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Evaluation of Brighter Futures: Voices and Choices Trial

Final Report

For the NSW Department of Communities and Justice

Centre for Evidence and Implementation
MONASH University
circa Cultural & Indigenous Research Centre Australia

Authors

David Taylor, Senior Advisor, Centre for Evidence and Implementation // Vanessa Rose PhD, Director, Centre for Evidence and Implementation // Lena Etuk, Research and Evaluation Manager, Cultural and Indigenous Research Centre Australia // Jessica Roberts PhD, Research Fellow, Department of Social Work, Monash University // Professor Aron Shlonsky PhD, Head of Department, Department of Social Work, Monash University

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Executive Summary

This report presents findings from a rigorous multi-year evaluation of the Voices and Choices program. Voices and Choices is a model developed by the Department of Communities and Justice (DCJ) to improve child and family outcomes and reduce children's risk of harm. The program is designed to enhance the voice and choice of families into case plans that guide the service delivery they receive, build parents' self-regulation capabilities, focus on environmental stress factors and address traumatic experiences.

The aim of this evaluation was to test the feasibility of the Voices and Choices model and gather data on effectiveness to determine the extent to which the model improves outcomes for children and families.

In this report, the Evaluation Team — the Centre for Evidence and Implementation, Monash University and the Cultural and Indigenous Research Centre Australia — describe the evidence suggesting Voices and Choices is feasible and a **promising model for vulnerable families** who have not yet had significant interaction with the child protection system. Further, our evidence suggests this model is of **particular benefit for Aboriginal families** who participate in the program via a community referral.

This evaluation used a hybrid type I-design that examined both program implementation and program effectiveness. The evaluation utilised the experience of service users to examine acceptability of, type, delivery and availability of services. Insights from Voices and Choices providers guided an analysis of the implementation barriers and enablers. A quasi-experimental analysis of linked program and child protection data was used to assess the comparative effectiveness of the Voices and Choices model compared to standard Brighter Futures.

Key findings

How does the Voices and Choices model work?

Voices and Choices aims to improve families' outcomes through a unique set of core components that extend the standard Brighter Futures service offering. The model 'works' by – among other things - focusing on and encouraging families to engage in decision-making about the services they receive. This focus is enabled by a Voices and Choices practice model, co-designed by providers, that identifies points of intervention and corresponding practices, along with an implementation team structure that supports continuous service improvement. Critical elements of the model identified by families include caseworker practice and engagement, co-design of goal planning and the provision of services that met families' identified needs.

Does the Voices and Choices program logic contain evidence-based practice elements?

The Voices and Choices program logic contains several evidence-informed practice elements. These elements are applicable to how practitioners work with children and families and what practitioners do with children and families to enable outcomes. The presence of evidence-informed practices sets the Voices and Choices program up well for impact, although we are unable in the current evaluation to determine whether practices are being implemented as intended to a high-quality.

Is Voices and Choices more effective at preventing reoccurrences of child abuse and neglect relative to families accessing current Brighter Futures service models?

We used a quasi-experimental analysis with a matched comparison group to examine the impact of Voices and Choices on future ROSH and non-ROSH reports. We found that Voices and Choices works about as well as standard Brighter Futures for families who are referred to services from DCJ. These families tend to present with higher complexity and have prior involvement with the child protection system. For Aboriginal and Torres Strait Islander families who are referred to Voices and Choices from a community referral — these families tend to have a lower levels of prior child protection involvement — the Voices and Choices approach seems to add substantial value in terms of decreasing future involvement in child protection, measured in terms of ROSH and non-ROSH reports.

Is Voices and Choices more effective at preventing entry into Out-Of-Home Care to families accessing current Brighter Futures service models?

We used a quasi-experimental analysis with a matched comparison group to examine the impact of Voices and Choices on future entries into OOHC. Our analysis found that entries into OOHC were very low for both the Voices and Choices and Brighter Futures groups. Families who received Voices and Choices or Brighter Futures had similar outcomes for later entry to OOHC both for the DCJ and community referred participants.

Are families involved in Voices and Choices more likely to complete their Case Plan goals successfully relative to families accessing current Brighter Futures service models?

We used our matched comparison group to examine if families who received Voices and Choices were more likely to complete their case plans in both the community referral group and the DCJ referral group relative to families who received standard Brighter Futures. There was no statistically significant difference in the proportion of cases closed with 'case plan achieved' at six, twelve and eighteen months for the community referral sample. In the DCJ referral sample, we observed statistically significant increases in case plans achieved at twelve and eighteen months in the Voices and Choices group.

Has Voices and Choices increased the number of families participating in the program?

We used an unmatched sample to examine if families referred to Voices and Choices were more likely to agree to participate in services. We found a small but significant increase in participation — relative to standard Brighter Futures — in both families referred from DCJ and community sources. Of particular interest, is that when we took other factors into account, there was no difference between uptake in Voices and Choices between Indigenous and non-Indigenous families. This is a notable result given disparities that can occur in service uptake across Indigenous and non-Indigenous groups.

Was the co-design process inclusive, appropriate, and satisfactory?

Co-design in Voices and Choices refers to both service providers inclusion in designing and adapting the program and the ability for families to participate actively with caseworkers in the goal planning process. In both cases, co-design was seen to be inclusive (almost uniquely so compared with other experiences), appropriate and satisfactory. Caseworkers and managers valued seeing their input turned into practical program changes and tailored tools adopted by the Voices and Choices team and families saw themselves as active participants in goal planning, able to determine what services best met their needs.

Are clients satisfied with the way that they are engaged?

Families were overall highly satisfied with the level of engagement with their caseworkers and the ways they were engaged in the Voices and Choices program. Caseworkers were seen to be responsive to families varied psychological and practical support needs (during and after work hours) and preferences regarding the frequency and type of contact. In the main, caseworkers were able to maintain this high level of contact and engagement over the COVID-19 period.

Are clients provided with an appropriate level of support to make an informed decision about the services they are offered?

Families indicated they had sufficient information from their Voices and Choices caseworker to make decisions about which services they wished to receive. They also perceived caseworkers gave them the space they needed in which to make decisions about their care. While these two findings suggest an important step toward informed decision-making, it is difficult to determine whether families were provided with an appropriate level of support to make an informed decision about a specific service offering.

Are services delivered in a culturally appropriate manner?

Families perceived Voices and Choices caseworkers to be culturally aware and to act in ways that were culturally appropriate in providing services. Caseworkers actively encouraged participation in cultural, community and social events and demonstrated respect and cultural sensitivity in identifying events such as NAIDOC week and services such as Aboriginal daycare for families to access.

Are clients satisfied with the type of support they are provided?

In general, families were highly satisfied with Voices and Choices and the type and level of support they received from caseworkers. Caseworkers provided a variety of services matched to need – ranging from support to access services, psychological and emotional support and material support - that demonstrated an acute understanding of families' contexts and situations.

Has participation in Voices and Choices lead to improvements in other outcomes of interest e.g. education, physical and mental health?

Families perceived the Voices and Choices program had enabled them to access services and supports, such as educational courses and financial support that had an impact on their wellbeing in these areas. The greatest impact from Voices and Choices, according to the thirty-six families interviewed, was in the form of health services and support. For some families, the program was seen to result in stronger family connections.

Recommendations

Four recommendations emerge from this work, which are presented in below.

Continue to fund the Voices and Choices pilot

This evaluation found that Voices and Choices shows promise in reducing the risk of harm for vulnerable children and families, with particular benefit for Aboriginal families who are referred to the program via a community pathway. These findings suggest that Voices and Choices should continue to be funded, inclusive of other evaluation report recommendations. The Evaluation Team suggests DCJ implement as many recommendations as feasible.

Continue to strengthen the Voices and Choices model for Aboriginal families

The finding that Voices and Choices is a promising program for vulnerable Aboriginal families is a stand-out finding for the DCJ team and participating Voices and Choices service agencies - Uniting Macarthur and Mission Australia Broken Hill and Nowra. Insights from the sample of Aboriginal families involved in the pilot suggest Voices and Choices caseworkers, in the main, deliver culturally appropriate and sensitive services. There were, however, a small number of Aboriginal families who voiced concerns about the program. The introduction of Aboriginal-specific common practice elements that focus on how to work with Aboriginal families could strengthen this practice even further. We recommend DCJ consider designing elements with Aboriginal families and workers and implement these using a coaching model and continuous quality improvement process.

Redesign the Voices and Choices model to meet the needs of higher-risk families

The families who benefitted most from Voices and Choices were earlier in the preventive arc than other families who had more involvement with the child protection system. We are aware that the Brighter Futures model was originally designed by DCJ as an early intervention approach, although this focus has broadened over time to include families who are at risk of significant harm. To some extent, this model has delivered on the program's original promise. A redesign of the Voices and Choices model - including an extension of evidence-informed practice elements - that focuses on the higher risk cohort of families will lead to the development of a better designed service response for all families accessing the service.

Improve the quality of Voices and Choices program level data collection

Data collected to monitor the Voices and Choices program at the site level is collected in excel spreadsheets and is not available at the level of actual practices – or common practice elements – delivered by caseworkers. We recommend data collection be expanded to include measurement of casework practice, including practices related to the inclusion of children's voice, and formalised and integrated into the ChildStory database.

1. Implications for practice and future research

We want to draw attention to a series of findings from the evaluation that have implications that traverse both practice and research. We have summarised these below.

1.1. Warm referrals appear to improve participation

What is the key finding?

Our analysis established that there was a small but significant increase in participation in families referred to services in both the community and DCJ referral groups. This analysis primarily set out to show if the 'warm referral' process that is used in Voices and Choices sites lead to increased participation. It appears that it has a small but significant effect. Importantly, when all else is held equal, there appears to be no significant difference between uptake among Indigenous families relative to non-Indigenous families.

Why does it matter?

The small effect seen in the use of warm referrals offers a clear opportunity for DCJ to consider testing the use of this practice in sites that provide standard Brighter Futures as an implementation strategy to improve engagement.

1.2. Risk profiles and outcomes diverge by referral type

What is the key finding?

We stratified our quantitative analysis based on the source of the referral — community or DCJ — due to the fact that families had significantly different histories of child protection involvement in each group. Families referred from DCJ had a longer history of child protection involvement, and were the subject of more frequent prior reports and

investigations relative to those who were referred from community sources. As noted previously, the comparative effectiveness of Voices and Choices hinged on the referral source, with Aboriginal families referred from community sources less likely to be reported at ROSH following the commencement of services.

Why does it matter?

Our analysis suggests that Voices and Choices may be effective for Aboriginal families referred from community sources, but may not offer any substantial benefit over and above standard Brighter Futures to DCJ referrals. It may be the case that families who are referred from DCJ may require a more intensive response than that provided by Voices and Choices or standard Brighter Futures programs.

1.3. Providers welcomed the inclusion of the voice of the child

What is the key finding?

Providers were positive about the collaborative case planning process they undertook in their work with families. This new approach included — among other elements — incorporating, where possible, the voice of children in the case planning process. Providers felt that this suite of activities helped to build rapport and respect with families.

Why does it matter?

The inclusion of the children's voice is a relatively new concept for family preservation programs in NSW. While we are not able to comment on families' perspectives of the process, providers indicated that families found the practice acceptable. This could provide DCJ with an opportunity to further test and refine this approach, perhaps in some sites that are delivering standard Brighter Futures.

1.4. High engagement with the practice framework was observed

What is the key finding?

Voices and Choices service providers were highly engaged in the development and implementation of the practice framework. The strength of the Voices and Choices practice framework was the ability for service providers to take it and adapt it their local context — which was particularly important given the divergent characteristics of the locations where services were provided in the trial. This helped providers feel like they owned Voices and Choices.

Why does it matter?

This approach to developing an overarching practice framework that supports local adaptation could provide DCJ with a roadmap to follow for future models of program implementation.

1.5. Future directions for research

What is the key finding?

Our analysis was primarily focused on analysing the difference between the time to the first event from the moment a family commenced services — whether that be commencement of services, ROSH report or OOHC placement. Our findings suggest that Voices and Choices shows some promise for some subgroups of individuals, but we are unable to tell if they can be sustained over time due to the limited follow up period.

Why does it matter?

A follow up analysis that includes a longer time horizon may be able to show if the promising findings from Voices and Choices can be sustained over time.

2. This evaluation

2.1. Evaluation scope

Voices and Choices has only been in operation for a relatively short period of time and the program follow-up data was limited. Therefore, the primary aim of this evaluation was to test the feasibility of the Voices and Choices model, gather data on effectiveness and to determine the extent to which the model improves outcomes for children and families. The findings from this evaluation will be used to improve implementation of Voices and Choices with service providers and clients by informing future policy decisions.

Although this evaluation does not have a specific focus on the experience and impact of Voices and Choices on Indigenous Australians, given that 33 per cent of families being engaged or participating in Brighter Futures in 2016-17 identified as Aboriginal and/or Torres Strait Islander people, and there are a significant number of families from a culturally and linguistically diverse (CALD) background, this evaluation captured input from a sample of families from these cultural groups.

We note Voices and Choices has been in operation for only a short period of time, and the follow-up period to assess families' outcomes is brief. For this reason, evaluation findings should be seen as a guide to program and implementation improvement rather than a judgement on the quality of the program for extension or funding purposes.

2.2. Evaluation design

We used a hybrid I-design approach which meshes an evaluation of program implementation and program effectiveness in producing desired client outcomes (Curran, Bauer, Mittman, Pyne, & Stetler, 2012). Specifically, the evaluation approach:

- *was informed by the experiences of service users* — it involved obtaining service user perspectives, and focused on the acceptability of, type, delivery and availability of services

- *included the perspective of Voices and Choices providers and the funder* — to guide the analysis of implementation barriers and enablers
- *used a robust quasi-experimental evaluation design* — to assess client outcomes from routinely collected administrative data and a comparison group.

2.3. Evaluation questions

The evaluation questions —agreed in collaboration with the Department of Communities and Justice — and the methods used to answer each are outlined in Table 2.1.

Table 2.1 Evaluation questions and methodology used to answer them

Evaluation question	Methodology used	Report reference
Was the co-design process inclusive, appropriate, and satisfactory?	Thematic analysis of transcripts of interviews with Voices and Choices participants and service providers	Part 3
Are clients satisfied with the way that they are engaged?	Thematic analysis of transcripts of interviews with Voices and Choices participants	Part 3
Are clients provided with an appropriate level of support to make an informed decision about the services they are offered?	Thematic analysis of transcripts of interviews with Voices and Choices participants	Part 3
Are services delivered in a culturally appropriate manner?	Thematic analysis of transcripts of interviews with Voices and Choices participants	Part 3
Are clients satisfied with the type of support they are provided?	Thematic analysis of transcripts of interviews with Voices and Choices participants	Part 3
How does the Voices and Choices model work?	Thematic analysis of transcripts of focus groups with Voices and Choices service providers and document analysis	Part 1
Does the Voices and Choices program logic contain evidence-based practice elements?	Document analysis	Part 1
What factors acted as barriers and/or facilitators to support the implementation of Voices and Choices at each trial site?	Thematic analysis of transcripts of focus groups with Voices and Choices service providers	Part 3
Has Voices and Choices increased the number of families participating in the program?	Descriptive quantitative analysis of Brighter Futures program data	Part 2

Is Voices and Choices more effective at preventing reoccurrences of child abuse and neglect relative to families accessing current Brighter Futures service models?	Quasi-experimental analysis of linked Brighter Futures program data and administrative data from ChildStory	Part 2
Is Voices and Choices more effective at preventing entry into Out-Of-Home Care relative to families accessing current Brighter Futures service models?	Quasi-experimental analysis of linked Brighter Futures program data and administrative data from ChildStory	Part 2
Are families involved in Voices and Choices more likely to complete their Case Plan goals successfully relative to families accessing current Brighter Futures service models?	Descriptive analysis of linked Brighter Futures program data and administrative data from ChildStory	Part 2
Has participation in Voices and Choices lead to improvements in other outcomes of interest e.g., education, physical and mental health?	Thematic analysis of transcripts of interviews with Voices and Choices participants	Part 3

2.4. Ethical approval

As part of this evaluation contract, DCJ specified that the Evaluation Team should secure ethical approval through a National Health and Medical Research Council (NHMRC) approved Human Research Ethics Committee (HREC). Accordingly, ethical approval for the conduct of the Voices and Choices evaluation was secured through the Monash University Human Research Ethics Committee (MUHREC), project identification number 25401.

2.5. Report structure

This report is structured in three parts:

- The first part describes the Voices and Choices model, how it integrates with Brighter Futures, how it was developed and how it works;
- The second part details the methods we used to assess outcomes for participants in the Voices and Choices program, relative to standard Brighter Futures; and
- The third parts contains insights from clients and service providers on different aspects of the implementation of Voices and Choices.

Part one

What is Brighter Futures: Voices & Choices?

3. Brighter Futures: Voices and Choices

3.1. NSW Brighter Futures program

The Brighter Futures Program (BF) is a service reform implemented by the New South Wales Department of Communities and Justice (DCJ) to deliver voluntary targeted intervention services to families with at least one child under the age of nine living at home, where concerns of risk of significant harm (ROSH) have been raised. Currently, 17 non-government organisations deliver BF to families across 29 sites in NSW, and their main objective is to reduce the overall incidence of child abuse and neglect in the community.

DCJ (2017b) describes the four integrated service components, or "interventions" in Brighter Futures, namely:

- Structured home visiting programs that provide information, practical support and advice, and opportunities for modelling good parenting practices. These programs are delivered one-to-one in the client's home can allow for parents to develop their skills in a familiar, family-friendly environment. Following initial weekly visits by a BF caseworker, the family members' needs will determine the long-term frequency of this intervention, including considerations for the children and parents who may have commitments such as work and other activities and require flexibility in the contact time with their caseworker.

- Parenting programs designed to help parents develop flexible, adaptable approaches to parenting and strengthen their relationship with their child, and their responsiveness to their child's needs. These are short-term interventions that are delivered by a facilitator in a group setting, outside the client's home, and aimed to provide support for a specific issue, for instance, child behaviour.

- Access to quality children's services that have been proven to deliver positive outcomes for vulnerable children. These could include licensed, children's services such as pre-schools, centre-based childcare, mobile services in rural and remote areas, or family day-care services.
- Brokerage-funded support is the fourth and final service component that can be used to meet a child or family's immediate/short-term needs. This may be in the form of material aid or specialist and other essential services that service providers consider important to clients.

BF aims to build strong, well-functioning families with children who have improved wellbeing outcomes and live safe from abuse and neglect (NSW Department of Family and Community Services, 2017b). These outcomes include children having a safe, nurturing family environment in which to grow up, with enhanced health and education measures of wellbeing. Concurrently, this program also gives parents opportunities to obtain and develop skills that help reduce the risk of neglect or abuse of their children, nurture healthy development and resilience, as well as understand and identify other vulnerabilities that contribute to risk. Parents are also supported by BF to access various support networks and universal services in the community.

3.2. The Voices and Choices program

Voices and Choices was derived from a state government-led commitment to improving the outcomes for children and families through the development of service delivery that acknowledges a history of endemic disempowerment of children and families understanding the services available to them and selecting those they would like to access. This trial uses a model of co-design, where caseworkers work closely with and alongside children *and* families to identify their case plan goals before linking them up with their chosen services.

3.2.1. The inception of Voices and Choices

Since the implementation of the original Brighter Futures program, DCJ became increasingly concerned that fewer than expected families, who attended the program voluntarily, were remaining engaged long enough to complete their case plan goals. In 2015, the FACS Behavioural Insights Unit (BIU) was commissioned to explore the factors that influence how families make decisions about engagement and sustained participation in the program (NSW Department of Family and Community Services, 2017a, 2019)

FACS BIU conducted semi-structured interviews with 34 families and more than 50 of their support workers. Families were recruited by the service providers. The BIU found that families responded to initial referrals with fear, stigma, shame, denial and ambivalence. Families expressed the need to experience collaborative engagement that facilitated their progression through stages of change without imposing case plan goals or forcing change upon them.

Client engagement outcomes were found to be as low as 30.6 per cent in 2016 (NSW Department of Family and Community Services, 2017a). DCJ's (2017a) report recommended that FACS test a new model of support for vulnerable families aimed to increase engagement in the program by enhancing parents' capacity to make decisions and give them greater control over case plan outcomes. They recommended the focus of the new program be process-driven ("*how services are delivered*") over service-driven ("*what is provided*") and recognised that building families' decision-making and self-regulation capacity in the context of their history of complex trauma will require a corrective emotional relationship between each family and their caseworker. The trial of this updated Brighter Futures model was dubbed "Voices and Choices".

The Voices and Choices trial was intended to test a new model of support for vulnerable families based on recommendations made by FACS BIU and guided by revised service provision guidelines and associated research — with behavioural insights elements — embedded throughout the program.

The Voices and Choices trial was developed during the same period that DCJ and FACSIAR were exploring ways to implement the NSW Human Services Outcomes Framework within early intervention services, so this approach has also informed the expression of the Voices and Choices program logic documentation (Adams et al., 2018).

3.2.2. What does Voices and Choices involve?

The main goals of Voices and Choices are to increase safety in family households for children and young people, reduce or eliminate repeated child protection concerns/reports to DCJ, and enable parents to feel more empowered, skilled and confident at addressing any safety concerns that apply to their children.

Voices and Choices aims to improve child and family outcomes by focussing on four critical core components:

- enhancing voice and choice of children and parents into case plans that guide the service delivery they receive
- building self-regulation capabilities in parents
- focusing on environmental stress factors
- addressing traumatic experiences by embedding trauma-informed care principles throughout all program delivery and providing referrals to trauma-specific services.

It does this by encasing current Brighter Futures service delivery components in a trauma-informed, strength-based and process-driven service framework. While service providers may or may not already be delivering service components within the framework, Voices and Choices is a purposeful, explicit effort at implementing the above competencies in trauma and strengths-based practice. This trial is guided by the principles of engaging families with warm referrals, making home visits accessible, engaging and listening to children, and using intentional and honest communication to help families to co-develop achievable case-plan goals.

3.2.3. How is this different from Brighter Futures?

In the *Voices and Choices: Mechanisms for Change* document, it was asserted that choice needed to be provided to families throughout the Brighter Futures program (NSW Department of Family and Community Services, 2018). Trauma-informed practices seek to model safe and reliable relationships with staff, while eliciting 'voices' from parents, and as the program progressed their children, concerning their worries so that goals are not simply imposed by the concerns of the child protection system at the point of referral. Recording disclosures in case-notes, reflecting on the impact of trauma in groups supervision, and offering supported referrals to trauma-counselling services are all encouraged by trauma-informed practice.

The 'choices' aspect is comprised of collaborative goal-setting by the family and their support worker, while motivational interviewing strategies ensure that the parent retains a say about their readiness to change. Training, a practice manual and family casework tools encourage goal-setting to extend beyond traditional safety-related concerns of a child protection program to include the domains of financial stress and employment-related skills attainment.

The intermediate outcomes of this process-driven approach include lower stress, better connection with community support networks and better parental self-regulation, all of which foster the parents' ability to facilitate a safer and more nurturing home environment. The combination of emotionally corrective service relationships, short-term goal-attainment and outcomes of trauma counselling are expected to empower parents to address their child's safety needs in the longer-term.

3.2.4. Where is Voices and Choices being implemented?

Since March 2019, Voices and Choices has been implemented at three BF sites:

- Mission Australia — Orana Far West Brighter Futures (Broken Hill),
- Mission Australia — Shoalhaven Brighter Futures (Nowra), and
- Uniting Care Burnside — Macarthur Brighter Futures (Campbelltown).

3.3. How does the Voices and Choices model work?

Voices and Choices is an extension of the Brighter Futures program; meaning any evaluation of Voices and Choices is actually evaluating Brighter Futures plus Voices and Choices. For this reason, we briefly cover the core components of the Brighter Futures program below. We examined how the Voices and Choices program worked by drawing on:

- the program logic and theory of change, to understand the core components of the model and how they were theorised to produce positive outcomes for families[1]
- the draft practice model[2], to understand the mechanism of therapeutic change (or how the model was translated into an on the ground practice) with families,
- implementation strategies used by the Voices and Choices DCJ team and providers to understand how the model was put into practice, and
- insights from families to understand elements of the program that were seen to be critical in service implementation and delivery.

This section of the evaluation report does not draw on quantitative data – we do not have a model built using administrative data, for example, that tells us that a particular service or practice leads to a particular outcome for families. It describes instead, using the experiences of families and providers, how the model is operationalised and influences the achievement of outcomes.

3.3.1. Voices and Choices program logic and theory of change

Program logics play a critical role in the development and delivery of services and informing the measurement and monitoring of key outcomes. They are key to understanding how a program works because they show the hypothesised connections between each component of a program, from its unique activities to the intended changes in process and client outcomes over time. Program logics are causal models – i.e. the

[1] The Voices and Choices program logic, and the process undertaken to build and refine it, is the subject of another report prepared for this evaluation. Please see the following for full details: Ng J, Rose V, Parker B (2020). Program logic report for the Brighter Futures Voices and Choice pilot. Centre for Evidence and Implementation.

[2] The draft Voices and Choices Practice Model, co-designed and prepared by Voices and Choices providers, is unpublished.

program or service, implemented well, causes a change over time in outcomes for service users. We describe the Voices and Choices program logic below with reference to Brighter Futures.

Voices and Choices core components

Brighter Futures has four integrated components: structured home visit programs, parenting programs, quality children's services and brokerage funded support. These components are further broken down into a combination of information/advice, practical support, opportunities to model good parenting practices, access to quality children services for positive outcomes, and financial support to procure material aid or other essential or specialist services to meet short-term needs.

Within this framework, the Voices and Choices model emphasises enhancing the voice and decision-making power of children and families. This includes:

- Trauma-informed practice is actively incorporated into case management, and this is further facilitated with regular group supervision
- Family case plans include goals that explicitly address disadvantages in the children and families' environment, to allow them to be directly addressed
- Child-friendly language and child-accessible resources are used when working with children, to build rapport between child and caseworker, and to find out needs they have which may be separate from their parents and/or families
- Families have more say in the services they can access, and this is done in conjunction with providing them with more relevant and appropriate options to choose from
- While home visits are already a component in the Brighter Futures program, Voices and Choices pushes this further, and ensures that families can interact with caseworkers in surroundings comfortable to them, at an appointment/time of their choosing
- Voices and Choices providers receive warm referrals from CSCs.

Voices and Choices theory of change

A theory of change describes the hypothesised pathways through which the core components and activities undertaken by Voices and Choices caseworkers are 'translated' or enacted over time into service level and client level outcomes. The theory of change for Voices and Choices can be stated as:

- Voices and Choices works to enable vulnerable families to be actively engaged in their care and make decisions that improve the health and functioning of their children and family
- Caseworkers and providers do this through implementing program core components and practice elements defined in the practice model to a high quality through implementation support
- This action generates short-term outcomes related to changes in caseworker confidence and practice, and families' satisfaction and choice in decision-making
- Over time, providing skilled evidence-informed intervention and support to families and developing skills in informed decision-making leads to positive outcomes such as strong, functional and well-supported families and reduced child abuse and neglect.

Voices and Choices practice model

The Voices and Choices practice model, developed through a co-design process with providers, reflects a series of theory and evidence-informed practices and methods identified by providers based on the needs of families and desired outcomes. The practice model can be seen as the therapeutic mechanism of change, or the intervention pathway through which the Voices and Choices program is operationalised through service delivery with families. The points of intervention are presented in Table 3.1.

Table 3.1 Points of intervention described in the Voices and Choices practice model

Intervention point	Component	Practices
1	Understanding capacity for change	• Use motivational interviewing regularly in interactions with family • Help families recognise which stage they are at in relation to willingness to make positive changes
2	Build self-determination capabilities	• Giving families choice in engagement (e.g. caseworker, location) • Use of self-affirmation exercise • Self-regulation exercises
3	Reduce Stigma	• Use of “intentional language” in written and verbal language • Avoid information overload during engagement phase
4	Make case plan goals achievable	• Goal setting, prioritisation and review (includes 3 activities): • Chunk down case plan goals and reviews • Prioritise goals and tasks based on the needs and impact of children, including supporting children to have their say • Use implementations intentions approach • Emphasise support to reduce social isolation • Identify and address environmental stress factors
5	Trauma-informed practice	• Identify and address unresolved trauma • Embed and record trauma informed principles and practices of safety, trustworthiness, choice, collaboration and empowerment in all interactions with families • Conduct regular supervision (both individual and group) for practitioners
6	Engagement	• Use warm referrals to engage families and improve liaison between DCJ and BF • Maintain collaboration between DCJ and BF following initial referral

Implementation strategies used in Voices and Choices

Any model or program is only as good as the implementation support used to put the model into practice. In other words, high quality implementation is a precursor of effective practice and program and client level outcomes. Implementation strategies are defined as "methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice" (Powell et al., 2015). They range from discrete strategies (such as computerised reminders for practitioners to perform a behaviour) to multifaceted strategies directed at practitioners, organisations, community and policy.

We identified a wide range of implementation strategies used by providers over the course of the Voices and Choices trial including:

- Conducting educational meetings
- Creating a learning collaborative
- Developing educational materials
- Intervening with clients to enhance uptake and adherence, and
- Obtaining and using family feedback.

We focus below on the main strategy used by both DCJ and providers in implementing Voices and Choices across sites - the use of implementation teams – because these structures were often the vehicle for the use of other strategies.

Implementation teams

There is growing evidence actively facilitated implementation teams are a key ingredient in successful CQI processes (Rycroft-Malone et al., 2013). Implementation teams champion and drive the program implementation process and facilitate high-quality implementation of programs and practices (Brown, Feinberg, & Greenberg, 2010). Voices and Choices has a monthly Central Implementation Team (CIT) meeting and separate monthly Local Implementation Team (LIT) meetings across sites (i.e., Macarthur, Nowra and Broken Hill) led by relevant agencies and attended by implementing practice staff and managers, the DCJ team and external experts (e.g., Practice Trainer).[3]

The team as a whole have demonstrated success in identifying and responding to implementation challenges — see Table 3.2. We present a selected account of these successes here so that enablers can be built on in the feedback loop process.

Table 3.2 Selected Voices and Choices implementation challenges and actions

Challenges	Decision and/or action
Inconsistent practices across sites	Sites worked with trainer to develop a practice framework document, to make decisions on uniformed practice approaches that can be tailored to each sites' client population and needs

[3] More information on Voices and Choices implementation teams and a feedback loop process to use when addressing implementation challenges can be found in this report - Rose, V., Taylor, D., Ng, J. (2021) *Evaluation of Brighter Futures: Voices & Choices — Implementation Feedback Loop*. Centre for Evidence and Implementation.

Challenges	Decision and/or action
Unclear distinction between Brighter Futures and Voices and Choices service delivery	Sites worked with trainer and evaluation team to refine the Voices and Choices program logic, to distinguish it clearly from the Brighter Futures program (i.e., identifying practices or approaches that provide children and families with greater autonomy and choice)
The Brighter Futures Assessment Unit (BFAU) prevented sites from establishing trust with potential clients	To begin the service relationship on a positive note, BF program team changed the referral process for the trial from February 2020, where BFAU would not provide sites with referral information on clients, and local CSCs would have to make warm referrals to service providers
Social/physical distancing measures in response to COVID-19	Sites have adopted a case-by-case basis when determining the need for home visits, and in-person contact with clients instead opting for outside-the-door or phone check-ins with clients based on their comfort level
Weak rapport/tension between service provider and local CSCs	BF program team within DCJ (head office) are liaising with local DCJ (CSC) team to improve referral process and general relations between service provider and CSC teams

3.3.2. Critical elements of the Voices and Choices model

Interviews with the small sample of families who participated in the Voices and Choices program reveal a pattern of critical elements for Voice and Choices across providers and program sites (see Chapter 7 for an overview of method). Voices and Choices was very well received by families and was seen to provide a vital support to people at a vulnerable time in their lives. The most striking impact of this support was evident in situations where families were beset by multiple stressors in their lives (e.g., financial; loss of housing; loss of employment; domestic violence; family conflict; court proceedings), coupled with personal challenges or changes (e.g., physical or mental health issues; childbirth; disability), leading them to feeling overwhelmed and unable to cope. Families articulated how the Voices and Choices program helped them to prioritise their most important challenges, to deal with each in turn, and to do so in an empowering way that assisted in building their capacity (and eventual independence).

We identified several enablers to families' outcomes – i.e. an indication of how the Voices and Choices model works - using the data obtained from interviews with families. Some of these enablers are common to the Brighter Futures model, while others are unique to Voices and Choices. These are described below.

Case worker traits and approach

The program case workers are critical to the success of the Voices and Choices Program, with almost all respondents reporting having a strong personal relationship with their case worker. Key case worker traits that are highly valued by respondents include: being empathetic, non-judgemental, friendly, caring and trustworthy. Valued aspects of case workers' approaches included: listening, problem-solving, being proactive in offers of support, working in an empowering way, supporting other family members; and supporting the client, whatever their goals or issues might be.

Frequent and regular contact

Having case workers available on a frequent and regular basis, even during COVID restrictions, including making contact between visits during particularly stressful times and responding outside of business hours if needed, went a long way to building trusting relationships with clients. Importantly, respondents found this frequent and regular contact made them feel supported and safe but not pressured to meet unrealistic goals. Respondents spoke of this reliability of contact as helping to: improve their mental health (e.g., anxiety, depression); reduce undesirable behaviours (e.g., drug or alcohol abuse); reduce their social isolation; problem solve (e.g., legal issues, custody issues); and identify new opportunities (such as for educational or employment opportunities, courses and community activities). Respondents also appreciated case workers checking back in with them (e.g., after they took a course or had a medical or legal appointment), thereby demonstrating care for their client.

Empowering co-design of family/case plans

The co-design of family/case plans is an important contributing factor to people feeling empowered and regaining control over their lives. The case worker listening to and allowing the client and family members to identify their own immediate and long-term goals is considered by respondents to be supportive and inclusive. Case worker input to goals is valued and considered by respondents but, for the most part, they do not feel dictated to. Provision of information about available services and resources is considered to be helpful, especially when case workers provide prompt response to questions, bring information requested at one meeting to the very next visit, and when they explain things in-language and at a pace that clients can understand. Further, allowing clients to break up their goals and strategies step by step means that they do not feel overwhelmed. Overall, this approach to designing family/case plans assists with trust building and, importantly, focuses the plan on the client's own perception of needs rather than on what program staff might consider to be important.

Wide-ranging support

Respondents reported a highly diverse range of supports provided through the program. Provision of brokerage funds to pay for a wide range of services, as needed, allows clients to respond to the frequent large and small challenges that can feel overwhelming. The program's flexibility to pay for material goods, health, education, legal, household and other services enabled clients with whom we spoke to resolve a multitude of issues relatively quickly (rather than having to seek assistance from different programs or organisations) and to begin to make headway through their challenges. Even small things, like case workers providing a handyman to assemble new furniture or providing games or craft materials for the children at the right moment can make a qualitative difference, enabling clients to move on to deal with their next issue.

Provision of transport

Transport provided through the program (either by case workers directly or via taxis) enables clients to attend services (e.g., medical, legal, housing, Centrelink), helps them engage in opportunities (e.g., education or employment), frees clients from social isolation, and can greatly reduce the transit time involved with navigating public transport. Provision of transport was an essential service for some respondents; that is, for those with limited or no access to a car, those who do not drive or do not have a current driver's licence, those who are a single parent with small children, those who have a disability, or those who are dealing with anxiety, depression or other mental health issues.

Case workers attending appointments with clients

A few respondents spoke of case workers coming with them to appointments, which they found to be very helpful. For some, having case workers explain what is being said, help

navigate bureaucratic processes or provide emotional support means that they are able to get more out of the appointment or even attend the appointment in the first place. This is particularly true for clients with limited English, limited understanding of Australian bureaucratic systems, those with anxiety or depression, or those dealing with cognitive difficulties.

Facilitation of cultural/community engagement

This evaluation was interested in whether the program provides facilitation and support for clients to engage in cultural and community events and activities. In particular, the researchers were keen to establish whether or not the program and case workers were supportive of Aboriginal and Torres Strait Islander and CALD clients engaging in cultural activities and events. It would appear from the responses that for those who wish and have time to engage in cultural activities and events, that they are supported to do so by their case workers. For a few respondents who were more socially isolated, their case workers are more proactive, for example, with suggesting online groups, support groups or cultural/community events and activities; with sometimes providing transport; and with attending events with clients or even organizing events themselves. Some respondents indicated that their case worker had not mentioned cultural or community activities but the respondents themselves were either unconcerned by this or thought that if they wanted to do so, that their case worker would be supportive. While the program's work in terms of cultural and community engagement was appreciated by some respondents, it was perhaps of less concern for most than the other features of the program listed above.

Cultural and religious sensitivity and respect

The evaluation was also concerned to assess the program's sensitivity to and respect for clients' cultural and religious background. For those respondents for whom these issues are important, they considered their case worker does demonstrate an awareness and respect of their cultural and/or religious background, that they are encouraged to engage in cultural activities and are connected with specialized services where relevant (e.g., Aboriginal maternal health care). Of all the respondents, there was only one who reported a concerning experience, of their Aboriginal identity being questioned and having to present "proof" of their Aboriginality. This respondent found the experience to be upsetting. It was not clear from the interview why this challenge to identity came about and whether it came from the case worker, wider program staff, or both. Certainly, a more sensitive means of dealing with this issue, if it had to be raised at all, would have improved this respondent's experience of the program.

Support for engagement in education or employment

Because many of the respondents in this study had young children or had health or other issues to deal with, they were not in a position to take up education or employment options. For those who were in a position to do so, a number spoke about receiving assistance through the program. This included: case workers providing information about courses; organising literacy courses; paying course fees and/or childcare fees; providing access to childcare; and providing textbooks, laptops or other materials. Support extended to the education of children in the household, including identifying schools; assisting in enrolling children's enrolment; transporting children to school; providing textbooks, laptops or tablets; and attending school appointments. In terms of assistance with finding employment, some respondents received help from their case worker in identifying what skills they needed to obtain, identifying potential employers, writing a resume, and preparing for an interview.

Support for health and wellbeing

The majority of respondents considered that their case worker and the Voices and Choices program had contributed to their improved health and wellbeing. This was achieved

through two strategies. One is the program paying for and supporting access to a wide range of medical and well-being services; that is, through making referrals; organising appointments; paying for appointments and treatment; organising transport; attending appointments with clients when requested; and supporting applications for NDIS funding. The second strategy is frequent and regular contact with the case worker who provides practical support and tools to help clients deal with their anxiety, depression, and other issues, or to process their emotions (including being referred to emotional regulation courses).

Financial support

The majority of respondents spoke about the program supporting their financial stability or contributing in some material way to their situation. In some cases, the program paid for practical household items, such as: groceries; furniture; white goods; school uniforms, textbooks or computers; children's toys and activity sets; or baby supplies. In other cases, financial support related to payment of bills for utilities, medical bills, school fees or child-care as needed. Some respondents received help to access their pension or NDIS funding, or their case worker arranged for credit or a payment plan for bills, or to pay off a debt through a work development order. A few spoke about receiving guidance with budgeting and financial planning.

Improved family connections

In some cases, respondents found that the assistance they received that enabled them to better deal with their problems and be in an improved emotional state generally contributed to improving their family connections. For many other respondents, the Voices and Choices program and their case worker had a direct impact on improving these connections. This may have come about through: referral to courses to help deal with the client's mental health issues or family relations, or parenting courses; through support to access legal assistance (e.g., in the case of family breakdown or domestic violence); by helping to draft and establish house rules; or by case workers explain situations to children or providing tools and strategies to parents for better relating to children.

3.4. Does the Voices and Choices program logic contain evidence-based practice elements?

Evidence-informed practice[4] is a cornerstone of high quality and effective intervention with children and families who have high needs and may be at-risk of child protection intervention. The impetus behind driving a 'practice elements approach' is the need within child and family services to increase the use of evidence-informed therapeutic practices along with the acceptance that traditional approaches to disseminating or simply prescribing evidence-based practice have not yielded significant progress (Mitchell, 2011).

We explored the presence of evidence-informed practice elements in the Voices and Choices model by comparing the program logic with CEI's database of 'common elements' — built on the work of Chorpita et al (2005) — and compiled following ongoing work in child and family services across Australia and internationally.

While we identify several elements listed within the Voices and Choices program logic (e.g., using trauma-informed care, reflective practice and supervision, motivational interviewing, problem-solving and family engagement tools, etc.) as evidence-informed

[4] CEI uses the term ***evidence-informed practice,*** rather than ***evidence-based practice*** because the latter implies the use of evidence in practice is exact, and decision-making is rigid. Evidence-informed practice is the integration of the best research evidence with practice expertise and client values.

practices, there is insufficient information on whether these are being implemented as intended. That is, we do not know how they are being implemented and if this has made a difference. To do this we would need to examine practices in detail and measure whether each was being implemented with fidelity (e.g. all components of motivational interviewing are being implemented as intended).

3.4.1. Defining evidence-informed practice elements

Evidence-informed common practice elements (common elements)[5] are discrete techniques or sets of strategies used to engage clients (e.g., seeking feedback, being culturally responsive) and to facilitate changes in attitudes or behaviours (e.g., goal-setting, motivational interviewing). The common elements approach to child and family service delivery is flexible and responsive to the specific circumstances, problems, and needs of the clients being served. Practitioners only use a particular common element when indicated.

There are common elements for ***how*** practitioners work with children and families (i.e., for effective service delivery), and common elements for ***what*** practitioners do with children and families (i.e., for effective intervention). For example:

- common elements associated with effective service delivery (the 'how') lay the foundation for a positive and productive relationship between the practitioner and the client, which is a necessary, though not sufficient, condition for change to occur. In other words, the success of an intervention is determined not only by what is delivered, but also by the way in which it is delivered.
- common elements associated with effective intervention (the 'what') hinges on accurate identification of the presenting problems and needs and responding to these with well-matched common elements that have been shown to be effective in bringing about the desired outcome. If the problem is not correctly identified, the wrong intervention strategy is likely to be selected.

3.4.2. Common elements in Voices and Choices

We identified the following evidence-informed common elements in the Voices and Choices program logic model — Table 3.3. To be effective, common elements need to be implemented as intended and supported by focused training and coaching.

Table 3.3 Evidence-informed common elements identified in the Voices and Choices program logic

Common elements	Description
Partnership relationship	Explicitly seeking a collaborative partnership relationship with children, parents, carers and families based on mutual sharing of information, decision-making, and responsibilities
Responding to family priorities	Helping parents, carers and families identify what is most important to them and providing services to help them address these needs

[5] Common elements are practices identified across programs or interventions that have been shown to be effective (thus "common") and based on evidence from multiple sources (e.g. theory, practice handbooks, multidisciplinary research).

Common elements	Description
Goal setting	To assist the family with identifying, prioritising and achieving realistic desired outcomes
Motivational enhancement	Building commitment to change by eliciting or responding to change talk, probing disadvantages of the status quo, advantages of change, optimism, and intention to change
Problem solving	Training in the use of techniques (e.g., defining problem, brainstorming, choosing a solution, evaluating results) designed to resolve targeted problems
Family communication skills	Training for the parent/carer and/or child/young person in how to communicate more positively and effectively by teaching specific skills and behaviours (e.g. using "I" statements and active listening) and practising these with the family

Part one

Quantitative analysis of outcomes for Voices & Choices participants

4. Quantitative analysis scope and methodology

4.1. Scope

We used quantitative methods to answer the following evaluation questions:

- Has Voices and Choices increased the number of families participating in the program?
- Is Voices and Choices more effective at preventing reoccurrences of child abuse and neglect relative to families accessing current Brighter Futures service models?
- Is Voices and Choices more effective at preventing entry into Out-Of-Home Care relative to families accessing current Brighter Futures service models?
- Are families involved in Voices and Choices more likely to complete their Case Plan goals successfully relative to families accessing current Brighter Futures service models?

4.2. Data sources

4.2.1. Program data from Brighter Futures

We were provided access to program data that provided details on participants interactions with Brighter Futures services for the period inclusive of 1 July 2018 to 31 December 2020. This information included: the Brighter Future's service provider, family grouping reference, participant identification codes (ChildStoryID), the source of their referral to Brighter Futures, the date a provider accepted their referral, the date family commenced services, the date a family ceased services and the reason the family ceased services. This information was used to:

- Identify the sample frame for this analysis i.e. who was eligible and ineligible,
- Identify their first presentation at Brighter Futures,
- Extract characteristics about family groupings i.e. youngest member, size of grouping,
- Extract characteristics about a family's use of Brighter Futures services, and
- Use this information to link with a family's child protection, risk assessment and out-of-home care history from ChildStory.

4.2.2. Administrative data from ChildStory

We were also provided access to unit-record level extracts from administrative data from ChildStory for the period up to 31 December 2020. ChildStory includes information on an individual's history of child protection reports, child protection field assessments and out-of-home-care involvement. We were also provided information on the individual items from safety and risk assessments if they had a history of field assessments. This information was used to:

- Identify a history of a family's prior involvement with the child protection and out-of-home system,
- Construct a series of risk indicators for families with prior interaction with the child protection and out-of-home system,
- Identify if a family had subsequent involvement with the child protection and/or out-of-home care system following commencement of Brighter Futures.

4.3. Methodology

Our methodology involved four high-level steps:

- Step 1: Identify Brighter Futures participants eligible for inclusion in this analysis
- Step 2: Obtain child protection, risk assessment and out-of-home care histories for eligible participants
- Step 3: Using propensity score matching to identify a suitable comparison group amongst families receiving 'standard' Brighter Futures
- Step 4: Assess child protection and out-of-home care outcomes using regression analysis
- Step 5: Assess implementation outcomes using descriptive analysis

Detail on each step is provided below.

4.3.1. Step 1: Identify Brighter Futures participants eligible for inclusion in this analysis

Using Brighter Futures program data, we identified participants eligible for this analysis by applying the following criteria to statewide data:

- Families were presenting at Brighter Futures (at any site) for the first time;
- Families were receiving services in defined locations:

- in the Voices and Choices pool they were receiving Brighter Futures Voices and Choices from one of three pilot sites: Uniting Macarthur, Mission Shoalhaven or Mission Orana Far West; and
- in the Brighter Futures comparison pool were receiving services from a Brighter Futures only site where the SafeCare pilot (a potential confounder) was not being conducted.[6]

4.3.2. Step 2: Obtain child protection, risk assessment and out-of-home care histories for eligible participants

Using ChildStory records identify:

- The child protection histories of families prior to commencing Brighter Futures services — including number and reasons for prior non-ROSH and ROSH reports,
- Lifetime histories and individual outcomes of face-to-face field assessment items conducted prior to commencement at Brighter Futures,
- Any prior out-of-home care placements,
- Any non-ROSH, ROSH, face-to-face assessments and/or OOHC placements from 30 days following commencement of Brighter Futures.

4.3.3. Step 3: Using propensity score matching to identify a suitable comparison group amongst families receiving 'standard' Brighter Futures

We used a statistical technique called propensity score matching to find 'statistically similar' families amongst those that received standard Brighter Futures, to compare outcomes with families who received Voices and Choices.

Propensity score matching allows us to use a range of constructs on which to match on including demographic, location, and prior system involvement. As Brighter Futures is delivered at the family level, we summarised prior system involvement at the family level.

In preparing the data for matching we observed that child protection histories varied for a different subgroup of Brighter Futures participants. Those who were referred to services from a 'community referral' were less likely to have extensive prior involvement with the child protection system than those who were referred by DCJ. For this reason, we split our analyses and developed two separate matching models.

Community referrals

Of those families that received Voices and Choices 155 were referred from a community source. Noting that we observed that this group had a generally lower prior involvement with the child protection system, we constructed a matching model that limited the use of constructs that assessed system-involvement. Our process for developing the model involved:

- Starting with a long-list of potential matching variables;
- Dropping those that were highly correlated;

[6] Sites where family's receiving 'standard Brighter Futures' eligible for inclusion in our analysis are detailed in Table A.1 in Appendix A.

- Building a model with the remaining variables and iterating it until a suitable match was obtained.

Our final matching model for the community sample included the following binary variables: indigenous status, gender, family with child under two, family with a ROSH history prior to start, regional or remote location, commenced services in 2018, commenced services in 2019 and commenced services in 2020. This model was able to find suitable matches for 150 of 155 of the families who received Voices and Choices. A table detailing the outcomes of this match is provided in Table 4.1.

DCJ referrals

Of those families that received Voices and Choices 286 were referred by DCJ. The process that we followed to develop this model was identical to the community sample, however we considered a range of variables that took into account a greater range of information on families' prior system involvement.

Our final matching model for the community sample included the following binary variables: indigenous status, gender, family with child under two, one or no ROSH reports prior to commencement, 2 ROSH reports prior to commencement, 3 ROSH reports prior to commencement, 4 ROSH reports prior to commencement, 5 or more ROSH reports prior to commencement, regional remote location, commenced services in 2018, commenced services in 2019 and commenced services in 2020. This model was able to find suitable matches for 277 of 286 of the families who received Voices and Choices. A table detailing the outcomes of this match is provided in Table 4.2.

4.3.4. Step 4: Assess child protection and out-of-home care outcomes using regression analysis

As families receiving Brighter Futures services commence at different time points we have different lengths of follow up for participating families across our matched samples. To account for this, we used a statistical modelling technique that accounts for this range in follow up time.[7]

Our analytic strategy was similar across both groups — community and DCJ referrals — in our analysis of time-to-first ROSH and time-to-first non-ROSH outcomes. It involved:

- Building a series of statistical models that assessed the impact of Voices and Choices while controlling for differences in families and their prior involvement with child protection (i.e. demographic characteristics, ROSH, non-ROSH, face-to-face assessment). The following constructs were included in binary form:
    - *Demographic characteristics:* gender, indigenous status, regional remote location.
    - *Family size:* number in household under 18 = 2, number in household under 18 = 3, number in household under 18 = 4, number in household under 18 = 5 or more.
    - *Age of youngest family member when family commenced Brighter Futures:* less than 2, 2 or more (DCJ sample), less than 3, 3 or more (community sample).
    - *Year the family commenced Brighter Futures:* 2018, 2019, 2020.

[7] Cox proportional hazards (coxph) regression allows us to model the time to an event occurring while considering a range of other factors which may have influenced it.

- *ROSH / non*-ROSH lifetime history — ROSH before start, non-ROSH before start (community sample only).
- *Frequency of prior ROSH before starting Brighter Futures:* 1 or less, 2, 3, 4, 5 or more.
- *Prior ROSH type during lifetime:* physical abuse, neglect, sexual abuse, emotional abuse, domestic violence (DCJ sample only).
- *Any family history of SARA risk item before standard Brighter Futures or Voices and Choices start:* youngest less than age 2 at field assessment; limited visibility; psychological, behavioural, emotional or medical problem; developmental, intellectual, learning, or physical disability; carer substance abuse; parental cognitive issues; hazardous living conditions; parent history of child abuse, any family violence (DCJ sample only),

- Variables in these models were significant at the 90 per cent level were included in an omnibus model, which was refined using backward elimination until the remaining predictors were all significant ($p < 0.05$).
- The final model was tested to ensure that it met proportional hazards assumptions. For those that did not, predictors which violated the assumption were stratified. Model fit was assessed through visual inspection of residual symmetry.
- Two additional models were fitted to test if there was:
  - An interaction effect between Voices and Choices and Indigenous status — to see if the program had a differential impact on Aboriginal families.
  - An interaction effect between Voices and Choices and time — to assess whether there were differences between early and late implementation of the Voices and Choices model.

There were too few entries into OOHC amongst the population under investigation for us to build a model to assess the impact of Voices and Choices. Therefore, simple frequencies of entry to OOHC are presented rather than statistical models.

4.3.5. Step 5: Assess implementation outcomes and case plans achieved using regression and descriptive analysis

The remaining evaluation questions were examined using a combination of regression and descriptive analysis.

To analyse the rate of service uptake, we built a series of coxph models using the same process outlined in Step 4. However, rather than using a matched sample we undertook an analysis that looked at all of the participants who were referred to either standard Brighter Futures or Voices and Choices. We also plotted time series to examine trends in families declining services or withdrawing from services. For these descriptive analyses, we excluded the first quarter to account for the fact that providers will be starting afresh with no new clients.

To explore whether families in Voices and Choices were more likely to complete their case plan goals we examined the relative proportion of case plan goals achieved in our two matched sample groups at three different time points: 6 months, 12 months and 18 months from commencement. Chi-squared tests were conducted to determine if the differences between the two groups were significant at each time point.

4.4. Analytic procedures

Unit record data was stored on a secure server hosted by Monash University per an existing security plan that conforms to NSW data security protocols. All data management, cleaning and analysis was undertaken on this server using the R project for statistical computing (R Core Team, 2020) and RStudio (RStudio Team, 2020). Key R packages used in our analysis included: Tidyverse (Wickham et al., 2019), MatchIt (Ho, Imai, King, & Stuart, 2011) and Survival (Therneau, 2021). Version control of analysis code was maintained using GitHub (Github, 2020).

4.5. Matched sample characteristics

The community referral sample has of 150 families in each intervention group, while the larger DCJ referral sample has 277. The statistical match appears to be successful. The key point of difference between the two groups is their risk profile. The community referral sample is less likely to have any ROSH history relative to the DCJ referral sample and, if the family does have a ROSH history, their frequency of prior ROSH reports is also lower. Demographic and prior risk characteristics that we used in either the matching or coxph models for each sample are detailed in Table 4.1 and Table 4.2 respectively.

Table 4.1 Demographic characteristics after matching — community referral

Variable	Brighter Futures (n=150) N (%)	Voices & Choices (n=150) N (%)	*p*
Female	87 (58.0)	87 (58.0)	>1.0
Indigenous status	62 (41.3)	61 (40.7)	>1.0
Child under 2	62 (41.3)	62 (41.3)	>1.0
Regional remote flag	94 (62.7)	95 (63.3)	>1.0
Any ROSH history before start	102 (68.0)	101 (67.3)	>1.0
Non-ROSH history before start	88 (58.7)	92 (61.3)	0.724
Any ROSH prior to start for:			
Physical abuse	65 (43.3)	59 (39.3)	0.558
Neglect	69 (46.0)	63 (42.0)	0.561
Sexual abuse	29 (19.3)	27 (18.0)	0.882
Emotional abuse	32 (21.3)	35 (23.3)	0.782
Domestic violence	48 (32.0)	38 (25.3)	0.251
Year commenced:			
2018	20 (13.3)	20 (13.3)	<1.0
2019	41 (27.3)	41 (27.3)	<1.0

Variable	Brighter Futures (n=150) N (%)	Voices & Choices (n=150) N (%)	*p*
2020	89 (59.3)	89 (59.3)	<1.0
Age youngest child commenced:			
less than 2	66 (44.0)	76 (50.7)	0.298
2 or greater	84 (56.0)	74 (49.3)	0.298
Count ROSH history before start:			
1 or 0	59 (39.3)	69 (46.0)	0.293
2	14 (9.3)	14 (9.3)	<1.0
3	12 (8.0)	10 (6.7)	0.825
4	7 (4.7)	7 (4.7)	<1.0
5 or more	58 (38.7)	50 (33.3)	0.4

Table 4.2 Demographic characteristics after matching — DCJ referral

Variable	Brighter Futures (n=277) N (%)	Voices & Choices (n=277) N (%)	*p*
Female	200 (72.2)	201 (72.6)	>1.0
Indigenous status	119 (43.0)	120 (43.3)	>1.0
Regional remote flag	154 (55.6)	156 (56.3)	0.932
Child under 2	93 (33.6)	93 (33.6)	>1.0
Any ROSH history before start	264 (95.3)	266 (96.0)	0.835
Any ROSH prior to start for:			
Physical abuse	162 (58.5)	165 (59.6)	0.863
Neglect	184 (66.4)	177 (63.9)	0.593
Sexual abuse	65 (23.5)	57 (20.6)	0.473
Emotional abuse	97 (35.0)	120 (43.3)	0.056
Domestic violence	130 (46.9)	122 (44.0)	0.55

Variable	Brighter Futures (n=277) N (%)	Voices & Choices (n=277) N (%)	*p*
Any family history of SARA risk item			
Youngest less than age 2	143 (51.6)	139 (50.2)	0.799
Limited visibility	48 (17.3)	45 (16.2)	0.82
Psychological, behavioural, emotional or medical problem	54 (19.5)	35 (12.6)	0.037
Developmental, intellectual, learning, or physical disability	50 (18.1)	48 (17.3)	0.911
Carer substance abuse	141 (50.9)	123 (44.4)	0.148
Parental cognitive issues	136 (49.1)	144 (52.0)	0.552
Hazardous living conditions	54 (19.5)	27 (9.7)	0.002
Parent history of child abuse	114 (41.2)	110 (39.7)	0.795
Any family violence	164 (59.2)	162 (58.5)	0.931
Year commenced:			
2018	45 (16.2)	44 (15.9)	>1.0
2019	102 (36.8)	104 (37.5)	0.93
2020	130 (46.9)	129 (46.6)	>1.0
Age youngest child commenced:			
less than 2	119 (43.0)	132 (47.7)	0.306
2 or greater	158 (57.0)	145 (52.3)	0.306
Count ROSH history before start:			
1 or 0	58 (20.9)	58 (20.9)	>1.0
2	33 (11.9)	33 (11.9)	>1.0
3	21 (7.6)	21 (7.6)	>1.0
4	22 (7.9)	23 (8.3)	>1.0
5 or more	143 (51.6)	142 (51.3)	>1.0

5. Quantitative results

5.1. Introduction

This chapter details the results of our analysis for the following evaluation questions:

- Is Voices and Choices more effective at preventing reoccurrences of child abuse and neglect relative to families accessing current Brighter Futures service models?
- Is Voices and Choices more effective at preventing entry into Out-Of-Home Care relative to families accessing current Brighter Futures service models?
- Are families involved in Voices and Choices more likely to complete their Case Plan goals successfully relative to families accessing current Brighter Futures service models?
- Has Voices and Choices increased the number of families participating in the program?

It commences by placing the analysis in context, before providing an overview of implementation-to-date before discussing findings for each evaluation question.

5.2. Analysis context

We want to highlight that this is a comparative effectiveness study. Two distinct services — standard Brighter Futures versus Voices and Choices —are being compared that have many similarities and some differences.

Families who receive either option could benefit from the service. That is, even if we find differences between the two services, we are not comparing either service to a 'no service' condition (i.e., getting nothing at all).

This context is important to highlight as it means that while our findings could be used to assess whether one service is better than the other, we cannot say, overall, whether families benefitted or did not benefit compared to having received no service at all. We are simply asking the question, '*Who benefits more or less from each of these services?*'

We conducted separate analyses for family referrals sourced from either DCJ or the community due to concerns about their similarity (e.g., severity of issues) and the fact that more data were available for those referred by DCJ — allowing for more detailed analysis.

We used three outcomes as proxies to measure reoccurrences of child abuse and neglect amongst first time participating families from thirty days after they commenced Brighter Futures:

- Time to first non-ROSH report;
- Time to first ROSH report; and
- Time to first OOHC entry.

5.3. Implementation of Voices and Choices in numbers

Table 5.1 presents an overview of the implementation of Voices and Choices by site for the years 2018-2020. At first glance it appears if the number of families who are commencing Voices and Choices is increasing over time. However, this increase in participation is a feature of our analysis. Since we excluded both cases who were already enrolled in Brighter Futures before Voices and Choices commenced and those who had previously participated in Brighter Futures, there were only a handful of families that met this criteria. Beyond this, there are a couple of noteworthy trends that are worth highlighting:

- There are a higher proportion of Indigenous families commencing services in Far West, compared to the other trial sites. As seen in Figure 5.1, the proportion of total families commencing services that are Indigenous is consistently around 70 per cent in Far West. In the other two sites, there is some variation over time with the proportion that are Indigenous mostly hovering between a quarter and a third of total families.
- The number and proportion of families commencing services from a community referral has increased substantially in two sites (Nowra and Macarthur) from a low base, while remaining relatively constant in Far West. As depicted in Figure 5.1, it is noteworthy that no new referalsreferrals came from community sources in the second half of 2018 in either Nowra or Macarthur, however by the second half of 2020 community referrals accounted for three-quarters of newly commencing families in Nowra and more than a third in Macarthur. Community referrals fluctuated

in Far West, but did not see as significant a change as the other two sites. It is possible that this surge in community referrals in Nowra and Macarthur is related to the COVID-19 pandemic.

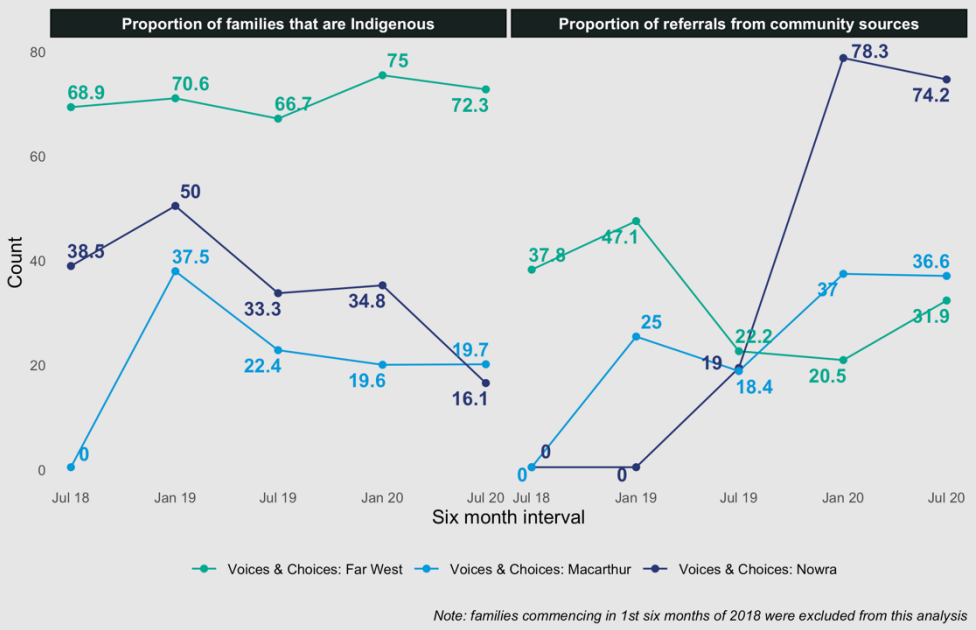
Table 5.1 Number of new family referrals, referral sources, commencements and Indigenous families by Voices & Choices site (2018-2020)

		Voices & Choices: Nowra	Voices & Choices: Macarthur	Voices & Choices: Far West	Total
Total referrals					
2018		14	3	53	70
2019		33	84	78	195
2020		54	163	91	308
Total		101	250	222	573
Referral source					
2018	Community	1	0	18	19
	DCJ	13	3	35	51
2019	Community	4	16	30	50
	DCJ	29	68	48	145
2020	Community	41	60	24	125
	DCJ	13	103	67	183
Total	**Community**	46	76	72	194
	DCJ	55	174	150	379
Commencements					
2018		12	1	37	50
2019		27	65	63	155
2020		42	133	62	237
Total		81	199	162	442

	Voices & Choices: Nowra	Voices & Choices: Macarthur	Voices & Choices: Far West	Total
Indigenous families				
2018	5	0	34	39
2019	13	20	54	87
2020	13	32	67	112
Total	31	52	155	238

Note: Case counts include only families referred to Voices and Choices for the first time (i.e. they were excluded if they we previously referred to Brighter Futures at a trial or other site). Cases for 2018 are for April 2018 onward, cases before March 30 2018 are excluded.

Figure 5.1 Change in proportion of Indigenous families and community referrals during the period (2018-2020)

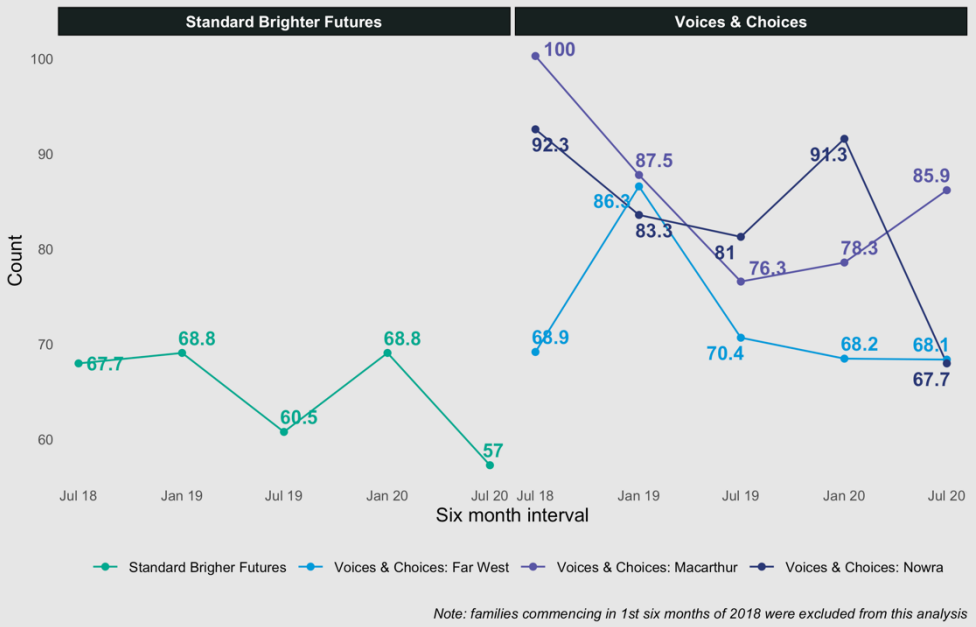


5.4. Has Voices and Choices increased the number of families participating in the program?

We examined if families referred to Voices and Choices were more likely to participate in services relative to standard Brighter Futures to examine the impact of their warm referral process. We looked at the entire sample of families who were referred (or allocated) to either Brighter Futures or Voices and Choices services and counted those who agreed to participate in services. It is important to note that this analytic strategy differs from our previous series of analyses that made use of a matched sample. Since our matched sample only included families who agreed to participate, we needed to take a wider look. As a result we are essentially comparing participation rates between Voices and Choices sites relative to the state average (excluding sites implementing Voices and Choices and SafeCare).

We plotted a time-series — excluding the first half of 2018 — in Figure 5.2 below that shows the unadjusted proportion of families who commenced services following a referral to either standard Brighter Futures (i.e. the state average) or one of the three Voices and Choices sites. At first glance it appears that families who were referred to Voices and Choices were more likely to agree to participate relative to the statewide average (i.e. standard Brighter Futures). However, this does not take into account the relatively small number of new starters in the Voices and Choices sites at the early stage of the trial or the time between the referral and agreement to participate. In order take both of these factors into account we built two coxph models to examine if the time between allocation and commencement varied between the two groups. As with out other analyses, we stratified these by the referral source: community or DCJ.

Figure 5.2 Proportion of families who commence Brighter Futures or Voices & Choices services following a referral by site



5.4.1. For families referred to services from DCJ

For families that were referred to Brighter Futures or Voices and Choices from DCJ, our analysis established that:

- Those who were referred to Voices and Choices were significantly more likely to commence services relative to standard Brighter Futures (HR: 1.26, 95%[1.10, 1.45], $p < 0.00$), however the size of this effect is small. To put this in context, this means that after three months, 93.8 (95% CI [89.8-96.2]) per cent of families referred to Voices and Choices will have commenced services, compared to 91.8 (95% CI [90.4-93.0]) per cent of those referred to standard Brighter Futures. This is reflected in Figure 5.3 below.
- Once we controlled for other variables, there was no significant difference between uptake between Indigenous and non-Indigenous families.
- Across families who received either Voices and Choices or standard Brighter Futures:
    - Families with less than three children under 18 were more likely to participate relative to families with more than three children (HR = 1.19, 95% CI [1.03-1.38], $p < 0.05$).
    - Families whose youngest child was age three or older when they were referred to the service were more likely to participate than families whose youngest child was referred at an earlier age (HR = 1.19, 95% CI [1.08-1.32], $p < 0.01$).

Full results of the coxph model's for time to commencement for the community referral sample are included in Table B.6 in Appendix B. In addition to this model, we also built two separate models that examined whether there was any interaction between Voices and Choices and Indigenous families or early (2018) verses later (2019 & 2020) implemention. While these models did show some significant effects, the overall hazard ratio did not substantially change so we opted to present the simpler 'main effects' model to aid interpretation.

5.4.2. For families referred to services from the community

For families that were referred to Brighter Futures or Voices and Choices from the community, our analysis established that:

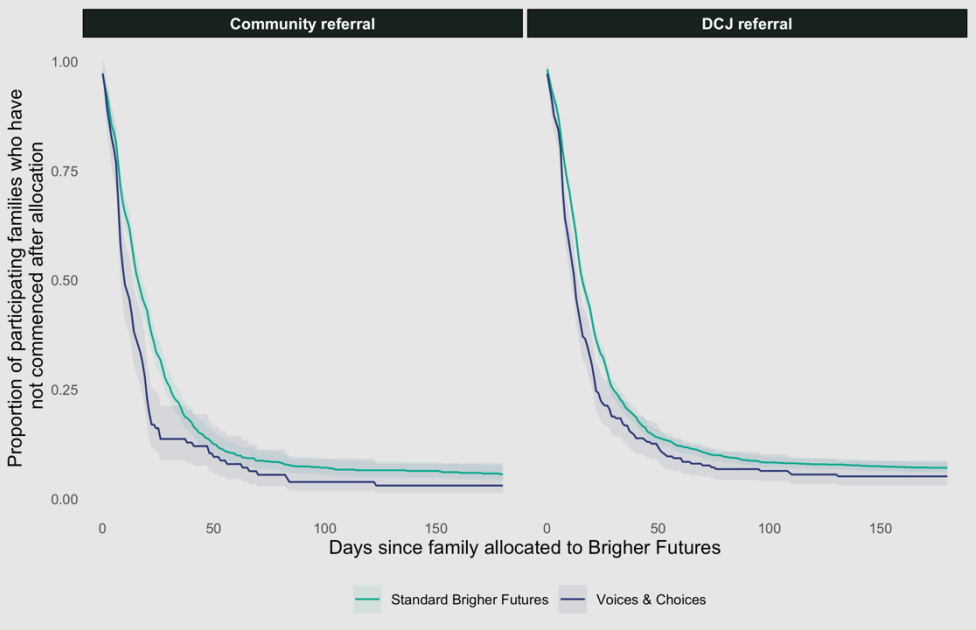
- Those who were referred to Voices and Choices were significantly more likely to commence services relative to standard Brighter Futures (HR: 1.32, 95%[1.07, 1.62], $p < 0.01$), however the size of this effect is small. To put this in context, this means that after three months, 96.7 (95% CI [91.4-98.8]) per cent of families referred to Voices and Choices will have commenced services, compared to 93.2 (95% CI [91.0-94.8]) per cent of those referred to standard Brighter Futures. This is reflected in Figure 5.3 below.
- Once we controlled for other variables, there was no statistically significant difference between uptake between Indigenous and non-Indigenous families.
- Across families who received either Voices and Choices or standard Brighter Futures, families whose youngest child was age three or older when they were referred to the service were more likely to participate than families whose youngest child commenced at an earlier age (HR = 1.18, 95% CI [1.02-1.37], $p < 0.05$).

Full results of the coxph model's for time to commencement for the community referral sample are included in Table B.3 in Appendix B. As with the DCJ sample, we built additional

models to examine the interaction between Voices and Choices and Indigenous families or implemention time. As with the DCJ sample, we opted to present the simpler 'main effects' model as the overall hazard ratio did not change radically.

Kaplan-Meier curves that show the time to service uptake for both analyses are presented in Figure 5.3.

Figure 5.3 Kaplan-Meier survival curve for time to service uptake for both referral groups



5.5. Is Voices and Choices more effective at preventing reoccurrences of child abuse and neglect relative to families accessing current Brighter Futures service models?

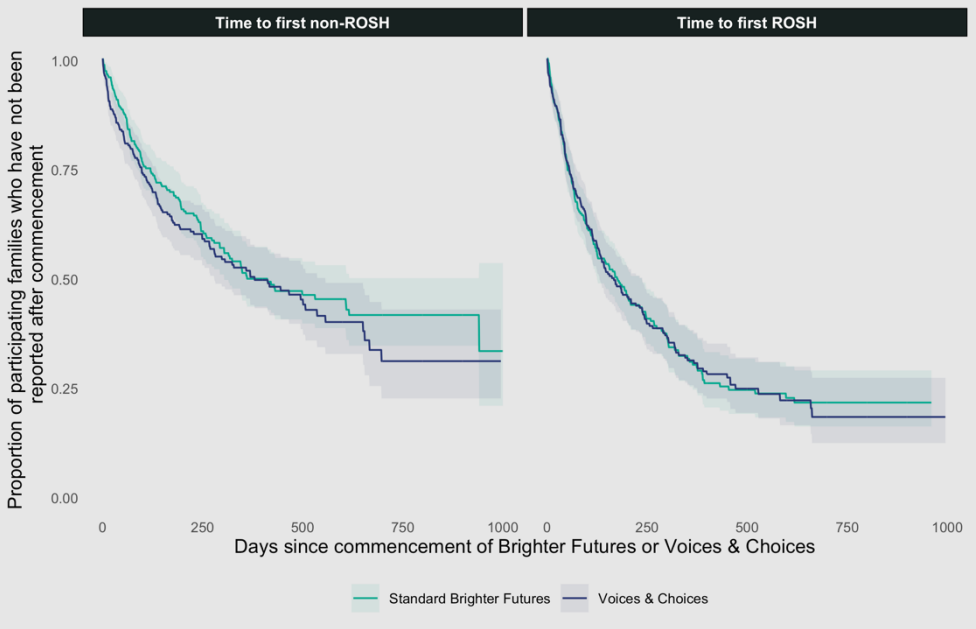
5.5.1. For families referred to services from DCJ

For families that were referred to Brighter Futures or Voices and Choices directly from DCJ, our analysis established that:

- There was no statistically significant difference in non-ROSH (HR = 1.12, 95% CI [0.9-1.4], $p > 0.05$) or ROSH (HR = 1.00, 95% CI [0.8-1.2], $p > 0.05$) outcomes between families who received Voices and Choices and standard Brighter Futures — see Figure 5.4 below.
- Across families who received either Voices and Choices or standard Brighter Futures:
  - Indigenous families were more likely to have a non-ROSH (HR = 1.46, 95% CI [1.1-1.8], $p < 0.01$) or ROSH report (HR = 1.49, 95% CI = 1.2-1.8) than non-Indigenous families,
  - Families with a history of two or more ROSH reports were far more likely to have a non-ROSH (HR = 2.39, 95% CI [1.4-4.1], $p < 0.01$) or ROSH (HR = 1.88, 95% CI [1.2-2.8], $p > 0.05$) report relative to those with one or fewer, and the risk tended to increase with additional ROSH reports.

Full results of the coxph models for time to non-ROSH and time to ROSH for the DCJ referral sample are included in Table B.4 and Table B.5 in Appendix B.

Figure 5.4 Kaplan-Meier survival curve for time to first non-ROSH or ROSH report for the DCJ referral sample



5.5.2. For families referred to services from the community

For families that were referred to standard Brighter Futures or Voices and Choices from community sources, our analysis established that:

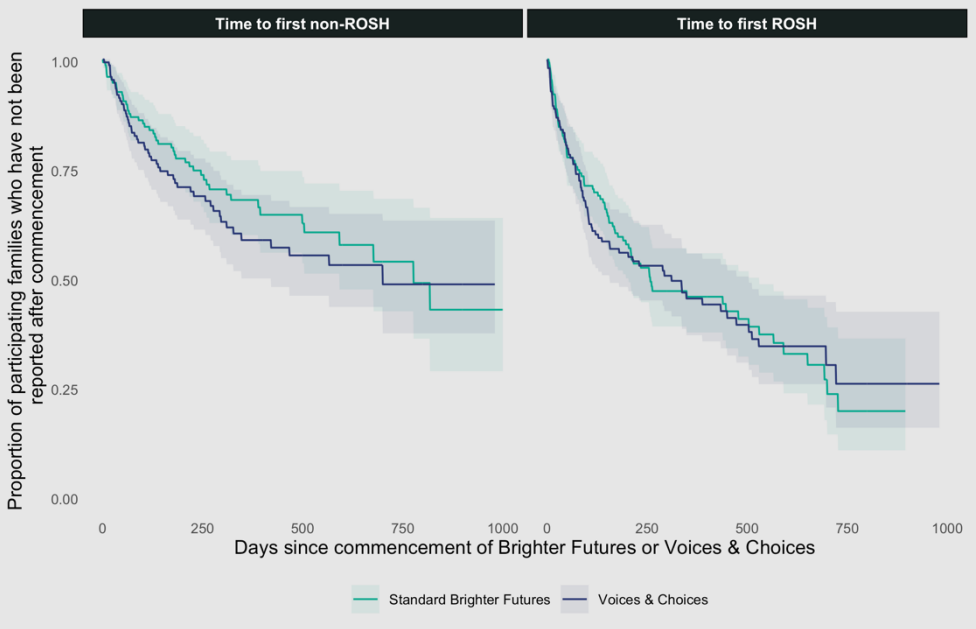
- Aboriginal families who received Voices and Choices had a lower likelihood of both a non-ROSH (HR = 2.84, 95% CI [0.32 - 25.41], $p > 0.05$) and ROSH (HR = 2.18, 95% CI [0.97 - 4.92], $p > 0.05$) report than Aboriginal families who received standard Brighter Futures. However we have limited certainty in this finding due to the small number of Aboriginal families in the sample.
- Across families who received either Voices and Choices or standard Brighter Futures:
  - Families whose youngest child was age three or older when they commenced the service were more likely to have either a non-ROSH (HR = 1.62, 95% CI [1.1-2.4], $p < 0.05$) or a ROSH than families whose youngest child commenced at an earlier age.
  - Families with a history of non-ROSH reports prior to commencement of services were more likely to have a ROSH (HR = 1.99, 95% CI [1.3-3.0], $p < 0.01$) or non-ROSH (HR = 3.92, 95% CI [1.9-8.0], $p < 0.01$) report than those without a non-ROSH history.
  - Families with a prior ROSH report for neglect were more likely to have a subsequent non-ROSH (HR = 2.35, 95% CI [1.5-3.8], $p < 0.01$) report than those without a prior neglect report.
  - Families that commenced services in 2000 were less likely to have a new ROSH report (HR = 1.88, 95% CI [1.3-2.8], $p < 0.01$) than families commencing in 2018 or

2019, though the level of certainty of this finding is not strong due to the shorter follow-up period for families commencing in 2020.

- Families where the youngest child is female were more likely than males to have a subsequent ROSH report (HR = 2.15, 95% CI [1.5-3.2], p < 0.01).

Full results of the coxph models for time to non-ROSH and time to ROSH for the community referral sample are included in Table B.1 and Table B.2 in Appendix B.

Figure 5.5 Kaplan-Meier survival curve for time to first non-ROSH or ROSH report for the community referral sample



5.6. Is Voices and Choices more effective at preventing entry into Out-Of-Home Care to families accessing current Brighter Futures service models?

Overall, there were 5 families who had one or more children placed in OOHC in the community referral sample, 4 of whom came from Voices and Choices group and 1 who came from standard Brighter Futures group. To account for varied follow up time within the sample we looked at the OOHC entries within 12 months, for those families where we had 12 months of follow up time. At this point there are 4 entries into OOHC amongst the 188 families with sufficient follow up time. The proportion of families that enter OOHC is slightly higher from the Voices and Choices group (5 per cent) compared to the Brighter Futures group (1.7 per cent). However, the major finding is that these numbers are very low and we cannot say that there is any difference between the Brighter Futures service models — see Table 5.2.

As noted in the previous chapter there are not enough OOHC entries to allow us to investigate this using coxph models, however we did examine if there was a difference by using the Kaplan-Meier estimator — a powerful non-parametric test that can allow us to discern differences in population outcomes, even with small sample sizes. The difference

between the two groups was not significant ($p > 0.05$) indicating that outcomes in both groups are similar.

For the DCJ referral sample there were 25 entries in total, 15 from the Brighter Futures group and 10 from Voices and Choices. The frequency of cases amongst those families with at least 12 months follow up was similar between both the Voices and Choices (5.6 per cent) and standard Brighter Futures group (8.5 per cent) – see Table 5.2. However, overall the proportion of entries at 12 months in the DCJ referral group was higher than that observed in the community referral sample.

As with the community sample, there were not enough OOHC entries to allow us to investigate this using coxph models, however we did examine differences between groups with the Kaplan-Meier estimator. The difference between the two groups was not significant ($p > 0.05$) indicating that outcomes in both groups are similar.

Table 5.2 Frequency of entries into OOHC by sample and intervention group

Sample	Intervention group	Total entries in OOHC	# of OOHC entries — within 12 months	# of families with 12 month follow up	Proportion of families with an OOHC entry within 12 months
Community referral sample	Brighter Futures (n=150)	1	1	58	1.7 per cent
	Voices and Choices (n=150)	4	3	60	5 per cent
	Total	5	4	118	2.1 per cent
DCJ referral sample	Brighter Futures (n=277)	15	12	141	8.5 per cent
	Voices and Choices (n=277)	10	8	142	5.6 per cent
	Total	25	20	283	7.1 per cent

5.7. Are families involved in Voices and Choices more likely to complete their Case Plan goals successfully relative to families accessing current Brighter Futures service models?

We used our matched samples to examine if families were more likely to complete their case plans in both the community referral group and the DCJ referral group.

The results of the community referral group are summarised in Figure 5.6 below. The figure shows the proportion of cases closed with 'case plan achieved' at six, twelve and

eighteen months respectively. We ran Chi-square tests to see whether the differences at any of the three time points were statistically significant -- they were not.

The results of the DCJ referral group are summarised in Figure 5.7. The results here are quite different to the community group with a higher proportion of cases closed at each time point relative to their matched comparison group and to the community group at the same time point. We also ran Chi-square tests to see whether the differences were statistically significant, which they were for twelve ($p < 0.05$) and eighteen ($p < 0.01$) months, but not for 6 months.

This variation in achievement of case plans cuts against the results of our survival models presented in the previous sections. While families in Voices and Choices from the DCJ referral group are more likely to be recorded as having a case closure reason recorded as 'case plan achieved', this does not appear to have an impact on their child protection outcomes. Conversely, in the community referral group where we saw a small improvement in child protection outcomes amongst families who received Voices and Choices, however there was no difference in the number of families with a case closed with 'case plan achieved' between those who received Voices and Choices and standard Brighter Futures. This suggests that having a case closure reason recorded at 'case plan achieved' may not be related to improved child protection outcomes for families, but further exploration of these findings with longer follow-up and assessment of the content and quality of goals would be necessary for any further inference.

Figure 5.6 Proportion of families with their case closed with 'Case plan achieved' within 6, 12 & 18 months of commencement in the community referral sample

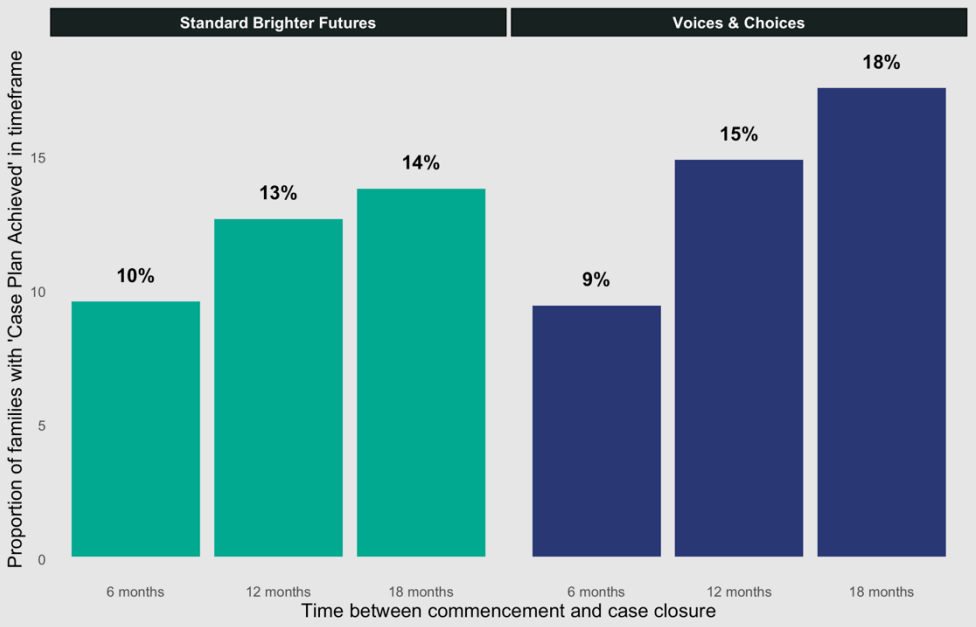
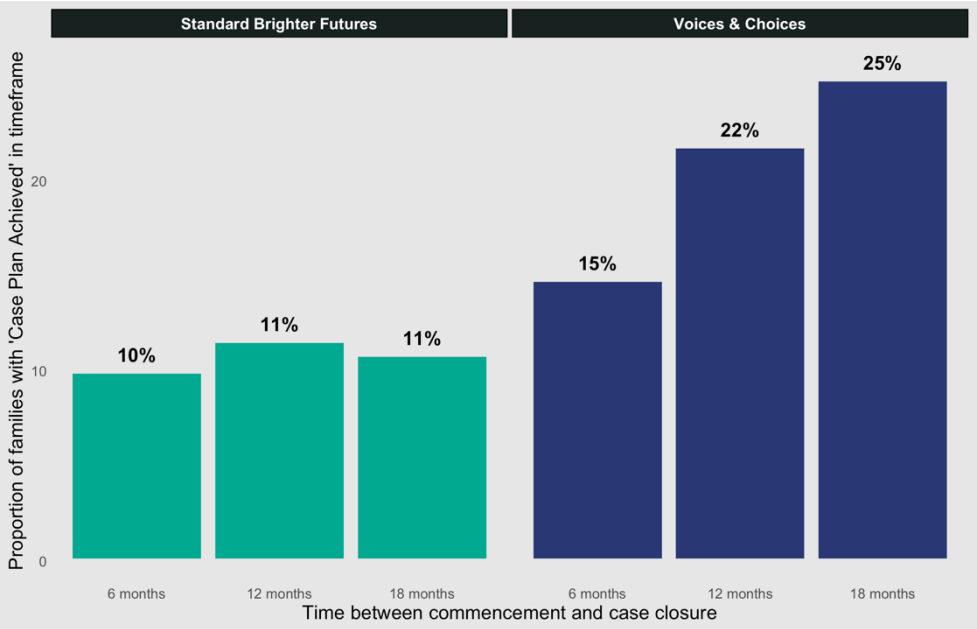


Figure 5.7 Proportion of families with their case closed with 'Case plan achieved' within 6, 12 & 18 months of commencement in the DCJ referral sample



Part two

Qualitative analysis of client voice and implementation

6. Qualitative analysis scope and methodology

6.1. Scope

6.1.1. Service user perspectives on the Voices and Choices program

Despite their status as a core user type, perspectives of service users are frequently ignored, not captured or narrowly focused (Sanders & Kirby, 2014). In human services, most service user feedback has been captured through satisfaction surveys, which is problematic as satisfaction measures are prone to bias if the user has no comparable experience on which to base their feedback. This is particularly an issue for service users who are socially disadvantaged, marginalised and dependent on needed services. For this reason, our team selected one-on-one in-depth interviews with families as the preferred approach to capturing data with Voices and Choices service users.

6.1.2. Service provider perspectives on implementation of Voices and Choices

We used the Consolidated Framework for Implementation Research (CFIR) to inform exploration of barriers and facilitators to Voices and choices implementation and provide guidance in the interpretation of findings (Damschroder et al., 2009). The CFIR is a meta-theoretical framework that synthesises information and evidence about constructs and domains that affect implementation processes — see Box below. The CFIR can assist in an evaluation context by guiding evaluators to assess to what extent:

- the program or intervention was acceptable to providers and funders;
- local adaptations were required, permitted and applied;
- the program or intervention was implemented as intended (i.e. with fidelity to the original model); and

- barriers and facilitators supported or hindered the implementation of the program or intervention.

The Consolidated Framework for Implementation Research

The CFIR describes five implementation domains that potentially impact the implementation of evidence-informed practices:

→ **The practice or intervention itself**
Because its different attributes will influence how easy it can be taken up by individuals and organisations

→ **The individuals involved in the implementation**
Because their skills, expertise, attitudes and values can influence how they engage in the implementation process

→ **The inner setting, or organisation/system, into which the implementation is embedded**
Because factors such as hierarchical structures, climate and culture will influence how quickly and easily a new intervention can be taken up and used by an organisation

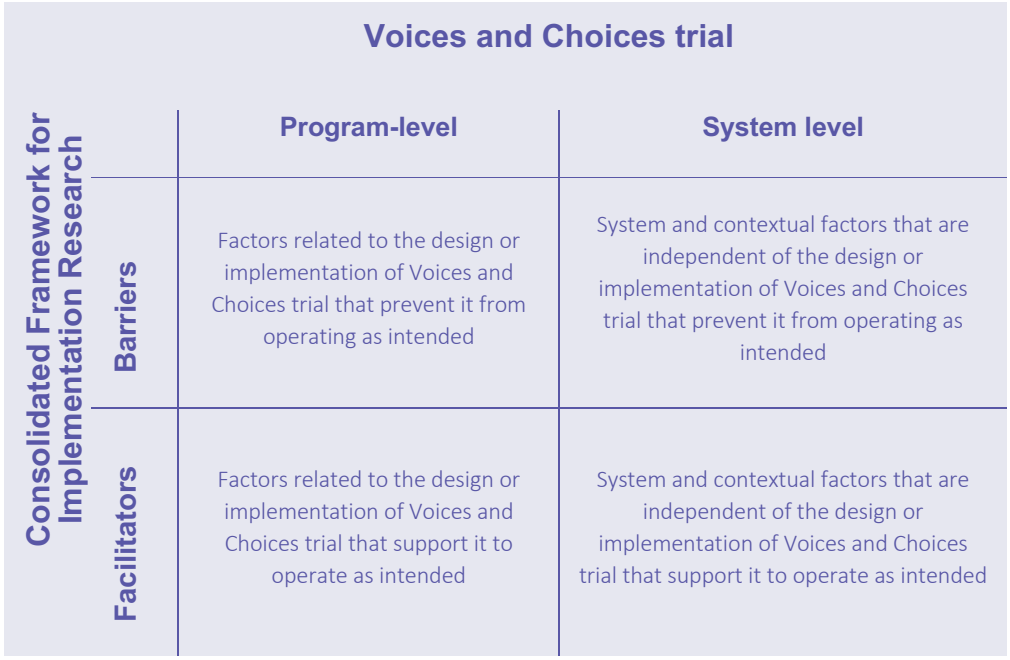
→ **The outer setting surrounding the implementation**
Because funding structures, legislation, policy agendas and similar factors in the environment of the implementation can change or totally stop an implementation

→ **The implementation process itself**
Because the attention paid, resources invested and commitment made to an implementation process will enhance – or diminish – the likelihood of its success.

To provide DCJ with the most actionable and useful insights into the Voices and Choices trial, its implementation, and how it might be strengthened in future iterations, it was necessary to adapt the CFIR to this evaluation.

This is because the CFIR was developed to better understand factors influencing the implementation of evidence informed practices (EIP), which are often highly structured and well-defined manualised programs. Voices & Choices is still at the trial stage and needs additional structure before it is scaled up. The experience of the service providers from the trial sites can help the program to anticipate the factors that will hinder or support it to reach its goals. For that reason, it makes sense to focus on a single element of it — the barriers and facilitators to program implementation — and use these to guide the development of recommendations for further implementation. This is illustrated in Figure 6.1.

Figure 6.1 Our modified CFIR-informed framework for assessing trial of Voices and Choices



6.2. Data sources

6.2.1. Data collection with service users

Families who were currently participating in the Voices and Choices trial and meeting regularly with a case worker were invited to participate in interviews, as were families who had since completed or left the trial. Thirty-six families accessing Voices and Choices through the service providers Mission Australia (Orana Far West and Nowra) and Uniting Care (Campbelltown/Macarthur) participated in interview. The sample comprised: 17 Aboriginal/Torres Strait Islander people or non-Aboriginal people with an Aboriginal child/ren; 2 people from culturally and linguistically diverse (CALD) backgrounds; and 17 mainstream clients (total N=36). Research questions included whether the program provides services that account for the cultural and/or language needs of diverse populations.

Interviews were conducted with adult clients by research consultants. Clients from Aboriginal or CALD backgrounds were matched with an Aboriginal or bilingual Research Consultant from their own cultural group, unless the participants asked for an interviewer outside their cultural group.

Voices and Choices service providers were asked via email to contact potential participants, to describe the evaluation project, provide a recruitment flyer and ask clients if they would be interested in hearing more. If clients agreed, service providers asked permission to disclose contact details to the evaluation team's research consultants. Where permission was granted, research consultants contacted the client via phone to provide further details about the evaluation project, answer preliminary questions and check if they were interested in participating in an interview. If the client agreed, the researcher proceeded to conduct the interview in-person (where COVID-19 restrictions allowed), via online videoconference (via Zoom, for example), or via telephone. The researcher used an Explanatory Statement to inform clients about the evaluation project and to seek informed consent, prior to conducting an interview. Research participants were provided with a $60 Woolworths grocery voucher in remuneration for their time.

6.2.2. Data collection with service providers

The Evaluation Team sought insights from service providers regarding their experience in implementing Voices and Choices to explore:

- factors acting as barriers in implementing the project goals, and
- facilitators helping implementation in the trial sites.

The Evaluation Team undertook four focus group discussions with service providers working in three Voices and Choices trial sites. Participants provided informed consent prior to commencement. Focus groups were conducted remotely in November 2020— via Zoom — due to the COVID-19 pandemic. Focus groups were recorded with the permission of participants and lasted on average 90 minutes.

A total of 17 participants, incorporating staff from program manager, case coordinator and casework roles, joined four focus group discussions:

- 5 from Mission Australia Broken Hill
- 6 from Uniting Campbelltown -3 at the Allman St site and 3 at Park Central
- 6 from Mission Australia Nowra.

6.3. Methodology

6.3.1. Analysis of qualitative service user data

Qualitative service user data was analysed in accordance with Thomas' (2006) principles of general inductive analysis for evaluation data, with coding based on thematic analysis of the data. This approach allows research findings related to evaluation questions to emerge from the frequent, dominant, and significant themes inherent in the data. The findings were then interpreted in the context of the evaluation questions, providing nuanced and grounded insight into the key questions guiding the evaluation research. NVivo 11 software was used to perform analysis of qualitative data.

6.3.2. Analysis of qualitative service provider data

We used amodified framework thematic analysis which provides a systematic way to analyse the qualitative data according to an existing framework (in this case, the CFIR). This approach enabled the rapid identification of barriers and facilitators to Voices and Choices trial, grouped by whether they are program-related or system-related. The analytic process involved:

1. reviewing the focus group data (recordings and field notes)
2. applying codes to the data using a mix of a priori codes generated from the conceptual framework and open coding (i.e. codes emergent from the data)
3. categorising codes into the emergent themes that describe implementation barriers and implementation facilitators, and
4. synthesising results in order to present a comprehensive analysis of Voices and Choices trial.

6.3.3. Limitations of data collection with service users

It is likely those families who were most satisfied or engaged with the Voices and Choices program elected to participate in interviews as part of the evaluation. This means our

sample – and the insights we have derived from them - are likely biased towards positive responses. Reports from interview respondents of their experiences and perceptions of Voices and Choices, described in the next sections on findings, should be understood within this context. This does not render our findings invalid, but it does suggest reports from interview respondents will be better at helping us understand what works when Voices and Choices is working well, rather than when it is working poorly.

6.4. Impact of the COVID pandemic

The public health measures put in place to control the COVID-19 pandemic from March 2020 prevented the collection of face-to-face data for research purposes. This impacted the Evaluation Team's ability to conduct face-to-face focus groups with representatives from the three implementing sites and families who had participated in the Voices and Choices program. To address these limitations the Evaluation Team, in concert with DCJ, agreed to:

- complete focus groups with representatives from Voices and Choices providers using videoconferencing platforms, and
- where COVID-19 restrictions allowed, and the client agreed, conduct interviews in-person or via online videoconference or via telephone.

7. Qualitative insights into families experience of Voices and Choices

7.1. Introduction

This chapter presents presents insights from families to answer the following evaluation questions:

- Was the co-design process inclusive, appropriate, and satisfactory?
- Are clients satisfied with the way that they are engaged?
- Are clients provided with an appropriate level of support to make an informed decision about the services they are offered?
- Are services delivered in a culturally appropriate manner?
- Are clients satisfied with the type of support they are provided?
- Has participation in Voices and Choices lead to improvements in other outcomes of interest e.g. education, physical and mental health?

7.2. Was the co-design process inclusive, appropriate, and satisfactory?

Co-design is a participatory process that assists in building a bridge between service providers and users in the advancement of quality services (Donetto, Pierri, Tsianakas, &

Robert, 2015). The Voices and Choices trial used the principles and practices of co-design in two ways:

- as part of the ongoing adaptation and design of the program with participating agencies, and
- through participatory decision-making in the family goal planning process with clients as part of the delivery of services.

We present insights from service provider focus groups and family interviews below.

7.2.1. Insights from service providers

Service provider staff who participated in focus group discussions indicated they, or another staff member, had been involved in co-design sessions with DCJ staff and other expert consultants such as the Voices and Choices trainer. Caseworkers and managers did not always differentiate between co-design and other training sessions or workshops in talking about their experience of co-design. This suggests a culture of listening to each other's expertise and co-learning was a feature across service provider-DCJ interactions and engagements (including through the Central and Local implementation teams) in Voices and Choices. There was general consensus across the groups that the co-design process had been inclusive, appropriate, and satisfactory. We identified three key insights from service providers about the benefits of co-design in this trial.

Co-design acted as a mechanism through which understanding of the Voices and Choices model could be clarified

The co-design process enabled providers to share their insights and concerns with DCJ program staff at the initial stage of Voices and Choices implementation, and to receive immediate feedback and clarification about the trial. Caseworkers and managers stated this led to them feeling more confident ('and less confused') about the trial's target population, tools, and implementation process after participating in co-design workshops.

This process was necessary in building a working relationship between service providers and the DCJ team which could be used for more ambitious co-design described in the following insights.

Co-design 're-set' the relationship between service providers and the government

The experience of service providers in working with government ranges from transactional (i.e., as a funder to funded service) to collaborative (i.e., working together to achieve the same desired outcome). It was considered to be 'unique' (and surprising) for caseworkers and managers to experience a relationship with DCJ where their expertise was valued to the extent that it directly led to a change in the program.

> *"[The] unique thing about this trial is the co-design model – it's amazing to have something actually happen after providing feedback."*

Caseworkers and managers could track and see how their feedback to DCJ led to changes in program design and resources. For some caseworkers and managers, experiencing the co-design process over time and learning to trust the continuous development and co-learning process led to increased feelings of confidence in implementing the Voices and Choices program.

> *"[We are] much more confident than at beginning… being part of co-design and learning over time has made us more confident."*

Co-design led to the development of better tailored and responsive client practices and tools

Prototyping – the co-creating and testing of models or resources - is a key component of co-design. There was general consensus among the groups that participation in co-design was beneficial, particularly when activities focused on processes, practices or tools that could be used to facilitate service delivery. This included:

- modification of activities/methods in implementation (i.e. approaching the under aged clients and their families, clients from Aboriginal and CALD background)
- improving or updating or adapting tools/ instruments (i.e. forms and videos, brochures) for clients specific to Voices and Choices, and
- tools for receiving feedback from clients on their experience of Voices and Choices for program improvement.

Caseworkers and managers valued the process through which local site improvements were made to Voices and Choices tools and materials. For example, rather than having tools imposed on them, service provider staff were able to do the *"groundwork"* in designing tools to ensure they were 'user-friendly' and appropriate for their client context.

The breadth of tools in which caseworkers and managers provided feedback on in the Voices and Choices trial included:

- tools such as the family driven case plan and family brochure
- guides for how to approach Aboriginal families who may have low trust in outsiders or DCJ programs
- guides for working with children in an effective way
- guides for working with families with records of domestic violence and high-risk families
- user friendly tools for families with low literacy
- forms to get feedback from the clients to improve services.

7.2.2. Insights from families

Interviews with families also revealed a high level of satisfaction with the co-design process in terms of participation in family goal planning. We identified two key insights for families in the co-design of the family goal planning process. Suggestions for improvement in the co-design process from families' perspectives are included at the end of the section.

Co-design enabled families to actively participate in the family goal planning across the course of the program

The majority of respondents (35 of 36), regardless of location/service provider or cultural group, were very positive about the process of developing a family or case plan and setting goals with their Brighter Futures Voices and Choices case worker. Most felt they had the opportunity to have their concerns addressed and their own goals included.

> *We just sat down and she asked what I wanted and was hoping to gain from her helping, and what she thought that could be done, and yeah…. So yeah, absolutely my ideas, my plans, and she's just helping me along the way (Respondent 03)*

Yeah, they're helping me set my goals and stuff … [my case worker] just sort of asked me what sort of things I want to get better at, … what I was having troubles with and what I sort of wanted help with, and they were my key, my key things. ... (Respondent 32)

Yes, all my ideas but guided by the worker. I guess you could say, a joint collaboration. (Respondent 06)

In some cases, the co-design process also facilitated the inclusion of other family members in designing the plan, not only partners and other caregivers, but notably children and what they wanted to achieve as well through the plan.

They [case workers] also asked the kids what they wanted to achieve. They were active in allowing us to make the decisions, which worked for my family (Respondent 07)

Families were active in participating in goal planning, and monitoring and adjusting goals where needed, across the course of Voices and Choices and felt supported by their caseworkers in this process.

So, each month we did that [made a plan] and it changed each time. [We'd plan] what could we do next. They [case workers] were there for every step of the way. They helped me through, once they realised what I needed to do. … All the goals were around my requirements (Respondent 15)

Being an active member of goal setting and monitoring was a validating experience for some families in Voices and Choices when these goals were met.

I thought it was really good because we wrote it out, and then each week we went back to it, and we could see where I was improving or I could actually say that I was achieving the goals (Respondent 35)

Co-design allowed families to actively determine their own path through the program

While case workers made suggestions for family/case plans, most respondents (31 of 36) stated outright that they felt they were able to decide for themselves whether or not these goals were appropriate for them. Families, in most cases, had substantial agency in determining whether they engaged in specific programs and whether service suggestions met their needs.

So basically, they've [case workers] given us a choice of programs, if we don't want to do the program, we don't have to. They do advise that we do it to help us but they don't force it upon us. … She [case worker] pretty much put some ideas in the air and we're like, "Yeah, that sounds like a good idea, let's do it", kind of thing (Respondent 01)

It is a good process, she does not try to put other work on me, she does everything that I am asking for (Respondent 08)

They wanted me to do counselling, 'cause of all the trauma and things like happening and things. They gave me suggestions, they didn't push for me to do it but they gave me the option (Respondent 02)

Sometimes identifying and agreeing on services was a negotiation between the caseworker and family; in other cases, the families decision prevailed even when a recommended activity, service or goal was different from the caseworker's suggestion.

> *So [my case worker] put a few things in there that she thought I needed to have help with or to get, like, a different service. So she put counselling in there - TAFE was one thing that I wanted to do, so she supported me with that. But I picked the TAFE course that I'm interested in (Respondent 20)*

> *Yes, I made a decision to not go to counselling even though my worker thought it was a good idea. I had to decide about accepting the Housing property and we talked about it and I decided (Respondent 29)*

Families' suggestions for improvement

Only two respondents made suggestions for improving the process: these focused on the need for more information on support provided by the program (e.g., financial support, food hampers or payment of children's medical procedures) and allowing more time to achieve goals set in the family plan.

7.3. Are clients satisfied with the way that they are engaged?

Families' satisfaction with the Voices and Choices program engagement was explored by focusing on a key indicator of service satisfaction: the type, level and appropriateness of contact between families and their Voices and Choices caseworker. Given the COVID-19 pandemic, we also explored whether contact changed and whether this had a negative impact on families' satisfaction with the program.

7.3.1. Insights from families

Interviews with families revealed a high level of satisfaction with how they were engaged by caseworkers in the Voices and Choices program. We identified three key insights for families' satisfaction with Voices and Choices engagement. Suggestions for improvement in the engagement process from families' perspectives are included at the end of the section.

Caseworkers were available, responsive and sensitive to families' engagement needs

Most respondents heard from their Voices and Choices case worker either weekly or fortnightly. A few respondents who needed more support had the number of visits increased to twice weekly or even every day, while those needing less support met monthly. For some respondents, the level of contact gradually dropped off as their family's needs for support declined and a few respondents have now finished with the program.

A number of respondents said that in addition to regular visits, their case worker would call them in between visits to check that they were alright, particularly if they knew that there were factors making it a more challenging time for the client. Most respondents felt confident that they could contact their case worker whenever they needed to, as indicated by the comments below.

> *Yeah, so any time that I need her, if she's on, she answers her phone almost instantly or, if she's not near a phone, she'll give me a call back (Respondent 01)*

If I send her a text on the weekend, she'll call me on Monday… She's a really good caseworker in my opinion and she really makes sure that I'm okay, like, "What's going on, what do you need from me? I'm here if you need me." (Respondent 31)

Almost all respondents were satisfied with their level of contact and of the view that their case worker was readily available. Two respondents simply wanted longer appointments with their case workers, feeling like an hour was not enough (Respondents 25 and 34). Another person said: "my new case worker, she seems very busy" and then qualified, "but she still gets back to me." (Respondent 04)

Regular and frequent contact with their case worker was critical to respondents feeling supported and safe during a vulnerable time in their lives but not pressured to meet unrealistic expectations.

… it was great, it was perfect. It was enough time to sort of give some space in between to actually try and achieve something without feeling like I was being badgered (Respondent 23)

… if they're there every day then it's, like, "what are we going to talk about tomorrow? there's nothing to talk about." But the once-a-week thing is actually really good (Respondent 31)

Caseworkers attended to both families' psychological and practical support needs

All respondents who answered the question about whether contact with their Voices and Choices case worker was useful said that they thought it was, particularly the home visits. For some, the level of contact has greatly improved their mental health and reduced their social isolation. For example, one respondent, who gave birth in 2020 and was very worried about her health and that of her baby's during the COVID-19 pandemic, said she found her case worker's support during this time helped her to feel less anxious (Respondent 31).

Yes, it's useful and it helps me get through my depression, and the talking is good (Respondent 9)

Well, it's not ticking off boxes; like, what have you been doing? What have you been saying? It's not bombarding me with questions and making me feel like I'm having an interview. It's more like a conversation and I can tell that she's caring about me. And when I've been going through extra stress, I've been able to ring her and she's rung me just to check up, like, "Hey, I'm just giving you a call. I just want to see how you're doing," because she knew that I was going through a lot of stress and emotions and that... Oh, it makes me feel less like I'm alone dealing with this… (Respondent 18)

For some clients, contact with their case worker is more practically useful in enabling them to problem solve or be assisted to access a service or program.

… whenever I need help, she help me. She [case worker] went with me to my solicitor because we got a property settlement and lots of things. I didn't know anything before she help me; she went with [me to the] police because I got lots of family problems with my ex-[partner]. And it's like, big support with me (Respondent 21)

Some respondents spoke about the way in which their case worker would identify opportunities that might be suitable for them, provide transport when they needed it and check in with them to see if the opportunity was proving valuable:

… if something had popped up on her radar … she'd give me a ring and see if I was interested in it or things like that (Respondent 17)

And they're always out as soon as they see something. Like, "Oh, there's a course. Would you be interested in that?" Oh, hell yeah. And then, "Okay, we know that you've got transportation issues. Right. Because we can't drive because of COVID, we'll send you a taxi and send you home in a taxi." (Respondent 18)

Caseworkers were able, in most cases, to maintain satisfactory levels of contact with families during COVID-19 restrictions

COVID-19 did impact on the delivery of Brighter Futures Voices and Choices in that, in most situations, case workers were not able to visit clients face-to-face in their homes and that clients were not able to participate in external programs or events as easily as before or at all. For some respondents, their case worker meetings became less frequent. A few respondents who did not drive and had young children said that the program was unable to provide them with transport during this time, which made it difficult for them to get to appointments. One respondent, who was in this situation stated that consequently her goals were not being completed as quickly as before, although some progress was still being made.

However, many respondents (19 of 36) noted that despite various COVID-19 waves, their case worker still came to the house (socially distanced) or conducted client meetings via phone or online, or noted that their case worker called/texted frequently to check in with them, sometimes more frequently than before (9 of 36 respondents). One respondent was given a phone by Brighter Futures Voices and Choices in case they needed anything when their case worker was unable to physically visit. Another summed up how much they valued this continued contact with their two case workers during lockdowns: "That felt really good that they still put in the effort and they – it's just, like – it feels like they care".

Families' suggestions for improvement

Respondents made only a few suggestions about ways to improve communications by Brighter Futures Voices and Choices' case workers. In one interview that was in stark contrast to the others, a respondent said there was a real lack of connection with and empathy from their case worker, as though he did not understand their or their family's situation:

I don't know how to explain it. It's - we just don't communicate when he's here. It's just about the same three things and nothing comes from it, really (Respondent 36)

This respondent identified as Aboriginal and their case worker was from a CALD background. The respondent suggested that an Aboriginal case worker may be more appropriate and understanding of their circumstances. The respondent had only been with the program a month or so and mentioned that in an early home visit, the case worker's manager was also present. The respondent felt that the manager was much easier to talk to and seemed engaged and understanding of their needs. This might suggest that the case worker is less experienced, as well as lacking cultural understanding – although we cannot know this for certain. The respondent said they would prefer to be paired with an Aboriginal case worker and was thinking about putting in a request for change of worker.

Suggestions regarding communication made by other respondents were for:

- initial communications with clients, prior to meeting with the case worker, to be clearer about what the program offers, how it works and how long it is available (Respondents 16 and 26)
- case workers to use simple language (Respondent 05)
- case workers to be more transparent about what they can assist with and what they cannot do (Respondent 16)
- case workers to take greater initiative with processes for accessing services (Respondent 16); this was in specific reference to an NDIS application (her case worker had referred her to another organisation for assistance but she was unclear why the case worker did not assist her themselves) and re-acquiring her driver's licence – and to provide more information on how such applications are progressing.

7.4. Are clients provided with an appropriate level of support to make an informed decision about the services they are offered?

Informed decision making can be defined as a two-way process of communication between a service provider and service user on the benefits and potential risks of a program or service. Support from caseworkers, both in the form of written materials and verbal description, can assist families to make decisions that best meet their needs. Families' perceptions of the support they received to assist informed decision-making in the Voices and Choices program was explored by focusing on the quality of information provided by caseworkers to support decision-making and the experience of the decision-making process.

7.4.1. Insights from families

Families' perceptions in response to this question were more difficult to elicit than other questions. While families reported their perceptions of the quality of information provided by case workers, this was more often in response to caseworkers' responsivity to their needs or ability to make difficult information accessible rather than the information being used as a tool for their own supported decision-making. This is an important part of decision-making – and arguably the first step - but it is not the process in itself. While we have glimpses into this process below, the current evaluation has been unable to capture or understand this in detail.

We identified three key insights for families' perceptions of the support they were provided with for informed decision-making in the Voices and Choices engagement. Suggestions for improvement in the supported decision-making process from families' perspectives are included at the end of the section.

Caseworkers were responsive and proactive in sourcing and providing information to meet families' needs

Almost all respondents (35 of 36) indicated they had sufficient information from their Voices and Choices case worker to assist in making decisions about the diverse services and support offered as part of the program. In particular, caseworkers were seen to be very responsive to requests for information about needs or services families were interested in and proactively sourced information for their clients on training, programs and services.

> *Oh, she gave me a lot of information. Every time [case worker] came, if I had asked something at our last appointment, she had everything there. … always. If I had, like,*

concerns with something going on with the kids, she would find information for me and bring it to our next appointment (Respondent 17)

… don't think she's ever mentioned too much that she knows I wouldn't or couldn't take on maybe. … Like I said, if there's something I am querying or something, they're so happy to find things out for me … (Respondent 27)

… if it was something that I'd asked a question on, yeah, she will always find as much information as possible (Respondent 32)

Caseworkers were skilled in making information accessible to families

Caseworkers were seen to provide information to families in a way that made information accessible and, in a language, and pace they could understand. Taking the time to explain information and ensure they understood the detail and context was highly valued by families.

Yes, they explain it all, I don't like pamphlets – it's rubbish. I rather face-to-face talk and have the information coming from their mouths. They break it down so we can understand it. They let us know that they have programs and I like going to programs (Respondent 12)

Yeah, he [case worker] explained everything to us in detail. What would go on, what would happen and that. So, he's pretty good with – he's pretty good like that. He'll explain it to us so then we understand what's going on, and we're not misled or something or we don't miss anything (Respondent 19)

They've given me a lot [of information] and the courses they asked me to do … I have a learning disability so it takes me ages to understand things. But when they talk to me, I can understand pretty much straightaway because they talk how I can understand. (Respondent 04)

Caseworkers guided and created space for families to make their own decisions about the services they received

Almost all of the respondents (33 of 36) indicated they felt free to make decisions about the services they receive through Voices and Choices, and that their case worker's suggestions were always helpful and respectful, rather than dictatorial.

She doesn't say things outright and, I don't know, she isn't rude about it. She more tells me a story about her own situation to do with that if she has one; if not she just gives me advice on who can help me with it. She's really helpful (Respondent 31)

… they're always really supportive of my decisions and making sure I'm not hot-headed and they make sure I think about my decision before I make any rash choices (Respondent 32)

They let me make a decision on what I want to do. They're very open to - and they want me to be comfortable in what I do. … So they give me options, they don't just force things onto me (Respondent 36)

Only a few families spoke about feeling as those some decisions were being imposed on them by case workers and four of these suggested the advice had been in their best interests and had proved helpful (Respondents 01, 04, 24, 31). Two respondents had been urged to seek medical advice about medication for themselves or a family member, one was advised to get a removals truck to help them move house and one was advised about sleeping arrangements for her and her infant, which enabled both to get more sleep. Only one respondent felt their case worker had imposed decisions on them and did not listen to

their needs. This respondent went on to explain that their case worker has since been replaced with someone who is more empowering in their approach:

> *In the start, the worker I had was very pushy, rude and demanding, so I could not work with her. I really struggled. … it was frustrating … There was no consideration for me and my family. But since working with [new case worker], again, it has been great and this is helpful for me and my family (Respondent 07)*

Families' suggestions for improvement

Only three respondents indicated that they would have liked more information about services and support. This support included:

- information on what assistance they could receive from Voices and Choices
- Information on what services were nearby for a participant to attend, and
- more information about culturally appropriate services or activities.

7.5. Are services delivered in a culturally appropriate manner?

Although this evaluation does not have a specific focus on the experience and impact of Voices and Choices on Indigenous Australians, given that 33 per cent of families being engaged or participating in Brighter Futures identified as Aboriginal (during 2016-17), this evaluation sought to capture meaningful input from a sample of culturally and linguistically diverse (CALD) and Aboriginal children and families.

Families' perceptions of the cultural appropriateness of services delivered through Voices and Choices was explored through caseworker's: support for participation in cultural events, understanding and awareness of culture and culturally sensitive and appropriate communication. All Voices and Choices participants interviewed responded to the cultural appropriateness questions. Responses from Aboriginal families and CALD families are highlighted where relevant.

7.5.1. Insights from families

We identified two key insights for families' perceptions of the cultural appropriateness of services delivered through Voices and Choices suggesting the program was delivered in a culturally appropriate manner. Suggestions for improvement in cultural appropriateness from families' perspectives are included at the end of the section.

Caseworkers actively encouraged participation in cultural, community and social activities

Most respondents (27 of 36) agreed that their case worker actively encouraged their participation in cultural activities and events, as well as community and social activities. Almost all respondents who said their case worker had not promoted their cultural engagement said they were not interested in this support or were too focussed on other priorities, such as existing community commitments, at this stage.

> *Yeah, so they persuaded me to go to the Christmas party last year… for all of the clients. She lets me know when there's community events like NAIDOC Week at the park and stuff like that (Respondent 01)*

Some respondents mentioned that sometimes their case workers would create opportunities for more general social engagement, particularly if they were socially isolated.

> *She's been trying to get me into some mummy groups just to get me into some people who are like me, stuck inside with children and who may be needing a little bit of support because when you have a baby you lose all friends. … she suggested some Facebook groups and I have joined them, and I've opened up a lot to the people (Respondent 31)*

Caseworkers were culturally sensitive and appropriate in providing services

For those respondents for whom culture and/or religious connections were important, most said they felt their case worker had an awareness and understanding of their cultural and/or religious needs and behaved in a culturally respectful manner. We include a number of quotes below to highlight this finding.

> *Culturally sensitive? Yes…. They haven't made me feel uncomfortable in any way (Respondent 04)*

> *Yes, she always approached me about cultural activities…. Always [culturally] appropriate when talking to me and working with me (Respondent 06)*

> *…. she doesn't cross any cultural boundaries and is, like I said, very respectful (Respondent 08)*

> *Yes, they have communicated well and don't show judgement, which makes us black fellas more comfortable (Respondent 10)*

> *… workers take cultural needs into account a lot. All the services they offered were appropriate, like Aboriginal day care and the playgroup (Respondent 15)*

> *She does really well with that sort of stuff and looks into support systems that could help me to do with my culture. She tries to get me in contact with more people that are Aboriginal because she's very, very supportive of the cultural things (Respondent 31)*

> *…. I wanted to look at things I can do for my boys because I do want them to be more in touch with their culture but I – I'm not Aboriginal myself so I don't – I didn't really know how to go about it. … they [case workers] have brought some stuff for them to do and some stories and things like that to the house. … just the artworks that she brought around for the kids, that said a lot to me, you know (Respondent 33)*

One Aboriginal respondent said their non-Aboriginal case worker lacked understanding of their culture and had not made any suggestions or referrals to Aboriginal services or culturally relevant activities, but felt that, "if I had said to them I need this, this, and that, or whatever, then I'm sure they will accommodate my needs" (Respondent 36).

Families' suggestions for improvement

There were few suggestions for improvement from families. One Aboriginal respondent made a suggestion for more culturally respectful and supportive practice in Voices and Choices through holding more workshops reflective of Aboriginal culture.

7.6. Are clients satisfied with the type of support they are provided?

Families' satisfaction with the type of support they were provided with through Voices and Choices was explored by focusing on service satisfaction related to support in accessing services, support for psychological health and material support.

7.6.1. Insights from families

We identified four key insights for families' perceptions of the type of support provided through Voices and Choices suggesting, in general, clients were satisfied with the type of report they received. Suggestions for improvement in the type of support provided by caseworkers from families' perspectives are included at the end of the section.

Families were highly satisfied with the type and level of support they received from Voices and Choices caseworkers

All 36 respondents expressed satisfaction to some degree with the type and level of support they received through the Voices and Choices program. The vast majority were effusive in their praise for their caseworkers and the services provided. This feeling did not change across staff or during COVID 19 restrictions.

> *My workers were brilliant – had three, was sorry to see all go. Nearly cried when they finished, they were that good (Respondent 5)*

> *Overall, I loved it, it was good, they [case workers] were there for me, I appreciated everything they have done for me and they become more like family. I've become like an advocate for them (Respondent 07)*

> *It was awesome. … My worker is amazing. I was homeless. I was staying at my friend's house, sleeping on her lounge room floor with my five year-old daughter, and I was not coping at all. Then they came into my life and just helped me so much. Honestly. Yeah. I don't think I'd be here if it wasn't for the support of [Voices and Choices] and my worker (Respondent 22)*

> *When I think back about it, I just – I'm just so, so grateful and so lucky. It was one of the hardest things I've had to do was to try and navigate a toxic relationship and have a baby at the same time. So to do that without – I couldn't have done it without [Voices and Choices] (Respondent 23)*

> *I think they're phenomenal really. I had two really good case workers. … I had high expectations and they completely exceeded that. … I honestly would not have got through the year without – I don't know where I would be or where my family would be without that support. It was just above and beyond (Respondent 30)*

Only one respondent, who had received some assistance from her case worker in negotiating with Centrelink and receiving grocery vouchers, felt she had not gained much in the way of support through Voices and Choices.

> *In all honesty, I don't think anything has changed since I've spoken to them, since I've been in touch with them. Nothing in my life has actually changed. Nothing's happened, nothing's moved forward. I feel like it's a bit of a waste of time, in all honesty (Respondent 36)*

Areas where families were not satisfied with the type of support provided tended to be highly specific to context. For example, families suggested they could receive more referrals (Respondent 34), greater advocacy to keep children at home (Respondent 10),

and greater assistance accessing the NDIS. Two other families felt a lack of connection with their caseworker (Respondents 4 and 36).

Caseworkers understood the contexts of families lives and the challenges affecting them

Most respondents (31 of 36) felt strongly that their Voices and Choices case worker understood their life situation and the worries and challenges affecting their family. They felt this way, partly because their case worker was in frequent and regular contact with them, but primarily because their case worker expressed an empathetic and non-judgemental demeanour, and was proactive in offers of support and genuinely caring in their approach.

> *I believe that my case worker, in particular, and the manager at the time have been there for me from the beginning when my daughter first was sick and I was homeless. And so, they met my family structure very well and me. I can put my trust in them to help me, if need be or even advice. So, yeah, they do understand my family dynamic (Respondent 02)*

> *When she [case worker] approaches me, she talks like she understands me and the family's needs (Respondent 12)*

> *I was with my partner at the time when we first got linked into [Voices and Choices] and there was a little bit of domestic violence. And, I guess, [my caseworker] was supportive in the fact that she understood that I wanted to [stay]… and I wanted things to change, so she was giving us both strategies of how we could handle things differently. So yeah, she's been very supportive (Respondent 20)*

> *…And I met first time with [case worker]… She actually try help me [with] lots of things. I think she changed my life, actually. I was actually, before, very sad and I didn't know anything in Australia. I think, not much… So when I met with [case worker], I share with her. I was extremely isolated all this time because, in our community, so many people doesn't meet with me because I was going through separation... Lots of people told me, I'm finished actually because I don't have a husband and lots of things… Then I talk with [case worker] ... I just grateful and I'll always remember her. My children also love her because she is actually very good and supportive, friendly lady. She showed me all the direction of what I need to do. She advised me what I need to do. Then I just, like, I think she made me independent. ... Yeah, and I'm thinking my lifestyle, my confidence, everything changed… I was just scared for everything but now I'm actually now totally different lady. … Whatever I feel like – like this year as well, I feel like something is problem [in] my family and I was, like, depressed. I went to them, they help me. They're really supportive… (Respondent 21)*

The types of support families received from caseworkers through Voices and Choices was varied and tailored to need

The types of support respondents reported case workers and the Voices and Choices program providing were widely varied and typically tailored to the individual needs of the client and their family. They include:

- *support to access services* – e.g., making referrals; negotiating with Centrelink, housing, health, drug and alcohol, and other services; arranging for counselling; preparing applications to NDIS or other services; support to re-establish parental access to children; support to access police, lawyers or court support; negotiating with children's schools; accessing child services

- *administrative support to access services and programs* – e.g., advising on and filling in forms for housing, employment and education programs; parenting programs; emotional regulation courses; and courses for children
- *facilitating appointments* – e.g., booking appointments; printing documents; providing transport; attending appointments to explain things to clients and negotiate with services/authorities
- *support to engage in community, social or cultural events and activities* – e.g., suggesting events/activities; encouraging participation; organising events; providing transport; attending events with clients
- *material support* – e.g., supplying beds and bedding; cupboards; heaters; car seats; washing machine; television; phone; electronic tablet; clothes; grocery vouchers; children's textbooks; school uniforms; games and activities
- *practical support around the house* – e.g., doing laundry; cleaning house; helping to construct furniture; arranging for a skip
- *emotional/psychological support* – e.g., being available to talk about problems in a non-judgemental way; providing support around family relations; being in regular contact, including between visits.

7.6.2. Families' suggestions for improvement

There were a few suggestions for improvement in how Voices and Choices provided support to families:

- Voices and Choices could improve in their assessments of children affected by domestic violence. Children have different experiences and impacts of domestic violence and should not all be treated as the same
- Voices and Choices should extend the amount of time they work with clients. One respondent suspected DCJ had prematurely pressured their case worker to close their case
- Provide more programs for children and teenagers
- Provide more support with practical items such as food packages and care packages, fridges and furniture
- Provide access to a 'handyman' to assist with things like furniture assembly.

7.7. Has participation in Voices and Choices lead to improvements in other outcomes of interest e.g. education, physical and mental health?

Families' perceptions of improvements in terms of wellbeing as a result of being involved in Voices and Choices was explored by focusing on education or learning and development skills, mental and physical well-being, improved family connection or supportive relationships and employment status.

7.7.1. Education

Many respondents (14 of 33) indicated that Brighter Futures had assisted them to do courses that helped them deal with mental health issues, their family relations or household management (e.g., emotional regulation, anger management, parenting, financial management or first aid courses). Ten respondents also spoke about receiving

Voices and Choices support to consider or access TAFE courses. This included information about courses, paying course fees, organising literacy courses, assistance with childcare fees and access to childcare, and receiving material support (e.g., textbooks, provision of laptops or tablets).

Five respondents also talked about receiving assistance through Brighter Futures Voices and Choices for their children's education. For example, identifying institutions and assisting in enrolling children in pre-school or public school, providing transport to get to school, access to laptops or tablets and attending school appointments.

For some, COVID-19 in 2020 reduced their access to courses or having children at home made it difficult to commence or continue with their own studies (Respondents 20, 22, 26, 32).

7.7.2. Physical and mental health

Most respondents spoke about their case worker as contributing to their improved mental health through making regular contact, establishing routines, being reassuring and providing them with emotional support and tools to work through problems, stresses or anxiety, or to process their emotions. One respondent spoke about this being particularly helpful as they were experiencing long waiting times to see a counsellor. Another woman spoke of feeling better about herself because:

I feel like I'm making steps in my life and I'm accomplishing more stuff that I need to accomplish. Before, the list in my head just seemed so, like, overwhelming until I sat with them and we've gone through it together and they just made me feel like everything was possible. (Respondent 33)

Respondents (9 of 33) also spoke of the Voices and Choices program paying for or supporting their access to counselling, psychologist or therapy sessions, or support groups. Two respondents (03 and 04) said that the emotional support provided through their case worker had led to their reduced drug or alcohol use. Another noted that Brighter Futures Voices and Choices had even arranged for a company to do house-cleaning, so they had some respite to go to the park or to go for a walk, which helped with their mental health.

Some respondents (10 of 33) spoke about improvements in their own or family members' physical health due to receiving medical referrals and support to access doctor, dental and paediatrician appointments through the program . That is, their case worker making appointments, providing transport, attending appointments to explain medical information delivered and, in some cases, paying for appointments. A few respondents stressed the value of having their case worker provide transport and attend appointments with them as they suffered from depression, did not drive, had significant child care responsibilities, did not speak English well, were living with disability or if they simply felt overwhelmed by their current situation. A few respondents also talked about receiving program support to access NDIS funding, which assisted with the family's health needs.

7.7.3. Employment

While most respondents indicated that they either were working or were not currently in a position to work, a few had received assistance with employment. One respondent received help from her case worker to write her resume. Another lost her job during COVID putting her in financial hardship, which she has found emotionally draining. She discussed the situation with her case workers, who she said "help me a lot" with emotional support and put her in a more confident and independent frame of mind. One respondent

said her case worker had assisted their daughter to get a job; that is, through provision of clothes for the interview and improving her confidence in preparation for the interview. Another said their case worker was helping them plan what they needed to do (e.g., skills development) in order to get a job.

7.7.4. Financial situation

For 21 respondents, the Brighter Futures Voices and Choices program had helped improve their financial situation, either directly or indirectly. Respondents spoke about the program assisting with:

- paying for practical items, e.g., groceries, furniture, white goods, uniforms, textbooks, children's toys and activity sets and baby supplies (13 respondents)
- guidance with budgeting and financial planning (10 respondents)
- payment of bills, e.g., utilities, medical, school fees, child care (7 respondents))
- accessing a pension or NDIS funding (3 respondents)
- arranging credit or a payment plan for bills (3 respondents)
- paying off debt through a work development order (1 respondent)
- getting off drugs, which left the respondent with more funds (1 respondent).

Several people spoke about the value of assistance with groceries, particularly during COVID 19 lockdowns. One respondent, who is a stay-at-home parent, said:

I mean, toilet paper was really hard to find. And actually she got me toilet paper. So that was something like paper gold. (Respondent 32)

This respondent went on to say that her case worker did ask about her financial situation but that, despite feeling like she wasn't coping financially, she was embarrassed to speak about these issues.

7.7.5. Family connections

Twenty-one (of 33) respondents said the Brighter Futures Voices and Choices program had improved their family connections. Respondents said that, as a result of the program their family spends more time together and feels more connected because of programs they had done (e.g., parenting, emotional regulation), having tools for relating to each other better, speaking more openly about their emotions and being able to parent better. Respondents spoke about:

- feeling more positive in general and responsive to their children's needs (e.g., by regaining their licence and cutting down on smoking) (Respondents 14, 23, 27, 31),
- having more time together as a family (Respondent 17) and playing games (Respondent 28) and doing craft activities together (Respondent 33) that case workers had provided,
- being able to establish house rules that the children and adults contributed to drafting (Respondent 26),

- being able to keep the house clean and feel more comfortable having extended family visit (Respondent 04),
- feeling emotionally or psychologically better able to engage with their family, with their case worker's support (Respondent 22),
- While others spoke about the support their case worker provided for other family members and how it helped them understand each other's situation from another's perspective (Respondent 21, 30, 31).

8. Qualitative insights in service providers experience of Voices and Choices implementation

8.1. Introduction

This chapter presents the results of the following evaluation question that utilise insights from service providers:

- What factors acted as barriers and/or facilitators to support the implementation of Voices and Choices at each trial site?

8.2. What factors acted as barriers and/or facilitators to support the implementation of Voices and Choices at each trial site?

The success or failure of a new policy or program can be affected by factors which both hinder and help its implementation, and ultimately its ability to achieve its intended outcomes. Factors which support the implementation of a policy or program are facilitators, while those that stymie it are barriers. In practice, barriers to implementation can relate to the availability of resources, while facilitators may include, for example, employing skilled staff (Bach-Mortensen, Lange, & Montgomery, 2018).

Ideally, potential barriers and facilitators should be explored prior to program implementation so they can be addressed during the implementation process. However,

identifying those factors that hinder and/or enable the implementation of a program during an evaluation can help inform future service provision and improve implementation by providing:

- visibility of what's working and not working; and
- insights into which implementation processes require more focus.

We categorised our findings depending on whether they are system level or program level barriers and facilitators.

8.2.1. System level barriers to implementation

The five system level barriers we identified from the service provider focus groups focused on context related to families' barriers to Voices and Choices engagement and the impact of COVID-19 on families and service delivery and resourcing:

- Families can be unwilling to engage in Voices and Choices because of prior negative experiences with DCJ
- Families do not always perceive a need for change
- Providing outreach services over long-distances can interfere with child engagement, particularly with Aboriginal families
- COVID-19 had a negative impact on program engagement and delivery
- COVID-19 restrictions created human resource constraints.

Families can be unwilling to engage in Voices and Choices because of prior negative experiences with DCJ

Families negative prior experience with DCJ acting as a barrier to Voices and Choices engagement was raised consistently as an issue across providers. In some cases, parents and family members had been involved with DCJ as children and expressed low levels of trust in DCJ and government. While Voices and Choices is run by NGOs there was still a perception that some families were fearful their children would be taken away by the service providers DCJ recruited.

Families do not always perceive a need for change

One of the biggest challenges identified by caseworkers is working with a family who do not perceive a need for change or intervention or support, particularly if that intervention relates to safety planning.

> *"Sometimes there's a lack of insight from clients about their situation and what needs to change; there is denial. Then, getting that into a family plan is very challenging… If families aren't acknowledging/being honest about that issue because they don't want to address it, it's difficult to put that in place."*

Parents do not always understand that children have their own choices, needs and goals and these should be reflected as part of planning.

Sudden family crises can make Voices and Choices less of a priority for families to focus on.

Providing outreach services over long-distances can interfere with child engagement, particularly with Aboriginal families

Providing outreach services across long distances in NSW presents challenges for caseworkers engaging children in Voices and Choices. The travel time to provide outreach

services can vary from 4 hour to 6 hours a day, and this timing does not always match well with the local school hours. This makes it difficult to spend the time caseworkers would like to with children and families.

> *"[I] don't get much time for the client due to 6-hour round trip though I am interested to know more from them... I can't visit more than one family… I feel bad I haven't been able to spend that time with them."*

This becomes more difficult when caseworkers are making initial visits to engage Aboriginal families who may have prior negative experiences with government departments and DCJ.

> *"Aboriginal families -they don't talk very well when they don't know people. Sometimes it takes 3 to 4 visits to get them really talk to you."*

Caseworkers are reticent to contact Aboriginal children at school if the parent's consent to do so has not been given.

> *"We need to be very sensitive with Aboriginal families, So if I am asked that I have to go to the school to talk to the children, I would be very reluctant to talk with children at school without parents on board because there's been a long history of DCJ involvement and social issues – most families have had a family member removed at some point into care – we need to be careful that we don't do more damage."*

This means the contact and engagement process can be longer than that undertaken within other areas. Caseworkers need a longer time period to build rapport – over several visits - and initiate the program with Aboriginal families in these circumstances.

COVID-19 had a negative impact on program engagement and delivery

Implementation of Voices and Choices was hindered due to the outbreak of COVID-19 and the public health measures undertaken by the NSW and Victorian state governments to address the pandemic. One of the trial sites was located proximate to the Victorian border, which created issues for staff who commuted across state lines.

Given the higher-risk profile of Aboriginal communities, the onset of COVID-19 brought a fear of the virus spreading among Aboriginal communities and this contributed to an unwillingness among families have face-to-face conversations with service providers. This was made more challenging in outreach.

> *"Initially it was challenging with COVID – social isolation made it tricky especially for the caseworkers with outreach areas, especially with Aboriginal communities (at the border) – we could not go to the communities, even before the lockdown, because there are small Aboriginal communities and there was a lot of fear about people bringing the virus in to the community as it would be devastating in small communities… a lot of families still fearful about visits due to Covid-19 and not really wanted you at home."*

Providers noted more issues related to mental health, stress and social isolation during the outbreak and adapted their practice to address these issues before they approached the issue of children's needs.

"Those who come here for help (parents) may have extreme mental health issues, so we try to stabilise the mental health issues first. So that the family can continue with that".

Families' stress during the pandemic was made more acute because of geographical remoteness and the corresponding lack of access to local medical services.

"…they need to travel long distances to go to hospitals, [that] impacted [their] mental health more- away from families and connections, family members (to be) isolated, took away from the culture".

Face to face interaction had been popular among families and opened the pathway for communication between the providers and participants. COVID-19 restrictions – and the requirement to work in other ways - meant this felt as if Voices and Choices implementation suddenly lost momentum.

Providers initiated several risk mitigation strategies to overcome communication challenges with families in voices and Choices during COVID-19 restrictions and even in one case, sent up mobile phones on buses to ensure families had the resources to maintain contact.

COVID-19 restrictions created human resource constraints

COVID-19 also had a negative impact on staff in Voices and Choices at this time. Some staff responsible for particular activities related to the program lost their job over the lockdown.

Staff located near the Victorian border were unable to continue work due to the border closure during COVID 19 outbreak. This created pressure for the providers who needed to recruit more staff but could not because of funding limitations. Staff who came from Victoria needed to be funded to stay in accommodation in NSW during border closure.

8.2.2. Program level barriers

We identified two major barriers related to the program level focused on an initial poor understanding of Voices and Choices (which has since been overcome through co-design and other activities) and challenges in negotiating roles and responsibilities between providers and DCJ. These are described below:

- Poor understanding of Voices and Choices limited initial implementation, but this has now been overcome
- Differences in ways of working and responsibilities across providers and DCJ creates barriers to Voices and Choices implementation

Poor understanding of Voices and Choices limited initial implementation, but this has now been overcome

Providers stated they have been confused at some stages about their roles and responsibilities in Voices and Choices and the tools to be used as part of the pilot. They also noted local DCJ offices were also not always aware of the pilot in the beginning.

We note this barrier has largely been overcome throughout the program through a series of processes and activities including co-design, development of the practice model and implementation teams functions.

Some caseworkers were anxious about some of the core program activities, such as working with children and communicating with parents in a way that was safe and initially lacked confidence in implementing the program. Training, coaching and group supervision initiated by providers has gone some way in overcoming this issue.

Differences in ways of working and responsibilities across providers and DCJ creates barriers to Voices and Choices implementation

We noted across all provider focus groups experiences in implementing the Voices and Choices program that highlighted the different roles and responsibilities of program providers and DCJ staff. While providers are funded to deliver Voices and Choices in a way that empowers families and encourages them to make their own decisions about service choice, DCJ staff have processes and responsibilities – sometimes statutory – to ensure that a family engages in the type of service intervention that will reduce a child's risk of harm. The following quote highlights this issue in detail:

> *"…it's been a barrier with local DCJ where they want to come out and do visits with the families and they say no you need to stay with this program – it's like an ultimatum and is totally against Voices and Choices – DCJ shouldn't be involved with families in that way – it's a threat – DCJ won't pick that family up because they won't have capacity. DCJ shouldn't be called upon if a family is not engaging – we should be able to say to that family that if you don't want the program, we're here if you need to come back."*

There were some challenges for providers in negotiating with DCJ about whether to take referrals and open cases or to close families from Voices and Choices as a result of a families' risk level. For example, providers believe they should have the decision-making power to decide whether a family's needs are too high or complex for Voices and Choices.

> *"… we need more autonomy to say that these are our families and feel the family's needs are too high, we need to be able to close the family without a joint home visit and DCJ wielding the power of the government over the family that is not what the Voices and Choices should be about."*

Providers perceived DCJ's process of assessing the eligibility of families for Voices and Choices from community referrals could be lengthy and bureaucratic. This could strain cross-organisational working relationships and had potentially detrimental impacts on families in terms of engagement.

> *"I had a family whose case was open for a long time still, and I felt like DCJ was waiting for the family to slip up again. Then there is not a lot of confidence in the family. I'm just wondering why it is still open. You know, it is just a waiting game which makes it hard to work alongside."*

> *"…you have to wait for the eligibility that comes back from the BF assessment unit. It can take 2 weeks. We can … how we go around that because it deemed as ineligible to unit if it comes from DCJ. We cannot work with that family unless it comes from DCJ. This is tricky."*

A good working relationship between providers and DCJ was seen to be integral to the success of the program and outcomes for families, particularly for those who could fall between the gaps.

> *"…we get families who sit between not being high enough risk for DCJ but being too complex for BF – [we] need a shared arrangement where both services can be effective*

in supporting the children – [we] will always have that gap where kids sit who don't have that gap – kids will get lost and become another statistic."

8.2.3. System level Facilitators

We identified two major system level facilitators for implementation of Voices and Choices from the service provider focus groups related to local knowledge and experience:

- Deep knowledge of communities and service networks enabled teams to hit the ground running with implementation
- Strong local supportive relationships with DCJ staff assisted implementation

Deep knowledge of communities and service networks enabled teams to hit the ground running with implementation

Service providers across all focus groups noted they had been working within their local communities for a long time and had developed a wide network of services for cross-referral. These networks were broad and included people and organisations they trusted to provide, for example, housing, financial planning, and paediatric health services. This allowed providers to 'hit the ground running' in implementing Voices and Choices.

Interestingly, caseworkers indicated that a small number of families who had completed Voices and Choices referred other families to the program.

Strong local supportive relationships with DCJ staff assisted implementation

While working with DCJ could be a barrier to implementation, strong local relationships with DCJ staff could also be a facilitator to implementation. At one site, the Voices and Choices team and local DCJ office work in partnership together with the same goal of achieving better outcomes for vulnerable children and families.

"We bounce ideas off each other as well and reach out to DCJ regarding anything client related and safety concerns. We also ask for their help."

Providers also acknowledged the support DCJ had provided in ensuring families were referred to Voices and Choices using warm referrals.

"They have supported Voices and Choices with warm referrals – additional work for them but they've done it."

8.2.4. Program level facilitators

We identified four program level facilitators to the implementation of Voices and Choices for service providers focused on the unique aspects of the program, the co-design approach and support to implement practice:

- Referral pathways and practices allow Voices and Choices to engage families earlier in the risk arc
- The flexible delivery approach of Voices and Choices facilitates families' trust and engagement
- Co-design enabled critical and valuable input into Voices and Choices tools to ensure they better met the local context
- Group supervision and training facilitated implementation of Voices and Choices practice

Referral pathways and practices allow Voices and Choices to engage families earlier in the risk arc

Providers felt that the manner and process by which families were referred to the Voices and Choices program contributed to both increased engagement among families and the ability of providers to intervene earlier in their risk arc. Specifically, the two facilitators were the increased use of community referrals at Voices and Choices sites and the use of 'warm referrals'.

Provider representatives from two Voices and Choices sites observed that the increased use of the community referral pathway has allowed them to reach families who would not have met the high-risk threshold set by DCJ, but who could still benefit from engagement with Brighter Futures. They observed that families who were referred from a community setting i.e., by a hospital social worker, were often at the lower end of the risk threshold. Providers felt that these families were still at risk and felt that they were often willing to engage with services.

> *"…when got to bottom of concerns and vulnerabilities, [we] could address those and observe parenting in the home – parenting capacity was never the issue – it was the underlying stress, and they have a strong relationship with baby which is super obvious from their interactions. Whereas if that had been left again to go to ROSH and picked up by FACS, then mum wouldn't have been given time to explain or explore underlying issues"*

The use of warm referrals, where DCJ informs eligible families that they will be contacted by service providers, is seen by providers as a useful tool for increasing engagement with Brighter Futures services amongst those referred though the DCJ referral pathway.

> *"It [warm referral] is definitely helpful if the family is well aware. It can be tricky – the phone call [if we call them] out of the blue – it can get some people quite angry with you and [they become] suspicious. It really helps when they are aware of the referral by DCJ to brighter futures. Because it's voluntary now, they feel that there's more choice. They don't feel forced."*

The flexible delivery approach of Voices and Choices facilitates families' trust and engagement

All three providers noted that Voices and Choices has a flexible approach to service delivery. There is no fixed timeframe in this program for the caseworker to finish a plan with families; caseworker responsibilities instead are focused on providing support to the family to develop a successful family plan and achieve goals that families value. This time and space allows a trusting relationship to develop over time that enables positive family outcomes.

> *"[it] is the time frame…it is the more beneficial so that we have time to build the partnership and the trust relationship with the families…. You know that they might me stigmatized, they might be in the fear of DCJ… Voices and Choices- this title is very important. We are not there as a trouble figure, we are there as partners. The concept of it is really helpful."*

Co-design[8] enabled critical and valuable input into Voices and Choices tools to ensure they better met the local context

Participants from all focus groups indicated they have provided feedback on the tools shared from Voices and Choices and modified them if needed to ensure they were family friendly - and not too wordy, difficult to read or take too long to administer.

> *"Initially we got the family brochure that was 2.5 pages long - didn't like that at all – lot of families have literacy issues – so we provided feedback on that and it got changed.*

Group supervision and training facilitated implementation of Voices and Choices practice

Group supervision was considered one of the most valuable activities in implementing Voices and Choices practice. Caseworkers valued group supervision because it enabled them to get perspectives from co-workers, including those who may be working in other roles in the organisation.

> *"I've really enjoyed the group supervision – a really good tool that we'll also use in Brighter Futures and intensive family preservation programs together to do this as a team... Everyone has a different skillset – we've found group supervision really helpful, and it's helped with family outcomes where we've been able to get onto things earlier."*

Skill development activities, such as, regular sharing of information related to Voices and Choices, training and workshops to understand and practice tools and therapies (e.g., art therapy and play therapy for children) helped caseworkers apply the practice model. While DCJ provided training to providers through a funded trainer, providers also organised training for their own caseworkers in areas where they had need.

> *"[we] got [name of trainer's organization] to come over to deliver Kids Central tools – some of that anxiety around working with children was alleviated after that."*

[8] The perceived benefits of the co-design process are presented in more depth in an earlier section of the report.

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Appendix A Analysis sample identification

A.1 Brighter Futures sites and their eligibility for inclusion

Table A.1 Brighter Futures sites and their eligibility for inclusion

Brighter Futures provider	Voices and Choices site	SafeCare site	Source for comparison sample
TBS Central West			✓
Tharawal			✓
Uniting Central Coast			✓
Uniting Macarthur	✓		
SDN Metro		✗	
TBS SWS			✓
CatholicCare		✗	
Mission Orana Far West	✓		
Mission Riverina		✗	
Barnardos Orana		✗	
Caresouth		✗	
Wesley		✗	
Uniting Coffs Harbour			✓
TBS Northern Sydney			✓

Brighter Futures provider	Voices and Choices site	SafeCare site	Source for comparison sample
Mid Richmond Neighbourhood Centre			✓
Metro Assist			✓
Mission Tablelands			✓
TBS New England			✓
Samaritans		✗	
TBS Hunter			✓
Mission Mid North Coast			✓
SDN Batesman Bay			✓
Wandiyali		✗	
Kari			✓
Bega Valley			✓
Mission Shoalhaven	✓		
Third Sector Casino			✓
Uniting Dubbo			✓
Barnados Cooma			✓

Appendix B Cox proportional hazard model output

B.1 Community sample

Table B.1 Final model for time to first non-ROSH report following commencement of Brighter Futures or Voices and Choices services for the community sample[9]

term	Hazard ratio (95% CI)	std.error	statistic	p.value
voices_choices_flag	2.13 (1.1, 4.3)	0.35	2.13	0.03
indigenous_status	3.37 (1.8, 6.4)	0.33	3.68	<0.01
age_bf_commence_3_or_greater	1.62 (1.1, 2.4)	0.21	2.33	0.02
prior_start_rosh_neglect	2.35 (1.5, 3.8)	0.24	3.57	<0.01
non_rosh_history_before_start	3.92 (1.9, 8)	0.36	3.74	<0.01
voices_choices_flag:indigenous_status	0.39 (0.2, 0.9)	0.43	-2.15	0.03

Model formula: time_to_first_non_ROSH ~ voices_choices_flag * indigenous_status + age_bf_commence_3_or_greater + prior_start_rosh_neglect + non_rosh_history_before_start

Table B.2 Final model for time to first ROSH report following commencement of Brighter Futures or Voices and Choices services for the community sample[10]

term	Hazard ratio (95% CI)	std.error	statistic	p.value
voices_choices_flag	1.70 (1.0, 2.8)	0.25	2.10	0.04
indigenous_status	2.97 (1.8, 4.9)	0.25	4.36	<0.01
female	2.15 (1.5, 3.2)	0.20	3.84	<0.01
year_commence_2020	1.88 (1.3, 2.8)	0.20	3.22	<0.01

[9] Model coefficients available from authors upon request.
[10] Model coefficients available from authors upon request.

term	Hazard ratio (95% CI)	std.error	statistic	p.value
age_bf_commence_3_or_greater	1.39 (1.0, 1.9)	0.16	2.05	0.04
non_rosh_history_before_start	1.99 (1.3, 3.0)	0.22	3.11	<0.01
voices_choices_flag:indigenous_status	0.43 (0.2, 0.8)	0.33	-2.57	0.01

Model formula: time_to_first_ROSH ~ voices_choices_flag * indigenous_status + female + year_commence_2020 + age_bf_commence_3_or_greater + non_rosh_history_before_start

Table B.3 Final model for time to commencement following referral to Brighter Futures or Voices and Choices services for the community sample[11]

term	Hazard ratio (95 % CI)	std.error	statistic	p.value
voices choices flag	1.32 (1.07, 1.62)	0.11	2.62	<0.01
female	1.08 (0.94, 1.26)	0.08	1.10	0.27
age_bf_commence_3_or_greater	1.18 (1.02, 1.37)	0.07	2.20	0.02

Model formula: time_to_commencement ~ voices_choices_flag * indigenous_status + female + strata(year_commence_2019) + strata(year_commence_2020) + age_bf_commence_3_or_greater

B.2 DCJ sample

Table B.4 Final model for time to first non-ROSH report following commencement of Brighter Futures or Voices and Choices services for the DCJ sample[12]

term	Hazard ratio (95% CI)	std.error	statistic	p.value
voices choices flag	1.12 (0.9, 1.4)	0.13	0.93	0.35
indigenous_status	1.46 (1.1, 1.8)	0.13	2.94	< 0.01
rosh_history_count_before_start_2	2.39 (1.4, 4.1)	0.28	3.14	< 0.01
rosh_history_count_before_start_3	2.92 (1.6, 5.2)	0.30	3.58	< 0.01
rosh_history_count_before_start_4	2.83 (1.5, 5.1)	0.31	3.39	< 0.01

[11] Model coefficients available from authors upon request.
[12] Model coefficients available from authors upon request.

term	Hazard ratio (95% CI)	std.error	statistic	p.value
rosh_history_count_before_start_5_greater	3.96 (2.6, 6.1)	0.22	6.20	<0.01

Model formula: time_to_first_non_ROSH ~ voices_choices_flag + indigenous_status + rosh_history_count_before_start_2 + rosh_history_count_before_start_3 + rosh_history_count_before_start_4 + rosh_history_count_before_start_5_greater

Table B.5 Final model for time to first ROSH report following commencement of Brighter Futures or Voices and Choices services for the DCJ sample[13]

term	Hazard ratio (95% CI)	std.error	statistic	p.value
voices_choices_flag	1.00 (0.8, 1.2)	0.11	0.01	1.00
indigenous_status	1.49 (1.2, 1.8)	0.11	3.56	<0.01
rosh_history_count_before_start_2	1.88 (1.2, 2.8)	0.22	2.89	<0.01
rosh_history_count_before_start_3	2.75 (1.7, 4.3)	0.23	4.33	<0.01
rosh_history_count_before_start_4	1.94 (1.2, 3.2)	0.25	2.61	0.01
rosh_history_count_before_start_5_greater	2.99 (2.1, 4.2)	0.18	6.23	<0.01
lifetime_f2f_prior_start_carer_substance_abuse	1.29 (1.0, 1.6)	0.12	2.20	0.03

Model formula: time_to_first_ROSH ~ voices_choices_flag + indigenous_status + rosh_history_count_before_start_2 + rosh_history_count_before_start_3 + rosh_history_count_before_start_4 + rosh_history_count_before_start_5_greater + lifetime_f2f_prior_start_carer_substance_abuse

Table B.6 Final model for time to commencement following referral to Brighter Futures or Voices and Choices services for the DCJ sample[14]

term	Hazard ratio (95% CI)	std.error	statistic	p.value
voices_choices_flag	1.26 (1.10, 1.46)	0.07	3.26	<0.01
female	0.94 (0.85, 1.05)	0.05	-1.14	0.25
count_under_18_3	1.19 (1.03, 1.38)	0.07	2.41	0.02
age_bf_commence_3_or_greater	1.19 (1.08, 1.32)	0.05	3.37	<0.01

[13] Model coefficients available from authors upon request.
[14] Model coefficients available from authors upon request.

term	Hazard ratio (95% CI)	std.error	statistic	p.value
rosh_history_count_before_start_2	1.49 (1.24, 1.76)	0.09	4.29	<0.01
rosh_history_count_before_start_3	1.67 (1.38, 2.03)	0.10	5.28	<0.01
rosh_history_count_before_start_5_greater	1.35 (1.17, 1.57)	0.08	4.01	<0.01

Model formula: time_to_commencement ~ voices_choices_flag + female + strata(indigenous_status) + strata(year_commence_2019) + strata(year_commence_2020) + count_under_18_3 + strata(count_under_18_5_greater) + age_bf_commence_3_or_greater + rosh_history_count_before_start_2 + rosh_history_count_before_start_3 + strata(rosh_history_count_before_start_4) + rosh_history_count_before_start_5_greater

Appendix C Client Interview guide

Evaluation question (not to be read aloud): Are clients satisfied with the type of support they are provided?

Overall, what is your opinion of the support you receive from BF-VC service providers (e.g., home visits, parenting programs, child services, referral services, and tailored support)?

Probe:

- Are there any parts of the services you receive that work well?
- Are there any parts of the services you receive that you think should be changed or improved?
- Did your opinion change at all during COVID-19? If so, how and why?
- Evaluation question (not to be read aloud): Was the co-design process inclusive, appropriate and satisfactory?

Did you participate in a process of developing family plan (AKA case plan) goals with your caseworker? If so, please tell me how that went.

Probe:

- Were your ideas included in your family plan goals? If not, did your caseworker provide reasons for why your idea would not be included in your family plan goals?
- Do you feel the goals you developed reflect your needs? These needs can relate to disability, health, culture, religion, etc.
- Are there any ways the process of making family plan goals with your caseworker could be improved?

Evaluation question (not to be read aloud): Are clients satisfied with the way that they are engaged?

How often does your BF worker (BF-VC service provider/case worker) contact you? Without going into detail about private matters, what kind of broad topics do you discuss?

Probe:

- Do you feel that's a good amount, or would you prefer more or less frequent contact?
- Do you feel that your case worker would be there for you, if you needed to contact them?
- Did the type or frequency of contact you had with your case worker change during the COVID-19 pandemic? If so, how and how did you feel about that?

Do you find it useful when your BF worker contacts you? How about when you contact them?

Do you have any suggestions on how BF workers could improve the way they contact or communicate with you?

Evaluation question (not to be read aloud): Are clients provided with an appropriate level of support to make an informed decision about the services they are offered?

Do you feel that you have been given enough information by BF workers to make decisions about services offered to you as part of the BF-VC program?

Probe:

- What sorts of decisions have you had to make and what information or resources did they give you that helped or didn't help?
- Was the information explained to you in a way that was easy to understand?

Have you generally felt free to make your own decisions about the BF-VC services you receive, or have there been times when you've felt that BF workers have made decisions for you? Could you please tell me a bit about that?

Probe:

- Did you find that helpful or frustrating?
- What direction did you feel like you were being guided?

How could BF workers improve their support offered to you?

Evaluation question (not to be read aloud): Are services delivered in a culturally appropriate and safe manner?

Have BF workers supported you and your child(ren) to participate in community events and cultural activities?

Probe:

- How have service providers supported your or your child(ren)'s cultural needs?
- Do service providers make it challenging for you or your child(ren) to achieve your cultural needs? If so, how? Challenges may include discrimination, prejudice, racism, etc.

Do you think that your BF worker has an awareness and understanding of your culture (and religion, if applicable), and how it's important to your family? Why do you feel that way?

Probe:

- What do you think BF workers could do to make sure their services are meeting your needs as an Aboriginal person?

Have BF workers communicated and justified their actions and decisions in a culturally sensitive and appropriate way?

Probe:

- Have there been any instances where the understandings of BF workers have come into conflict with your own cultural understandings?
- How much do you feel that BF workers take your cultural needs into account?

Have you had enough opportunities to talk with BF workers about how things are going – the things that are going well, and also the worries and challenges that are affecting your family? Do you feel that BF workers understand your life situation? Why do you feel that way?

Probe:

- What do you think BF workers could do to ensure their parenting and child services meet your needs, and help you navigate the challenges you face?

Evaluation question (not to be read aloud): Has participation in Voices and Choices led to improvements in other outcomes of interest e.g., education, physical and mental health?

Have you been involved in any educational opportunities since being a part of the BF-VC program? Did the program support you in these opportunities, and to what extent?

If people bring up COVID-19 impacts:

- Did your case worker help you manage the impact of COVID-19 on your education at all? If so, how?

Have there been any changes in your ability to look after your physical, social and emotional wellbeing since being a part of the BF-VC program? To what extent do you believe the BF-VC program contributed to these changes, and why do you believe that?

If people bring up COVID-19 impacts:

- Did your case worker help you manage the impact of COVID-19 on your physical, social and emotional wellbeing at all? If so, how?

Have you been involved in any employment opportunities since being a part of the BF-VC program? Did the BF-VC program support you in these opportunities, and to what extent?

If people bring up COVID-19 impacts:

- Did your case worker help you manage the impact of COVID-19 on your employment at all? If so, how?

Since being a part of the BF-VC program, have you found that your financial situation has improved or changed in any way? To what extent do you believe the BF-VC program contributed to these changes, and why do you believe that?

If people bring up COVID-19 impacts:

- Did your case worker help you manage the impact of COVID-19 on your financial situation at all? If so, how?

Since being a part of the BF-VC program, have there been any positive outcomes in terms of your involvement in cultural and community activities? Does your family spend more time together and feel more connected? To what extent do you think the BF-VC program contributed to this, and why do you believe that?

If people bring up COVID-19 impacts:

- Did your case worker help you manage the impact of COVID-19 on your participation in social or cultural activities at all? If so, how?

Thank you very much for your time today.

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