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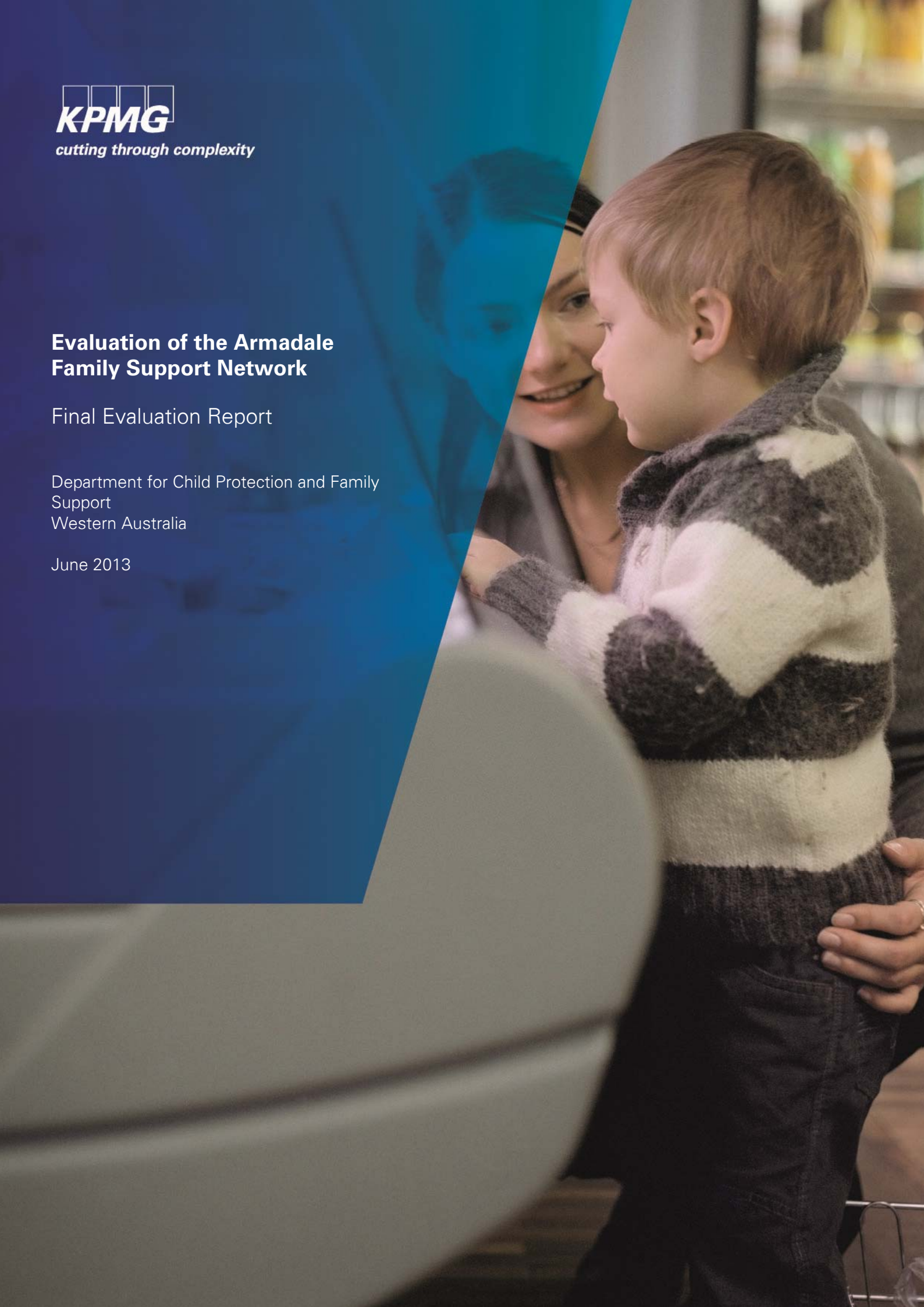
Evaluation of the Armadale Family Support Network

Final Evaluation Report

Department for Child Protection and Family Support
Western Australia

June 2013



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Acronyms and abbreviations

AFSN	Armadale Family Support Network
ASO	Assessment Support Officer
CEP	common entry point
CPFS	Department for Child Protection and Family Support
FSN	Family Support Network
GJCAC	George Jones Child Advocacy Centre
IT	Information Technology
MOU	Memorandum of Understanding
Parkerville	Parkerville Children and Youth Care (Inc)
State Plan	*Secondary Family Support State Plan 2010-2013*
SWA	Safety and Wellbeing Assessment
WA	Western Australia

Executive summary

The Department for Child Protection and Family Support (CPFS) has been implementing a large-scale reform agenda aimed at integrating family support services across Western Australia (WA). The establishment of Secondary Family Support Networks (FSNs) is critical to achieving this integration. The Armadale Family Support Network (the AFSN) is the first Family Support Network (FSN) to be implemented in WA. It is located in the Armadale district and is led by Parkerville Children and Youth Care Inc (Parkerville).

The AFSN operates with partner agencies who are providers of secondary family support services. Partner agencies have signed memoranda of understanding (MOU) which bind them to an agreed approach to service provision. Currently, the following organisations are AFSN partner agencies:

- Armadale Youth Resources
- Centrecare
- Communicare
- Coolabaroo
- Department for Child Protection and Family Support, Armadale District
- Drug ARM WA
- Minnawarra House
- Mission Australia
- Relationships Australia
- Ruah Community Services
- Starick Services
- Wanslea Family Services.

The Department for Child Protection and Family Support (the Department) provides annual funding of $458,700, over three years, to Parkerville Children and Youth Care as the lead agency for the AFSN. Funding enables the operation of the Common Entry Point; the CEP team comprises an Alliance Manager and two Assessment and Support Officers. The Department also provides one full time equivalent senior child protection worker, based at the CEP. A further $1 million per annum is provided to help build the capacity of AFSN partner agencies, including flexible brokerage funding.

Progress to date

Overall, the AFSN has made good progress in a number of areas, including:

- alignment to original intent and operating model.
- providing an accessible and visible point of contact in the local Armadale District, with a proportion of self-referrals and good links with local schools and health services.

- maintaining an effective and efficient response to demand, particularly as the activity levels have been consistent across the 12-month period, although the common entry point (CEP) has highlighted the need for flexibility as the resource levels have increased in response to increasing demand.
- early evidence of positive outcomes for vulnerable children and their families.

The AFSN in the first 12-months has opened 517 cases, with 1,663[1] clients, and has impacted on CPFS with:

- positive signs of increasing service coordination between the AFSN and CPFS
- a ***17.1 per cent*** decrease from quarter one to quarter three for initial inquiries in 2012-13
- a ***44 per cent*** decrease from quarter one to quarter three in Safety and Wellbeing Assessments (substantiated and non-substantiated) in 2012-13.

The AFSN is also seeing increasingly more cases with higher levels of complexity and carrying a higher level of risk, compared to the experience of agencies pre AFSN operations. Family support is the primary issue for vulnerable clients referred to the AFSN, with approximately 49.5 per cent of cases reporting Family Support as the primary issue of concern

There is emerging evidence of the AFSN leading to improvements in outcomes for vulnerable children and their families:

- there is promising evidence of the AFSN and its partner agencies have positively influenced, and are delivering improvements in circumstances for majority of vulnerable children and their families who have completed their support services from the AFSN. This includes being better able to resolve crisis, improve their capabilities and reduce risk factors to children[2].

While difficult to quantify, it is generally acknowledged that the consequences and costs associated with child abuse are severe and wide ranging. Costs include:

- Health System costs
- Education Costs and Productivity losses
- Crime and Justice
- Costs of Protection and Care Programs
- Burden of disease.

In summary, the economic analysis demonstrates that the benefits resulting from participation in the AFSN are likely to significantly outweigh the costs associated with the program. ***In aggregate, it is estimated that for every dollar invested to support the participation of***

[1] Note – there were minor discrepancies in the client counts from the client and case table

[2] It is however important to note that outcome changes will only be evident over the medium to long term, not the short term. It will require a minimum of three years to allow for direct attribution of any improvements to outcomes to the AFSN.

children and families in AFSN, the Western Australian Government and the community will save at least $2.06 in reduced expenditure on future CPFS activities, out-of-home care, and avoided lifetime cost of child abuse and neglect. This equates to a net benefit of around $1,052 per AFSN client participating in the program.

1 Introduction

The Department for Child Protection and Family Support (CPFS) has been implementing a large-scale reform agenda aimed at integrating family support services across Western Australia (WA). The establishment of Secondary Family Support Networks (FSN) is critical to achieving this integration. The aim of the networks is to provide a consistent and stronger approach to family support services, including parenting support, counselling (family/financial/alcohol and substance abuse) and programs to reduce conflict within families. These services will provide earlier responses for vulnerable children and their families and reduce the need for child protection statutory responses where possible.

The Armadale Family Support Network (the AFSN) is the first FSN to be implemented in WA. It is located in the Armadale district and is led by Parkerville Children and Youth Care Inc (Parkerville). The AFSN began taking clients from 2 April 2012, with a formal launch on 22 May 2012. Since its establishment, the AFSN has brought on 13 partner agencies providing a range of services spanning family support, counselling, housing and tenancy support, domestic violence services and outreach. Working relationships have also been developed with schools, local governments, the Armadale Hospital and Aboriginal agencies.

1.1 Evaluation purpose and scope

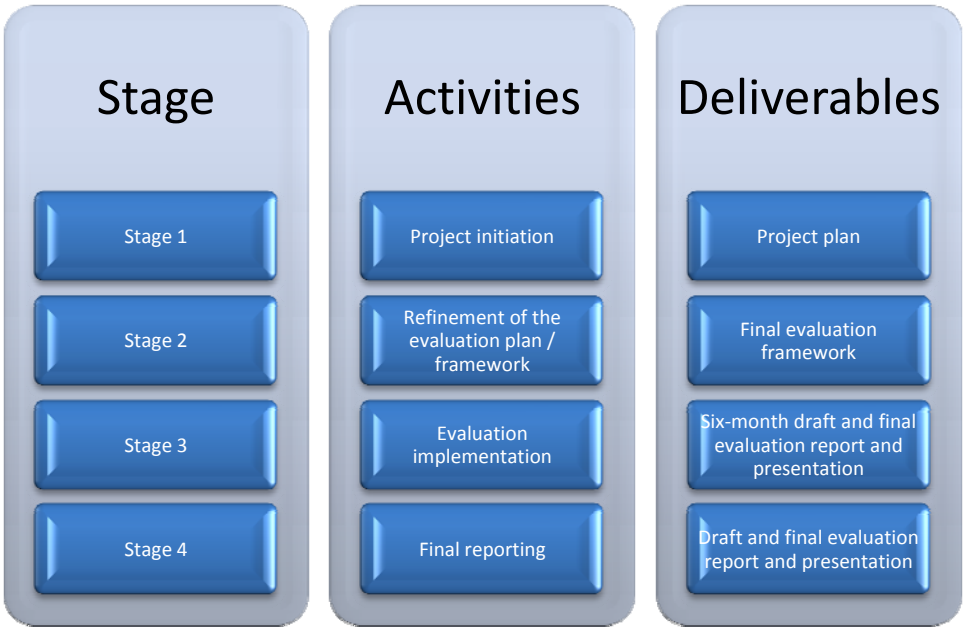
The objectives of the evaluation are to:

- assess the evolving implementation of the AFSN and identify emerging good practice, enablers, barriers and opportunities to strengthen the AFSN
- examine the possible emerging impacts that the AFSN has on reported abuse and neglect in the Armadale District
- provide some early indications of the effectiveness of the AFSN in achieving positive client and child protection outcomes
- assess the effectiveness of the role of the community-based child protection leader in the AFSN as well as the AFSN's relationship with the Armadale CPFS District Office
- identify other opportunities, challenges and possible strategic directions.

1.2 Evaluation methodology

The evaluation period was from April 2012 to March 2013 and the methodology consisted of four stages, as outlined in the figure below.

Figure 1: Evaluation stages



Source: KPMG

1.3 Evaluation design

The evaluation has been tailored to consider the context of the innovation site and its progress to date. The evaluation approach and method considered:

- the unique evaluation needs of a single network innovation site in metropolitan WA at Armadale
- the population of the Armadale District, including the high population of children and families from an Aboriginal background
- the implications of other reform programs happening in the area
- the need to present information (particularly quantitative information) relating to the success of the AFSN innovation site, in a short period of time
- experiences in other jurisdictions.

1.3.1 Evaluation questions

Based on the evaluation purpose and context, the questions in Table 1 (below) were developed to frame the evaluation.

Table 1: Evaluation questions

Area of focus	Evaluation question
Implementation	**1.** Has the AFSN been implemented as outlined in the *Secondary Family Support State Plan 2010-2013* and Operating Framework?
	2. How effective was the implementation?
Impact on service delivery	**3.** How has integration influenced the delivery of services within the AFSN?
	4. Have there been improvements in case management and information sharing processes within AFSN agencies?
	5. Have any significant gaps in service been identified in the operation of the AFSN?
	6. What have been the impacts on CPFS in moving these families to an earlier part of the service system?
Outcomes for clients	**7.** How has the innovations site influenced outcomes for vulnerable children and families?
	8. Are children, young people and families better able to resolve crisis and promote the safety of themselves and their families?
	9. Has the AFSN supported individuals and families to promote the developmental needs, safety and wellbeing of at risk children?
Resource consequences	**10.** What have been the resource implications of implementing the innovations site?
	11. Have there been any resource savings to CPFS, AFSN partner agencies or in other areas, as a result of implementing the AFSN?
	12. Have there been resource increases (either to CPFS or partner agencies) in any related areas as a result of implementing the AFSN?

Source: KPMG

1.3.2 Data sources

The key data sources for the overall evaluation were:

- **analysis of administrative data** from CPFS and the AFSN, including case and client issues and outcomes.
- **outcomes analysis**, focussing on changes in child and family risk characteristics and parenting capacity/family functioning. Data was collected through routine assessment of

children and families, and data collected at entry to the AFSN was compared to exit data to assess the contribution of services to change for vulnerable children and families.

- **cost efficiency and effectiveness analysis** to assess whether the benefits of the AFSN outweigh the costs of reform by calculating the components of incremental costs and consequences.
- **consultation with key stakeholders** to gain qualitative information around the implementation, service delivery, costs and effectiveness of the AFSN. Consultation was undertaken with CPFS, Parkerville, partner agencies, practitioners and a number of other relevant stakeholders (such as schools, local government and the Armadale Hospital). A list of stakeholders consulted in contained in ***Appendix A***.

1.4 Structure of the report

The structure of this report is:

1. Introduction	Outlines the purpose and methodology of the evaluation.
2. Context of the Armadale Family Support Network	Outlines the policy context that led to the development of the AFSN and the proposed Operating Framework, detailing how it will work in practice.
3. The Armadale Family Support Network	Provides an overview of the Armadale district and the elements of the AFSN. IT also discusses the AFSN's alignment with the Operating Framework and the effectiveness of its implementation.
4. Outcomes for clients	Summarises the key findings from the first twelve months for clients of the AFSN.
5. Impact on CPFS	This section outlines the impact the AFSN has had on CPFS.
6. Resource consequences	Provides an overview of the financial outcomes (including benefits) of the AFSN.
Appendix A	List of stakeholders
Appendix B	Detailed Cost Benefit Analysis assumptions

2 The policy and operating model underpinning the Family Support Network

This section outlines the operating model for the FSN. It outlines the:

- policy context in Western Australia
- the operating framework of the FSN
- benefits of FSNs.

2.1 Policy context

A number of policy directions detailed within current literature on working effectively with vulnerable children, youth, families and communities have also informed the development of the FSNs. For example, the development of service models which aim to deliver integrated and coordinated interventions to vulnerable children and families are seen to be increasingly effective as:

- **there is a need for earlier and responsive intervention and prevention** – research has shown that high-quality programs that are delivered earlier indicate long-term and positive outcomes for children[3].
- **there is need for a holistic view of the child with a focus on development and best interests –** particularly looking at safety and stability of children and their development milestones[4].
- **brain development in the early stages of life is particularly key in the development and outcomes of children and young people into adulthood –** early childhood development can be seriously impaired by social, economic and regulatory environments.[5]
- **services should support both families and children** - evidence suggests that if parents experience difficulties and issues, the impact for children can be negative across the lifespan. The context of the family should therefore be considered when delivering services to children. Furthermore, family members are key resources for children's ongoing needs and development.[6]
- **there is a need for services to be coordinated and have a shared approach** – encompassing services across the service continuum such as specialist and universal services, to ensure that key professionals are consulted at key points, to provide one entry point for families, to engage families more systematically and to target client problems more effectively.[7]

[3] Sykora. J (2005*). Off to a Better Start: What we Know About Early Intervention Services*.
[4] http://www.cyf.vic.gov.au/__data/assets/pdf_file/0011/43013/ecec_best_interest_framework_proof.pdf - accessed October 2010
[5] Shonkoff, J.P and Phillips, D, From Neurons to Neighbourhoods: the science of early childhood development, pg.5. 2010, National Academy Press.
[6] Ibid.
[7] Social Exclusion Task Force (2007). Reaching Out: Think Family; UK.

- **services should address the cultural needs of Aboriginal and Torres Strait Islander children and families** – with research stating that Aboriginal and Torres Strait Islander children are almost five times more likely to be placed in out-of-home care compared with non-Indigenous children[8]. Aboriginal children and their families also have specific needs including ensuring that children are culturally safe[9], while mainstream agencies also have a role in ensuring their services are culturally competent and appropriate in providing suitable and safe responses.

2.1.1 Western Australian context

The *Secondary Family Support State Plan 2010-2013* (State Plan) provides the framework for a statewide integrated secondary services model for vulnerable and at-risk children, young people, their families and communities.

The vision of the State Plan is to develop a statewide network of high quality, integrated services that support children, individuals and families to appropriately address the risks and crises that they experience.

The State Plan outlines the high-level framework and strategies for the development of the FSN including aims and objectives, guiding principles, key stakeholders to be included, secondary services within scope, governance frameworks and the support structures required. This document guided the development of the Operating Framework for the FSN.

CPFS, partner Government agencies and the community sector worked in partnership to develop the State Plan and the framework to assist with the implementation of the FSN. The Community Sector Roundtable guided the development of the State Plan, comprising senior CPFS and community sector representatives. Other support to drive the reforms included:

- The Family Support Network Steering Group (consisting of Government and Non-Government members)
- The Family Support Network Working Group
- Three task groups to develop the following resource documents, available at www.whereto.org.au:
  - a common assessment framework
  - information sharing protocols
  - an MOU to set out role clarity between partner organisations
  - a communications strategy.

The work to develop the concept and elements to support the FSN took approximately two years before the tender process was undertaken.

The FSN operates within a policy and practice arena which includes a range of other initiatives aimed at addressing vulnerability within the Western Australian (WA) community more

[8] Australian Institute of Health and Welfare (2007).
[9] Australian Institute of Family Studies (no date). Indigenous Responses to Child Protection Issues.

broadly, including the Child and Parent Centres recently announced by the Government that work with a child's early development and school readiness needs – not the complexity of issues that the FSN would assist children and families with.

2.1.2 The operating framework

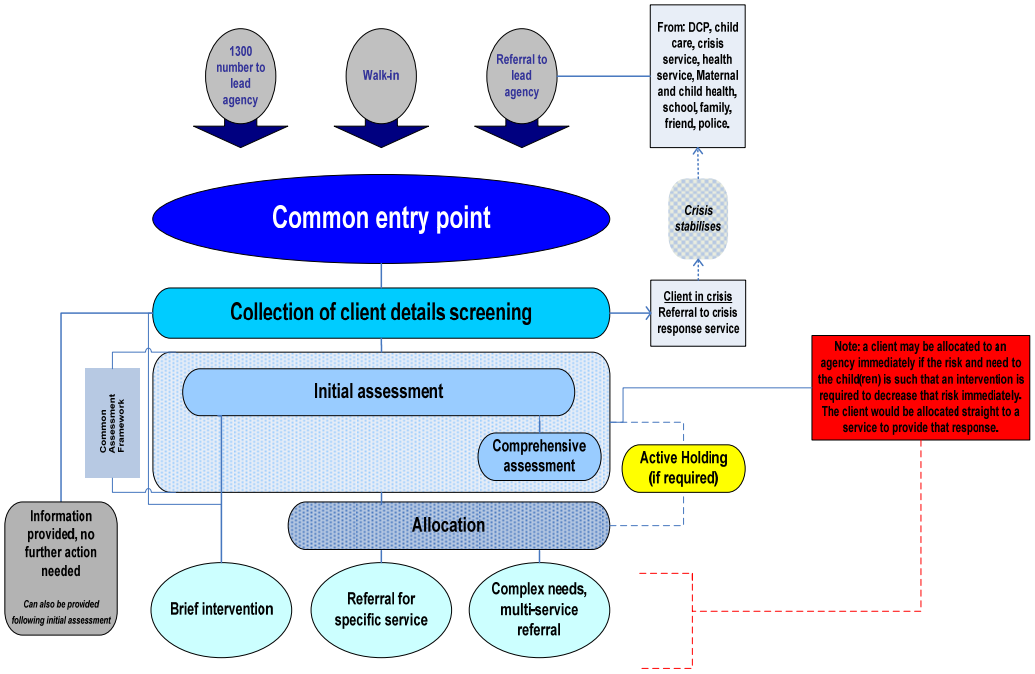
The operating framework provides the detail for how networks will operate on the ground.

Figure 2 illustrates some of the key elements of the network, including:[10]

- a **common entry point** (CEP) into the local service network, with partner agencies to adopt a 'no wrong door' philosophy to connect clients with services
- **client screening** where initial client information is collected by either the CEP or the partner agency
- **common approach to assessment** so that the risk and need of each client can be effectively identified and addressed
- **allocation of cases based on greatest risk and need**, and capacity of partner agencies to provide a response
- **'active holding'** rather than a traditional waitlist response
- **coordinated demand management** where the lead agency has oversight of district level demand for both child protection and family support services.
- **differential service intensity** based on the assessment and case planning process.

[10] DCP, 2010, Operating Framework for Secondary Family Support Hubs

Figure 2: Client pathways through a proposed network

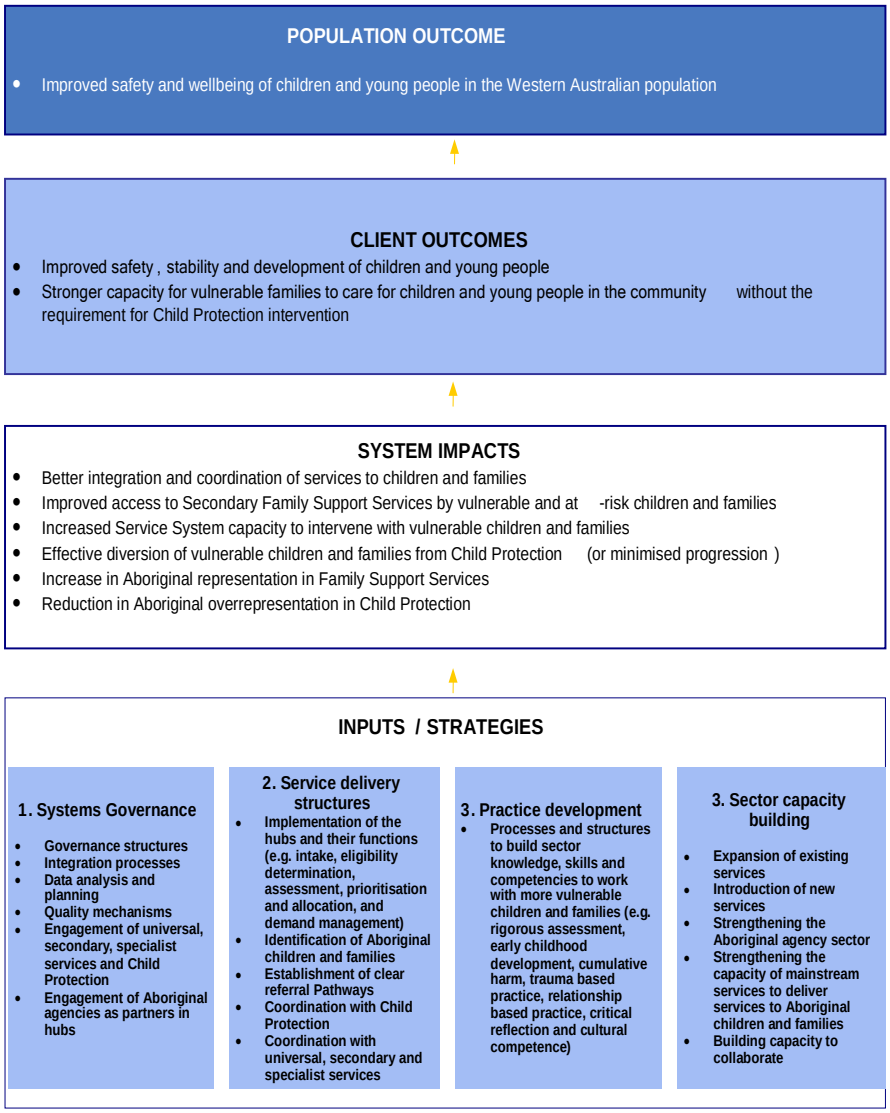


Source: Operating Framework for Secondary Family Support Hubs, 2010

2.2 Benefits of an integrated and coordinated approach

In developing the operating model, a results logic framework (see below) outlines the intended outcomes and benefits.

Figure 3: Results logic framework



Source: KPMG

The benefits of an integrated and coordinated approach include:

- better integration and coordination of service to families and children - family support services should be more visible and accessible in the local community. This includes:
  - improving the experience of those people seeking assistance through streamlined service delivery
  - allowing for a personalised, comprehensive and coordinated approach to addressing complex and interrelated challenges

  - unifying service approaches towards shared outcomes
  - strengthening the links between services by incorporating agreed processes
  - assisting people with complex needs to be supported through integrated case management over a longer period of time
- diversion from Child Protection services, or a minimisation in the increase of inquiries to the Child Protection
- better coordinated services between Child Protection and Secondary Family Support services, that better target vulnerable families
- increased understanding and service coordination between Family Support Services and universal, secondary and specialist services
- potential financial return as the benefits can outweigh costs.

2.3 Avoided costs

The report, *Transition from care: Avoidable costs to government of alternative pathways of young people exiting the formal child protection care system in Australia*, provides an indication of the costs that could be avoided by improving outcomes for vulnerable children and families.

The report found that it can cost government approximately $46 million per annum to provide services to people aged 16 to 18 years who have left the formal child protection care system. This can be contrasted to the $3.3 million per annum it would cost to service the same number of people in the general community. This means that the net cost to government is approximately $43 million per annum or $1.9 billion over a 44-year life cycle.[11] Other costs include cost per placement night and cost per child protection case.

People who have left the formal child protection care system are likely to earn less than the general community. This means that there are tax dollars foregone as a result of the lower likelihood of employment. This is estimated to be $2 million per annum for the 16-24 years age group, and $5.4 million per annum for the 25-60 years age group.[12]

The FSN investment will allow for a strengthening and a focus on those who are vulnerable, with potential benefits including:

- mitigating against increased risk to vulnerable children. By engaging vulnerable and at-risk children and families earlier, the potential for an escalation in risk is reduced. Addressing the needs of children and families earlier will lead to a potential reduced demand on the Child Protection system, reduced burden on the Child Protection workforce and better outcomes for children and families.
- reduced risk to government of future claims from children who received poor care.

[11] Morgan Disney and Associates Pty Ltd and Applied Economics Pty Ltd (with Evolving Ways), 2006, "Transition from Care: Avoidable Costs to Governments of Alternative Pathways of Young People Exiting the Formal Child Protection Care System in Australia – Volume 1 Summary Report",
[12] ibid

- reduction of higher rates in adult life of (over the long term):
  - health problems and hospital admissions
  - psychological and psychiatric problems
  - drug and alcohol addiction
  - incarceration rates
  - family breakdown
  - unemployment.

FSN services should:

- actively engage children and families at the point that vulnerability is identified
- coordinate service delivery to vulnerable children and families at a local community level
- provide publicly known access through a common entry point.

2.4 Summary

The FSN is a new approach to service delivery for secondary family support services and is a key element of reform to the way in which services are provided to vulnerable children and their families.

3 The Armadale Family Support Network

This section provides an overview of the AFSN. It includes:

- description of the Armadale district, including key socio-demographic characteristics
- overview of the AFSN
  - description of the AFSN's structure and key stakeholders (common entry point and partner agencies)
  - description of the AFSN operational model.

3.1 The Armadale district

The CPFS classification of the Armadale district includes the following Statistical Local Areas:

- City of Armadale: postcodes 6111 and 6112
- City of Gosnells: postcodes 6108 to 6110
- Shire of Serpentine-Jarrahdale: postcodes 6113 and 6121 to 6126.

The district also includes Kenwick (postcode 6107).

Key characteristics of the Armadale district based on the 2011 census[13] are as follows:

- **2.5 per cent of the population are Indigenous**. While this is lower than the State average of 3.1 per cent, it is important to ensure that services are culturally appropriate as research shows that Indigenous children are almost five times more likely to be placed in out-of-home care compared with non-Indigenous children.
- **59.9 per cent of the population is born in Australia**, which is lower than the State average of 62.9 per cent.
- **5.0 per cent of the population is estimated to be unemployed**, compared to the State average of 3.8 per cent. This increases the risk and vulnerability factors for children, young people and their families.
- **21.9 per cent are single parent families** with children under 15 years of age compared to the State average of 19.9 per cent.
- **14.9 per cent of jobless families** have children less than 15 years of age compared to the State average of 12.3 per cent.[14]
- **10.6 per cent of all families are welfare-dependent or on low incomes**, compared to the State average of 8.8 per cent.[15]

[13] Public Health Information Development Unit. Social Health Atlas of Australia: Medicare Locals, published 2012, <http://www.publichealth.gov.au/data/social-health-atlas-of-australia%3a-medicare-locals_-published-2012.html> accessed September 2012
[14] Based on 2006 census data as the 2011 census data was not available.
[15] Based on 2006 census data as the 2011 census data was not available.

The Armadale district experiences greater levels of vulnerability than the State average, and as such, the risk factors to children's normal developmental progress may be increased.

3.2 Overview of the Armadale Family Support Network

This section presents an overview of the AFSN model.

3.2.1 Timeline to the AFSN

Parkerville was selected as the lead agency in December 2011 charged with the responsibility for establishing the first FSN in WA. Upon being awarded the tender, Parkerville immediately commenced the development of the AFSN. The figure below provides an overview of the major milestones associated with the establishment of the AFSN.

Figure 4: AFSN timeline

Source: KPMG

The AFSN operates with partner agencies who are providers of secondary family support services. Partner agencies have signed memoranda of understanding (MOU) which bind them to an agreed approach to service provision. Currently, the following organisations are AFSN partner agencies:

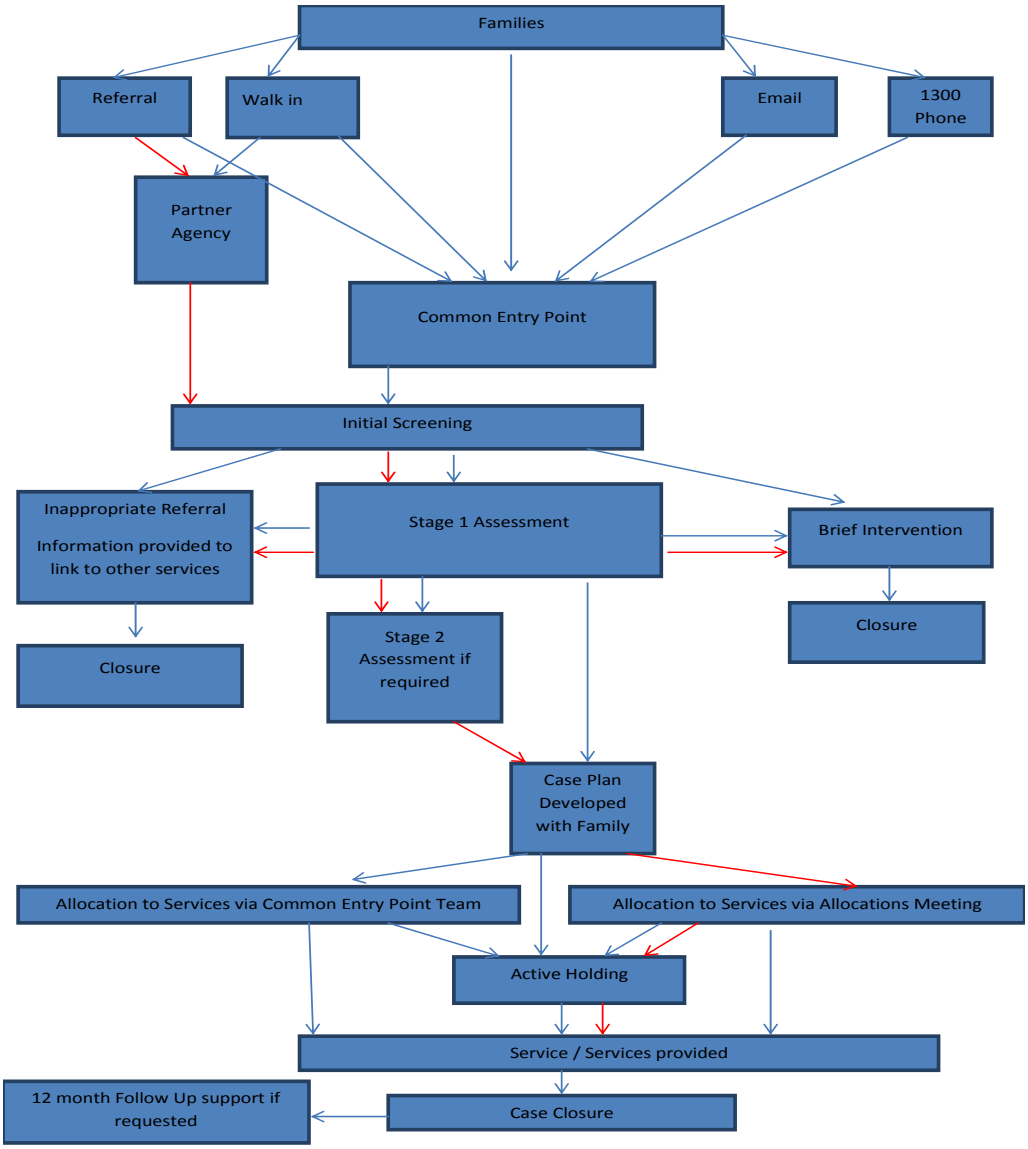
- Armadale Youth Resources
- Centrecare
- Communicare
- Coolabaroo
- Department for Child Protection and Family Support, Armadale District
- Drug ARM WA
- Minnawarra House
- Mission Australia
- Relationships Australia

- Ruah Community Services
- Starick Services
- Wanslea Family Services.

The current list of partners is not exhaustive. New partners can be added as required either where there is interest in participating in the AFSN or where a specific need is identified. This level of flexibility ensures an appropriate mix of services is available based on community need (this approach recognises that community need may change over time therefore, additional partners can be included in the AFSN as required).

Figure 5 outlines the AFSN operational model to address client needs on a day-to-day basis.

Figure 5: Overview of the AFSN operating model



Source: adapted by Parkerville from the Operating Framework and Practice Processes

The table below compares the core elements of the AFSN Operating Model with those of the original FSN model.

Table 2: Overview of comparison between FSN and AFSN

Key element	Family Support Networks	Armadale Family Support Network
Common Entry Point	Adopting a 'no wrong door' policy	Yes – a key element of the AFSN
Client Screening	Initial information collected by CEP or Partner agency	Yes – CEP and Partner's collect initial information
Common approach to Assessment	To identify risk and need consistently	Yes – use of Common Assessment tool (not universal across all partner agencies)
Allocation of Cases	Based on need, risk and capacity	Yes – however, capacity issues at Partner agencies has impacted on AFSN ability to allocate to Partner's
Active Holding	To move away from traditional waitlist response	Yes – active hold undertaken by CEP
Coordinated Demand Management	Oversight of district level demand	No – Partner agencies have not provided capacity status to AFSN
Differential Service Intensity	Based on assessment and case planning	Yes – different service intensities

Source: KPMG

3.3 AFSN client characteristics

For the period April 2012 to 31 March 2013 the AFSN had 1,663[16] clients. The table below provides an overview of the age range and gender of clients.

[16] Note – there were minor discrepancies in the client counts from the client and case table

Table 3: Client counts by age and sex

Gender	0 - 9 yrs	10 – 19 yrs	20 - 29 yrs	30 - 39 yrs	40 - 49 yrs	50 - 59 yrs	60+ yrs	Total
Female	233	219	101	214	98	13	14	892
Male	263	248	45	94	55	11	5	721
Missing/other	16	12	8	7	7			50
Total	**512**	**479**	**154**	**315**	**160**	**24**	**19**	**1,663**

Source: THE PROJECT TEAM

60 per cent of clients: aged 0 – 19 years…

Approximately 60 per cent of clients were aged 0 to 19 years old. This is consistent with expectations that the AFSN is working with vulnerable children.

Table 5 below presents further characteristics of the clients of the AFSN.

Table 4: Client counts by Indigenous status and country of birth

Characteristics	
Indigenous Status	Aboriginal and/or Torres Strait Islander – 177 clients Unknown/not recorded – 1,486 clients
Country of Birth	Australia – 1046 clients Top three other countries: • Great Britain – 36 clients • New Zealand – 32 clients • Tanzania – 7 clients Unknown/not recorded – 493 clients

Source: FuSioN, modified by KPMG

While the available client information provides an understanding as to the age and gender of the attending clients, the limited recording of Indigenous status and country of birth makes it difficult to assess the cultural diversity of the clients; which in turn makes it difficult to determine whether the services offered by the AFSN are 'culturally accessible'.

There have been 177 clients that identify as Aboriginal or Torres Strait Islander - potentially equating to about one in ten clients. While improvements have been made in the data recording for indigenous status with a focus recording for all clients, this is still not occurring, and as recommended in the six-month report, consideration should be given to making the recording of demographic information mandatory and adjusting the available categories to enable a better picture of client characteristics to be formed.

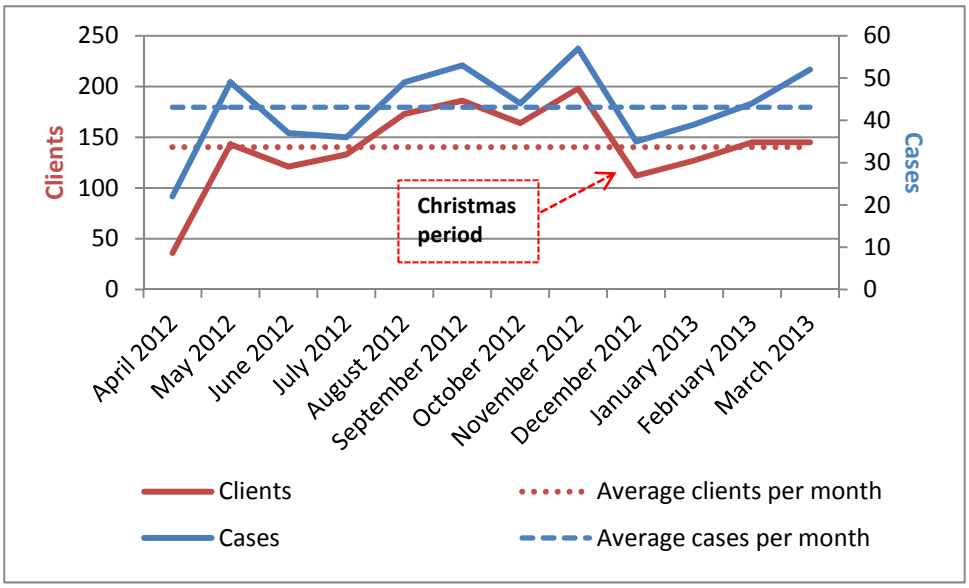
Finding:

The AFSN is working with vulnerable children as per the objectives of the AFSN model. The majority are Australian, and there is still a recording issue on the Indigenous status of clients.

3.4 Activity levels of the AFSN – the first 12 months

The number of cases and clients per month (approximately 45 cases and 150 clients per month) remained steady throughout the period May 2012 to March 2013 – see figure below.[17]

Figure 6: Number of cases and clients by month



Source: FuSioN modified by KPMG

The activity levels remaining at a consistent level has also provided a good test of resourcing the CEP and ensuring there is an effective and timely response. Brokerage funds have been used to increase capacity in the CEP through an additional ASO. Prior to this, the two ASOs had approximately 70 active cases each, and the Alliance Manager was also taking on some cases. The addition of the extra ASO has resulted in a current active caseload of approximately 50 cases. This is a heavy workload and is not sustainable over the medium term.

3.5 Referral source and type

From April 2012 to March 31 2013 there were 517 cases that come through the AFSN. There are now 41 clients that have more than one case, that is, they have returned to the AFSN, with two clients (of the 41) having returned three times. This is a positive trend as it suggests individuals/families are willing to reach for assistance rather than let their situation escalate potentially moving to a higher risk threshold.

[17] Please note: Data is limited as partner agencies are still accepting direct referrals which, when the network is fully operational, should be counted in the referral numbers.

The table below outlines the referral types and the number of cases and clients by each source at the six and twelve month points.

Table 5: All cases by referral type

Referral type	Six month cases	Six month clients	12 month cases	12 month clients	% Change in cases	% Change in clients
Agency	120	344	**296**	**935**	147 %	172 %
Individual	70	228	**214**	**731**	206 %	221 %
Other	3	5	**7**	**17**	133 %	240 %
Total	**193**	**577**	**517**	**1,683**	168 %	192 %

Source: FuSioN modified by KPMG

The main referral sources to the AFSN have been from local schools, health services and self referrals. The referral trend from local schools reflect the nature of the issues that some students and their families face and they highlight that schools require additional support to assist those students and families. Of note has been the increase in referrals from the six-month point to the 12-month point – in all cases at least doubling previous number of referrals, cases and clients. This highlights the increasing visibility that the AFSN has in the Armadale District, and the alternative pathway that referrer's now have available to them to support potentially vulnerable children, youth and families.

Finding:

Referral patterns highlight the increasing visibility and accessibility of the AFSN in the Armadale region which is providing an alternative pathway for vulnerable children and families.

Table 6 presents the referrer role information. Of note is the number of Missing/Other, which has substantially increased since the six-month point.

Table 6: Cases by referral type and referrer role

Referral Type	Referrer role	Six month cases	Six month clients	12 month cases	12 month clients	% Change in cases	% Change in clients
Agency	Missing/other	29	75	135	422	↑ 1025 %	↑ 1658 %
	Social Welfare Professional	61	206	85	278	↑ 39%	↑ 35 %
	School Personnel	17	48	38	117	↑ 19 %	↑ 29 %
	Health professional	33	107	37	118	↑ 185 %	↑ 269%
	Police Personnel	11	39	-	-	-	-
Individual	Family member	63	221	149	547	↑ 237 %	↑ 248 %
	Missing/other	28	93	52	161	↑ 186 %	↑ 173 %
	Member of Public	3	6	9	15	↑ 300 %	↑ 250 %
	Carer/friend			4	8	n/a	n/a
Other	Missing/other	3	6	4	11	↑ 133 %	↑ 133 %
	Family member	0	0	1	3	n/a	n/a
	Member of Public	0	0	1	1	n/a	n/a
	Social Welfare Professional	0	0	1	2	n/a	n/a
Total		**246**	**792**	**517**	**1,683**	**110 %**	**210 %**

Source: FuSioN modified by KPMG

There has been an increase in individual referrals from family members as the community becomes more comfortable with the AFSN and it increases its visibility. While referrals have increased to the AFSN, the referrals from police have decreased slightly over the last six-month period.

Learning:

For future consideration it may be easier to collapse the 17 categories currently available for Referrer role into a smaller subset (such as, have three or four categories for Individual referrals - member of the public, family member, self) and four or five categories for agency referrals (such as, school personnel, police personnel, healthcare personnel, social welfare personnel, other personnel). This will assist with data capture into the future and reduce the missing data.

3.6 Summary

The operating model established by Parkerville, and currently being implemented, is based on the vision of the State Plan and the Operating Framework developed by CPFS and the community sector, with ten partner agencies signing on to be involved in the AFSN.

Activity levels have been consistent across the 12-month period, and since the six-month report, referrals, cases and clients have more than doubled, indicating that the AFSN is providing an increasingly accessible pathway into the secondary service system for vulnerable children, youth and families.

4 Implementation of the AFSN

Implementation planning is critical to the success of any new initiative, and appropriate planning, resourcing and time are all factors that can impact on implementation.

4.1 Implementation overview

The Australian Policy Handbook[18] provides a suitable reference for effective implementation and it outlines the ten conditions for perfect implementation, including: [19]

- no crippling external constraints
- adequate time and resources
- a suitable combination of resources at each stage
- a valid theory of cause and effect
- direct links between cause and effect
- a single implementation agency, or at least a dominant one
- understanding and agreement on the objectives to be achieved
- a detailed specification of tasks to be completed
- perfect communication and coordination
- perfect obedience.

The table below provides an outline of the implementation planning for the AFSN compared to the ten conditions outlined for effective implementation.

Table 7: Overview of AFSN implementation vs. conditions of implementation

Implementation conditions	AFSN assessment
No crippling external constraints	None identified.
Adequate time and resources	As per the timeline, the AFSN had limited time to develop partnerships with agencies which has impacted certain key elements of the operating model, including managing capacity, case allocations and referrals from agencies.
A suitable combination of resources at each stage	$458, 700 is provided by the Department each year, for 3 years to fund the Lead Agency/Common Entry Point team; - One FTE Leader Child Protection is provided by the Department, based in the CEP; and

[18] Althaus, Catherine; Bridgman, Peter and Davis, Glyn, 'The Australian Policy Handbook', pg. 160. 2007, Fourth Edition.
[19] As first outlined in Gunn, L.A. "Why is implementation so difficult", Management services in Government, 33:169-76.

Implementation conditions	AFSN assessment
	- $1 million per year, for 3 years is provided by the Department to increase service capacity in Armadale.
A valid theory of cause and effect	Yes – the concept of the FSN/AFSN has been based on documented evidence that ealy intervention can be successful.
Direct links between cause and effect	As above
A single implementation agency, or at least a dominant one	Mixed – while Parkerville, as the Lead Agency, implemented, CPFS was involved to help facilitate implementation, however, it was noted that CPFS took a hands off approach in the early stages and have since become more involved.
Understanding and agreement on the objectives to be achieved	Mixed – based on the development of the FSN concept there were agencies who were not involved and had limited understanding of the concept. This has impacted on the AFSN as partner agency understanding is variable therefore the ability to operationalise the FSN concept is compromised.
A detailed specification of tasks to be completed	Mixed – documents were developed that outlined tasks, however, these were not detailed and did not include change strategy, communications strategy, and resourcing requirements.
Perfect communication and coordination	Mixed - based on the development of the FSN concept there were agencies who were not involved in the development process and had limited understanding of the concept. Further education and information activities needed to occur to support the roll out of the AFSN.
Perfect obedience	No – due to timeline pressures partner agencies were required to be signed quickly and without full understanding of the FSN concept (as they were not involved in the development process), MOUs have also been signed after the AFSN became operational. This has impacted on the level of involvement in the AFSN, particularly with the key elements of managing capacity and referring to the AFSN.

Source: KPMG

The operating model set out by Parkerville, and currently being implemented, is based on the vision of the State Plan and the Operating Framework developed by CPFS and the community sector, with 12 partner agencies signing on to be involved in the AFSN. This represents a significant achievement, in terms of engaging and signing partner agencies, given the short timeframes the AFSN had from confirmation of the AFSN to beginning operations within four months.

Overall, the AFSN has made good progress in a number of area's, including:

- alignment to original intent and operating model
- providing an accessible and visible point of contact in the local Armadale District, with a proportion of self referrals and good links with local schools and health services
- the good beginnings of coordinated services and building trust across the partner agencies
- identification of service gaps in the provision of support to vulnerable children and their families.

However, the lack of comprehensive implementation planning for the AFSN as a result of the short timelines has impacted on the overall effectiveness of the AFSN. The compressed timelines from notification of lead agency to operations, notwithstanding the two years of work in the lead up to the AFSN, impacted on:

- engagement of partners into the AFSN
- partner understanding of the AFSN concept, as some partners were not involved in the two years of work in developing the FSN concept
- operations of the AFSN, as the operations began while implementation activities were still underway
- finalisation and agreement of protocols and processes including capacity management, information sharing, working relationships with CPFS and referrals to the AFSN by partner agencies.

The AFSN has provided important learnings for the future FSNs in WA, in particular, resourcing implications for both implementation planning and the CEP – highlighting the need for further resources to implement the AFSN, and to meet demand when operations begin - further information and education of local agencies not involved in the two years of pre-work to develop the FSN and development of protocols/processes that need to be in place before the operations begin, such as case management responsibilities and referral practices to the CEP.

Finding:

For future FSNs consideration should be given to:

- Ensuring all agencies in the local area understand the concept of the FSN, the objectives and what it means to participate in a FSN.
- CPFS testing partnerships prior to any future FSNs. The success of future FSNs may depend on whether such collaborative arrangements are already in place and whether or not their

effectiveness is already observable.

- Developing detailed implementation planning for future FSNs, at both the local level and at CPFS level.

4.2 Future considerations for future FSN implementation

To ensure the delivery of desired program outcomes, for any new initiative it is critical that an implementation plan is developed to guide the establishment of a new way of working as is proposed under the FSN operating model framework. Implementation planning helps manage the ambiguity and uncertainty that occurs during the establishment of new structures, mechanisms, and processes as outlined in the FSN operating model. To ensure that the planning processes are effective consideration needs to be given to the following core elements:

- **Change management**: to ensure a controlled transition and is aimed at reducing risks.
- **Communications strategy**: to provide information about the reforms (i.e. the reasons for the change, the benefits of change, assistance provided during the change process etc) and; secondly, to build momentum and anticipation about the change, what the new 'system' will look like, and the benefits of this to an individual, organisation and the community.
- **Governance methods**: to assist with managing the transition and then the service.
- **Infrastructure requirements**: list the infrastructure requirements during implementation and prepare any budgets to meet costs.
- **Risk management**: important to implementation, as it helps to package and rate the key risks areas before implementation.
- **Stakeholder engagement**: the process of identifying the interested or influencing stakeholders and communicating with them effectively. Proper stakeholder engagement is essential to the program's success and thus a stakeholder engagement strategy is important in implementation.
- **Timeline:** identifying key milestones in the implementation process will ensure that program outcomes are met in line with the stakeholders' expectations and that infrastructure is available as required.

For future FSNs, CPFS (Head Office) will need to be involved throughout the implementation process to provide support, guidance, information and decision making authority. While recognising the support and involvement of CPFS from the District level, those resources are already stretched responding to local statutory response issues and CPFS Head Office assistance would be required to implement and collaborate with FSNs.

5 Outcomes for clients

This section outlines the outcomes for clients of the AFSN. It includes information on:

- entry and exit scores of client self assessment on the outcome measure "improvement in parental capabilities, support, and protectiveness"
- entry and exit scores of client self assessment on the outcome measure "reduction in risk factors experienced by children and young people"
- feedback from stakeholders and case studies highlighting the work of the AFSN and the outcomes for the children and their families.

5.1 Completed cases

Of the 517 cases at 31 March 2013, 299 were completed cases. The table below presents an overview of those cases that have been completed, and days from referral date to case closure.

Table 8: Closed cases by closure reason

Closure reason	Six month Cases	Six month Clients	Six month Average total effort per case (hours)	Six month Average time from referral to closure (days)	12 month Cases	12 month Clients	12 month Average time from referral to closure (days)
Case Completed	26	64	2.4	16.5	149	466	36
Client Disengaged	29	74	2.3	40.0	100	295	43
Inappropriate Referral	18	19	1.1	1.4	50	112	9
Total	**73**	**157**	**2.0**	**22.1**	**299**	**873**	**34**

Source: FuSioN modified by KPMG- note the number of hours is an estimate of the assessment process only.

There has been a six-fold increase of clients who have completed their interaction with the AFSN, since the six-month point. As the AFSN has now been operational for 12 months), more families have ***completed*** the support services put in place for them.

> *""At home, things have got so much better now... I didn't know what else I was going to do."* – AFSN client

The number of inappropriate referrals has decreased as a proportion of total cases in recent times. At the six-month point 24.6 per cent of referrals were inappropriate, compared to 16.7 per cent at the 12-month point. Figure 7 below outlines the monthly activity for case closure, disengagement and inappropriate referrals.

Figure 7: Closed cases by reason (case completed, client disengaged or inappropriate referral)

Source: FuSioN modified by KPMG

Finding:
The number of completed cases has increased since the beginning of operations of the AFSN. The number of inappropriate referrals, as a proportion of total referrals, has decreased over the 12-month timeframe.

5.2 Primary issue of concern

The primary issue of concern for most clients across the 517 cases was family support, slightly under half of the cases seen by the AFSN. Table 8 below details the primary issue of concern for cases referred to the AFSN.

Table 9: AFSN cases by primary issue of concern

Primary Issue	6 month cases	6 month proportion	12 month cases	12 month proportion
Family Support[20]	62	32.1 %	256	49.5 %
Other Issue	30	15.5 %	87	16.8 %
Housing	22	11.4 %	46	8.9 %
Parent/Teen Conflict	19	9.8 %	37	7.2 %
Parenting Issue	18	9.3 %	31	6.0 %
Mental Health	21	10.9 %	26	5.0 %
Domestic Violence	9	4.6 %	13	2.5 %
Financial Assistance/Substance Use/Missing	6	3.1 %	12	2.3 %
Child Protection	6	3.1 %	9	1.7 %
Total	**193**	**100** %	**517**	**100** %

Source: FuSioN modified by KPMG

Family support is the most common presenting issue for the AFSN with approximately 49.5 per cent of cases requiring family support. Of note is the decrease in the proportion of ***mental health,*** decreasing to 5.0 per cent of cases since the six-month point.

Focussing on the closed cases and the time spent in screening and assessment provides an indication as to the complexity of the cases as outlined in Table 10.

[20] Family Supports include issues such as: developmental delay, relationship difficulties, grief and loss, social isolation, community conflict, legal problems, post trauma support, school problems

Table 10: Closed cases by primary issue and average hours spent on screening and assessment

Primary issue	Cases	Clients	Average effort on screening and assessment (hours)	Average time from referral to closure (days)
Family Support	87	285	2.2	59.9
Other Issue	54	161	2.4	57.2
Housing	42	102	2.8	31.1
Parenting Issue	18	55	1.4	35.3
Parent/Teen Conflict	28	78	3.2	63.6
Mental Health	18	46	2.0	59.2
Domestic Violence	8	24	1.8	40.9
Financial Assistance	8	17	1.1	18.9
Child Protection	5	9	1.0	4.6
Substance Use	2	6	1.3	47.0

Source: FuSioN modified by KPMG

Closed cases where the primary issue was Parent/Teen Conflict had the highest average hours spent on screening and assessment, this has increased from ***1.8 hours to 3.2 hours*** from the six-month report to 12-month report. Parent/Teen Conflict also take the longest time to close, on average ***63.6 days***, followed by Family Support at ***59.9 days*** (compared to 47 days at the six-month point). Given that Family Support is the predominant primary issue of concern for the AFSN, with an increasing time to assess and complete, the complexity of cases is also increasing. Stakeholders, including practitioners, noted that the AFSN is taking on more complex clients, increasing the threshold of risk they are willing to absorb in terms of client complexity.

> *"The help that she (the mother) had received was just so beneficial. She wasn't alone anymore."* – partner agency

Child protection issues tend to require the least effort as these issues can be referred to child protection due to the risk factors involved and the fact that the AFSN may not best placed to respond to this issue – assessment and screening took on average ***1.0 hour*** at both the six-month and 12-month period. Not surprising, Child Protection cases are closed within the shortest time from referral, ***4.6 day***s on average.

Finding:

Family support is the primary issue for vulnerable clients referred to the AFSN, with cases closed, on average 59.9 days after referral. Parenting/ Teen Conflict takes the longest time to assess and the longest time to close. Cases are becoming more complex, with all issues taking longer to complete, even with increased capacity at partner agencies.

5.3 Improvements in family capacity to care / family functioning

The AFSN has two self-reported outcome measures. These are:

- improvement in parental capabilities, support and protectiveness
- reduction in risk factors experienced by children and young people.

To measure outcomes the AFSN has a client outcome measurement tool built into the FuSioN IT system.

At the end of the 12 month reporting period there were 79 completed cases that had outcome measure information recorded at entry and at exit (out of the 149 completed cases).

The entry and exit scores are recorded on a scale of one to five based on the perception of clients' experience during the period they received a service through the AFSN. Clients are assisted to fill this information in when they enter and exit the AFSN.

The AFSN is "a service to come and talk to when they need something," with clients coming in an out of the service as "they have had a positive experience and they'll come back." – partner agency

For the 79 completed cases (or 15 per cent of total AFSN cases) where outcomes were recorded[21] the average entry and exit score for the two self-reported outcome measures are outlined in Table 11.

Table 11: Entry and exit scores for completed cases

Measure	Cases	Clients	Average Entry score	Average Exit score	Proportion of total cases/clients
Improvement in parental capabilities, support and protectiveness	79	287	2.6	3.4	15%/17%
Reduction in risk factors experienced by children and young people	69	230	2.4	3.3	13%/14%

Source: FuSioN modified by KPMG

[21] Those cases where the outcome entry score was 0 were not included in the analysis

The exit score for both outcome measures is higher at exit than upon entry indicating an improvement in capabilities of parents and a reduction in risk factors for children and young people. These results are also on the increase compared to the six-month report, where:

- improvement in parental capabilities has increased further as the average entry score was 2.0
- risk factors for children has increased further as the average entry score was 1.8.

> *A single parent family with two children, the father having passed away when the child was a baby, was referred to the AFSN. One child had a medical condition which meant the child's behaviour was "trying" (anxious behaviour). As a result of the AFSN services, the mother received assistance with her parenting skills that led to improvements in the child's behaviour (less anxiety). The mother was pleased with the services and the outcome. – practitioner at partner agency*

Stakeholders, including partner agencies and practitioners noted that though it is too early to talk about outcomes for children and families, improvements have been observed in ***improved school attendance*** and in ***parents feeling better supported***.

Stakeholders also expressed positive views about the AFSN being a safe place to attend, ***"(The AFSN…is a service to come and talk to when they (vulnerable families) need something,"*** and "***they (the clients) have had a positive experience and they'll come back."***

Anecdotal feedback from the four schools that have developed a relationship with the AFSN and have referred vulnerable children and their families to the AFSN indicated that those children:

- have improved attendance at school and are improving in their ability to work with the curriculum
- have progressed in terms of their social and emotional wellbeing.

These improvements indicate that the AFSN is beginning to have a positive impact on vulnerable children and their families. Most stakeholders indicated that the accessibility of the AFSN provides to services, coupled with the service families are receiving, is a great outcome in, and of itself.

Finding:

For those completed cases where outcomes have been recorded, vulnerable children and families have recorded improvements in the outcome measures:

- improvement in parental capabilities, support and protectiveness
- reduction in risk factors experienced by children and young people.

While it is still early to directly link improved outcomes to the AFSN (having only been in operation for 12 months) there appears to be evidence of promising progress emerging to suggest positive outcomes will be delivered.

As a result of clients undertaking a self-assessment at the beginning of their support period and when completed, FuSioN also generates an achievement scale that captures the difference between entry and exit scores. The achievement scale is:

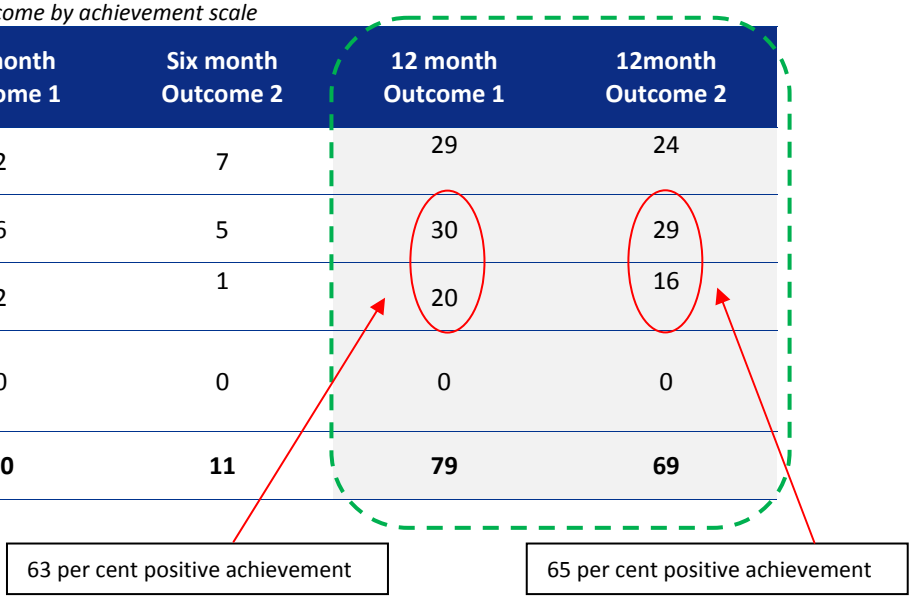
- 0 or negative score = Nil achievement
- Difference of 1 = Partial achievement
- Difference of 2 or 3 = Good achievement
- Difference of 4 = Significant achievement.

The table below outlines the achievement scores for those clients who have outcome measures recorded.

Table 12: Count of cases for each outcome by achievement scale

Measure	Six month Outcome 1	Six month Outcome 2	12 month Outcome 1	12month Outcome 2
Nil achievement	2	7	29	24
Partial achievement	6	5	30	29
Good achievement	2	1	20	16
Significant achievement	0	0	0	0
Total	**10**	**11**	**79**	**69**

Source: FuSioN modified by KPMG



Approximately 63 per cent of clients with recorded outcome data have recorded a partial, or good achievement for Outcome 1, and 65 per cent of clients have recorded a partial or good achievement for Outcome 2.

While it is early to directly attribute all improvements to the AFSN, there is promising evidence of positive improvements in circumstances for majority of vulnerable children and their families who have completed their support services from the AFSN.

Finding:

The majority of clients have not only recorded improvements in outcomes, but have also recorded positive achievement in completing their support with AFSN.

The WA FSNs are leading practice in the human service sector systems in Australia, through having a data collection method to measure client outcomes.

5.4 Summary

There is emerging evidence of the AFSN leading to improvements in outcomes for vulnerable children and their families, including:

- promising evidence of the AFSN and its partner agencies have positively influenced, and are delivering improvements in circumstances for majority of vulnerable children and their families who have completed their support services from the AFSN. This includes being better able to resolve crisis, improve their capabilities and reduce risk factors to children.
- Whilst promising indicators are apparent, absolute outcome changes will only be evident over the medium to long term, rather than the short term. It will require a minimum of three years to allow for direct attribution of improved outcomes to the AFSN.

For future FSNs it is important to ensure that outcome information is developed and captured from the beginning of operations and that processes are in place for case closure reviews to ensure that required outcome data is captured for the majority of clients/cases.

6 Impact on CPFS

This section outlines the impact of the AFSN on CPFS including:

- the working relationship with CPFS and the AFSN
- changes in activity for the CPFS Armadale, including comparison to other CPFS districts.

6.1 The AFSN and child protection

The AFSN and CPFS have started to work together closely, at the both the Central and Armadale level. CPFS Armadale have, over the past 12-months, started to:

- refer clients of CPFS to the AFSN (that is, open cases), where additional support is required for the child and family
- refer members of the community who "walk-in" into CPFS offices to the AFSN, who do not meet the "risk threshold" for CPFS, however, do require assistance to manage the vulnerability and current issues.

While the referrer role data does not disaggregate *"social welfare professional"* 37 of the 85 referrals from this category were from CPFS Armadale.

During the first year of operation there has been increasing service coordination between the AFSN and the CPFS Armadale District, including improved referral processes from CPFS Armadale to the AFSN so that there are fewer "inappropriate referrals". Some of the issues that the AFSN and CPFS have been addressing relate to:

- whether a case should remain with CPFS or be referred to the AFSN if secondary services are required
- responsibility for overall case management
- scope for co-work and visitations to families.

Located within the AFSN is the Leader Child Protection, who is a Team Leader equivalent. The position has been turned over, which has resulted in differing tasks being carried out depending on the person in the position. There has been a lack of clarity around the role of the Leader Child Protection, particularly in regards to:

- case management responsibilities versus working alongside ASOs in those cases where is a potential child safety issue
- screening all AFSN referrals to see if they were DCP open cases
- ongoing meetings with schools to provide progress updates on children in the AFSN.

> *"The role needs to advocate for both DCP and the AFSN."*
> *- Partner agency*

The AFSN is actively working in a collaborative manner to resolve these. There have been open discussions about each other's expectations, and the Family Support Network roles and responsibilities documents will be revised accordingly.

There was broad support for the Leader Child Protection to remain at a Team Leader equivalent. This is because it leads to a better interface between the AFSN and DCP. There is mutual respect for each other's decision making skills, and the Leader Child Protection is able to elevate cases to the DCP Team Leaders quickly and effectively. The Leader Child Protection needs to have the skills and experience to "walk both sides" to decide whether a case should go to the DCP or the AFSN.

Over the 12-month period, there has been a lack of clarity around how DCP and the AFSN will work together, particularly around cases open to DCP, regarding:

- whether a case should remain with DCP or be referred to the AFSN if secondary services are required
- responsibility for overall case management
- scope for co-work and visitations to families.

These issues are being clarified with a series of workshops to be held with Armadale DCP and the CEP to map the above processes and decision making points to ensure all parties have a shared understanding and agreement over how they will work together.

> *"It's good to have someone with a lot of background knowledge and thinking about the way the AFSN works."*
> *- Partner agency*

Overall, even with these early "teething" issues, there are early signs of increasing service coordination between the AFSN and DCP and this should improve once processes and decision points have been further clarified and agreed.

Learning:

For future FSNs, the process and role of local CPFS needs to be outlined and agreed prior to the operational beginning of the FSN. This includes:

- agreed process for referrals to the FSN
- agreed process for collaboration on cases
- agreed process for case management (noting that if the service is part of a broader statutory response, then case management remains with CPFS)
- agreed process for any co-work/co-visitation with families.

Case Study: Family Support

A grandmother presented to the Armadale Family Support Network (AFSN) via the Common Entry Point (CEP) as a walk in client after being directed to the AFSN by the Department for Child Protection and Family Support (CPFS). The grandmother presented as distressed and advised that her 21-year-old daughter, who had two young children, had a serious drug dependency. The mother was separated from the children's father and she lived with the grandmother on an ad hoc basis. However, due to her increasing drug use, incidents of stealing and interaction with alleged drug users, the grandmother had refused to have her daughter

reside in the family home, taking over care of the children.

The grandmother advised the CEP that she had previously contacted the Department for Child Protection and Family Support, and had advised them that her daughter was constantly phoning to request money for the children's nappies and other needs, including the repayment of drug debts; and that on several occasions she had taken the children home with her after finding them looking unkempt and with head lice and scabies. She further advised that drugs were freely available in the house and there were marijuana plants growing outside. She stated that recently her daughter had sought financial support from her as she needed a large sum of money for drug debts and was worried about her physical safety if she did not pay the debt.

The grandmother was provided with ongoing emotional support from the ASO as her daughter was making ongoing demands for money by telephone, during which time she would threaten to come and take the children if she did not receive the money. The ASO encouraged the grandmother to link into counselling, however, the grandmother did not feel ready to do this and requested weekly telephone support from the ASO. Consultations were undertaken with the Leader Child Protection (LCP) to clarify risk issues and ensure that all avenues of support were being explored to help the grandmother. The ASO and LCP also provided support with the:

- *the development of a safety plan should the daughter present at their home to remove the children.*
- *consideration for applying for a VRO against their daughter, which they were granted for two years.*
- *the provision of a letter of support for childcare, and was also supported throughout the period following the VRO being served.*

The ASO continued to support the family for several weeks until the situation de-escalated and the grandmother felt ready to commence counselling with a Partner Agency.

6.2 Stabilisation/reduction in child protection activity

The evaluation methodology included a comparison of initial inquiries and Safety and Wellbeing Assessments (SWAs) from comparable districts to the AFSN.[22] To achieve this end the AFSN and was matched to districts with similar profiles. The comparison districts were:

- Mirrabooka
- Cannington
- Rockingham

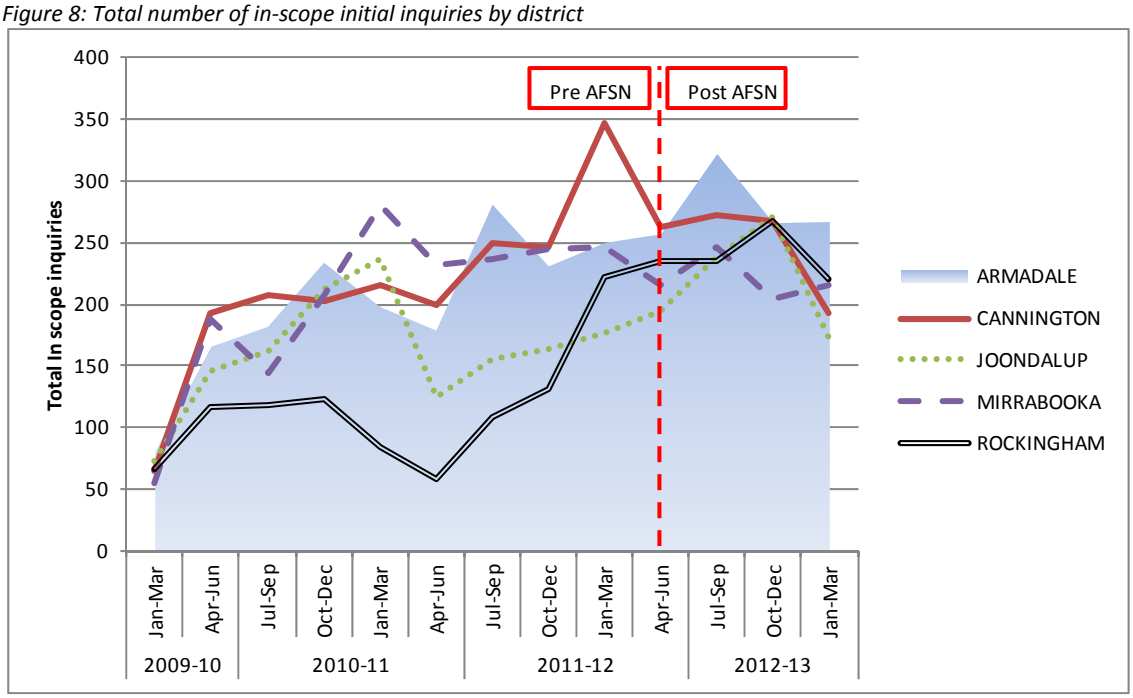
[22] Criteria for choosing the appropriate matched districts include that the key characteristics of the districts match those of the AFSN, including,

- Number (or proportion) of children aged 0 to 17 years within the district
- Number (or proportion) of Indigenous families within the district
- Proportion of child protection initial inquiries by district for children aged 0 to 17 years
- Proportion of SWAs by district for children aged 0 to 17 years.

- Joondalup.

The operating hypothesis is that the AFSN provides an alternative pathway for referrers and that the initial inquiries to the Armadale District of CPFS will be "de-cluttered" of those inappropriate referrals that do not require a statutory response. This should, overtime, lead to CPFS responding to only those referrals that meet the risk threshold, and, in the short term, an increase in SWAs and Orders as CPFS begins to respond only to those children most at risk, and requiring a statutory intervention. Figure 8 details the total number of in scope inquiries across Armadale and the comparison districts, from the third quarter 2009/10 to the third quarter 2012/13.

Figure 8: Total number of in-scope initial inquiries by district



Source: Assist modified by KPMG

While the Armadale District has had an overall increase in initial inquiries from 2009-10 (third quarter) to 2012-13 (third quarter), the analysis highlights across the period that the AFSN has been operating:

- there were **321** initial inquiries during quarter one (Jul-Sep) 2012-13
- **decreasing to 265** initial inquiries during quarter two (Oct-Dec) 2012-13
- **remaining steady at 266** initial inquiries during quarter three (Jan-Mar) 2012-13.

This has been a ***17.1 per cent*** decrease between quarter one and quarter three. However, the other comparison districts also recorded decreases across the year-to-date – Cannington decreased by 29 per cent, Joondalup by 27 per cent and Mirrabooka by 13 per cent.

The table below highlights the initial inquiries across the five comparison Districts.

Table 13: Total in scope inquiries across the districts for quarters 1, 2 and 3 (percent change from previous year)

District	2010-11	2011-12	% change Yr on Yr	2012-13	% change Yr on Yr
Armadale District	611	759	24.2%	852	12.3%
Cannington District	624	844	35.3%	733	-13.2%
Joondalup District	610	495	-18.9%	682	37.8%
Mirrabooka District	633	727	14.8%	666	-8.4%
Rockingham District	325	462	42.2%	723	56.5%
Total	2,803	3,287	17.3%	3,656	11.2%

Source: CPFS data provided to KPMG

The AFSN is beginning to provide an alternative pathway for referrers, however, it is still too early to know whether the AFSN intervention is providing for more appropriate referrals to CPFS Armadale for those requiring statutory response. Preliminary feedback from CPFS Armadale indicates that a decrease in initial inquiries was experienced in terms of activity levels (the decrease), and that it allowed for a better focus on those more appropriate initial inquiries to CPFS.

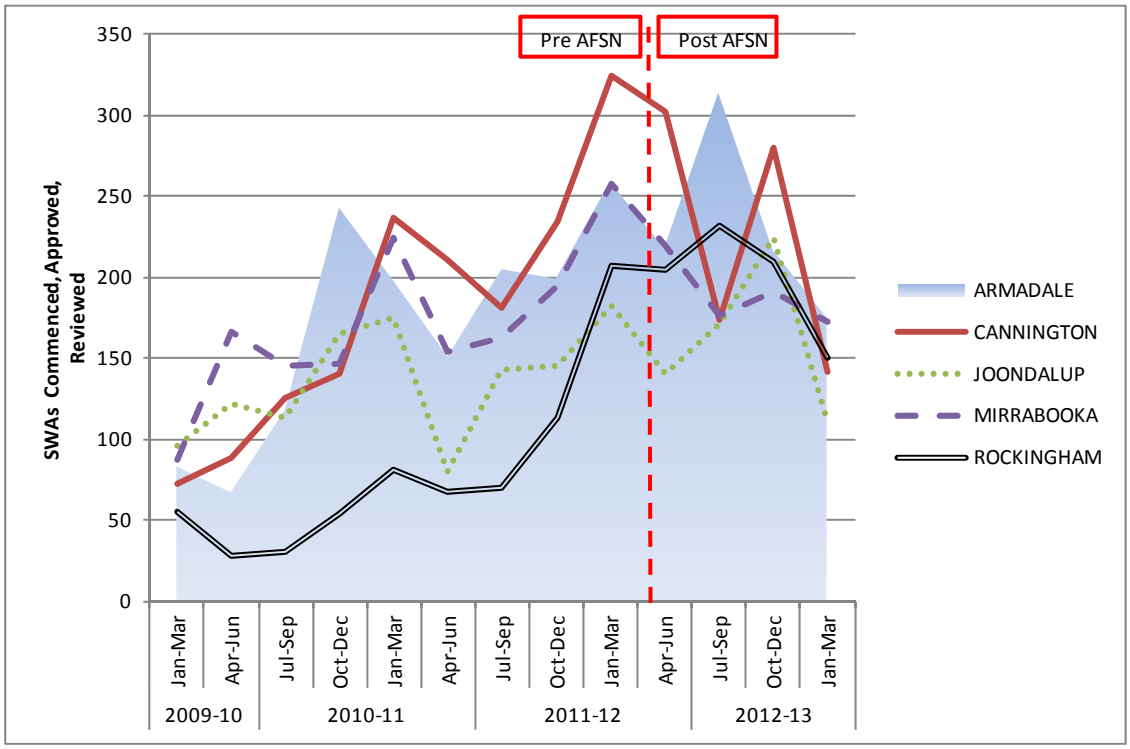
Finding:

The number of initial inquiries open to CPFS Armadale has been decreasing since quarter one 2012-13 (one month after the AFSN began operating). At this stage it is too early to comment on to what extent this trend is specific to the AFSN or attributable to wider referral patterns to CPFS.

With more appropriate referrals to CPFS there should, in the short-term be an increase in SWAS, particularly substantiated SWAs, as CPFS begins to respond increasingly only to those children most at risk, and requiring a statutory intervention.

Below is an overview of SWAs (both substantiated and not substantiated) across the five comparison districts.

Figure 9: Total number of commenced in-scope Safety and Wellbeing Assessments by district



Source: Assist modified by KPMG

This analysis shows that the Armadale District recorded a 44 per cent decrease in SWAs in 2012-13 between quarters one and three. Decreases were recorded in the other districts, as shown in the table below, although Armadale recorded the largest decrease.

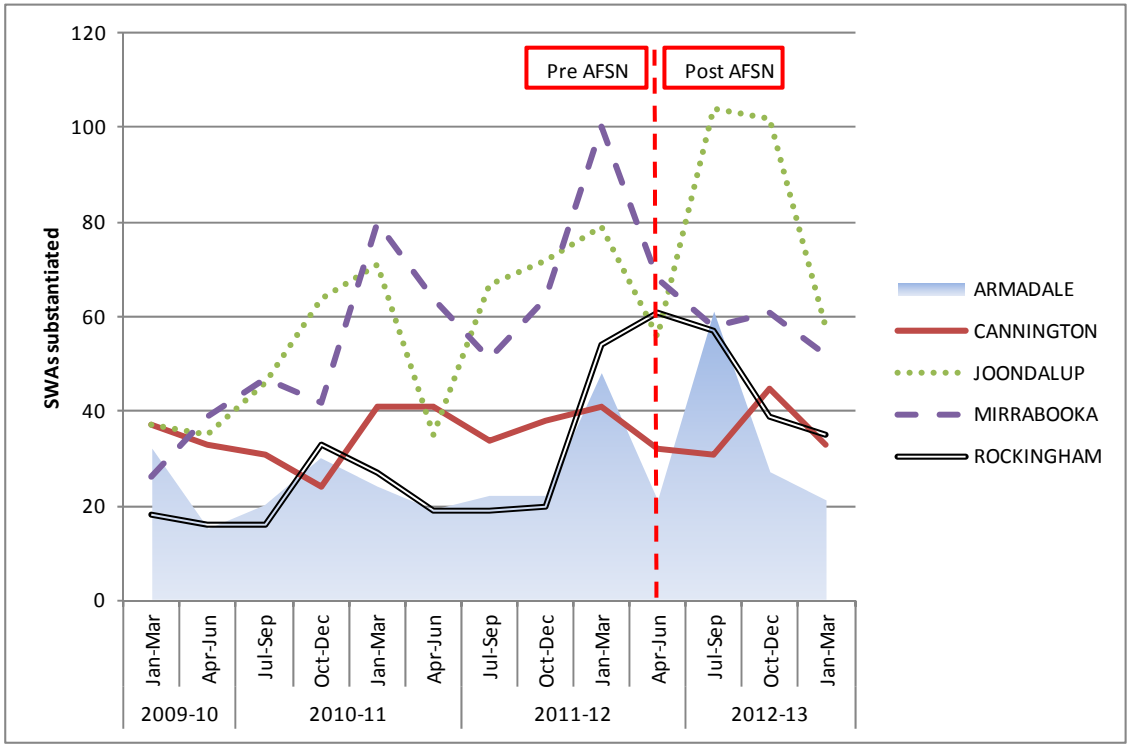
Table 14: Total in scope SWAs across the districts for quarters 1, 2 and 3 – 2012/13

District	Jul-Sep'12	Oct-Dec'12	Jan-Mar'13	% change over quarters
Armadale District	314	217	175	-44%
Cannington District	174	280	142	-18%
Joondalup District	171	224	111	-35%
Mirrabooka District	176	191	173	-2%
Rockingham District	232	210	151	-35%

Source: CPFS data provided to KPMG

The trend for substantiated SWAs in 2012-13 has also generally trended downward across most Districts, this is outlined below.

Figure 10: Total number of commenced in-scope Safety and Wellbeing Assessments (substantiated) by district



Source: Assist modified by KPMG

This analysis shows that the Armadale District recorded a 66 per cent decrease in substantiated SWAs in 2012-13 between quarters one and three. And decreases were recorded in the other districts, as shown in the table below, although Armadale recorded the largest decrease.

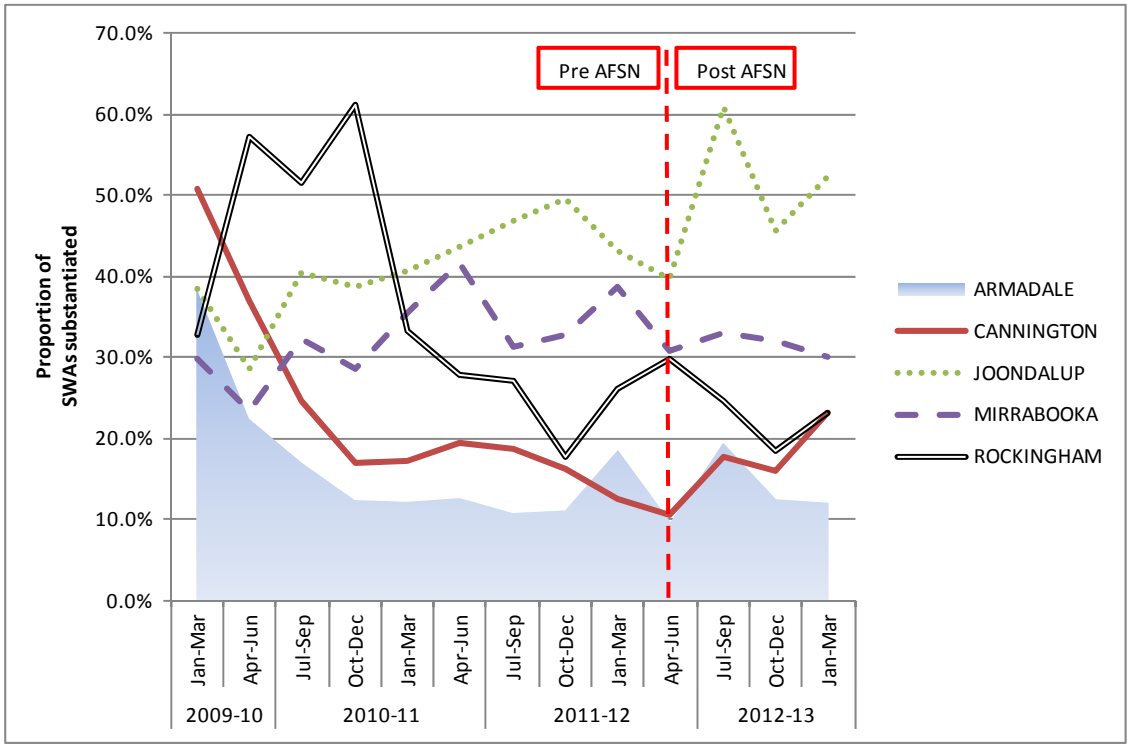
Table 15: Total in scope SWAs (substantiated) across the districts for quarters 1, 2 and 3 - 2012/13

District	Jul-Sep'12	Oct-Dec'12	Jan-Mar'13	% change over quarters
Armadale District	61	27	21	-66%
Cannington District	31	45	33	6%
Joondalup District	104	102	58	-44%
Mirrabooka District	58	61	52	-10%
Rockingham District	57	39	35	-39%

Source: Assist data provided to KPMG

The proportion of SWAs that are substantiated varies markedly between comparison sites. In 2012-13 quarters one, two and three an average of 52.2 per cent of SWAs in Joondalup district were substantiated. In comparison only 15.4 per cent of SWAs in the Armadale district were substantiated.

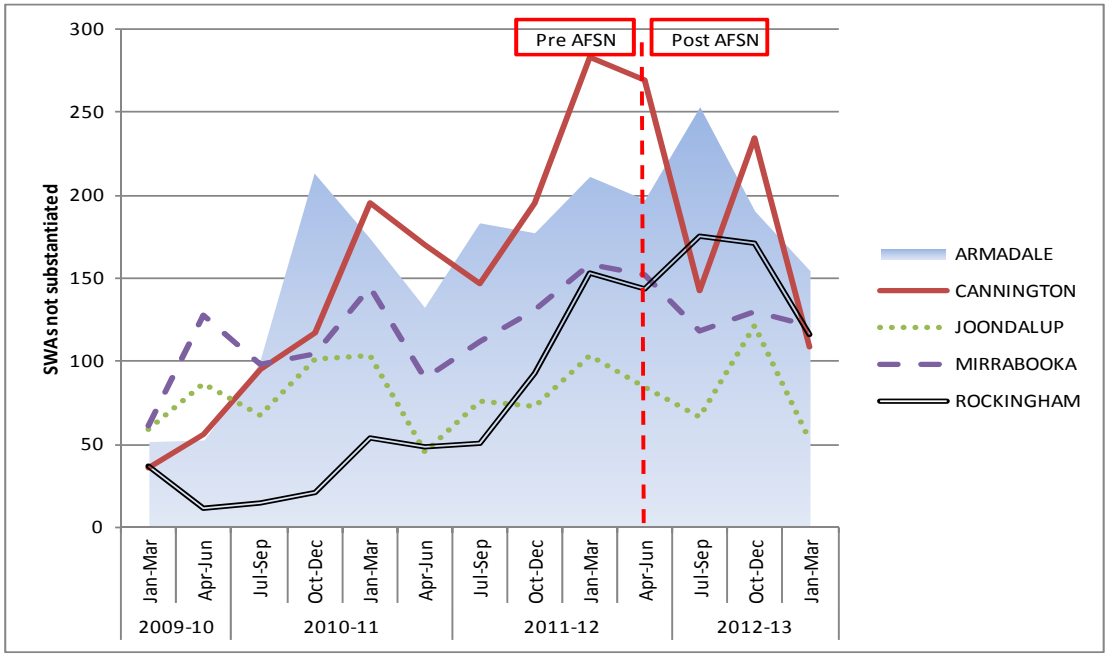
Figure 11. Proportion of SWAs substantiated by quarter



Source: Assist data provided to KPMG

The number of SWAs not substantiated for the year 2012-13 have decreased across all Districts – see the Figure below.

Figure 12: SWAs not substantiated by district



Source: Assist data provided to the Project Team

Armadale has recorded the largest decrease in SWAs for this year compared to all Districts – 39 per cent overall – see the table below for the 2012-13 figures.

Table 16: SWAs (not substantiated) across the districts for quarters 1, 2 and 3

District	Jul-Sep'12	Oct-Dec'12	Jan-Mar'13	% change over quarters
Armadale District	253	190	154	-39%
Cannington District	143	235	109	-24%
Joondalup District	67	122	53	-21%
Mirrabooka District	118	130	121	3%
Rockingham District	175	171	116	-34%

Source: Assist data provided to KPMG

Prior to the AFSN the trend in SWAs across all Districts was upwards, however, in 2012-13 this was reversed and SWA numbers have decreased substantially. It is too early to tell whether the AFSN is having a positive impact on the CPFS activity levels, although there are signs of early promise with decreases recorded in initial inquiries and SWAs, at a higher rate than other Districts.

Finding:

The trend for initial inquiries is upwards, however Armadale recorded the slowest increase in 2012-13. SWAs have trended downwards across all Districts in financial year 2012-13, with

Armadale recording the largest decreases in substantiated and non-substantiated SWAs.

6.3 Summary

There are early signs of increasing service coordination between the AFSN and CPFS and this should improve once processes and decision points have been further clarified and agreed.

The AFSN is providing an alternative pathway for referrers, however, it is still too early to know whether the AFSN intervention will provide for more appropriate referrals to CPFS Armadale for a statutory response.

7 Resourcing the AFSN

This section outlines the approach adopted for the economic analysis of the AFSN, the results of the analysis, and the overall outcomes delivered for children, families and the community.

7.1 Overview of analytical approach

The purpose of the economic analysis is to inform future funding and policy decisions by examining whether the level of investment in the AFSN represents value for money for Government and the community. The analysis focuses on the financial costs and benefits associated with the program, namely the costs incurred by CPFS and service providers in delivering the program, and the future costs to Government that can be avoided as a result of investment in the program (such as reduced CPFS activity).

While the short-term financial benefits of the program, such as the avoided cost of unnecessary CPFS activity are readily quantifiable, many of the longer-term benefits are more difficult to measure and to quantify in monetary terms, and may not be evident during the implementation phase of the AFSN. In addition, for many socio-economic benefits it can also be difficult to attribute causality in relation to the specific contribution of AFSN to longer-term outcomes for children, families and the community as a whole.

To address this issue, existing research, including reports such as *The Cost of Child Abuse*[23] *in Australia*, informed assumptions to support a high-level quantitative analysis of important socio-economic benefits that arise from the AFSN. These assumptions are clearly detailed and are deliberately conservative to avoid overstating the benefits attributable to Government's investment in AFSN. Where costs and benefits cannot be quantified, a qualitative commentary towards the assessment is provided.

The analytical approach adopted is consistent with the Australian Government's Department of Finance's Handbook of Cost Benefit Analysis, which provides guidance for the conduct of economic analysis for public funded investment in Australia.[24]

The table below summarises the high-level approach adopted for the cost benefit analysis.

[23] Available research includes The Cost of Child Abuse in Australia (Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L., 2008, "The Cost of Child Abuse in Australia", Australian Childhood Foundation and Child Abuse Prevention Research Australia: Melbourne) produced by the Australian Childhood Foundation and Child Abuse Prevention Research Australia at Monash University. This report identified the economic impact of child abuse, including costs of service provision, lifetime costs and prevention costs. The report found that excluding burden of disease, the one-year cost of child abuse for all children experiencing abuse and neglect in WA was calculated at $397 million. The whole-of-life cost of being abused is $673 million (excluding burden of disease).

[24] Department of Finance (2006), Handbook of Cost Benefit Analysis, Financial Management Reference Material No.6

Table 17: Summary of approach to economic analysis

Analytical step	Description / key assumptions
Establishment of the 'base case'	All costs and benefits must be quantified in terms of their incremental impact compared to what would have occurred in the absence of the intervention (i.e. the 'base case'). While the implementation and operation of AFSN is likely to have led to a reduction in CPFS activity, the potential decrease in CPFS costs has been incorporated in the analysis as a benefit (i.e. avoided cost) rather than as an additional base case cost.
Identification of cost and benefit components	The analysis quantified the full cost of AFSN over the relevant period (establishment and operating costs over 2011/12 and 2012/13). This included both the costs incurred by CPFS, and additional costs incurred by AFSN lead and partner agencies over the evaluation period (i.e. administrative costs, travel and attendance at meetings, etc).
	The analysis consider the contribution of AFSN in terms of a reduction in short term CPFS activity, a reduction in out-of-home care numbers through earlier intervention, and longer-term benefits associated with a reduction in child abuse and neglect such as reduced criminal behaviour, improved education outcomes, and reduced expenditure on health and housing services.
Quantitative assessment of costs and benefits that can be monetised	The following costs and benefits were quantified in monetary terms based on academic literature, and program data obtained from service providers and the Department: ▪ Savings to CPFS through a reduction in inquiries received over the evaluation period due to referral of children and families to AFSN; ▪ Savings to CPFS through a reduction in safety and wellbeing assessments completed during the evaluation period due to referral of children and families to AFSN; ▪ Savings to CPFS through a reduction in future numbers in out-of-home care due to successful intervention via AFSN; and ▪ A reduction in the lifetime costs of child abuse and neglect due to successful intervention via AFSN.
Qualitative assessment of other socio-economic impacts	Policy makers and the academic literature suggest a range of other benefits are likely to be attributable to AFSN, including economic benefits arising from improved employment outcomes, avoided costs to Government and the community from reduced future criminal behaviour, a reduced requirement for housing and health services, etc. These socio-economic impacts have been identified and discussed qualitatively.
Overall value for money assessment	An overall Net Present Value (NPV) for the project was calculated based on the monetised costs and benefits. This was considered to only partially represent the program benefits, with additional unquantifiable benefits attributable to AFSN. Other benefits were assessed qualitatively and considered alongside the quantitative analysis to inform an overall value for money assessment.

Source: KPMG

The outcomes of the quantitative and qualitative cost benefit analysis are provided below.

7.2 Program cost analysis – results

The cost analysis identified two categories of additional expenditure for inclusion in the economic analysis, namely the investment made by CPFS to set up and operate AFSN during the evaluation period, and any additional costs incurred by AFSN lead and partner agencies.

7.2.1 Costs to the Department for Child Protection and Family Support

The table below summarises the actual expenditure by CPFS over the assessment period, including both the establishment and initial operating costs associated with AFSN (costs are expressed in nominal terms).

Table 18: Actual CPFS expenditure

Expenditure	2011/12	2012/13	Total
Salaries	$158,858	$312,930	$471,788
Staffing costs	$39, 523	$60,145	$99,668
Operating costs	$17,250	$21,000	$38,250
Administration	$27,000	$49,000	$76,000
Brokerage	$-	$1,000,000	$1,000,000
Total CPFS expenditure	**$242,631**	**$1,443,075**	**$1,685,706**

Source: Department for Child Protection and Family Support

The above includes both funding and brokerage components for AFSN and reflect the first part of a three year contract period running from 1 December 2011 to 30 November 2014. Specifically, each year of the contract period will include $1 million brokerage amount and contract funding of $440,000 (including GST). This service payment will be varied annually in accordance with the Western Australian Government Indexation Policy for the Non-Government Human Services Sector.

In aggregate, CPFS has invested **$1.69 million** in AFSN over the evaluation period. While this investment has led to a potential reduction in costs that would have otherwise been incurred under a business as usual scenario, these avoided costs have been represented in the analysis as a benefit of Government's investment in AFSN, rather than a cost attributable to the 'base case'.

7.2.2 Additional costs to AFSN lead and partner agencies

The implementation of the AFSN has also led to additional costs for the lead and partner agencies separate to the funding provided from CPFS. These include indirect costs resulting from the extra time spent by agencies on administration, attending meetings and setting up processes. It is assumed that the burden on Partner Agencies will reduce as the frequency of meetings decreases, processes become more streamlined and duplication is removed (such as assessments).

Partner agencies have reported additional indirect costs in the following areas:

- time and resources in maintaining parallel data systems: one for the AFSN and one for the other geographical regions they service
- time spent designing and implementing new processes and procedures in their own organisations as a result of being part of the AFSN
- time spent attending AFSN meetings and travelling to Armadale.

The total number of hours that partner agencies have spent ensuring the implementation and success of the AFSN is 1,242 hours. These time estimates were provided by participating AFSN partner agencies and include the time and effort to travel to and from meetings, develop protocols / documents and other work associated with the AFSN. They represent the best estimate of actual costs rather than a precise calculation.

To calculate the cost impact, the average hourly rate as per the Level 6-3 SACS award has been utilised ($47.26 per hour). Therefore, the average cost impact of the partner agencies involvement is $58,698.

7.2.3 Aggregate cost impact

The table below presents the total additional costs associated with the establishment and operation of AFSN over the evaluation period. Costs are presented in both nominal and Net Present Value (NPV) terms (applying a nominal discount rate of 5 per cent).

Table 19: Aggregate AFSN cost impact

Program costs	2011/12	2012/13	Total
CPFS expenditure	$242,631	$1,443,075	$1,685,706
Costs incurred by lead and partner agencies	-	$58,698	$58,698
Overall cost impact (nominal)	$242,631	$1,501,773	$1,744,404
Overall cost impact (NPV)	**$242,631**	**$1,430,260**	**$1,672,891**

Source: KPMG

The total costs attributable to AFSN over the evaluation period are estimated to be **$1.74 million (nominal)** or **$1.67 million (NPV)**.

7.3 Quantitative benefits analysis – results

The intent of AFSN is to achieve better outcomes for children and families at risk or who are vulnerable, through tailored and coordinated services. Specifically, participation of these children and families in AFSN is expected to lead to avoided costs through a reduction in unnecessary CPFS activity, as well as other cost savings across the broader social services

sector through a reduction in numbers in out-of-home care and ultimately a decrease in the incidence of child abuse and neglect.

7.3.1 Reduction in CPFS activity

The implementation of AFSN was expected to lead to a reduction in CPFS inquiries and assessments through the referral of children and families to secondary services. To the extent that this reduction has occurred, this would result in an approximate cost saving to CPFS of around $6,458 per case (2010/11 dollars).[25]

The table below presents the current status of these cases as recorded in FuSioN.

Table 20: Status of AFSN cases

Case status	No. of AFSN cases	No. of AFSN clients
Case open	218	810
Case completed	149	466
Client Disengaged	100	295
Inappropriate Referral*	50	112
Total AFSN cases	**517**	**1683**

Source: FuSioN modified by KPMG
**Note: Most of the inappropriate referrals occurred in April 2012 (upon AFSN establishment)*

In the absence of AFSN, it is likely that a proportion of the cases that are ongoing, completed or where the client disengaged (477 cases in total) would have led to a CPFS intake and potentially a safety and wellbeing assessment. This may have occurred either at the time of referral to AFSN and may yet still occur for cases being dealt with through the program.

For the purposes of this analysis, it is conservatively estimated that 20 per cent of AFSN cases (excluding inappropriate referrals) would have resulted in a CPFS inquiry and assessment but for the existence of the program. This equates to a total of approximately 100 cases and a total saving of around **$640,000 (NPV)** over the evaluation period.

7.3.2 Reduced costs out-of-home care

Prior to the implementation of the AFSN, between March 2010 and February 2012, there were a total of 2,209 initial child protection inquiries for children aged 0 to 17 years in the Armadale District, with 6.2 per cent of inquiries leading to child protection orders (138 orders). This means any reduction in inquiries achieved through the implementation of AFSN would be expected to result in a decrease in child protection orders of a similar proportion.

Table 19 below summarises the estimated value of the savings derived from a reduction in the number of children entering out-of-home care.

[25] Department for Child Protection, Annual Report 2011-12, p. 50 (estimate of the average cost per case involving a child protection initial inquiry, safety and wellbeing assessment, and / or protection application).

Table 21: Calculation of avoided cost of out-of-home care

Benefit calculation	Value	Source / assumption
Approximate reduction in inquiries	100	KPMG assumption
Approximate reduction in child protection orders	6	CPFS data provided 2 March 2012
Approximate reduction in out-of-home care numbers	12	FuSioN data modified by KPMG
Average cost per child per day in the CEO's care	$188	CPFS Annual Report 2011/12 (p.5)
Average length of time in the CEO's care	1,090 days	Calculated based on CPFS Annual Report 2011/12 (Table 4, p.11)
Total avoided cost (nominal)	**$2.46 million**	Assumed cost evenly distributed across 1090 day period and commencing in 2012/13
Total avoided cost (NPV)	**$2.23 million**	

Source: KPMG

Applying the previous assumption that AFSN has conservatively resulted in a reduction in CPFS inquiries of 100 and the historical CPFS data on the proportion of inquiries resulting in child protection orders, it is estimated that AFSN resulted in corresponding decrease in child protection orders of around six. Further, given the average AFSN case relates to three separate clients, this translates to a potential reduction of 18 children entering out-of-home care. For the purposes of this analysis, a reduction of 12 children is assumed, which reflects the fact that not all orders will result in the children entering care.

Based on an average cost per child per day of $188 and an average length of stay in care of 1,090 days (CPFS Annual Report 2011/12 data), this equates to total avoided cost of **$2.46 million (nominal)** or **$2.23 million (NPV)**. This estimate may understate the true saving as the assumption applied for the average length of time in care relates to a child's most recent period of care, and does not reflect situations where a child experiences more than one period of care.

7.3.3 Reduced costs of child abuse and neglect

While difficult to quantify, it is generally acknowledged that the consequences and costs associated with child abuse are severe and wide ranging. For example, Taylor et al.[26] cite these as: a range of short and long-term physical and mental impacts, later substance misuse, teen pregnancy, debilitated social functioning, evidence of developmental delay and impairment, cognitive and neurological impairment, low academic achievement, delinquency and adult criminal behaviour, subsequent victimisation of their own children, homelessness and premature death. Direct physical outcomes of abuse include abusive head trauma and fractures. Depression, anxiety, post-traumatic stress disorder and borderline personality disorder have all been linked with maltreatment in childhood.

[26] Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L., 2008 The Cost of Child Abuse in Australia, Australian Childhood Foundation and Child Abuse Prevention Research Australia: Melbourne and Child Abuse Prevention Research Australia.

The Australian Childhood Foundation and Child Abuse Prevention Research Australia at Monash University released *The Cost of Child Abuse in Australia* in 2008[27]. This report identified the economic impact of child abuse, including costs of service provision, lifetime costs and prevention costs. That analysis reflected the following costs associated with child abuse[28]:

- **Health System**: costs reflect the short-term costs related to treatment of victims of child abuse and neglect such as physical injuries when a child is hospitalised. Long-term health effects related to child abuse and neglect are mostly related to the child's mental health and include the health impacts of depression and anxiety disorders as well as suicide[29]. Numerous studies have been completed and show that utilisation of the health care system is higher for those who have been abused or neglected.
- **Education Costs and Productivity losses**: Child abuse and neglect have been shown to result in poorer academic performance, greater delinquency and substance abuse, and other behavioural problems that often result in poor labour market outcomes later in life. Education system costs and productivity losses of child abuse and neglect include: cost of interventions required at school to assist those who have experienced abuse or neglect, for example, specialist assistance in regular classes at mainstream schools and through specialist schools; short run production losses due to reduced productivity of victim at work; long-term cost of production due those who have experienced abuse having relatively lower rates of employment; and loss of production resulting from premature death. Unfortunately, there is very little research on the educational attainment or labour market outcomes of children who are maltreated in Australia. There is some evidence that children in out of home care tend to have worse educational outcomes than average where a lack of continuity in placement is a specific risk factor.[30]
- **Crime**: the short-term costs of crime correspond to the prosecution of perpetrators through the legal system. These costs include:
  - law enforcement
  - costs associated with the judicial system – care and protection orders, prosecution of perpetrators and Coroner's Court proceedings
  - incarceration of perpetrators
  - victim support – counselling services and intensive family support services.

  Long-term costs of crime reflect the second generation impacts of child abuse and neglect such as a higher propensity for those who have been abused to become engaged in a 'cycle of violence', with outcomes that include: juvenile delinquency; adult criminality; intergenerational transfer of child abuse and neglect; homelessness; and prostitution. Factors that influence processes leading to second-generation impacts include health

[27] Ibid.
[28] Ibid.
[29] AIHW (2005) Health system expenditure on disease and injury in Australia, 2000-01. Second edition. AIHW cat no. HWE 28 Canberra: AIHW (Health and Welfare).
[30] AIHW (2007) Education outcomes of children on guardianship or custody orders: a pilot study. Child Welfare Series no. 42. Cat no. CWS 30. Canberra: AIHW; and Osborne A and Bromfield L (2007) Outcomes for children and young people in care, Australia Institute of Family Studies research brief, No. 3

outcomes associated with neglect such as mental illness and substance abuse and environmental impacts such as family structure or educational attainment.

- **Costs of Protection and Care Programs**: expenditure on remedial services that include primary interventions such as support and education before problems arise; secondary interventions such as intensive family support; and tertiary interventions such as care and protection services. Taylor et al. estimate that the cost per child in substantiations of care and protection programs in 2007 was $41,862. The lifetime cost for children newly involved with child protection in 2007 was around $3.0 billion.
- **Efficiency losses**: losses that occur when money is transferred through the government sector and money needs to be raised through taxation and expenditure incurred through administration of government payments and systems.
- **Burden of disease**: fear, mental anguish and pain measured in disability adjusted life years. The majority of disease reflects costs of depression and anxiety as well as suicide.

In aggregate, the analysis performed by Taylor et al. estimated the one-year cost in WA of child abuse for all children experiencing abuse and neglect (excluding burden of disease) is $397 million, with an estimated whole-of-life cost of $673 million.[31]

While there is no estimate provided of the whole-of-life cost per child in WA, a related study in Victoria applying the same methodology estimated a lifetime cost of $175,000 per child. The table below provides an approximate breakdown of the lifetime cost of abuse and neglect over each of the above categories by applying the proportional breakdown in aggregate WA lifetime cost data to the Victorian estimate of the lifetime cost per child.

Table 22: Lifetime cost of child abuse and neglect

Cost component	Lifetime cost - best estimate (WA)	Estimated lifetime cost per child (VIC data)
Health	$44 million	$11,441
Additional education assistance	$43 million	$11,181
Productivity losses of child abuse survivors	$96 million	$24,963
Productivity losses due to fatal abuse	$11 million	$2,860
Crime	$55 million	$14,302
Government expenditure on care and protection	$301 million	$78,269
Deadweight losses	$123 million	$31,984
Total lifetime cost – best estimate (excluding burden of disease)	$673 million	$175,000
Total – excluding Government expenditure on care and protection	$372 million	$96,731

Source: KPMG

[31] Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L., 2008, "The Cost of Child Abuse in Australia", Australian Childhood Foundation and Child Abuse Prevention Research Australia: Melbourne.

The above calculation suggests that when the costs of Government expenditure on care and protection are removed (as they are quantified separately above), the lifetime cost of child abuse and neglect in WA is in the order of $95,000 per child.

For the purposes of this analysis, it has been assumed that this cost is partially avoided for children that would otherwise have entered out-of-home care but for their participation in AFSN (i.e. 12 children total). Assuming a 50 per cent reduction in this lifetime cost, this equates to an aggregate saving of **approximately $570,000** over the lifetime of the child.

7.3.4 Quantitative benefits analysis

Table 21 below identifies the benefits that have been monetised for inclusion in the quantitative cost benefit analysis and their estimated value in NPV terms. The quantification of these benefits is based on a series of assumptions, which are drawn from academic literature, publicly available data and conservative judgment. The estimates provided should be considered indicative of the magnitude of benefits likely to be derived from AFSN, rather than a definitive or reliable estimate of the return Government should expect from its investment.

Table 23: Summary of monetised benefits associated with AFSN

Benefit	Estimated value of benefit (NPV)
Reduction in future CPFS activity	$640,000
Reduction in costs of out-of-home care	$2,230,000
Reduction in costs of child abuse and neglect	$570,000
Total monetised benefits (NPV)	**$3.44 million**

Source: KPMG

As shown above, the total monetised benefits derived from AFSN is estimated to be **approximately $3.44 million (NPV)**. While directly related to the investment made in AFSN during 2011/12 and 2012/13, these benefits will be realised over the lifetime of the children and families participating in the program.

7.4 Qualitative benefits analysis

In addition to the above, the literature attributes a range of other economic and social benefits to investment in secondary family support services to assist individuals and families who are at risk or in crisis. The nature and potential scale of these benefits are detailed in the table below.

Table 24: Qualitative assessment of other impacts derived from AFSN

Benefit category	Qualitative assessment
Improved coordination of services via shared IT system and central management of referrals / case allocation	Improved collaboration and information sharing between AFSN providers during the pilot should reduce duplication in terms of assessment and referrals with an overall impact on the average cost per case. Further, use of the FuSion IT system will minimise duplication in data collection as cases are referred and allocated between providers.
Children and families receive services that meet their needs in a more timely manner	The AFSN should generate benefits for children and families through better coordination of services. Improved coordination should: reduce the time that families spend on waiting lists; reduce unnecessary referrals around the system; reduce the need for families to make multiple approaches to different providers in search of assistance; reduce long-term costs associated with families who have become disengaged from the system as a result of their experience.
Second generation benefits	Reduction in youth homelessness, juvenile delinquency, adult criminality, intergenerational transfer of child abuse and neglect and prostitution. These impacts are not easily quantified.
Benefits to families	AFSN is also expected to result in other benefits such as improved family functioning and improved workforce engagement of family members through participation in the program. This will result in additional lifetime earnings for those family members and a reduction in Government support through welfare and other services.

Source: KPMG

These benefits are additional to those quantified above, which suggests the actual benefits associated with AFSN are likely to be substantially greater than the estimated $3.44 million.

7.5 Economic analysis – overall conclusions

The table below summarises the overall outcomes of the quantitative cost benefit analysis.

Table 25: Quantitative cost benefit analysis outputs – aggregate impacts

Item	NPV
Approximate value of additional costs to Government	$1.67 million
Approximate value of benefits derived from investment	$3.44 million
Net quantitative benefit / (cost)	**$1.77 million**
Benefit cost ratio	**2.06**

Source: KPMG

In summary, the analysis presented in this section demonstrates that the benefits resulting from participation AFSN are likely to significantly outweigh the costs associated with the program. This is evidenced by the results of the quantitative analysis, which although excluding significant benefits that were not able to be quantified, still shows a substantial net benefit resulting from the Government's investment in the program.

Below summarises the estimated costs and benefits per child participating in AFSN.

Table 26: Quantitative cost benefit analysis outputs – estimated impact per child

Item	Cost / benefit per client
Approximate cost per client participating in AFSN	$992 per client
Approximate benefit per client participating in AFSN	$2,044 per client
Net benefit / (cost) per child	**$1,052 per client**

Source: KPMG

In aggregate, it is estimated that for every dollar invested to support the participation of children and families in AFSN, the Western Australian Government and the community will save at least $2.06 in reduced expenditure on future CPFS activities, out-of-home care, and avoided lifetime cost of child abuse and neglect. This equates to a net benefit of around $1,052 per AFSN client participating in the program.

7.6 Sensitivity testing

This section examines the sensitivity of the above analysis to variations in key assumptions underpinning the quantitative benefits analysis. This reflects the inherent uncertainty in attributing longer term or whole of life outcomes to the participation of children and families in AFSN over the evaluation period.

Table 27 below describes the alternative assumptions applied as part of the sensitivity analysis. These alternative assumptions were applied both individually and collectively to evaluate their impact on the outcomes of the analysis.

Table 27: Sensitivity analysis

Variable	Current assumption	Sensitivity assumptions
Reduction in CPFS inquiries and assessments	20 per cent of AFSN cases would otherwise have resulted in CPFS activity.	10 per cent of AFSN cases would otherwise have resulted in CPFS activity.
Reduction in numbers in out-of-home care	AFSN assumed to result in a reduction of 12 in future out-of-home care numbers.	AFSN assumed to result in a reduction of six in future out-of-home care numbers.
Reduction in child abuse and neglect	AFSN assumed to contribute to a 50% reduction in lifetime costs of child abuse and neglect for 12 children.	AFSN assumed to contribute to a 50% reduction in lifetime costs of child abuse and neglect for 6 children.

The outcome of the above sensitivity analysis is summarised in Table 28, below, with the impact of each on the assessed level of quantitative costs and benefits provided.

Table 28: Outcomes of the sensitivity analysis (NPV, 2011 dollars)

Sensitivity outcomes	Net Present Value (2011 dollars)		
	Total Costs	Total Benefits	Net Benefit / (Cost)
Reduction in CPFS inquiries and assessments	$1.67 million	$3.11 million	$1.44 million
Reduction in numbers in out-of-home care	$1.67 million	$2.30 million	$0.63 million
Reduction in costs of child abuse and neglect	$1.67 million	$3.13 million	$1.46 million
All of the above	$1.67 million	$1.71 million	$0.04 million

As shown above, under all sensitivity scenarios the quantitative benefits estimated for AFSN remain greater than the cost impacts. If all alternative assumptions are applied simultaneously the estimated quantitative benefits are approximately equal to the total costs. However, taking into account the qualitative impacts identified above, the program benefits would still exceed the program costs.

A Stakeholders

The following stakeholders were consulted in preparing this report.

Table 29: Stakeholders consulted

Organisation	Name	Title
Department for Child Protection and Family Support		
Department for Child Protection and Family Support	Julie Dixon	Director Individual and Family Support
	Misty Hayden	Senior Policy and Program Officer
	Rosemary Bradbury	Manager Non-Government Funding and Contracts
	Matt McGerr	Senior Contracts and Grants Manager
Department for Child Protection and Family Support – Armadale District	Robert Becker	District Director
	Sue Looby	Leader Child Protection
	Rory Cornelius	Team Leader
	Eileen Cooper	Team Leader
	Stacey McAlister	Senior Practice Development Officer
AFSN lead agency		
Parkerville Children and Youth Care (Inc)	Natalie Hall	Director Child Advocacy Centre
	Kathleen Parker	Alliance Manager
	Kris Gorbert	Assessment Support Officer
	Vicci Greensmith	Assessment Support Officer
	Teena Keane - Hogan	Assessment Support Officer
AFSN partner agencies		
Armadale Youth Resources	Denise Hardie	Metropolitan Manager

Organisation	Name	Title
Centrecare	Jason Thompson	A/Executive Manager
	Kate Ihanimo	A/Program Manager
Coolabaroo	Lisa Rutherford	Manager Housing Services
Djooraminda Centrecare	Liz Magee	Team Leader Intensive Family Support Services
Drug ARM	Lee Lombardi	Executive Manager Services
Mission Australia	Peter Osborn	Service Manager
Minnawarra House	Jillian Betts	Community Development Officer
	Sandra-Ruby Angel	Chief Executive Officer
Parkerville Therapeutic Family Services	Nina Formentin	Psychologist
Relationships Australia	Carol Linton Rudd	Branch Manager Gosnells
	Fiona Halse	Counsellor
Ruah Support Services	Penny Tucker	Ruah Inreach Armadale Team Manager
	Amanda Horlin	Community Mental Health Worker
Starick Services	Arina Aoina	Chief Executive Officer
Wanslea	Pauline Dixon	Executive Manager Family Services
	Peta Hart	Operational Manager
	Manika Goel	Social Worker
	Diane Smith	Senior Social Worker
Other stakeholders		
Armadale Domestic Violence	Angie Wragg	Coordinator

Organisation	Name	Title
Intervention Project	Edna Riley	Coordinator
Armadale Hospital	Seremonde Hobby	Emergency Department Social Worker
Ashburton Drive Primary School	Paige Jones	Deputy Principal
Bletchley Park Primary School	Josie Millwood	Deputy Principal
Challis Primary School	Louise O'Donovan	Deputy Principal
Child Adolescent Mental Health Services	Jason Ellis	Service Manager
City of Armadale	Rebekah Milnes	Coordinator Community Development Team
Clifton Hills Primary School	Trish Dellafranca	Deputy Principal / Learning Support Coordinator

Source: KPMG