no-1

Australian Institute of Health and Welfare. (2023). *Rural and remote health, .* https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

Busschers, I., & Boendermaker, L. (2015). Safety for children first: Focus on children in Intensive Family Case Management? *International Journal of Child & Family Welfare*, *16*(1-2), 40-56.

Carey, G., Malbon, E., Olney, S., & Reeders, D. (2018). The personalisation agenda: the case of the Australian National Disability Insurance Scheme. *International Review of Sociology*, *28*(1), 20-34. https://doi.org/10.1080/03906701.2018.1425084

Chaffin, M., Bonner, B. L., & Hill, R. F. (2001). Family preservation and family support programs: child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, *25*(10), 1269-1289. https://doi.org/https://doi.org/10.1016/S0145-2134(01)00275-7

Czosnek, L., Zopf, E. M., Cormie, P., Rosenbaum, S., Richards, J., & Rankin, N. M. (2022). Developing an implementation research logic model: using a multiple case study design to establish a worked exemplar. *Implementation science communications*, *3*(1), 90. https://doi.org/10.1186/s43058-022-00337-8

Department of Families Fairness and Housing. (2020). *Child Protection Manual - Placement in a secure welfare service - advice*. Victorian State Government. Retrieved February 18 2024 from https://www.cpmanual.vic.gov.au/advice-and-protocols/advice/out-home-care/placement-secure-welfare-service-advice

Department of Families Fairness and Housing. (2023, March). *Program requirements for children with complex disability support needs in Victoria*. Victorian State Government. Retrieved February 18 2024 from https://providers.dffh.vic.gov.au/program-requirements-children-complex-disability-support-needs-victoria

Department of Families Fairness and Housing. (2024). *Children, youth and families: Family services*. Victorian State Government. Retrieved February 18 2024 from https://providers.dffh.vic.gov.au/family-services

Economidis, G., Farnbach, S., Falster, K., Eades, A.-M., & Shakeshaft, A. (2023). Identifying enablers and barriers to the implementation of Functional family Therapy – Child Welfare (FFT-CW®) into the routine delivery of child protection services in New South Wales, Australia. *Children and Youth Services Review*, *149*. https://doi.org/10.1016/j.childyouth.2023.106927

FamilyCare. (2023). *About FamilyCare*. Retrieved 12 August from https://familycare.net.au/

FamilyCare Inc. (2023). *FamilyCare, CCDSN Program Manual* [Opertional Manual].

FamilyCare Inc. (2024). *FamilyCare, CCDSN Program Framework* [Program Framework].

Frechtling, J. A. (2007). *Logic modeling methods in program evaluation* (Vol. 5). John Wiley & Sons.

Funnell, S. C., & Rogers, P. J. (2011). *Purposeful program theory: Effective use of theories of change and logic models*. John Wiley & Sons.

Gale, N., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC*

Medical Research Methodology, *13*(117), 1-8. https://doi.org/10.1186/1471-2288-13-117
Gawel, J. E. (2019). Herzberg's theory of motivation and Maslow's hierarchy of needs. *Practical Assessment, Research, and Evaluation*, *5*(1), 11. https://doi.org/10.7275/31qy-ea53
Goldsmith, L. J. (2021). Using Framework Analysis in Applied Qualitative Research. *Qualitative Report*, *26*(6), 2061-2076 https://doi.org/10.46743/2160-3715/2021.5011
Horsell, C. (2023). Problematising Disability: A Critical Policy Analysis of the Australian National Disability Insurance Scheme. *Australian Social Work*, *76*(1), 47-59. https://doi.org/10.1080/0312407X.2020.1784969
LaBrenz, C. A., Childress, S., Robinson, E. D., Sieger, M. L., & Ontiberos, J. (2022). Reasonable efforts to preserve families? An examination of service utilization and child removal. *Child Abuse & Neglect*, *128*, 105631. https://doi.org/10.1016/j.chiabu.2022.105631
Léveillé, S., & Chamberland, C. (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review*, *32*(7), 929-944. https://doi.org/10.1016/j.childyouth.2010.03.009
Lewis, C. C., Klasnja, P., Powell, B. J., Lyon, A. R., Tuzzio, L., Jones, S., Walsh-Bailey, C., & Weiner, B. (2018). From classification to causality: advancing understanding of mechanisms of change in implementation science. *Frontiers in Public Health*, *6*(136), 1-6. https://doi.org//10.3389/fpubh.2018.00136
Lygnegård, F., Donohue, D., Bornman, J., Granlund, M., & Huus, K. (2013). A Systematic review of Generic and Special Needs of Children with Disabilities Living in Poverty Settings in Low- and Middle-Income Countries. *Journal of Policy Practice*, *12*(4), 296-315. https://doi.org/10.1080/15588742.2013.827141
Mansfield Autism State-wide Service. (2023). *Mansfield Autism State-wide Service - Therapeutic Behaviour Support Placement*. Mansfield Autism State-wide Service. Retrieved March 2 2024 from https://autismmansfield.org.au/
Monash Children's Hospital. (2024). *The Oasis Unit at Monash Children's Hospital*. Monash Children's Hospital. Retrieved February 10 2024 from https://monashchildrenshospital.org/oasis-at-monash-childrens-hospital/
National Disability Insurance Agency. (2018). *Improved NDIS planning for people with complex support needs*. National Disability Insurance Agency. Retrieved February 18 2024 from https://www.ndis.gov.au/news/1002-improved-ndis-planning-people-complex-support-needs
National Disability Insurance Agency. (2023). *History of the NDIS*. National Disability Insurance Agency. Retrieved February 18 2024 from https://www.ndis.gov.au/about-us/history-ndis
Octoman, O., Arney, F., Chong, A., O'Donnell, M., Meiksans, J., Hawkes, M., Ward, F., & Taylor, C. (2022). Tailoring service and system design for families known to child protection: A rapid exploratory analysis of the characteristics of families. *Child Abuse Review*, *31*(5), 1-8. https://doi.org/10.1002/car.2762
Olney, S., & Dickinson, H. (2019). Australia's new National Disability Insurance Scheme: Implications for policy and practice. *Policy Design and Practice*, *2*(3), 275-290. https://doi.org/10.1080/25741292.2019.1586083
Owen, J. M. (2020). Impact evaluation. In J. M. Owen (Ed.), *Program evaluation: Forms and approaches* (Third ed., pp. 252-292). Routledge.
Pacella, R., Nation, A., Mathews, B., Scott, J. G., Higgins, D. J., Haslam, D. M., Dunne, M. P., Finkelhor, D., Meinck, F., Erskine, H. E., Thomas, H. J., Malacova, E., Lawrence, D. M., & Monks, C. (2023). Child maltreatment and health service use: findings of the Australian Child Maltreatment Study. *MEDICAL JOURNAL OF AUSTRALIA*, *218*, S40-S46. https://doi.org/10.5694/mja2.51892

Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, *10*, 1-14. https://doi.org/10.1186/s13012-015-0209-1

Productivity Commission. (2011). *Disability care and support: productivity commission inquiry report*. https://policycommons.net/artifacts/10761670/disability-care-and-support/11639276/

Smith, J., & Firth, J. (2011). Qualitative data analysis: the framework approach. *Nurse Researcher*, *18*(2), 52-62. https://doi.org/10.7748/nr2011.01.18.2.52.c8284

Smith, J. D., Li, D. H., & Rafferty, M. R. (2020). The Implementation Research Logic Model: a method for planning, executing, reporting, and synthesizing implementation projects. *Implementation Science*, *15*(1), 84. https://doi.org/10.1186/s13012-020-01041-8

Stewart, S. L., Falah Hassani, K., Poss, J., & Hirdes, J. (2017). The determinants of service complexity in children with intellectual disabilities. *Journal of Intellectual Disability Research*, *61*(11), 1055-1068. https://doi.org/10.1111/jir.12423

Swann-Thomsen, H. E., Lindsay, R., Rourk, S. P., Hofacer, R., & Nguyen, E. P. (2022). National Survey Data to Evaluate Case Management Services: A Systematic Review on Care Coordination Using the National Survey of Children With Special Health Care Needs. *Professional Case Management*, *27*(3), 124-140. https://doi.org/10.1097/NCM.0000000000000551

Testa, M. F., & Kelly, D. (2020). The Evolution of Federal Child Welfare Policy through the Family First Prevention Services Act of 2018: Opportunities, Barriers, and Unintended Consequences. *Annals of the American Academy of Political & Social Science*, *692*, 68-96. https://doi.org/10.1177/0002716220976528

Thill, C. (2015). Listening for policy change: how the voices of disabled people shaped Australia's National Disability Insurance Scheme. *Disability and Society*, *30*(1), 15-28. https://doi.org/10.1080/09687599.2014.987220

Trivedi, S. (2019). The harm of child removal. *New York University Review of Law & Social Change*, *43*, 523. https://scholarworks.law.ubalt.edu/all_fac/1085

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, *15*, 398-405. https://doi.org/10.1111/nhs.12048

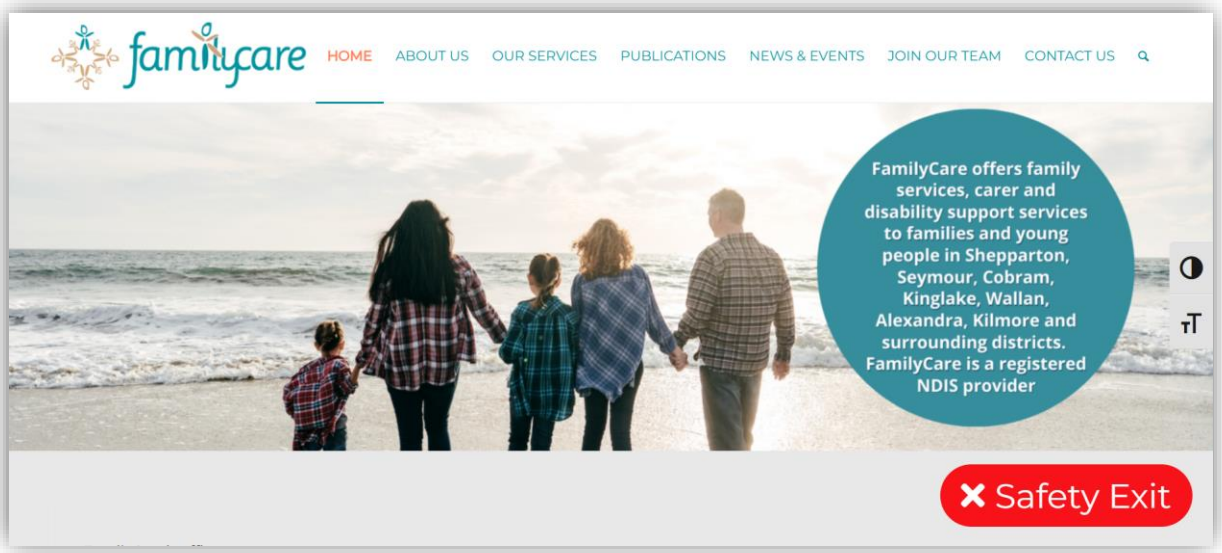
Webster, S. M. (2016). *Children and young people in statutory out-of-home care: Health needs and health care in the 21st century*. Parliament of Victoria. https://apo.org.au/sites/default/files/resource-files/2016-03/apo-nid62487.pdf

World Health Organization. (2024). *Child Health*. Retrieved March 2 from https://www.who.int/health-topics/child-health#tab=tab_1

10. Appendices

Appendix 1: Materials and documents reviewed for the evaluation

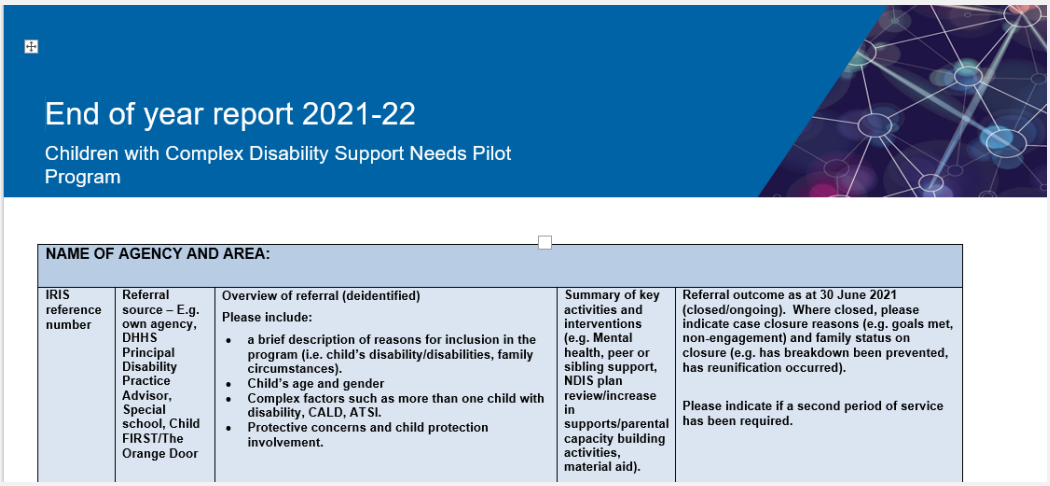
a) FamilyCare website viewed at: https://familycare.net.au/



b) FamilyCare Annual reports available at: https://familycare.net.au/annual-reports/

c) DFFH reports by financial year (de-identified), supplied by FamilyCare

Box 1:
Narrative reporting template to DFFH

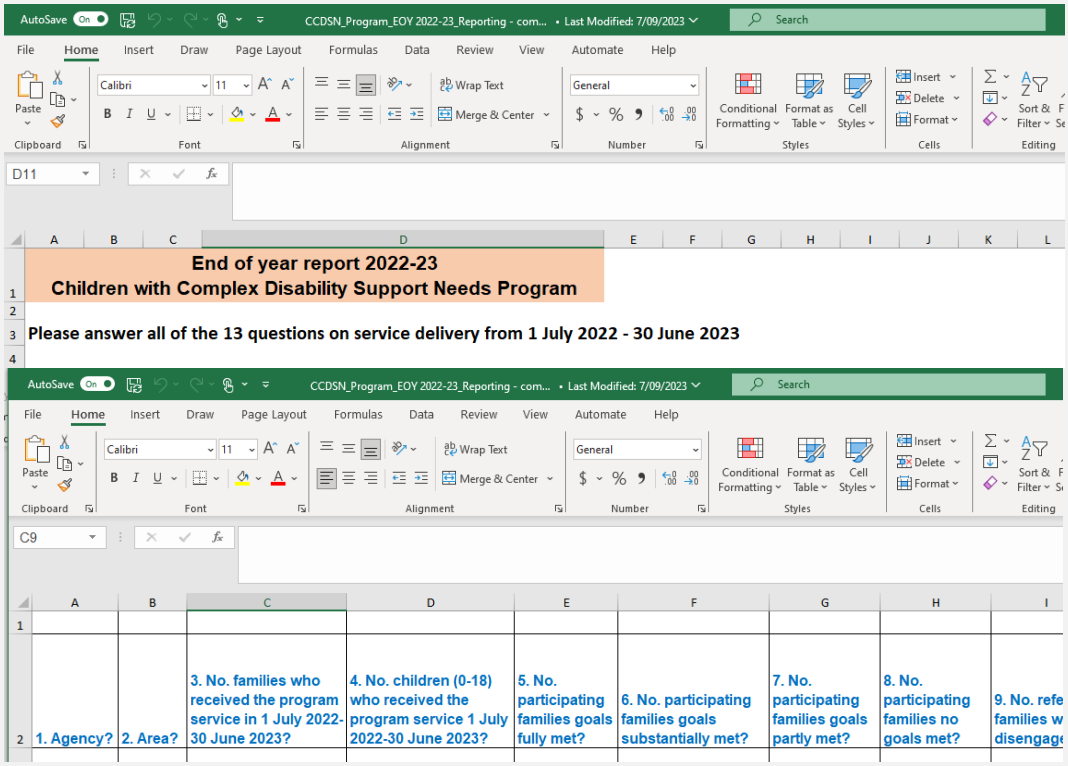


End of year report 2021-22

Children with Complex Disability Support Needs Pilot Program

NAME OF AGENCY AND AREA:				
IRIS reference number	Referral source – E.g. own agency, DHHS Principal Disability Practice Advisor, Special school, Child FIRST/The Orange Door	Overview of referral (deidentified) Please include: • a brief description of reasons for inclusion in the program (i.e. child's disability/disabilities, family circumstances). • Child's age and gender • Complex factors such as more than one child with disability, CALD, ATSI. • Protective concerns and child protection involvement.	Summary of key activities and interventions (e.g. Mental health, peer or sibling support, NDIS plan review/increase in supports/parental capacity building activities, material aid).	Referral outcome as at 30 June 2021 (closed/ongoing). Where closed, please indicate case closure reasons (e.g. goals met, non-engagement) and family status on closure (e.g. has breakdown been prevented, has reunification occurred). Please indicate if a second period of service has been required.

Box 2:
Numerical reporting template to DFFH, involving thirteen questions



End of year report 2022-23

Children with Complex Disability Support Needs Program

Please answer all of the 13 questions on service delivery from 1 July 2022 - 30 June 2023

1. Agency?	2. Area?	3. No. families who received the program service in 1 July 2022-30 June 2023?	4. No. children (0-18) who received the program service 1 July 2022-30 June 2023?	5. No. participating families goals fully met?	6. No. participating families goals substantially met?	7. No. participating families goals partly met?	8. No. participating families no goals met?	9. No. refe families w disengage

d) CCDSN Program Manual

Selected images from the manual are presented below.

CCDSN Manual

Children with Complex Disability Support Needs
Child and Family Services

familycare

familycare

Contents

familycare

3 Theoretical Approach

Image by Joe Arterio / CC BY-NC-ND

3.1 STRENGTH-BASED APPROACH

A strength-based approach is working to families and children's abilities and knowledge, and knowing that they are the experts about their lives. We take this approach rather than focusing on their deficits, things they are lacking or to assume we know what it is like to be in their shoes.
The intention is not to minimise the issues the family are facing but to be able to address them in a way that is most appropriate for the families themselves. It is also about enabling clients to recognise and understand the positive aspects of their lives and skill sets (Department of Health and Human Services 2019).

3.2 CHILD CENTRED APPROACH

A child centred approach keeps the child at the forefront of discussions, in a way that actively provides supports for the family while keeping the child out of harm's way. This approach recognises that children have their own wants and needs that family members may not always understand or recognise. Sometimes while using a child centred approach this may go against the parents' wishes, but would be in line with meeting the child's physical and emotional needs (Commonwealth Department of Social Services).

3.3 FAMILY FOCUSED

A family focuses approach places children at the centre while considering all family members wants and needs. This helps to strengthen relationships and enables them to find solutions to the problems they face (Commonwealth Department of Social Services).

familycare

4 Roles & Responsibilities

4.1 CCDSN TEAM LEADER

CCDSN Team Leader qualifications can include a bachelor of social work, psychology, community services or other tertiary qualifications and/or experience relevant to Social Welfare Practice. FamilyCare also finds it desirable to have previous experience in the disability and child and family services' sector.

Essential Requirements to the role include:

- Ability to lead and train staff to be able to undertake Case management and family support functions for FamilyCare's, Child and Family Service programs.
- Sound knowledge of theoretical and practice frameworks relating to child development, trauma and attachment and disability.
- Experience in leading a team and providing supervision, direction, and debriefing to staff.
- Well-developed interpersonal and communication skills including the ability to communicate with a range of people including but not limited to government, statutory bodies and clients.

4.2 CCDSN WORKERS

CCDSN qualifications can include social work, psychology, community services or other tertiary qualifications and/or experience relevant to Social Welfare Practice.

Essential Requirements to the role include:

- Undertake intake functions for FamilyCare's, Child and Family Service programs
- Provide information, advice and initial support.
- Work with all families using a child-centred, strength-based and family focussed approach.
- Be mindful and inclusive of cultural and social influences that may be present.
- Collaborate with other agencies in the intake and referral process.
- Maintain comprehensive case notes, electronic data collection requirements and provide internal reports to the Team Leader.
- Be aware of FamilyCare's responsibilities to contribute to children's safety and wellbeing and report any concerns about neglect or abuse to a supervisor or manager.

e) CCDSN Program Framework

familycare

Child & Family Services
Children with Complex Disability Support Needs (CCDN)

Primary Aim

The primary aim of the CCDSN program is to provide supports for children and young people with complex disability support needs and their families to preserve the family unit in a supported and safe manner.

The CCDSN Program complements the disability supports funded by the NDIS for children whose disability support needs may not be able to be met within the family home. The program works in collaboration with the NDIA to ensure that the necessary supports are in place to support the families to continue care in the family home and in exceptional circumstances, in accommodation outside of the family home.

Eligibility

This program is targeted at children who require or may require in the future accommodation outside the family home due to their complex disability support needs.

To be eligible for this service the children must:

- Be an NDIS participant and be jointly supported by the Department Families, Fairness and Housing (DFFH) and the NDIS, with both parties agreeing to co-ordinate services.
- Have complex disability support needs that may not be sustainably met in the family home.
- Not require a statutory response to ensure their safety.

Children may receive support from this program:

- When residing in the family home, to prevent entry into accommodation outside the family home, in exceptional circumstances when other mainstream services are not available.
- When requiring accommodation outside the family home.
- When transitioning from board and lodging arrangement outside of the family home into adult accommodation arrangements and additional support is required (in exceptional circumstances).

Appendix 2: Indicative interview questions

FamilyCare Workforce

1. Can you briefly describe to me the Children with Complex Disability Support Needs Program?

- For example, the overall aim of the program; your perspectives on how it is designed or how it works to support families, parents and children.

2. Can you tell me about your specific role with the CCDSN Program?

- For example, your main duties; any theories or frameworks you use in your role with CCDSN.

3. Thinking about the CCDSN program, can you describe from your experiences, any positive changes brought about by the program for clients (families, parents, or children)?

4. Is there a significant positive case or example that you can tell me about that highlight for you that the program is meeting its aims? (Remind interviewee no names of clients, or identifying features)

5. What, in your view, have been barriers or negative areas that the CCDSN program could not influence or were unable to change for clients (families, parents or children)?

6. What, in your view, would help with any barriers related to the CCDSN program?

7. What do you think could be done to improve the program?

- Are there additional options that could be offered to support families, parents, and children?

8. Thinking about your professional role within the CCDSN program, can you describe any experiences of positive change for yourself? For example, any change brought about by your interaction with the program in your practice, or your professional identity, or increased your skills or capacity?

- Has the CCDSN program had any negative impacts or outcomes on you professionally?

9. Do you have any suggestions about the future of the CCDSN program or about the sustainability of the program?

10. Lastly, is there anything else you would like to tell me about the CCDSN program or your role within it? Or anything else to add about support for families, parents or children.

Program clients (parents/carers adults over 18 years)

1. Can you tell me a little about yourself and your family?

2. Thinking about when the FamilyCare workers visited you, what happened and what did this mean for you?

3. What type of things did you find helpful or supported you when working with the FamilyCare workers?

4. Did this support help with any changes for you or your family?

5. Is there one big change that meant a lot to you that you can tell me about?

6. Were there things that FamilyCare were unable to help you with at that time?

External professionals associated with the program

1. Can you briefly describe to me your background and professional role.

2. Can you tell me a about your connection to the FamilyCare CCDSN Program?

- For example, how you have become involved with the program; your main duties; any theories or frameworks you use in your role with CCDSN.

3. Thinking about the CCDSN program, can you describe from your experiences, any positive changes brought about by the program for clients (families, parents or children)?

4. Is there a significant positive case or example that you can tell me about that highlight for you that the program is meeting its aims? (Remind interviewee no names of clients, or identifying features)

5. What, in your view, have been the barriers or negative areas that the CCDSN program could not influence or has been unable to change for clients (families, parents or children)?

6. What, in your view, would help overcome barriers related to the CCDSN program?

7. What do you think could be done to improve the program?

- Are there additional options that could be offered to support families, parents and children?

8. Thinking about your professional role within the CCDSN program, can you describe any experiences of positive change for yourself? For example, increased opportunities for collaboration; any changes brought about by your interaction with the program in your practice, or your professional identity, or increased your skills or capacity?

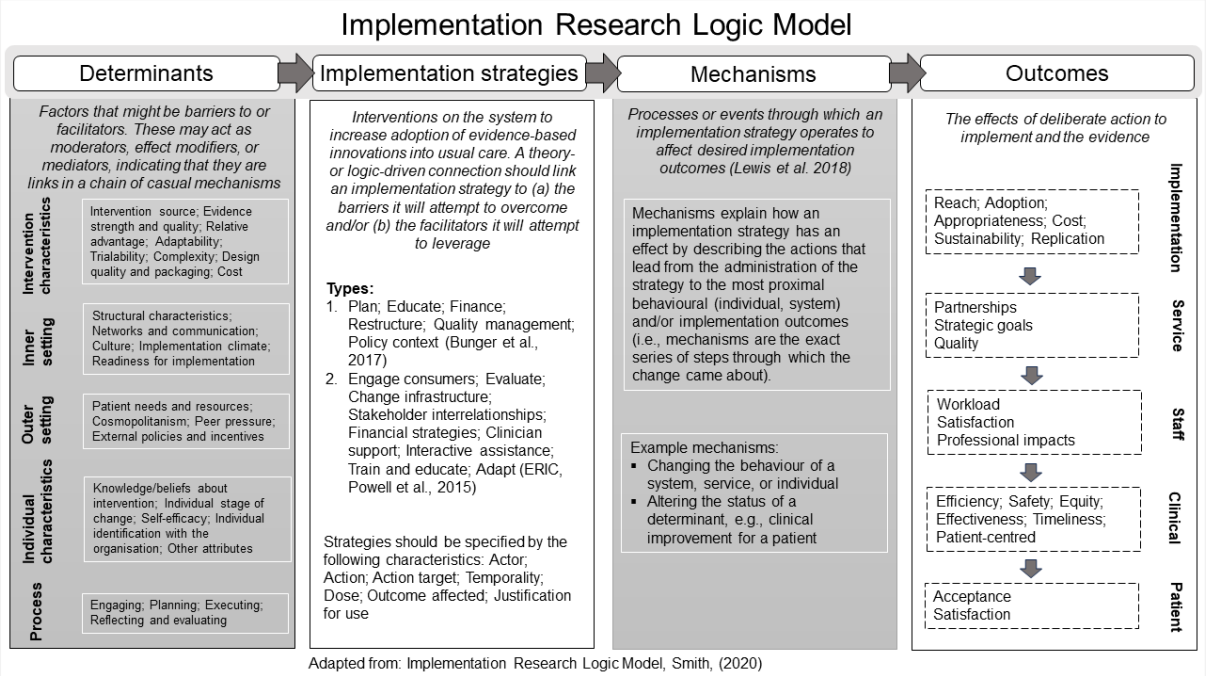
- Has the CCDSN program had any negative impacts or outcomes on you professionally?

9. Do you have any suggestions about the future of the CCDSN program or about its sustainability?

10. Lastly, is there anything else you would like to tell me about the CCDSN program or your role within it? Or anything else to add about support for families, parents or children.

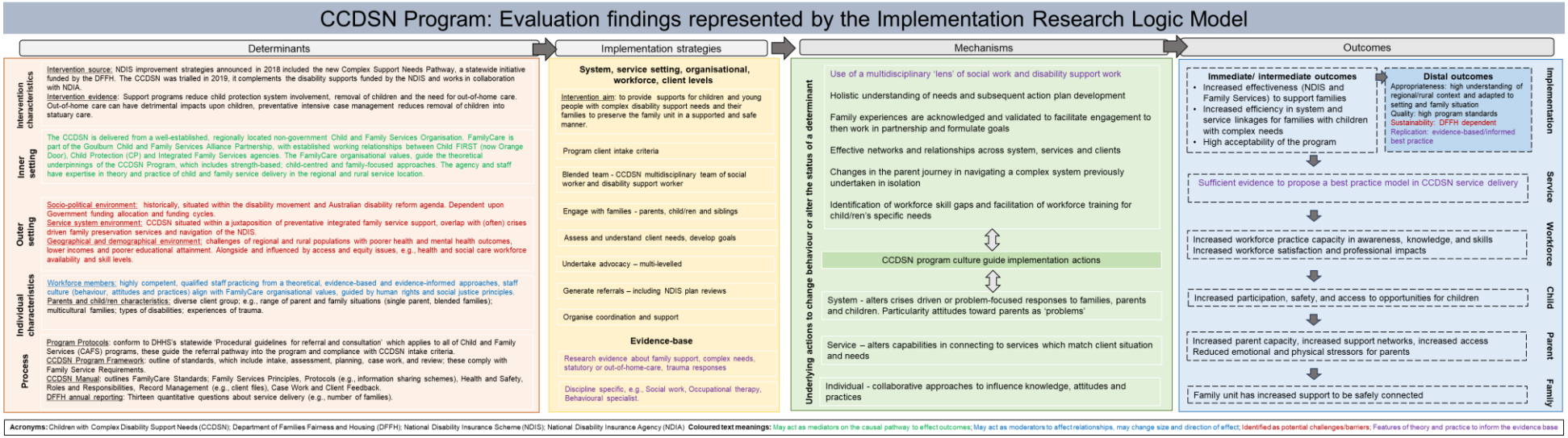
Appendix 3: Implementation Research Logic Model

An adaptation of the Implementation Research Logic Model (IRLM) was used in this evaluation. The IRLM was developed to increase transparency when describing and understanding the connections between determinants, strategies, mechanisms, and outcomes of an intervention (policy, program, or project). It has been found to be a useful tool for program planning, executing, and reporting and, as used here, in evaluation to capture and synthesise findings (Czosnek et al., 2022; Smith et al., 2020). The IRLM diagrammatic representation identifies the key components and the relationships between each, for example, how implementation strategies influence outcomes and lead to expected effects. The figure below, adapted from Smith et al 2020 below provides an overview and descriptions of the IRLM domains.



Adapted from: Implementation Research Logic Model, Smith, (2020)

Appendix 4: CCDSN Program Implementation Research Logic Model



Appendix 5: Dissemination of results

Planning with FamilyCare and the University of Melbourne to disseminate the results of the evaluation includes this report for distribution to stakeholders along with:

- A short summary report (4 pages), available from FamilyCare
- Abstract accepted for an oral presentation at the Australian Institute for Family Studies 2024 Conference to be held in Naarm June 12 to 14. The team will give a 15-minute presentation on Wednesday June in the 11am to 12.30 pm session. The presentation is entitled: *Children with complex disability support needs: keeping rural families together.*
- Planned publication for a peer reviewed journal, mid-end 2024.

Carol Reid & Lucinda Aberdeen