

# **Final Evaluation of Independent Family Advocacy and Support (IFAS) pilot**

**Final Report  
September 2021**



**Dr Chris Maylea, Lucy Bashfield, Sherie Thomas, Associate  
Professor Bawa Kuyini, Professor Susie Costello, Dr Kate Fitt,  
Meena Singh**

**Social and Global Studies Centre, RMIT University**



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Suggested citation: Maylea, Chris; Bashfield, Lucy; Thomas, Sherie; Kuyini, Bawa; Costello, Susan; Fitt, Kate & Singh, Meena (2021) *Final Evaluation of Independent Family Advocacy and Support (IFAS) pilot*, Melbourne: Social and Global Studies Centre, RMIT University. DOI: 10.25439/rmt.14661216





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## Executive Summary

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This report presents the findings from RMIT University's evaluation of the Independent Family Advocacy and Support (IFAS) pilot run by Victoria Legal Aid (VLA).

### **IFAS**

IFAS is a pilot service that provides non-legal advocacy and support to parents and primary carers who are involved in the investigation stage of the child protection system. The three main priority groups for IFAS are Aboriginal and Torres Strait Islander families, families where one or both parents have an intellectual disability, and since late 2020, culturally and linguistically diverse families. IFAS aims to divert families away from the child protection system and to increase access to legal services. The three IFAS pilot areas are Greater Bendigo, Ballarat and Darebin/Moreland, although Ballarat is not in scope for this evaluation as IFAS did not commence operations there until late 2020.

During the evaluation period, from 02/01/2019 to 06/05/2021, IFAS provided advocacy and support to 282 parents and caregivers. This includes 68 Aboriginal parents or parents of Aboriginal children, 56 parents with intellectual disability and 57 parents from culturally and linguistically diverse families. IFAS also provided an additional 762 instances of referrals and advice.

### **Approach to evaluation**

The evaluation was conducted in two parts, a midterm review and a final evaluation. Qualitative data was collected using interviews and focus groups with people who have used IFAS, IFAS staff, DFFH staff and other professional stakeholders. Quantitative data were provided by IFAS, VLA, DFFH and sourced from other publicly available data.

### **Overall findings**

The overall findings from the evaluation are very positive. IFAS is highly valued by clients, who found it vital support through very distressing experiences. The IFAS approach works both in supporting parents and primary carers during the investigation phase of the child protection system and in diverting them away from the court system. The evaluation team recommend that IFAS is made available to all parents and primary caregivers who require support or assistance to reach decisions or take actions in response to child protection investigations.

### **Views of parents and primary caregivers**

Parents and primary caregivers trust IFAS to help them navigate the child protection system. Parents told the evaluation team that IFAS builds the capacity of parents to self-advocate, helps calm their reactions and increases accountability of child protection practitioners. The only negative feedback from IFAS clients related to limitations of the pilot, mainly that advocacy was no longer available if they progressed to the court system.

### **Views of child protection practitioners**

Child protection practitioners had more varied feedback, with those who better understood the model highly valuing IFAS. For these practitioners, IFAS enabled communication through mediation, allowing them to work effectively with families. Some practitioners found engaging with IFAS counterproductive, confusing or frustrating. This appeared to have occurred largely where there was either a lack of understanding of the IFAS





model, or a perception that the representational advocacy approach was not helpful. It appears that many negative experiences could have been avoided if the model were better understood.

### **Cost-benefit**

The evaluation team undertook a cost-benefit analysis, which estimates IFAS diverts 20% of referred clients away from court, resulting in an estimated saving of \$3.52 to the Victorian government for every dollar invested in IFAS.

### **Areas for development**

The evaluation also identified some specific areas for further development, including improving understanding of IFAS by stakeholders and ongoing support for lived experience perspectives. The data prompted considerations for expansion of the scope of IFAS, both geographically and in the child protection system. Finally, the evaluation considered the experience of children whose parents had used IFAS, finding no direct impact, but significant indirect impact where IFAS had supported families to address protective concerns identified by DFFH.

### **Evaluation limitations**

The evaluation was limited by barriers to linking datasets and the impact of Victorian government COVID-19 restrictions, principally changes to the Children's Court processes.





## Acknowledgments

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This evaluation was conducted on Aboriginal land, including the land of the Dja Dja Wurrung, Taungurung, Boon Wurrung and Woi Wurrung (Wurundjeri) peoples of the Kulin Nation. This land was never ceded. The Social and Global Studies Centre at RMIT University acknowledges the Australian Aboriginal and Torres Strait Islander peoples of the nations of Australia, the custodians of this land. We pay our respects to ancestors and Elders, past and present. We are committed to honouring Australian Aboriginal and Torres Strait Islander peoples’ unique cultural and spiritual relationships with the land, waters and seas and their rich contribution to society.

The evaluation team would like to thank all participants who gave considered feedback, Victoria Legal Aid and IFAS for committing to an independent and transparent evaluation process and the Department of Families, Fairness and Housing for their support. The evaluation team also acknowledges the work of previous consultants, VLA and IFAS staff who developed the program logic and objectives used as the basis of this evaluation.

This report is dedicated to Phoebe and Frankie.

## Abbreviations and Terms

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A#	IFAS Advocate	FIN Vic	Family Inclusion Network Victoria
ACCO	Aboriginal Community Controlled Organisations	IFAS	Independent Family Advocacy and Support
ACSASS	Aboriginal Child Specialist Advice and Support Service	IFSS	Integrated Family Support Services
BADAC	Ballarat and District Aboriginal Co-operative	IMHA	Independent Mental Health Advocacy
BDAC	Bendigo and District Aboriginal Co-operative	LGA	Local Government Area
CCYP	Commission for Children and Young People	OOHC	Out-of-home care
CBSO	Care by Secretary Order	PA	Protection application
CP#	Child protection practitioner	PS#	Professional stakeholder
DFFH	Department of Families, Fairness and Housing (Victoria) (formerly Department of Health and Human Services (DHHS) and Department of Human Services (DHS))	RMIT	Royal Melbourne Institute of Technology University
EMH	Elizabeth Morgan House	SEAS	Shared Experience and Support (IFAS lived experience reference group)
FaPMI	Families where a Parent has a Mental Illness	LGBTQI+	Lesbian, gay, bisexual, transgender, queer and intersex plus
		P#	Parent
		VACCA	Victorian Aboriginal Child Care Agency
		VALS	Victorian Aboriginal Legal Service
		VALID	Victorian Advocacy League for Individuals with Disability
		VLA	Victoria Legal Aid





## 1. Introduction

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This report presents the final evaluation of the Independent Family Advocacy and Support (IFAS) pilot service run by Victoria Legal Aid (VLA). This report integrates findings from the midterm and final stage reviews to detail how IFAS advocates for and supports parents and primary caregivers involved in the child protection system, emphasising the experiences of IFAS' three priority service groups.

IFAS is a pilot, fully funded by VLA, implemented to assess and demonstrate the efficacy of non-legal advocacy for families who are involved with child protection but not yet involved in the court system. It is a three-year pilot, running from 2018 to 2021, in the local government areas (LGAs) of Darebin and Moreland in suburban Melbourne and Bendigo in regional Victoria. In late 2020, IFAS expanded to serve Ballarat LGA; however, this LGA is not in scope for this evaluation.

In 2019, VLA conducted a formal competitive tendering process to evaluate IFAS. RMIT University's Social and Global Studies Centre was contracted to evaluate IFAS in two stages: a midterm review from November 2019 to March 2020 and a final review from March 2021 to May 2021. This report presents the final stage evaluation data, integrating findings from the midterm review, updated service measures and additional data sources.

In May 2021, the Victorian State Government Budget funded VLA to continue to deliver IFAS until June 2024.<sup>1</sup>

### 1.1.1. Establishment of IFAS

IFAS was established in response to *Action 7* and *Action 8* of VLA's Child Protection Legal Aid Services Review completed in 2017.<sup>2</sup> VLA committed to pilot an early intervention non-legal advocacy service for client groups over-represented in the child protection system, linking them to legal advice where needed.

#### **Action 7**

Victoria Legal Aid will pilot an Early Intervention Unit<sup>3</sup> featuring non-legal advocates, where the following are considered a priority:

- cases for which a Protection Application by Notice would ordinarily proceed;
- families where one or both primary carers have an intellectual disability;
- Aboriginal and Torres Strait Islander families;
- Aboriginal Family-led Decision-Making Conferences.

#### **Action 8**

Legal assistance will be available to clients of the Early Intervention Unit to obtain legal advice about their child protection case.

In late 2020, culturally and linguistically diverse families were added as a priority group.

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<sup>1</sup> Victorian Government, *2021-22 Budget Paper No.3 Service Delivery* (Department of Treasury and Finance, 2021) <<https://www.dtf.vic.gov.au/2021-22-state-budget/2021-22-service-delivery>>.

<sup>2</sup> Victoria Legal Aid, *Child Protection Legal Aid Services Review* (2019) Available at <https://www.legalaid.vic.gov.au/about-us/our-organisation/how-we-are-improving-our-services/child-protection-legal-aid-services-review>.

<sup>3</sup> Early Intervention Unit/EIU was the original working title for the project. Independent Family and Advocacy Support (IFAS) was decided on by the Reference Group and confirmed in May 2018.





### 1.1.2. IFAS service model

IFAS works with parents and primary carers to support informed decision-making and engagement between families and the Department of Families, Fairness and Housing (DFFH), and avoid escalation to court proceedings where possible. IFAS predominantly operates at the protective intervention phase of the child protection process when a report has been investigated and substantiated, but the matter has not yet proceeded to court.<sup>4</sup>

By providing this support directly to parents, IFAS aims to support a key decision-making principle of the *Children Youth and Families Act 2005* (Vic), namely that ‘the child’s parent should be assisted and supported in reaching decisions and taking actions to promote the child’s safety and wellbeing’. IFAS advocates do this by providing clients with information about the child protection system and supporting clients to understand and focus on their child’s safety and wellbeing (or ‘best interests’) and to understand DFFH actions and decisions; to consider their options and the potential outcomes and implications of these; and to advocate for the client’s view of what is needed for their child’s safety and wellbeing. IFAS uses a *representational advocacy* model. IFAS policy defines representational advocacy as:

*Presenting the client’s views and preferences to others in order for their voice to be amplified in settings where they are in a position where they have less power to impact on decisions that directly affect their rights and lives.*

IFAS advocates do not make judgements or decisions about a client’s goals, share information without consent, or take any action without the client’s specific direction. This promotes trust between the advocate and the client and acknowledges the parents as experts about their family.

An important exception to the instructions-based representational model is when an IFAS advocate identifies a concern that a client will harm themselves or others. In these circumstances, IFAS policy allows for appropriate response in consultation with IFAS management. Where IFAS acts without the client’s consent they will inform the parent what they have done and why.

IFAS defines a ‘parent’ as a biological parent, stepparent or a person acting as a child’s primary carer. IFAS has five levels of service for different eligibility groups. Levels 2-5 are intended for parents who:

- Have a substantiated report with Child Protection; or
- Are subject to a Protection Application by Notice, Temporary Assessment Order OR have ongoing engagement with DFFH; and
- Have not been to court related to the substantiation; or
- Are the subject of an unborn report.

<b>IFAS Service level</b>	<b>Eligibility</b>
<b>Level 1: General Information</b>	Open to anyone across Victoria for information, including services and workers
<b>Level 2: Information and Referrals</b>	Any parent, family member or worker, who has involvement with DFFH Child Protection
<b>Level 3: Coaching for Self-Advocacy</b>	Parent or parents living or working in the pilot areas who identify as:

<sup>4</sup> See Appendix 6 for an overview of the protective intervention phase.





	<ul style="list-style-type: none"> <li>a. Aboriginal/Torres Strait Islander (or are parents to an Aboriginal/Torres Strait Islander child);</li> <li>b. Having a disability;</li> <li>c. Having an intellectual disability;</li> <li>d. Having a mental health issue;</li> <li>e. In a family situation where family violence is present;</li> <li>f. Culturally and/or linguistically diverse;</li> <li>g. LGBTQI+.</li> </ul>
<p><b>Level 4: Direct Advocacy and Coaching for Self-Advocacy</b></p>	<p>Parent or parents living or working in the pilot areas who identify as:</p> <ul style="list-style-type: none"> <li>a. Aboriginal/Torres Strait Islander (or are parents to an Aboriginal/Torres Strait Islander child);</li> <li>b. Having an intellectual disability;</li> <li>c. Culturally and/or linguistically diverse.<sup>5</sup></li> </ul>
<p><b>Level 5: Complex Direct Advocacy and Coaching for Self-Advocacy</b></p>	<p>Parent or parents living or working in the pilot areas who identify as:</p> <ul style="list-style-type: none"> <li>a. Aboriginal/Torres Strait Islander (or are parents to an Aboriginal/Torres Strait Islander child);</li> <li>b. Having an intellectual disability;</li> <li>c. Culturally and/or linguistically diverse.</li> </ul>

Table 1 - IFAS service levels and eligibility

### 1.1.3. The midterm review

The midterm review report was published in March 2020.<sup>6</sup> In this evaluation stage, the evaluation team consulted with 41 participants, 30 via interview and 11 via three focus groups. Some participants were interviewed multiple times or participated in both an interview and a focus group. Participants included 11 parents or primary caregivers who had used IFAS, 18 professional stakeholders from eight organisations and six IFAS staff members. The research team reviewed both IFAS and VLA internal data and publicly available data. Though IFAS prioritises working with Aboriginal and Torres Strait Islander children and parents, and families where a parent has an intellectual disability, only one parent from each of these groups were referred by IFAS to participate. Due to the time required to complete the DFFH research approval process and the time limited nature of the IFAS pilot, DFFH staff were not able to participate in, and DFFH data could not be provided for, the midterm review.

Overall, findings from the midterm review were very positive, with people who used IFAS highly valuing the service. Findings from the midterm review are consistent with the findings from this final evaluation. Professional stakeholders who understood the service, including VLA lawyers, valued it highly. The midterm review recommended that IFAS and VLA child protection lawyers increase referrals between the two programs in both directions and to improve understanding of the IFAS model. Opportunities were identified to improve stakeholder understanding of the service and to refine the model further to suit the context of child protection. The lived experience aspects of the model were identified as requiring ongoing support and integration. IFAS's 2020/21 Strategic Plan adopted all recommendations from the midterm review, with five completed, ten in progress, one

<sup>5</sup> In 2020, IFAS expanded from two to three priority groups to include culturally and/or linguistically diverse families.

<sup>6</sup> Chris Maylea et al, *Midterm Evaluation of Independent Family Advocacy and Support (IFAS) Pilot Service* (Social and Global Studies Centre, RMIT University, 2020).





(an appropriate database) not complete and one waiting on DFFH (see Appendix 5). The most important recommendations have been completed, with COVID-19 restrictions limiting responses to some others. Those recommendations which were not finalised have been re-examined in this review.



## 2. Evaluation methodology

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This evaluation employed a mixed-methods approach, combining qualitative thematic analysis of primary and secondary data with descriptive statistical data to help address the range of evaluation questions. This methodology was developed from the methodology used for the successful evaluation of IMHA, also conducted by Dr Maylea,<sup>7</sup> and adapted in response to the findings from the midterm review.

### 2.1. Participant driven

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The evaluation has been guided by participatory co-design and co-production principles, focusing on valuing and responding to the lived experience of the people who use IFAS's service. This approach is based on principles of equality, diversity, accessibility, reciprocity and mutuality. Shared Experience and Support (SEAS) (the IFAS lived experience reference group) and the IFAS Lived Experience Consultant were consulted throughout the evaluation. The evaluation team includes an evaluator with lived experience of the child protection system.

#### 2.1.1. Co-location

The lead consultant (Dr Maylea) was co-located on-site at IFAS in Melbourne from November 2019 to March 2020 and March to May 2021. This embedded model facilitated a deeper level of engagement with the IFAS team. Dr Maylea and the other team members observed organisational processes and provided ongoing feedback during the project.

#### 2.1.2. Expert reference group

The evaluation was guided by an expert reference group comprised of representatives from stakeholder organisations, including:<sup>8</sup>

- Alexander di Giorgio, Amanda Jones and Kylie Ponchard (VACCA);
- Geoffrey West (BDAC);
- Carol Clark (Northern Area Mental Health Service FaPMI (Families where a Parent has a Mental Illness); coordinator and Family Inclusion Network Vic committee member);
- Cassie Cox and Paula West (Anglicare);
- Mary Kyrios, Rosemary Ebel, Nathan Chapman, Colleen Carey, Shane Wilson, Damian Worley, Melissa McInerney and Beth Lyon (DFFH); and
- Sarah Forbes, Andrew Minge, Frederikke Jensen, and Emily Piggot (VALID).

### 2.2. Aims and scope

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The overarching aim of this evaluation is to detail the extent to which IFAS is providing effective, efficient, sustainable independent advocacy services. Efficacy, efficiency and sustainability are understood by the evaluation team as interlinked and interdependent, with service quality being achieved by balancing these factors.

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<sup>7</sup> Chris Maylea et al, *Evaluation of the Independent Mental Health Advocacy Service (IMHA)* (Social and Global Studies Centre, RMIT University, 2019) 56 <[sway.office.com/GZJrEJJcVJZIGGvY](http://sway.office.com/GZJrEJJcVJZIGGvY)>.

<sup>8</sup> Group members changed between the midterm and final evaluations; this list represents all people who participated in at least one meeting.



## 2.3. Key evaluation questions

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The evaluation team built on the revised evaluation framework, program logic model (see Appendix 3) and incorporated feedback from the expert reference group and SEAS to develop evaluation questions. These questions formed the basis for the interview and focus group questions and guided the interrogation of the quantitative data.

- 1) Has IFAS successfully achieved its aims?
  - a) To establish and trial a pilot independent child protection non-legal advocacy service, providing representational advocacy services to parents involved in the child protection system and develop evidence through robust monitoring and evaluation to determine impact and outcomes; and,
  - b) To develop and deliver the service working closely with key stakeholders, including families and individuals with lived experience and other key stakeholders.
- 2) Has IFAS successfully achieved its objectives?
  - a) To enhance clients' capacity to self-advocate, understand and enact their rights within the child protection system, better understand their current involvement with child protection, and make informed decisions about their family;
  - b) To assist clients to access support services they identify they require;
  - c) To ensure that clients receive high-quality services and have a positive experience of the advocacy service;
  - d) To enable clients to obtain legal advice about their child protection case from qualified legal practitioners; and
  - e) To support a reduction in the proportion of substantiated cases in the pilot area proceeding to court, proceeding to court as emergency care applications, or proceeding to contested interim proceedings.
- 3) Is IFAS reducing the number of matters which proceed to court?
- 4) Is IFAS better supporting families through the child protection process than a family's previous experience of child protection without an advocate?
- 5) Is IFAS delivering a better experience for children in the child protection process?
- 6) Is IFAS operating consistently with its values and principles?
- 7) Is IFAS delivering advocacy consistent with its advocacy model?
- 8) Is IFAS operating consistently with its service model? Is this service model the most appropriate for IFAS?
- 9) Is IFAS operating consistently with its policy and procedures?
- 10) Does IFAS have a systemic impact?

## 2.4. Data collection

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The evaluation employed a suite of data collection methods, including a review of IFAS documentation, a literature review, a review of the IFAS case bank, interviews with people who had used IFAS, interviews and focus groups with professional stakeholders and an analysis of the available quantitative data.

### 2.4.1. Review of IFAS documentation

The evaluation team reviewed documents provided by IFAS, including:



- IFAS Strategic plan
- IFAS monitoring and evaluation framework (revised)
- IFAS Self Advocacy Plan
- IFAS policies and procedures
- Child Protection Legal Aid Services Review (2017)
- Monthly status reports

#### 2.4.2.Literature review

The evaluation team reviewed the literature, including over 60 peer-reviewed papers and reports. This review identified an emerging evidence base for non-legal advocacy in child protection settings, particularly for parents with intellectual disability.<sup>9</sup> Various models exist, including parental or peer advocacy<sup>10</sup>, professional advocacy and collaborative legal and non-legal professional models.<sup>11</sup> Advocacy programs are primarily ad hoc, pilot or volunteer services, with New York the only jurisdiction with an established non-legal child protection advocacy service. The literature identifies three main arguments for non-legal advocacy in child protection; economic savings, upholding human rights, and improving child protection practice. In all three areas, non-legal advocacy has some success, but the evidence base is not yet entirely settled. Some studies show no evidence of success in court diversion but a very significant reduction in length of time before children achieved permanency, reunification and guardianship.<sup>12</sup> These programs are context-specific, and results from one jurisdiction cannot be transferred to another; however, the general indication from the literature is that advocacy for parents in the child protection system is highly valued by all stakeholders and contributes to improved outcomes.

#### 2.4.3.Case bank review

IFAS advocates regularly document advocacy examples based on their practice. These advocacy examples are intended to highlight IFAS best practice and are not necessarily representative of all IFAS practice or outcomes. They have been used in this evaluation to construct a model of best practice to be tested against data from other service users and stakeholders.

#### 2.4.4.Interviews with people who have used IFAS

People who had used IFAS were invited to participate in the evaluation by IFAS. At the midterm review, this was done by either advocates or VLA administration staff directly inviting participants. Following the midterm review, all IFAS clients were asked if they consented to be contacted by the evaluation team on exiting IFAS. The contact details of those who consented were provided to the evaluation team. The evaluation team interviewed every IFAS client who agreed to be interviewed. All IFAS client interviews were co-facilitated by a lived experience evaluator and an academic evaluator. Interviews with Aboriginal clients were conducted by a lived experience

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<sup>9</sup> Susan Collings et al, ‘“She Was There If I Needed to Talk or to Try and Get My Point across”: Specialist Advocacy for Parents with Intellectual Disability in the Australian Child Protection System’ (2018) 24(2) *Australian Journal of Human Rights* 162.

<sup>10</sup> David Tobis, Andy Bilson and Isuree Katugampala, *International Review of Parent Advocacy in Child Welfare* (Better Care Network and IPAN, 2020) 166.

<sup>11</sup> Lucas A Gerber et al, ‘Effects of an Interdisciplinary Approach to Parental Representation in Child Welfare’ (2019) 102 *Children and Youth Services Review* 42.

<sup>12</sup> Ibid.



evaluator and an Aboriginal member of the evaluation team. Depending on participant choice, interviews were conducted face to face at VLA offices, RMIT University, via telephone or online.

	Midterm review	Final stage	Total
<i>Parental intellectual disability</i>	1	5	6
<i>Aboriginal parent</i>	1	3	4
<i>Non-Aboriginal parent of Aboriginal child</i>	0	2	2
<i>Culturally and linguistically diverse</i>	0	3	3
<i>Other – no priority group</i>	9	6	15
<b>Total</b>	<b>11</b>	<b>19</b>	<b>30</b>

Table 2 - Interviews with people who have used IFAS

In total, 30 people who had used IFAS were interviewed, 19 women and 11 men, above the original target of 20. IFAS’s original priority groups are well represented, with Aboriginal families constituting 26% of participants and parents with intellectual disability constituting 13%. As the priority group for culturally and linguistically diverse families was only added in 2020, this group is proportionately smaller in IFAS clients and the evaluation.

Additional lived experience feedback was provided by SEAS, IFAS’s lived experience expert reference group.

**2.4.5. Professional stakeholder interviews and focus groups**

Organisation	No. participants
IFAS	7
VLA	5
VACCA	10
BDAC	5
DFFH	16
Other	5
<b>Total</b>	<b>48</b>

Professional stakeholders other than DFFH stakeholders were recruited by IFAS, who obtained consent for their details to be provided to the evaluation team. DFFH stakeholders were recruited by DFFH, following the terms of the DFFH external research approval. 48 professional stakeholders were interviewed or participated in a focus group, from an original target of 30. The lead evaluator conducted all professional interviews and focus groups.

Table 3 - Professional stakeholders

IFAS participants included four advocates, the Lived Experience Advisor, the IFAS manager and a student. VLA participants included VLA child protection lawyers and managers.<sup>13</sup> VACCA and BDAC participants included Aboriginal and non-Aboriginal professionals in direct service and management positions. DFFH interviews included one operations manager, three team managers, eleven child protection practitioners and one case planner.

Additional professional stakeholder input was provided by the expert reference group detailed at 2.1.2.

**2.4.6. Quantitative data**

Quantitative data were collected from multiple sources, including:

<sup>13</sup> VLA child protection lawyers were not invited to participate in the final evaluation as the evaluation team were satisfied that IFAS had responded to the recommendations from the midterm review. This was confirmed by the VLA Child Protection Program manager and is reflected in the quantitative data, which saw referrals to IFAS from VLA lawyers increase by 80%.



- IFAS internal data including:
  - Status reports;
  - Deidentified client list; and
  - Deidentified data collected by IFAS from client files.
- VLA internal data from 1/7/16 to 30/4/2021 including:
  - Child protection case expenditure by demographic;
  - Child protection substantive grants by demographic; and
  - VLA financial modelling on child protection costs.
- DFFH internal data including:
  - The number of Substantiations, Protection Applications, Family Preservation Orders, Family Reunification Orders, Interim Accommodation Orders and court decisions where no outcome was made, for IFAS clients and in total, by Aboriginal status and parental intellectual disability for the target areas; Greater Bendigo, Moreland and Darebin, and selected comparison areas; Greater Shepparton, Maribyrnong, Ballarat, Banyule and Moonee Valley, from 01/07/2017 to 01/11/2020.
- Publicly available data including:
  - Victorian State Budgets;
  - Children’s Court of Victoria Annual Report;
  - Children’s Court of Victoria Court Performance Child Protection Cases;
  - Child Protection Australia Australian Institute of Health and Welfare;
  - DFFH Child Protection and Family Services additional service delivery data;
  - Productivity Commission Report on Government Services - Child Protection Services; and
  - Australian Bureau of Statistics demographic data.

## 2.5. Data analysis

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The interviews and focus groups were audio-recorded, professionally transcribed and loaded into NVivo qualitative analysis software. All qualitative data were double coded, using well-rehearsed conventions of thematic analysis,<sup>14</sup> by one evaluator who had facilitated the interview or focus group and one evaluator who had not. Quantitative data were processed in Microsoft Excel. The quantitative data were grouped into target areas; Greater Bendigo, Moreland and Darebin, and selected comparison areas; Greater Shepparton, Maribyrnong, Ballarat,<sup>15</sup> Banyule and Moonee Valley. These areas were selected based on having broadly comparable demographics and characteristics.

The lead evaluator then synthesised the thematic coding, correlated with the findings from the quantitative analysis, which was presented to the evaluation team for discussion and refinement. Emergent themes and recommendations were developed, tested with stakeholders, and refined. This thematic analysis forms the basis for the structure of the findings of this report. The combined data were analysed by assessing the extent to which the IFAS outcomes were achieved, using the monitoring and evaluation framework detailed in Appendix 3. In

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<sup>14</sup> Virginia Braun et al, ‘Thematic Analysis’ in Pranee Liamputtong (ed), *Handbook of Research Methods in Health Social Sciences* (Springer Singapore, 2019) 843 <[http://link.springer.com/10.1007/978-981-10-5251-4\\_103](http://link.springer.com/10.1007/978-981-10-5251-4_103)>.

<sup>15</sup> Ballarat was originally included in the ‘comparison’ group before IFAS began in that area. No IFAS cases had closed at the point the data was provided by DFFH so this comparison is still sound.

addition, the evaluation identified factors affecting service delivery, any unexpected outcomes, an analysis of any identified impacts at micro, meso and macro levels, and assessed the sustainability of the model.

A referral map was developed but is limited by inconsistencies in the data (see Figure 9 - Referral pathways on page 21). A cost-benefit analysis was conducted, guided by the Commonwealth Office of Best Practice and Regulation *Guidelines on cost/benefit analyses*.<sup>16</sup> The qualitative data were also used to develop advocacy examples highlighting common experiences and emergent themes, documented in Appendix 2.

## 2.6. Limitations

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The evaluation was limited by several factors, primarily due to barriers to data linking and Victorian government COVID-19 restrictions.

### 2.6.1. Qualitative data

The qualitative data is very robust, with all themes reaching saturation.<sup>17</sup> The IFAS client participant group is not claimed to be a statistically representative sample but does generally reflect, demographically, the quantitative data. A limitation for this group is that some sampling bias must be present; for example, potential participants who were transient or homeless may have been unintentionally excluded.

IFAS client participants and IFAS clients are not representative of all parents in the child protection system. Parents who use IFAS are specifically referred to IFAS by DFFH because they have not engaged with DFFH, or they seek out IFAS because they are dissatisfied with the child protection system.

For child protection practitioners, the purposive sample focused on practitioners and managers who had the most contact with IFAS. Child protection practitioners without contact with IFAS did not participate, making extrapolation from the sample imprecise. In addition, the evaluation team was informed that during the pilot period, perhaps half of child protection practitioners who had worked with IFAS had moved on from those roles and so were not invited to participate.

### 2.6.2. IFAS data

The IFAS database exists across several Microsoft Excel spreadsheets and Word documents rather than a consolidated database, allowing for many errors and inconsistencies in the data. Compounding this, while the eligibility criteria for IFAS are clear, intake was flexible to increase uptake during the establishment phase, and the nature of the practice context means that many data are unclear. Families moved around or were homeless, or parents and children live in different child protection catchments. This is somewhat unavoidable, but in the future IFAS requires an appropriate database to ensure the best quality data (Recommendation 19).

IFAS also uses self-reported data, consistent with the model of representational advocacy. This means that for some demographics, identities and experiences, the data may not be consistent with other datasets. For example,

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<sup>16</sup> Department of Prime Minister and Cabinet, 'Cost-Benefit Analysis' (2016) <<https://www.pmc.gov.au/sites/default/files/publications/006-Cost-benefit-analysis.pdf>>.

<sup>17</sup> 'Saturation is the point in data collection when no new or relevant information emerges with respect to the newly constructed theory.' 'Data Saturation' in *The SAGE Encyclopedia of Qualitative Research Methods* (SAGE Publications, Inc., 2008) <<http://methods.sagepub.com/reference/sage-encyc-qualitative-research-methods/n99.xml>>.

at least one participant first did, and then did not, identify as Aboriginal. Another told the evaluation team that they had been diagnosed with intellectual disability but did not identify with this diagnosis.

### 2.6.3.DFFH data

DFFH provided data based on information IFAS collected from parents. All data requested was provided by DFFH, however, that data had certain limitations. IFAS provided the details of 258 children, however, the dataset returned included only 91 substantiations, 19 of which were in the comparison areas, not the target areas, and 34 who were substantiated before IFAS began. The dataset was not a complete record of all IFAS clients' children, as IFAS only began collecting children's details following the midterm evaluation, and many parents declined to provide their children's details. Even so, of the 258 details provided, only about 45 of the substantiations recorded in the DFFH data were for eligible IFAS clients within the target area. This number is much less than anticipated, as nearly all families should have at least one child substantiated to be eligible for IFAS.<sup>18</sup> It is clear that the data provided is for IFAS clients, but it is unclear how representative that data is of *all* IFAS clients. In addition, DFFH collects data focusing on children, not focusing on parents, and the evaluation team were warned that the data for parents who refused to engage with child protection would be inconsistent. Data relating to the Aboriginality of the child should be reliable, but parental Aboriginality or intellectual disability may not be. This is evident in the DFFH data, which has, in the target sites for the pilot period, only four recorded children of IFAS clients with intellectual disability, where IFAS worked with 56 clients with intellectual disability. Despite this, this data has some value and has been used with caution.

### 2.6.4.COVID-19

COVID-19 restrictions limited access to data given the suspension of all DFFH external research and by confounding the data available. In March 2020, Practice Direction 1 of 2020 of the Family Division of the Children's Court of Victoria adjourned all non-urgent cases for 12 weeks for children in out-of-home care and 20 weeks for children placed with a parent.<sup>19</sup> In July 2020, Practice Direction 6 introduced a new hearing type, a 'readiness hearing', which 'explores the possible resolution of matters by incorporating the features of a First Directions Hearing and a pre-contest Directions Hearing as well as judicially led dispute resolution processes'.<sup>20</sup> These changes fundamentally changed the context in which IFAS's success can be measured, as a key quantitative outcome for IFAS is whether a case does or does not proceed to court. If IFAS were to influence the quantitative data, it would be expected that this influence would begin to show around March to July 2020. Instead, there is a significant drop in virtually all measures in the child protection system during this time. Figure 1 illustrates this, showing how, between the last quarter of 2019 and the second quarter of 2020, protection applications nearly halved in the comparison sites and dropped by a third in the target sites. In addition, protection applications for IFAS clients are a small fraction (27 in the target areas with an additional 15 outside the target areas), so the impact is lost in the overall data (574 in the target areas and 974 in the comparison).

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<sup>18</sup> Some clients may have an unborn report, rather than a substantiation, and a minority may be pre-substantiation when referred but clearly about to substantiate, however at least 80% would be expected to have a substantiation, if not higher.

<sup>19</sup> Practice Direction 1 (2020) of Children's Court of Victoria, Family Division. Available at: <https://www.childrenscourt.vic.gov.au/file/practice-direction-1-2020>

<sup>20</sup> Practice Direction 7 (2020) of Children's Court of Victoria, Family Division. Available at: <https://www.childrenscourt.vic.gov.au/file/practice-direction-7-2020>.

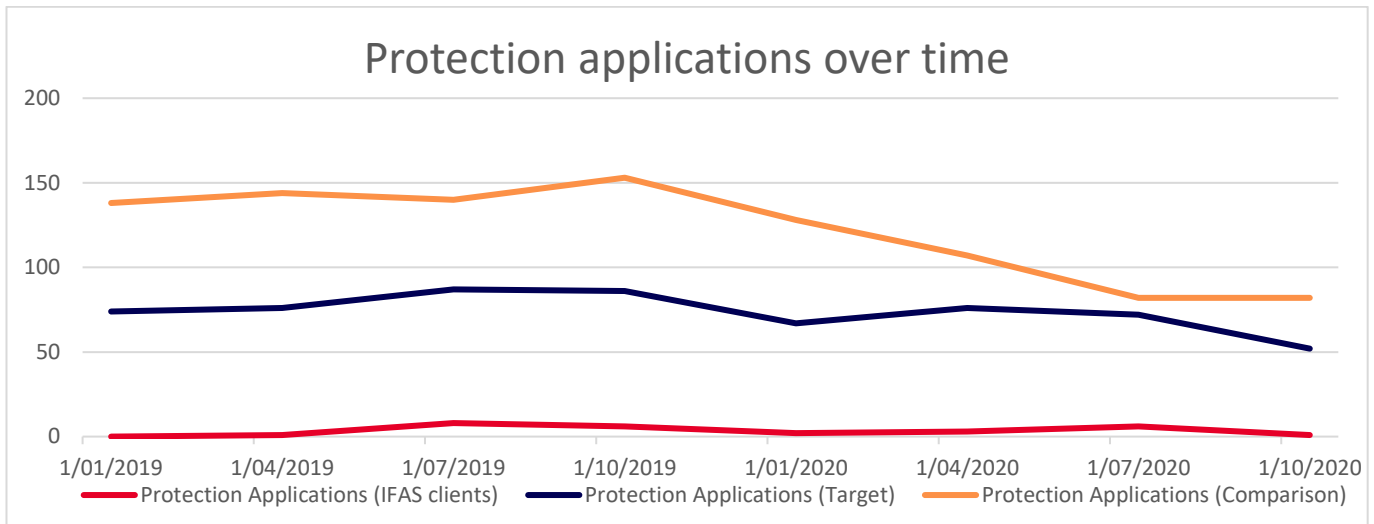


Figure 1 - Protection applications over time

It is not possible to measure the relative change in the target sites compared to the comparison sites or statewide data as the changes made during COVID-19 prioritise processing *urgent* cases, which IFAS is much less likely to have been able to divert from the court system. This means that most cases that IFAS might have been able to divert during this period were either delayed or resolved outside the court system. For this reason, the quantitative data must be treated with caution, and further post-COVID-19 study should be undertaken to examine the impact of IFAS under normal conditions and with linked data (Recommendation 20).

### 2.6.5. An elastic system

Even before the first wave of COVID-19 restrictions, the Victorian child protection system was operating at capacity, described in 2018 by the Victorian Auditor-General as ‘stretched beyond its capacity’,<sup>21</sup> and the then Minister for Families and Children Jenny Mikakos described child protection practitioners as being a workforce ‘under immense pressure’.<sup>22</sup> Such pressure was addressed by the recruitment of ‘the largest ever expansion of the child protection workforce’;<sup>23</sup> however, the additional pressures of COVID-19 have contributed to further systemic stress.<sup>24</sup> Any families diverted from both the child protection system and the court system by IFAS are likely to be replaced by other families who otherwise may have had to wait longer for a court date or allocation to a practitioner. Even if IFAS diverts a certain number of families from court, the quantitative data is unlikely to reflect the total number.

### 2.6.6. Overcoming limitations

The uncertain link between IFAS and DFFH data can only be addressed by more comprehensive data linking where each IFAS client and their children have their identifying details shared with child protection and the evaluation

<sup>21</sup> Andrew Greaves, *Maintaining the Mental Health of Child Protection Practitioners* (Victorian Auditor-General, 2018).

<sup>22</sup> Jenny Mikakos, ‘Expanding Victoria’s Child Protection Workforce | Premier of Victoria’ <<http://www.premier.vic.gov.au/expanding-victorias-child-protection-workforce/>>.

<sup>23</sup> DHHS, *Department of Health and Human Services Annual Report 2019-20* (Department of Health and Human Services, 2020) 297, 17.

<sup>24</sup> AIHW, *Child Protection in the Time of COVID-19* (Australian Institute of Health and Welfare, 2021) 18 <<https://www.aihw.gov.au/reports/child-protection/child-protection-in-the-time-of-covid-19/summary>>.



team. Then, the child protection practitioner would need to record the likelihood of the case proceeding to court both at the point of referral and retrospectively at the point of close. To account for staff turnover, this would need to be done in real-time. In addition, this data could be linked to final court outcomes, placement setting and reunification data from DFFH. This would allow a propensity analysis such as that conducted by Gerber et al.<sup>25</sup> This was not possible within the resourcing constraints of the evaluation and is inconsistent with the IFAS model, which is based on consent, the option of anonymity and separation between IFAS and child protection processes. There are also ethical restrictions<sup>26</sup> and restrictions related to obtaining DFFH data, which was only provided on the basis that it was deidentified. Final court data may take years to be finalised. More comprehensive data linking may be considered for future evaluation of IFAS; however, even this real-time data linking would have failed during 2020, as DFFH suspended external research due to COVID-19.

## 2.7. Ethics and governance

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This evaluation is approved by the RMIT Human Research Ethics Committee (#HREC22471). External research approval was provided by the Victorian Centre for Evaluation & Research Evidence (BAC-DM-788, TRIM: HHSD/21/118918).

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<sup>25</sup> Lucas A Gerber et al, 'Effects of an Interdisciplinary Approach to Parental Representation in Child Welfare' (2019) 102 *Children and Youth Services Review* 42.

<sup>26</sup> The *National Statement on Ethical Conduct in Human Research 2018* requires that research, particularly involving Aboriginal and Torres Strait Islander peoples and people with intellectual disability, be designed to ensure respect for participants is not compromised by the way the research is carried out (r 1.1.(d)).

### 3. Findings

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The overall findings from the evaluation are very positive. IFAS is highly valued by clients, who found it vital support through very distressing experiences. The IFAS approach works, both in supporting parents and primary carers during the investigation phase of the child protection system and in diverting them away from the court system.

Parents and primary caregivers trust IFAS to help them navigate the child protection system. Parents told the evaluation team that IFAS builds the capacity of parents to self-advocate, helps calm their reactions and increases accountability of child protection practitioners. The only negative feedback from IFAS clients related to limitations of the pilot, particularly as advocacy was no longer available if they progressed to the court system.

Child protection practitioners had more varied feedback, with those who understood the model highly valuing the service. For these practitioners, IFAS enabled communication through mediation, allowing them to work more effectively with families. For child protection practitioners who did not understand the IFAS model or were not well disposed towards advocacy, engaging with IFAS was counterproductive, confusing and frustrating. These practitioners identified negative experiences when IFAS had refused to share information without consent or when they had prioritised the client's perspective of what was in the best interests of the child, rather than the DFFH assessment. As these are key parts of the IFAS model of representational advocacy, it appears that these negative experiences could have been avoided if the model was more effectively communicated.

The evaluation team also undertook a cost-benefit analysis, identified some specific areas for further development, and noted some considerations for expansion.

Quotes are labelled and numbered in parenthesis with parent (P#), professional stakeholder (PS#), advocate (A#), and child protection practitioner (CP#). Where necessary, quotes have been edited for readability and to ensure confidentiality.

#### 3.1. Context

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Both the IFAS pilot and the evaluation took place within a shifting and contested context and COVID-19 restrictions. The child protection system is undergoing reform, with several new initiatives and increased services across the state,<sup>27</sup> however the primary change that occurred during the pilot period was the Victorian government's COVID-19 restrictions. This occurred in an already contested context of the broader child protection system undergoing significant reform and marked by underlying tensions and legacy issues, including, but not limited to, the legacy of the Stolen Generations, the ongoing overrepresentation of Aboriginal children in out-of-home care and the overrepresentation of parents with disabilities in the child protection system. A recent report by the Commission for Children and Young People (CCYP) noted that 'Ensuring the safety and welfare of vulnerable children is an inherently fraught and complex exercise.'<sup>28</sup> Understanding this context is essential to evaluating IFAS as parents attempting to navigate a system without these ongoing and legacy issues would not require nearly as much advocacy and support.

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<sup>27</sup> Victorian Government, *Service Delivery - Budget Paper No. 3* (Budget Paper, Victorian Government, 2020) 251.

<sup>28</sup> Commission for Children and Young People Victoria, *In the Child's Best Interests: Inquiry into Compliance with the Intent of the Aboriginal Child Placement Principle in Victoria* (Commission for Children and Young People, 2016) 2 <<http://ogma.newcastle.edu.au:8080/vital/access/services/Download/uon:22508/ATTACHMENT02>>.



### 3.1.1.COVID-19

The Victorian government's 2020 coronavirus restrictions altered the child protection system, as governments' evolving responses to the pandemic have had a number of impacts across education, health and welfare systems, including community and service system responses to concerns and allegations of child abuse and neglect. Numbers of notifications dropped early in the year as work practices changed and schools moved to online learning, then rose again as restrictions eased and schools returned to campus. Substantiations for the 6-month period from March to August 2020 were 25% lower than the same period in 2019.<sup>29</sup> Many home visits, care team meetings and case planning meetings were conducted online. COVID-19 restrictions amplified other contextual issues for many families, including family violence, substance use, parental unemployment, household finances, family law disputes and general mental distress.<sup>30</sup> Under the Coronavirus (COVID-19) Social Services Response, the Victorian government funded child protection and family services an additional \$224.6m in 2020/21.<sup>31</sup> The court system also slowed and introduced several measures that directly impact this evaluation's findings, discussed above at 2.6.4.

Of the IFAS target sites, Bendigo was less impacted than Darebin and Moreland, as it was not subject to the same level of COVID-19 restrictions. Interestingly, while COVID-19 featured heavily (91 times) in the qualitative data, it was not raised as a barrier to IFAS advocacy. Conversely, it appears that as other services were less available, more referrals were made to IFAS, as discussed below at 3.2.

### 3.1.2.Best interests of the child

The child protection system is required by both international and Victorian law to focus on the child's best interests. This is not necessarily inconsistent with IFAS's model of representational advocacy, however there is a tension between IFAS's approach of representing the parent or caregiver's perspective and a child protection practitioner's assessment of what is in the best interests of the child. This is consistent with other studies of representational advocacy in best interests systems,<sup>32</sup> so it is not unexpected. Some child protection practitioners noted this:

*That's the struggle that we then have, isn't it? Sometimes an advocate can suggest, "Well, the parent wants this," or, "The parent needs that," I suppose, from our perspective, we'll always – butt heads is the wrong word, but we'll always have a slightly different view, because we're there to investigate the safety of a child. (CP7)*

This tension is central to framing the feedback from child protection practitioners, particularly concerning their disposition towards advocacy, discussed below at 3.4. This tension is not universal, and child protection practitioners consistently noted that they would always keep the child with their family whenever possible. Evaluation stakeholders and participants frequently noted that involving parents in service planning and delivery is often in the best interests of the child and that what is in the best interests of the child is often uncontested.

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<sup>29</sup> AIHW (n 24).

<sup>30</sup> Ibid.

<sup>31</sup> Victorian Government (n 27).

<sup>32</sup> Maylea et al (n 6).

Despite wide recognition that involving parents in decisions that affect them in the child protection system is beneficial to both the parent and the child,<sup>33</sup> IFAS client participants reported feeling excluded from decision-making processes. Gaps in service availability, historic trauma, inherent power imbalances and resource pressures can also lead to disagreement about how the best interests of the child can be served. While not always the case, this means that the DFFH assessments of the best interests of the child and the parent's perspective are not always aligned or may not be reconcilable. As is shown below, IFAS is often most effective when forming a bridge between these positions.

### 3.1.3. Parental dissatisfaction with the child protection system

This evaluation did not attempt to evaluate the child protection system or even seek feedback from IFAS clients about their experience with the child protection system. Despite this, all IFAS clients expressed significant dissatisfaction with their experience of the child protection system. These negative experiences are well documented in other literature, both in Victoria and other jurisdictions.<sup>34</sup> This is important for understanding the experience parents had with IFAS, as it is in the context of their profound dissatisfaction with child protection that they identified such overwhelming positive experiences with IFAS. This was also understood by child protection practitioners, who identified parents and primary caregivers who refused to work with them as ideal candidates for referring to IFAS:

*In a couple of the families, certainly – they don't hear anything when we talk, because we're Child Protection, and so it's about completely disagreeing with us, and it's about the fight. (CP7)*

As noted above at 2.6.1, the dissatisfaction expressed by IFAS clients is not necessarily representative of all parents and primary caregivers involved with child protection but is a common experience of IFAS clients. Some of this dissatisfaction was historical, particularly for Aboriginal families, who carry the trauma of the Stolen Generations and ongoing overrepresentation of Aboriginal children in child protection into every interaction with DFFH:

*Those populations where there is quite a significant barrier, especially for Aboriginal families. There's so much history and so much baggage that comes with Child Protection knocking on your door, that those are the families where I've really seen [IFAS] be the most effective. (CP1)*

Other dissatisfaction was personal, related to previous child protection experiences:

*Those families that have that entrenched history, or have had negative experiences previously, where that trust is really difficult to build on. And just challenging families. (CP2)*

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<sup>33</sup> Centre for Excellence in Child and Family Welfare, *Voice of Parents Sector Survey Report* (2021); Jessica Cocks, 'Family Inclusive Practice in Child Welfare: Report of a Churchill Fellowship Study Tour' (2019) 44(4) *Children Australia* 202.

<sup>34</sup> Dr Nicola Ross et al, 'Parent Experiences When Children Are Removed and Placed in Care' 75; Clare Tilbury and Sylvia Ramsay, 'A Systematic Scoping Review of Parental Satisfaction with Child Protection Services' (2018) 66 *Evaluation and Program Planning* 141; Wendy Haight et al, "'Basically, I Look at It like Combat": Reflections on Moral Injury by Parents Involved with Child Protection Services' (2017) 82 *Children and Youth Services Review* 477 ("'Basically, I Look at It like Combat'").

For all IFAS client participants, the dissatisfaction was raw and real. Parent 10 was an Aboriginal person with intellectual disability, and found DFFH very difficult to engage with. Parent 10 noted the distress they have experienced in recent involvement with DFFH:

*The mental anguish they've put me through, put my partner through, put our child through. (P10)*

Sometimes, this was a function of the broader system, in which the sometimes harsh and difficult reality of child protection work takes place:

*I'd just had a baby at nine o'clock the morning before. And then by that night-time, by 5:30 in the afternoon, Child Protection were threatening to take me to court the next day, and it was just really traumatic and awful. (P12)*

Other times, the child protection system failed, such as when a father, who required an interpreter, was referred to a men's behaviour change program which did not have interpreters, then asked to complete a program that does not exist:

*They sent a dad off to Caring Dads, and Caring Dads came back and said that oh, no, he wasn't understanding his behaviour and the impact, and I was like, did they use an interpreter? And they're, like, no. He doesn't have very good English language skills, of course his understanding of what's being said isn't going to be good. And then [DFFH are] saying well, he needs to go to men's behaviour change. He's also not going to be eligible for men's behaviour change because he doesn't have the English language. So, they wanted him to do individual one-on-one men's behaviour change. It doesn't exist. (A2)*

In summary, parental dissatisfaction with the child protection system colours all interactions with IFAS. As shown below, at 3.3.1, the lack of trust parents had in the child protection system meant that families were desperate for someone they could trust, and when they found they could trust IFAS, they valued that relationship. For parents who have positive working relationships and experiences with child protection, IFAS may be less likely to be as valuable.

#### 3.1.4.DFFH initiatives

Many of the issues identified by IFAS clients who participated in the evaluation are systemic, and there are a number of initiatives currently undertaken by DFFH to improve the experience of families involved with child protection. DFFH provide a range of supports for families who are eligible for IFAS, such as the Aboriginal Child Specialist Advice and Support Service (ACSASS). The Victorian Family Preservation and Reunification Response and the Aboriginal Family Preservation and Reunification Response provides outreach support through intensive and integrated care. The Victorian government has funded \$171 million to increase the number of child protection practitioners on the frontline, including 34 'child protection navigators' to help families navigate the system.<sup>35</sup> Investments also include more professional development for child protection practitioners. DFFH provided a summary of these initiatives to the evaluation team which has been included in Appendix 7.

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<sup>35</sup> Victorian Government (n 1).



### 3.2. IFAS program measures and outputs

Overall, IFAS has been successful in achieving the outputs in the revised Monitoring and Evaluation Framework. Client intakes increased steadily from 76 in 2019 to 137 in 2020 and 69 to date in 2021 (1 January to 7 May).<sup>36</sup> Figure 2, with each client represented by a single line, shows that the number of new intakes to IFAS is rising steadily and the intensity of the work is increasing, while Figure 3 shows that the number of current clients increases and stabilises at an average total between 50 and 60 at any given point. New intakes increased substantially following the first COVID-19 restrictions, then again as restrictions eased. This seems likely to be a flow on effect from the adjournments of non-urgent cases, as DFFH searched for available options to support families rather than proceeding to court, and then the influx of new reports to DFFH as restrictions lifted and schools reopened.

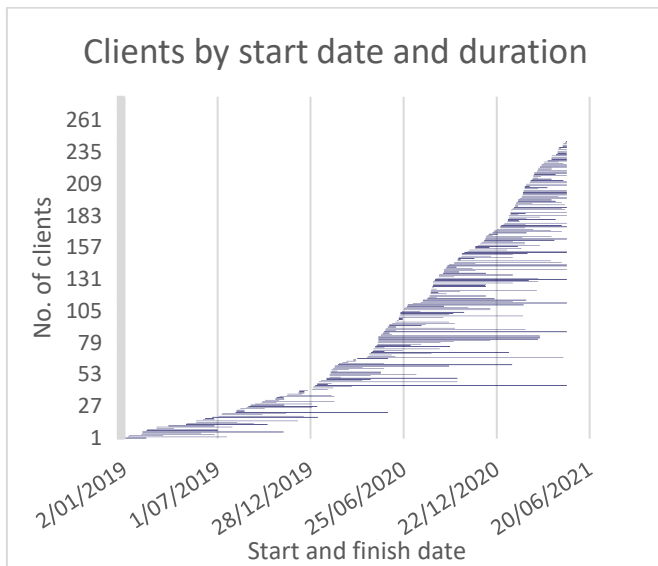


Figure 2 - Clients by start date and duration

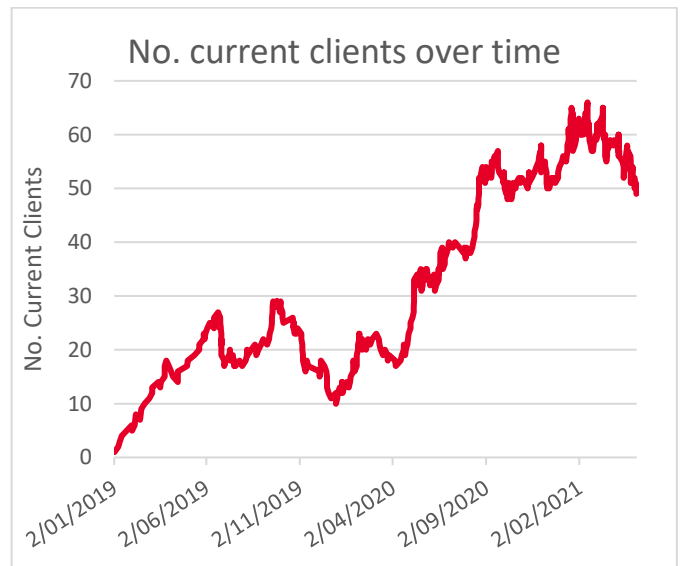


Figure 3 - No. current clients over time

IFAS appears to be accessible to the intended client populations, with a significant proportion of clients being Aboriginal families and families with parental intellectual disability. Culturally and linguistically diverse clients are less dominant as that priority group was only added in late 2020. More than half of IFAS clients identify with one of the three priority groups.<sup>37</sup> Figure 4 shows that Torres Strait Islanders and LGBTQI+ families are accessing IFAS at low numbers, although the rate is consistent with the proportion of these groups involved with child protection. Figure 4 also shows that some groups, such as people with mental health issues or experiencing family violence, constitute a large proportion of IFAS clients. Clients who have been alleged to have used or who admitted to using violence were another significant subgroup.

<sup>36</sup> Note the total number of clients is different in different datasets, as VLA's database only assigns a client ID when certain data is entered, meaning those clients who chose not to provide details are not always able to have their data included or linked to other data, even when a file is opened. Approximately 31 clients are recorded without a client ID in IFAS's spreadsheet.

<sup>37</sup> It is not possible to determine if the proportion of families with parental intellectual disability is representative as DFFH does not routinely collect this data. As culturally and linguistically diverse clients were not originally a priority group, the evaluation team did not request this data from DFFH.



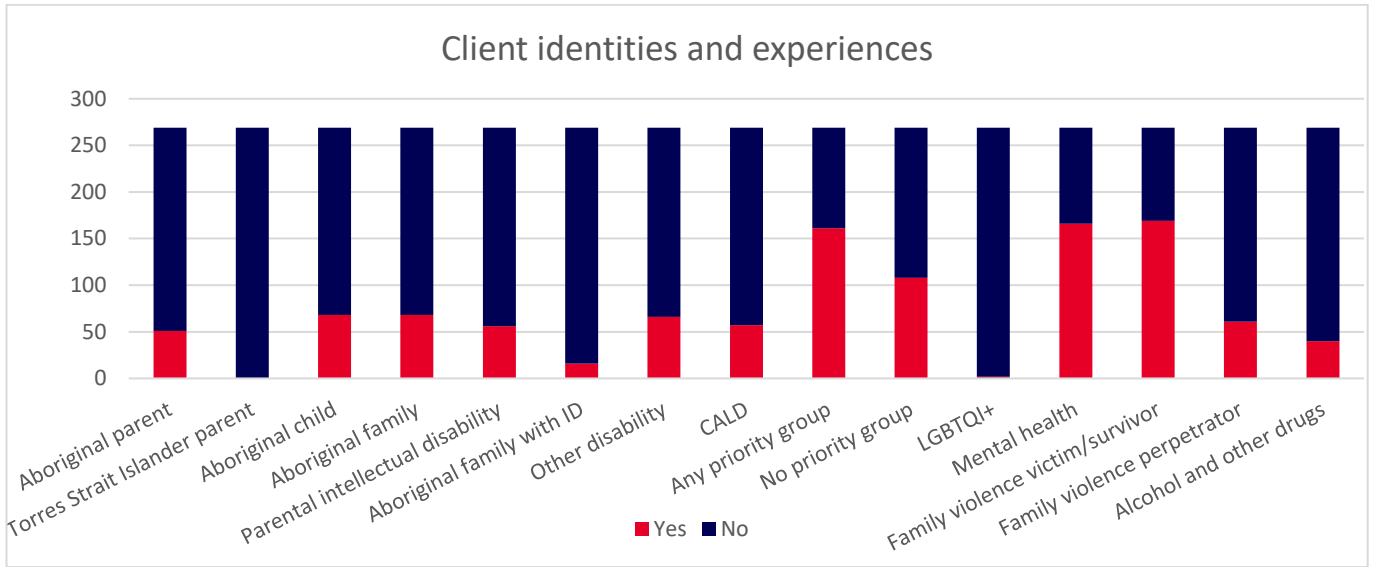


Figure 4 - Client identities and experiences

Figure 5 shows that the proportion of these identities and experiences is not evenly distributed. Aboriginal parents and parents with an intellectual disability constitute a higher proportion of clients in Bendigo, and culturally and linguistically diverse families a higher proportion in Darebin/Moreland. In both sites, the proportion of Aboriginal IFAS clients is higher than the proportion of Aboriginal children substantiated in those areas.

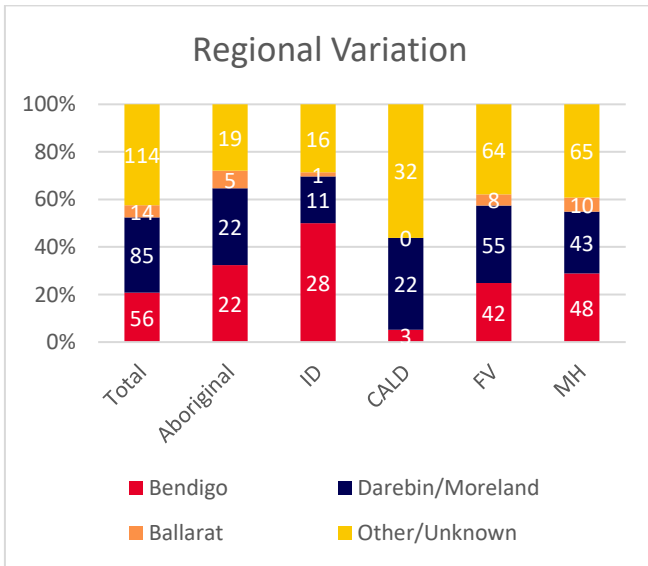


Figure 5 - Regional variation

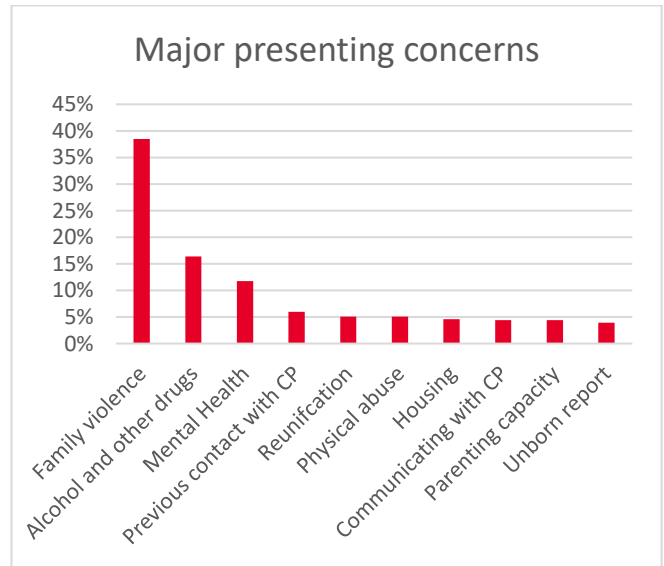


Figure 6 - Major presenting concerns

Figure 6 shows the primary reasons why people sought assistance from IFAS.<sup>38</sup> The main reason was DFFH concerns related to family violence, followed by DFFH concerns about alcohol and other drugs and mental health issues. This suggests that most families referred to IFAS have the potential to avoid court if supported to address these protective concerns. Parents also used IFAS for assistance with reunification, communication and because

<sup>38</sup> Presenting issues are identified by clients and recorded by IFAS. Presenting reasons with less than 4% frequency excluded.





they had previous contact with child protection.<sup>39</sup> Unborn reports, which were originally not included in IFAS’s criteria, made up a relatively small number of cases, with only 17 of 269 clients.

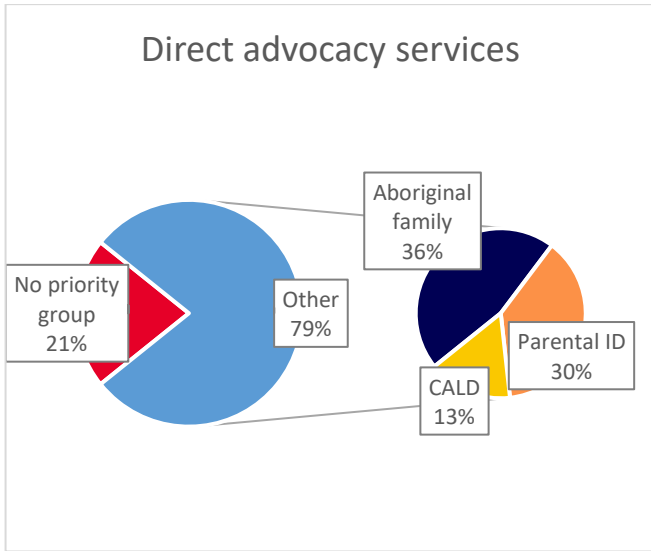


Figure 7 - Direct advocacy services

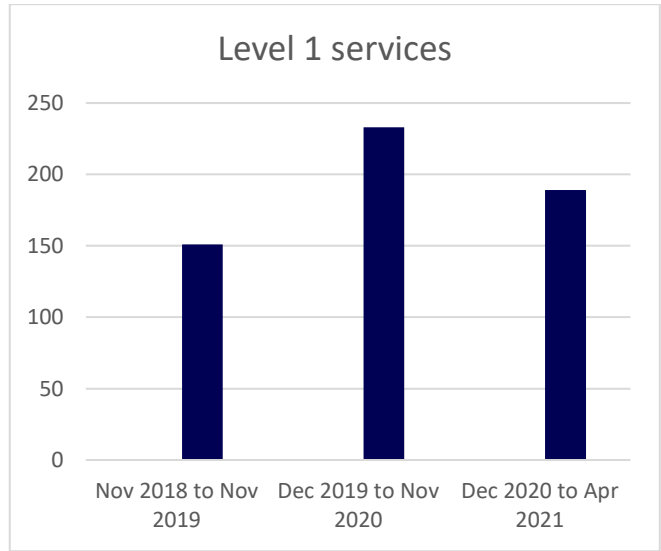


Figure 8 - Level 1 services

These client identities and experiences represent all people IFAS has worked with, some of whom had only minimal contact with IFAS. Figure 7 provides a better understanding of IFAS’s focus, showing that 79% of direct advocacy was provided to clients in one of the three priority groups. Figure 8 shows that level 1 services, being information and advice only, are growing over time. Roughly 80% of these level 1 services are provided to parents and caregivers out of scope for higher-level services, indicating significant demand outside the eligibility criteria, as discussed below at 3.8.1.

Figure 9 shows referrals into IFAS on the left and how clients are referred out on the right. The proportion of self-referrals suggests IFAS is accessible to people self-referring and a significant number of incoming referrals from DFFH Child Protection reinforces the overall positive relationship identified in the qualitative data below, at 3.4. Referrals to and from VLA lawyers have increased by 80% since the midterm review. Other key partners are also represented, although Figure 9 does not detail the imbalance in referrals coming from some partners. As discussed below, at 3.7.2, relationships with some partners are much more developed than others.

<sup>39</sup> IFAS provide general information and referrals at Levels 1 & 2. Clients may have presented to IFAS for an issue that they were not able to be provided support with, or may have been provided support for a different issue.



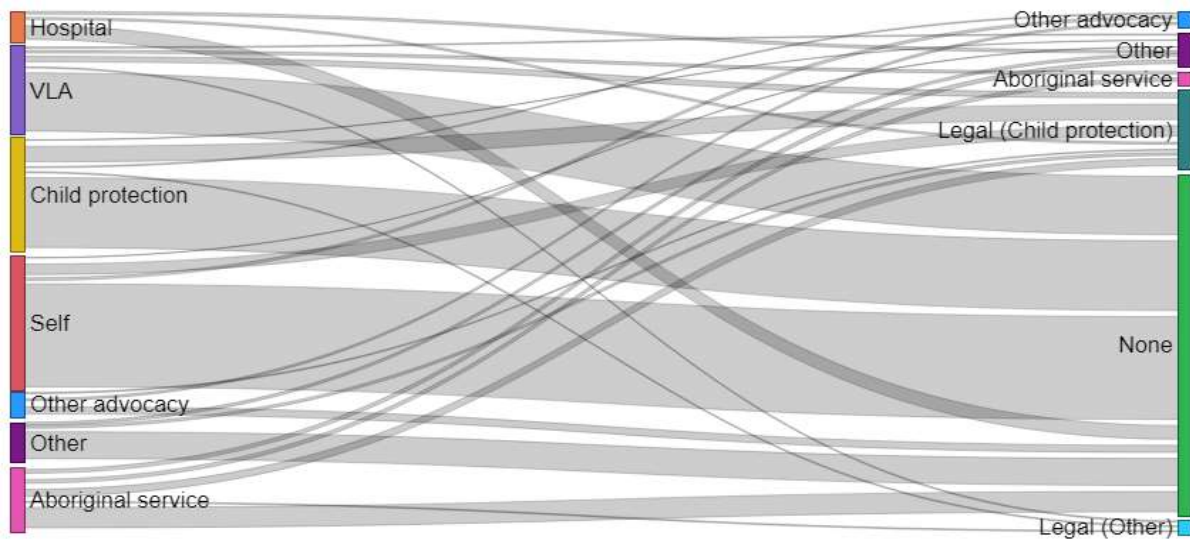


Figure 9 - Referral pathways

The large proportion of clients who are not referred to any subsequent service are likely underreported as the data is not routinely collected but was extracted from the client files and may not capture referrals where the advocate has suggested a service, rather than conducting a warm referral. Other data indicate a much higher level of outgoing referrals, at least to legal services. An appropriate database would assist in ensuring data is of the highest possible quality while reducing the advocate’s administrative workload (Recommendation 43). Many of the participants who had used IFAS did indicate that they were already well connected to support services and would not have required any referrals to other services.

Other than some differences in regional variation and some partnerships requiring further development, IFAS program measures and outputs indicate that IFAS has addressed any implementation issues encountered and is performing as intended.

### 3.3. The IFAS client experience

The client experience of IFAS was reported as consistently and overwhelmingly positive. All 30 clients interviewed spoke positively of their experience with IFAS, with negative feedback limited almost entirely to the program’s scope. Much of the positive feedback was amplified in the context of having negative experiences with the child protection system, as detailed above at 3.1.3.

The overall experience was one of being helped:

*I’m going to cry [laughs]. Because it’s been a difficult time and, I think, with families that’s going through so much, I think, to have that extra help, just extra guidance, you feel like, you know, at least there’s someone there for you that can understand you, that’s not going to judge you and so forth. So, I think everyone, if they have someone like that, like an advocate, like me, it will help them too, definitely. (P11)*

Even those who IFAS was unable to divert from court gave positive feedback. Underlying this positivity are some key elements of IFAS: building on a relationship of trust, IFAS assisted with system navigation, built clients’ capacity, assisted with calming reactions and provided accountability for DFFH process and practices.

### 3.3.1.A relationship of trust

Many clients reported difficulties trusting their child protection practitioner, particularly those with child protection involvement in their own childhood. Parent 6 had an intellectual disability and a long engagement with child protection as a child:

*DHS put me in foster home, after foster home, after foster home. I had so many DHS workers that I felt like I couldn't trust anybody. (P6)*

Some clients reported initially distrusting their IFAS advocate. Over time, however, IFAS advocates built relationships based on trust, which clients highly valued:

*To have that extra person that's outside the child protection system really does, I find it really helpful. ... like when they do say that they're going to offer stuff or do stuff for me, I don't see the follow-up being done through the DHS part, you see. So the trust is not there. And with IFAS, like when [IFAS Advocate], when she does say that she's going to follow up on things for me, she really does do that. (P11)*

The responsiveness of the advocates contributed to building this relationship. For Parent 19, an Aboriginal mum, the trust in the relationship was earned through availability and consistency:

*She was very, very helpful. I would email her if I had any questions, and she was straight on it straight away. So I had the most awesome experience. (P19)*

This sense of dissatisfaction with child protection amplified the positive experience associated with IFAS, particularly as IFAS assisted parents to navigate the child protection system.

### 3.3.2.System navigation

Much of the positive feedback from parents related to IFAS's support in navigating the child protection system. One client described the system as 'Kafkaesque':

*People are just thrown into turmoil of a sort of a Kafkaesque system that they have no real understanding of what's going on, or what the implications are if they make certain decisions, or say certain things. So it's definitely needed. (P5)*

This navigation was often in the form of guidance, but this was not controlling, or moderating, just providing information. IFAS would provide information which allowed parents or caregivers to make their own decisions, particularly about the likely consequences of certain actions:

*I was thinking about contesting Child Protection on a few things, and [IFAS] gave me the advice that if I was to do that, then they could take me to court. So, obviously, I didn't do that. (P18)*

This is consistent with IFAS's representational model, which provides support to decision-making without judgement. IFAS assisted parents to navigate the child protection system by providing information, clarifying processes, supporting access to services and promoting communication.





### Providing information

For many parents, the child protection process was opaque at best. IFAS took the time to explain the system so that parents understood it. This was particularly important for parents with intellectual disability, such as Parent 10:

*If I didn't understand something, he would go over it with me. (P10)*

Parent 14, who had Aboriginal children and who had child protection involvement in their own childhood, found this support helpful. Parent 14 stated that although they understood the system, they did not trust child protection and found that IFAS involvement meant they could ask questions and trust the answer they were given:

*I think it's just her there when you needed that, you know, just to go over `things. Having her there was, because if I was unsure about something, then to ask her she was able to, you know, answer. (P14)*

Advocates' ability to provide information and break down concepts with parents was partly due to the time they had with each client, compared to the workload pressures reported by child protection practitioners. Other times, as discussed below at 3.4, parents 'couldn't hear' what was being said if it was child protection saying it. The fact that IFAS was not child protection was critical to their ability to provide information parents needed to navigate the system:

*That was great for us because it was also an opportunity to be briefed without feeling like it was going to be used against you. (P12)*

Beyond straightforward information provision, IFAS also provided advice to clients to better navigate the child protection process.

### Process clarification

IFAS advocates acted as a kind of advisor, or mentor, to parents in the child protection system, who were often terrified of doing the 'wrong thing'. Parent 12, who had just given birth when she began working with IFAS, found it very useful to have this guidance in a very distressing situation:

*It was fantastic, and I think part of it was just being able to call and say, "Look, they've just rang me about this. What do you think? What do we do from here?" And we were very much not wanting to do the wrong thing. ... So I think he was really good in saying, "Right, this is where we're at. This is what we need to do. Keep going. ... [IFAS Advocate] was able to work us through it and say, "Look, this is the process. It's unfortunate that it's happened all of this way, but we had to play by their rules," which was really difficult because I've just had a baby. (P12)*

The advocate's ability to provide this guidance was entirely reliant on their expertise and professional experience of the child protection system. The importance of recruiting advocates who understood internal DFFH decision making and processes rather than others who might have other skills such as advocacy experience was repeatedly reinforced for this reason. This is discussed below at 3.8.5. (Recommendation 8).

This guidance often correlated with child protection's goals for the family, as it focused on supporting parents to comply with child protection's requirements, enabling case closure without proceeding to court. For Parent 16, who spoke English as another language, this system navigation support was essential:



*She helped me in a way – understand how they work, and, mainly, how to go about the things that they have put in place, like the agencies have put in place, how I need to deal with them, or how I am able to have a better outcome or having a better communication with them. (P16)*

Despite this alignment with the goals of DFFH, no parents or child protection practitioners indicated that IFAS advocates were ‘siding’ with DFFH, only that they were assisting parents to navigate the system by helping them better understand the process.

### **Service access**

Linking families to legal assistance was an initial intention of IFAS. As shown by Figure 9 (p21), the main service that IFAS clients were referred to was child protection legal assistance, mostly in-house lawyers at VLA. This is in keeping with an initial intention of IFAS to facilitate early access to legal help where needed. In the qualitative data, participants reported that IFAS linked them in with services that would assist them in addressing the protective concerns raised by child protection, such as parenting support, drug and alcohol or men’s behaviour change services:

*IFAS helped me get involved with Odyssey House, this is the Kids in Focus programme through Odyssey House, and that was all done through [IFAS Advocate]. So she and I did more drug and alcohol through Odyssey House last year, so that was all advocated through IFAS. (P13)*

For Parent 13, an Aboriginal dad, this service linking was a key reason his child could be returned. Other IFAS clients were referred to counselling, peer support or cultural specific services.

### **Communication assistance**

Further supporting system navigation for parents, IFAS assisted in opening communication with child protection. Communication assistance was also identified by child protection practitioners, as discussed at 3.4, as being where IFAS was most effective. Parents were often reluctant to speak openly with DFFH but were happy to speak with IFAS. Parent 11, who identified as culturally and linguistically diverse, found this communication assistance particularly useful:

*With [IFAS Advocate], you know, non-biased, non-judgemental type of advice is what I get from her. And which then, I suppose, makes me feel comfortable to then communicate with her anything that I can’t openly discuss with DHS. Yes, like how I really feel. So just that bridge is really, I suppose, really beneficial to me. (P11)*

This notion of advocacy in child protection as a ‘bridge’ is reflected in other studies of comparable programs.<sup>40</sup> IFAS allowed parents to participate in the system and have their voices heard:

*It has a huge impact. Like, a lot of families don’t know their rights and have trouble speaking up when it comes to DHS, it means they can be the voice. (P14)*

This communication support worked both ways, as all participants noted that DFFH were much more responsive to inquiries from advocates than inquiries from themselves:

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<sup>40</sup> Collings et al (n 9).

*When I call, for some funny reason they won't respond to it. But then, when [IFAS Advocate] calls, most of the time they'd communicate with her. (P11)*

As with other aspects of the IFAS model, this communication assistance facilitated participation in the process, supporting the parent to comply with child protection's requirements:

*I was at the point of giving up with DHS ... [IFAS] actually turned my eyes around to work with them, maybe open up to different workers, and now, as I said, I've got an Aboriginal worker and I've got a Kids in Focus worker. I actually work with them and I talk with them, and if it wasn't for [IFAS Advocate] opening up my eyes to certain things I probably would've given up, to be honest. (P13)*

### 3.3.3. Capacity building

IFAS worked with parents to increase their ability to self-advocate. At the most basic level, this was related to the information provision identified above:

*I mean she did explain how everything works so, yeah, I would understand more about how the system works, and about how to advocate for myself. (P5)*

IFAS also worked with clients to build confidence, which they gained knowing that they could access IFAS again in the future if they needed to:

*I think assuming everything happens how it's meant to happen I'd be quite confident to do it myself. It's really only if things go wrong that I'd probably reach out to them again and get their support if I couldn't deal with it myself. (P2)*

This capacity building has limits, with some aspects of advocacy not possible without an advocate, such as the professional status advocates bring or the detailed knowledge of the child protection system and how decisions are made. Child protection practitioners also noted that sometimes self-advocacy was less effective as it could be based on misinformation. Even those parents with extensive child protection contact found they needed an advocate sometimes:

*The first couple of times I dealt with DHHS, everything went smoothly. It was not a problem. It was just this particular case; everything just went so wrong, and I needed that support. (P2)*

For some parents, engaging with child protection without an advocate was just too difficult:

*It's a service that should be available for everyone because your brain goes to mush. You're emotional. It's terrifying to think that the worst thing that could happen. And to have somebody who was really supporting you in that, it's a service that is fantastic. (P12)*

This emotional support was highly valued and allowed parents to regulate their emotions to better engage with DFFH.

### 3.3.4. Calming reactions

Parents, particularly parents with intellectual disability such as Parents 10 and 15, sometimes found their frustration with the child protection system was interpreted as anger:

*When they've got one of your children, they can't understand, they don't seem to understand that you become aggressive, and you become angry. (P10)*

These parents found that if they let their frustration show, they would be labelled as aggressive or as having mental health problems:

*Sometimes you need to say things in an assertive way, but like a forward way, but you can't, you've got to be careful too, how you say. You can't say it in just any old way, because otherwise then they'll say, well, this woman's got an anger problem. (P15)*

IFAS supported parents to calm their reactions so they would not damage their relationship with DFFH:

*If I was having a bad day or wanted to rip them or ring them and tell them how it is, [IFAS advocate would] take a call from me rather than me do that. ... It's costing me, if I lose it with them, they just say I'm aggressive or I'm threatening and then just wrecks my case even further. (P10)*

IFAS supported parents to rephrase and reframe their communication so it would be more effective:

*So a couple of times I rang him and I was highly emotional. And he's like, "OK, [Parent 12], we need to take the emotion out of it, and these are the points that you're going to have to discuss". And my partner, he'd be like, "F this. F that" and I'm like, "You can't say that". Whereas [IFAS Advocate] would say, "OK, I can hear what you're saying. Let's reword that slightly". (P12)*

This function of IFAS was also experienced positively by child protection practitioners as discussed below, at 3.4.

### 3.3.5.Accountability

Parents reported that they experienced a more professional and more consistent service from child protection when IFAS was involved. This is not IFAS's role but a by-product of effective advocacy and was appreciated by the child protection practitioners, as noted below at 3.4.2. As discussed above, at 3.3.2, sometimes this was about communication and responsiveness, a theme raised multiple times by parents:

*We'd ask something from DHS and it could be three months before we even got a response, where [IFAS Advocate] would email DHS, if she hadn't had an email in two days, it would be, like, excuse me, where's the response to this prior email. It just made us realise that we can push DHS like that as well. (P13)*

Other times, it was about the general demeanour of the child protection practitioner, which seemed to improve when IFAS was present:

*Having that extra professional there makes them do their job properly. (P18)*

This accountability function is a corollary to the calming relation function (see 3.3.4) and relates to the mediation role that IFAS plays between the two parties in the child protection system (see 3.4.1). IFAS keeps everyone focused and engaged, facilitating communication and fostering positive interactions, leading to improved outcomes.

## 3.4.Effective working relationships

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The feedback from child protection practitioners was, overall, very positive. Where child protection practitioners had a positive disposition to, and a good understanding of, advocacy, the working relationship was highly valued. IFAS was understood as being primarily valuable to parents, but child protection practitioners particularly valued the way IFAS could progress DFFH goals while still maintaining independence. This was primarily facilitated

through enabling communication and through mediation. Some child protection practitioners also noted that having IFAS involved also improved their practice through an informal accountability function.

### 3.4.1. Enabling communication through mediation

The primary value of IFAS for child protection practitioners was the advocates' ability to open lines of communication with families that were reluctant to engage:

*I was kind of afraid of this mum, and how argumentative she would become, and how she would be defensive, so I quickly rushed through one of the main concerns we had. So [IFAS] saw that I had rushed through, so he came back to the concerns, and he talked to the mother, to say, "Look, this is what Child Protection is worried about. Can you tell us, and articulate, and demonstrate what you have done to address this, so that Child Protection can know what's happening for you for them to be able to progress the case." (CP11)*

This relates directly to the way clients identified that IFAS assisted with calming client reactions, discussed above at 3.3.4. Often, IFAS would have virtually identical conversations with clients as the child protection practitioners attempted to have, but because of IFAS's independence, clients were willing to listen to IFAS.

*Whereas if we have those conversations with families, and we do, I think it can come across a bit passive-aggressive. So having that external person to have those tough conversations, definitely, at times, stops that resistance or stops that defensiveness or that want to discredit Child Protection, or that us and them fight. It unites that whole, we're actually here to get a job done. We need to get this done. We can't ignore it. These conversations need to be had with all the parties. So I think it definitely helps in that space. (CP6)*

Enabling communication was given multiple times as the central value of IFAS:

*When [IFAS Advocate] comes out, they're much more impartial, from a family's perspective, and able to have those conversations a bit differently than, say, a statutory organisation like us. (CP7)*

IFAS's ability to enable communication relied not only on their independence, but their value as a mediator:

*[IFAS Advocate] was really a good middle person to have in a meeting, [they] can convert our legal jargon into layman's terms and explain to parents in a more sensible way. (CP5)*

This linking and mediation function was extended to external stakeholders:

*Really, IFAS have been helping particularly with liaising with Elizabeth Morgan House. So the family identify as Aboriginal. There was some initial sort of contact with the family; that's then dropped off. The parents were not making contact again. IFAS has got involved as well. ... IFAS have, you know, maintained contact with me throughout, and sort of been liaising between myself, the family, and EMH [Elizabeth Morgan House], which they've done, to be honest, quite a good job. (CP10)*

Opening these lines of communication, and keeping them open, enabled DFFH to get on with their work with families or be satisfied that their protective concerns were or could be addressed. This is not the only value of IFAS but is the most straightforward explanation for the mechanism which enables IFAS to divert families from court, discussed in Appendix 1. Without communication with the family, DFFH may be left with no other option but to proceed to court:

*I had a case where the family literally would not pick up a call from me, they wouldn't let me in the door. The one time I got a hold of them was with police. But they were more than happy to speak with [IFAS Advocate] and take his calls, and have those chats with him. So as much as that's not ideal, and not something that I ever hope for with any of my clients, at least it meant that there was a way for us to communicate with that family, and a way for us to at least come to some kind of agreement about things. (CP1)*

### 3.4.2.Accountability

A secondary benefit for some child protection practitioners was that having IFAS present meant practitioners would work with additional care:

*I think IFAS also keep keeps us accountable too. So in terms of when we meet with families and we make commitments to attend visits and things, [IFAS advocate is] very good at sending an email going, "Hey, (CP6) did you end up attending that visit last week? If not, why?". So I think that keeps us on our toes and makes sure that we are actually fulfilling our obligations. (CP6)*

This was perceived positively by practitioners who raised the theme:

*I felt things went pretty well in terms of the IFAS worker is able to put checks and balances. Checks in the sense that you would be able to hold child protection workers accountable and say, "You are expected to do this. You've not done it. What is the reason? Or you are expected to provide this kind of support, you aren't. What is the reason that has not been provided?". But it's good for practice in terms of improving our practice and ensure that we are accountable. (CP12)*

This is not, necessarily, an intended function of IFAS, but does appear to be having a positive influence:

*I think it would be nice to believe that we are a perfect case manager and that we are always going to remember to do things. You know, we are human, we are going to forget, we are going to maybe send a report a couple of days late and that's just the reality of the child protection system at the moment. I have no doubt that there's been times where the IFAS [advocate] has said, "Oh, hey, you know, you said you were going to send that report and you haven't", or maybe, "Are you meant to provide this document?". I think that I'm not saying that is their role, but I have no doubt that it, um, that it probably happens just naturally throughout the process. (CP15)*

As noted below, at 3.9.2, there is no evidence that IFAS has yet had a measurable impact on the child protection system, but this accountability function indicates some potential for change over time.

## 3.5.Child protection practitioners' understanding of and disposition toward advocacy

The child protection practitioner perspective is remarkably consistent with the IFAS client perspective, in that both participant groups described IFAS as a kind of 'bridge' or a way of overcoming barriers to facilitate communication.<sup>41</sup> However, while the clients interviewed were universally positive about IFAS, there was a more diverse range of views about the service among child protection practitioners. Some practitioners valued some aspects of advocacy more than others or understood parts of the IFAS model more than other parts. This was not a fixed group, as some child protection practitioners valued some aspects of advocacy more than others or understood some parts of the IFAS model better than others. A small minority of child protection practitioners

<sup>41</sup> A concept noted in other similar programs: see, e.g. Ibid.

were not well disposed towards advocacy, viewing it as an imposition on their work. When relationships with child protection practitioners were effective, based on a good understanding of and positive disposition towards advocacy, the positive outcomes for both IFAS clients and child protection practitioners were well documented. This section explores this dynamic in detail.

The data clearly shows that when IFAS is effective, it is a very valuable service for child protection practitioners:

*It's been a really good experience, whereby there is a clear explanation and also transparency in terms of how Child Protection works and what is the expectation on parents, the parents' rights. I think it's a good bridge in between Child Protection and a parent who's having Child Protection involvement. (CP11)*

All DFFH stakeholders had worked with at least one IFAS advocate or oversaw staff who had; however, this did not reflect a high level of understanding of the IFAS model and the tensions inherent in representational advocacy. Three child protection practitioners inquired, during interviews, how to pronounce the name of the service, two confusing it with the Integrated Family Support Services (IFSS). More concerningly, five DFFH stakeholders identified issues of concern with IFAS that related to IFAS's representational model. These issues included refusing to share information without consent, sharing information directly with the client without obtaining DFFH permission first, and advocating for things that were 'inappropriate' or inconsistent with the DFFH assessment of what is in the best interests of the child. The IFAS advocates do not moderate the parent's voice and do not assess if the parent's preferences are legitimate or reasonable. IFAS advocates do not attempt an objective assessment of what is in the best interests of the child but support the parents to communicate their perspective. This is essential to the establishment of trust discussed above, at 3.3.1.

A salient, if uncommon, example of this was when a child protection practitioner identified an IFAS client as a family violence perpetrator. IFAS advocates are explicitly directed not to investigate family violence by IFAS policy: 'it is not the responsibility of advocates to identify either its occurrence or victims/survivors and/or perpetrators'. IFAS advocates do have a process for responding to concerns of harm and linking parents into services whether they be for victim/survivors or people who use violence, but the presence of family violence should not change the basic advocacy approach. This aspect of representational advocacy was not appreciated by Child Protection Practitioner 11:

*I had issues around them not being clear with the parent in terms of what information they can get from us. So I have had a worker trying to advocate for me to give notes to a family violence perpetrator. ... That advocacy of wanting a perpetrator of family violence to get information was worrying for me. (CP11)*

The evaluation team investigated the risk that IFAS advocates might be colluding with family violence perpetrators and found that this was not occurring, as discussed at 3.7.4. This example does highlight the tensions between the representational model in a 'best interests of the child' system. IFAS can rely on DFFH to act in the best interests of the child while IFAS advocates amplify the parent's voice. In the above example, the child protection practitioner acted consistently with their role and did not share information inappropriately, and the IFAS advocate acted consistently with their role and put forward the perspective of the parent.

The notion that the advocate should represent, not moderate, their client's voice was not understood or appreciated by some child protection practitioners, who viewed the approach as 'blinkered':

*I felt like [IFAS] was very blinkered and wasn't able to hear the information that we had, despite us being really clear that we were really concerned, and why; and [IFAS] was very blinkered about, "No, well, the dad is telling me this, so this is how it is". And it's like, "Well, you're not being told the truth about the situation." (CP7)*

Child Protection Practitioner 9 found the inability of the IFAS advocate to share information about the client without explicit consent particularly frustrating:

*And I did leave a few care teams very frustrated with them, particularly when [IFAS] were sitting there and getting all the information from services but didn't provide any information back. (CP9)*

Child Protection Practitioner 9 was not aware that IFAS advocates do not share information without the client's consent.<sup>42</sup> This example from Child Protection Practitioner 9 directly linked the frustration they experienced to the tension between the advocate's representation of the parent's perspective:

*My understanding is that they are there to advocate for the parents. And whilst I understand that, I think, in that experience, all the other services were there for the child, and all had the best interests of the child at heart, whereas it was very much – from them, it was just about mum and dad. (CP9)*

Child Protection Practitioner 8 noted a similar issue commenting both on the tension between representational and best interests approaches and the lack of understanding of the model:

*There's been two cases where it's been quite – it has been quite confrontational, and it didn't help to be able to get to that level where we can all look at what's in the best interests of the children, which is ultimately what is also in the best interests of the parents. I also don't think the model was actually explained very well to Child Protection, because I didn't know that they couldn't release information to us if the parents said no. (CP8)*

The issues described here, about information sharing and advocacy focus, are clearly consistent with the IFAS advocacy model but were experienced as problematic by some child protection practitioners. These misunderstandings sometimes led to a breakdown in the relationship:

*I felt like every time we had conversations, it was almost like they just almost pre-empting an argument; do you know what I mean? Like, they'd come in and it was just quite – yeah, acrimonious, I guess. It wasn't – I didn't find it all that beneficial. (CP9)*

This was also the case for Child Protection Practitioner 8:

*We have had workers where, instead of supporting the parents to be able to advocate but not have a go at Child Protection, it's almost like the IFAS worker has been used by the parents to have a further go at Child Protection. And that doesn't make the relationship very good. (CP 8)*

It is unclear if the breakdown in the relationship between the IFAS advocate and the child protection practitioner was solely due to misunderstanding the IFAS model. However, those child protection practitioners who *did* understand the model did not experience the same frustrations and subsequently had more fruitful relationships with IFAS. The interrelationship between understanding IFAS and appreciating IFAS is complex, however, in every

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<sup>42</sup> IFAS will, when necessary, share information without the client's consent when risk of harm is identified, although not without the client's knowledge.



example raised by child protection practitioners of a problem with IFAS, some misunderstanding of the model was present.<sup>43</sup>

This relationship breakdown is not simply a problem for working with that specific practitioner with that specific family, but for the IFAS program as a whole. For Child Protection Practitioner 9, this experience led to a reluctance to refer to or work with IFAS in the future:

*I think that experience actually really tainted me wanting to even refer to them again. I was just like – and, you know, we still did; we still chuck their name out there. But I just didn't enjoy that experience at all, so it's really tainted my perception of them, and wanting to work with them moving forward. (CP9)*

It is worth noting that while Child Protection Practitioner 9 did indicate they still referred to IFAS, albeit by 'chucking their name out there', they had not worked with IFAS again since that first experience. Other child protection practitioners echoed the potential for a negative interaction to 'colour' future perceptions and negatively influence other child protection practitioners too, while also noting that the disposition of the practitioner to advocacy and the association with VLA would influence this process:

*We've had that in the office, absolutely. I think it has the potential to be like that. ... I don't have that experience, because I don't think I work like that. Whereas someone else will go into that position with a particular mindset already. And because they hear VLA as well, I think that instantly puts people's – people have a perception already before you've even perhaps worked with that service. So, I think it can colour it. (CP13)*

This negative disposition towards advocacy was not widespread amongst child protection practitioners, who were largely well disposed to advocacy. Occasionally, child protection practitioners did rankle at the imposition:

*IFAS will come to a meeting ... and be saying things like, "Where is your immediacy, Child Protection? Why are you still open for so long, Child Protection?". So it can actually set up a negative relationship. We don't have to answer to IFAS about immediacy. ... I felt as though it's just an unnecessary layer of having to answer to an advocate, whereby they don't know what we need to do. (CP14)*

Despite this, Child Protection Practitioner 14 still noted that it is 'fabulous for parents to have that readily available service that is going to be in their corner'. Some resistance to advocacy should not be interpreted as complete or unwavering resistance. As with other child protection practitioners, Child Protection Practitioner 14 identified a lack of understanding of the IFAS model of advocacy:

*I think that the model – and understanding the model itself has been lost. And I hear what practitioners say, "Well, what do they actually do?" (CP14)*

Similarly, despite their negative experience, Child Protection Practitioner 9 did agree that with more information and understanding of IFAS, they would be able to work more successfully in the future:

*Teamwork makes the dream work. That communication stuff, and really explaining their role, and not just to us, but also to other services that we're also working with the family for, because I think*

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<sup>43</sup> Of 42 negative comments about IFAS from child protection practitioners, 41 related to misunderstandings of the model, with one comment relating to the eligibility criteria.

*that's also kind of been left to us, as well, trying to explain what their role is, when we don't really know it ourselves. (CP9)*

This finding, that stakeholder's disposition to advocacy and understanding of advocacy influenced the success of advocacy, is consistent with studies of other similar advocacy programs.<sup>44</sup> Figure 10, a framing developed in evaluating non-legal advocacy in mental health,<sup>45</sup> illustrates how positive disposition and increased understanding of advocacy lead to effective working relationships:

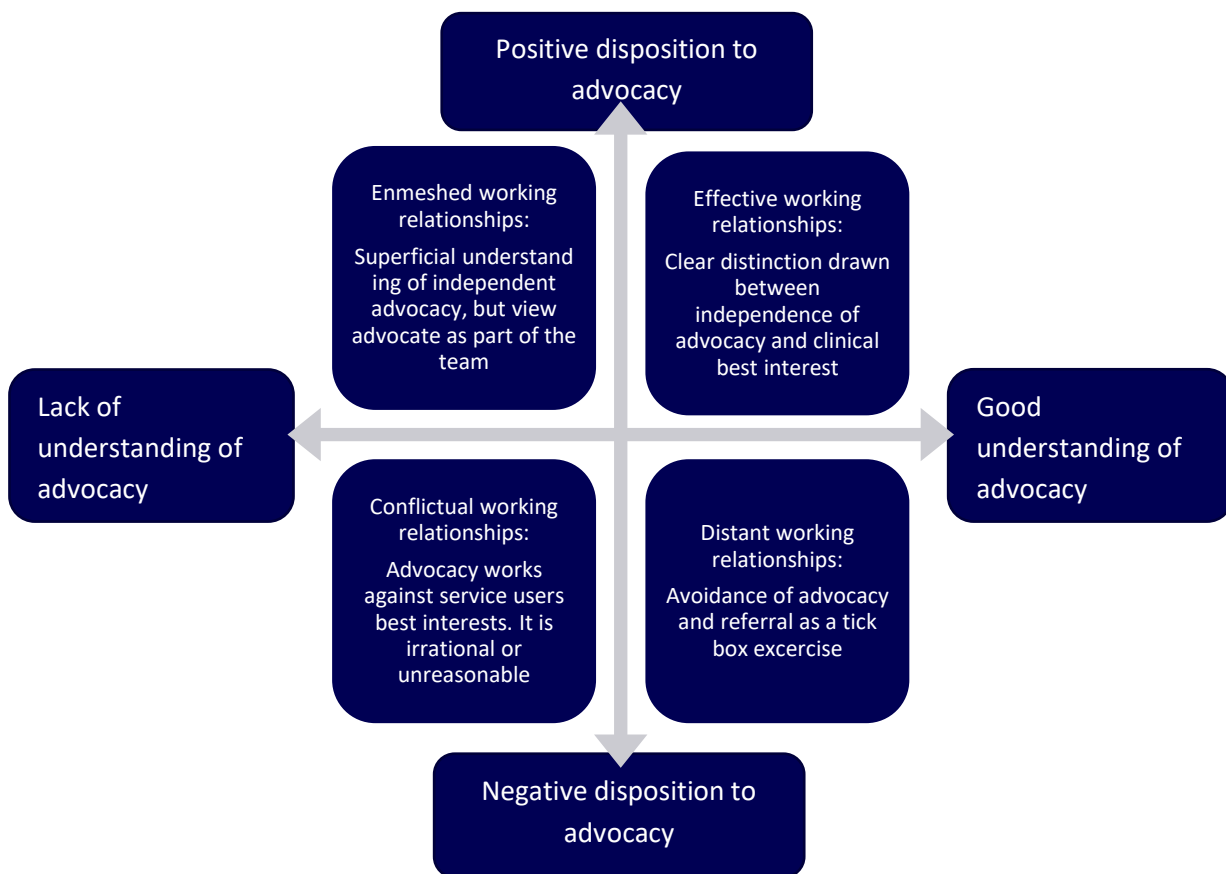


Figure 10 – Understandings of and Dispositions to Advocacy<sup>46</sup>

IFAS must ensure child protection practitioners understand *and* appreciate the IFAS representational advocacy model through increased service promotion and by demonstrating the effectiveness of advocacy (Recommendation 3). Although IFAS has been working hard to address this, the data clearly shows that understanding of the IFAS model remains low:

*They've come in a couple of times and explained their role to us; they did not sell the role to us like it's enacted. ... They kind of sold it to us like they're actually going to help Child Protection, and it's going to be beneficial to work with Child Protection but left out all those key things of not being able*

<sup>44</sup> Maylea et al (n 8).

<sup>45</sup> Adapted from Karen Newbigging et al, *Right to Be Heard, A Review of Independent Mental Health Advocacy Services in England* (Research Report, University of Central Lancashire, June 2012)

<[https://www.uclan.ac.uk/research/explore/projects/assets/mental\\_health\\_wellbeing\\_review\\_of\\_independent\\_mental\\_health\\_advocate\\_research\\_report\\_190612.pdf](https://www.uclan.ac.uk/research/explore/projects/assets/mental_health_wellbeing_review_of_independent_mental_health_advocate_research_report_190612.pdf)>.

<sup>46</sup> Ibid; Maylea et al (n 7).

*to share certain information with Child Protection; they're advocates for the parents. I don't remember them selling their role to us how they actually practise. (CP9)*

Another barrier identified was the complexity of the IFAS eligibility criteria for various service levels, which were not well understood by child protection practitioners (Recommendation 3), and a sense that these criteria were not well attuned to the needs of the client base (Recommendation 6).

IFAS have been working hard to improve the understanding of the model, with 34 documented presentations or promotional contacts in the six months to March 2021, in addition to fortnightly or monthly meetings with each service. Where colocation had been established, it was not able to be continued during COVID-19 restrictions. Promoting the model has been made more difficult by the DFFH staff turnover, with staff moving into other roles, both within and outside of the child protection system:

*We do have a huge turnover in staff... the biggest that we've ever had during COVID. (CP15)*

Other professional stakeholders, internal to VLA, noted that responsibility for service promotion, role clarification and collaboration is shared with DFFH. These stakeholders noted similar difficulties in the implementation of the agreement between DFFH and VLA relating to referrals for legal services. The barriers to improving understanding are varied and complex, but despite this, child protection practitioners were hopeful about addressing this and working together more collaboratively into the future:

*They got a really good opportunity of becoming an integral part of our involvement, and how that works. We spoke about being a bridge between Child Protection and families, and it can be quite a solid bridge. ... if they're being really crystal clear about their advocacy, what they want, what they can do, what they can't do, then it informs us a bit better. (CP10)*

Increasing disposition to advocacy and understanding of representational advocacy is essential to IFAS's success. When IFAS and DFFH work successfully together, the results are clear.

### 3.6. Cost-benefit analysis

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The costs saving potential of IFAS is primarily in the potential to divert families out of the court system. This is achieved through the mechanisms identified above, in 3.4.1, as IFAS enables communication through mediation, which can assist in addressing the protective concerns that are the basis of DFFH intervention. When DFFH is satisfied that protective concerns are addressed, DFFH closes the case and does not proceed to court. Other effects of IFAS, such as linking families to other support services, may also save costs, but this is not evidenced in the data. Essentially, IFAS diverts families from court when it opens doors for DFFH that would otherwise remain closed, while assisting parents to understand DFFH's concerns and make informed decisions about their engagement.

Establishing the cost savings requires estimating the rate at which IFAS diverts families from court who would otherwise have proceeded to court, then calculating the costs saved through avoiding court. Accurately and precisely assessing these savings is difficult, however triangulating the various data sets, reliable estimates can be made. Savings were identified in several areas, including DFFH costs to apply for the order or provide support to children on orders, intensive family support services, legal aid grants to parents and out of home care costs. The mechanics of this calculation and the triangulation process are complex, so have been detailed in Appendix 1 and summarised here. The average saving per family diverted from the child protection system is calculated to be \$65,911 to the Victorian government. This is the saving per family, realised within 12 months.



The evaluation team explicitly asked all child protection practitioners if they had any cases which would have gone to court without IFAS involvement:

- Facilitator:* So that would have gone to court otherwise, in that case, if [IFAS] hadn't been involved?
- CP 11:* Yeah.
- Facilitator:* How many times that might have happened for you in the last twelve months, or two years?
- CP 11:* I think I can recall, the last twelve months, maybe four times. Four times, or – yeah, four times.

Child Protection Practitioner 11 gave the highest estimate, but of the 11 direct service practitioners interviewed, 6 identified specific cases where they would have had to proceed to court, ranging between 1 and 4 examples in the previous 12 months.

Due to the limitations detailed in 2.6, a straightforward statistical analysis of these indicators is not possible. Instead, to estimate the return on investment the evaluation team required a single estimated 'base' rate with upper, best-case assumption and lower, worst-case assumption limits. The 'base' case 'assigns the most plausible values to the variables to produce an estimate of net benefits that is thought to be most representative.'<sup>47</sup> This is not a statistical process but a professional assessment weighing each variable within the context of the data and collection process.

Based on all the available data, the evaluation team estimate that the diversion rate is approximately 20%. Based on the IFAS advocate's self-assessment, the rate may be higher, closer to 45%. More appropriate referrals, better working relationships with DFFH and other stakeholders would all increase this rate. The lowest possible rate, based on confirmed examples and objective assessment, appears to be 7%. However, 7% is too conservative when triangulated with all available data, so the lowest range has been estimated at 10%. Detailed calculations are provided in Appendix 1.

Based on an estimated diversion rate of 20%, assuming 29%<sup>48</sup> of children progress to out-of-home care (OOHC) and IFAS closing with 140 clients on average per year, IFAS has resulted in a saving of \$1,845,510. As the annual cost of IFAS is \$524,270, this is a return on investment of \$3.52 for each dollar invested (\$2.52 in savings). The evaluation team also conducted a sensitivity analysis, to identify the potential range of savings, using both worst possible assumptions indicated in the data and best possible assumptions. These best and worst possible assumptions are highly unlikely, but the sensitivity analysis confirms that even under worst possible assumptions investment in IFAS leads to a positive return on investment.

	<b>Saving per client</b>	<b>Clients</b>	<b>Avg. children per client</b>	<b>Chance of OOHC</b>	<b>Diversion rate</b>	<b>Costs saved</b>	<b>Return on investment</b>
<i>Estimated rate</i>	\$65,911	140	2	29%	20%	\$1,845,510	\$3.52

Table 4 - Estimated savings

The cost benefit analysis was conducted based on available data in the pilot sites. Extrapolating these data across the state does not account for variations in demographics or regional influences, however a statewide service

<sup>47</sup> Department of Prime Minister and Cabinet (n 16).

<sup>48</sup> See p 49 for the calculation of the figure, which may be higher for IFAS clients.



would also not face the barriers of a new, small, pilot service working during a pandemic. For a statewide rollout of IFAS budgeted by VLA at \$3.2m per year, extrapolating directly from the pilot data, estimated savings to the Victorian government are approximately \$11.2m per year (\$8m after accounting for the cost of IFAS).

The evaluation team also calculated return on investment to VLA, rather than whole-of-government savings. Even on the most favourable assumptions, IFAS would only return \$1.01 for each dollar invested by VLA, and the actual return on investment is likely much lower than that. Accurately calculating return on investment for VLA is not possible as IFAS also supports access to justice through legal referrals, increasing total costs to VLA. This is more evidence that IFAS is having a positive impact, but not evidence that it results in savings in legal costs. The process for determining this estimate is detailed in Appendix 1.

### 3.6.1. Post-court outcomes

IFAS may be contributing to cost savings even for families who proceed to court; however, no evidence of this was identified in the evaluation data. DFFH staff interviewed worked in the investigations teams and could not comment in detail on post court outcomes, and the available quantitative data is inconclusive at best. Similarly, VLA lawyers, who work with families in the court area, indicated that IFAS was helpful but could not comment on changes in outcomes. This may be possible to determine after more time has passed, but with the impact of COVID-19 on the court processes, no discernible change was identifiable during the pilot period. This is likely only able to be determined using data linkage as discussed at 2.6.6.

## 3.7. Areas for further development

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IFAS is running as intended with very high levels of satisfaction from clients and high levels of satisfaction from stakeholders. One area that requires significant attention is developing partnerships by communicating the model, ensuring referrals are automatic and investing more in specific partnerships. In addition, while the lived experience aspects of the model are developing well, there is limited evidence of how this is shaping the model and will require ongoing support to continue the current positive trajectory. Finally, the rise in family violence perpetrators using the service is currently being well managed but should be formalised in IFAS policy.

### 3.7.1. Communicating the model

The success of IFAS-style advocacy relies on there being a thorough understanding the advocacy model among service users and key stakeholders. IFAS have invested considerable time and effort in service promotion, but due to factors such as high turnover among the DFFH workforce, an already complex service system, and being a new service and a new *kind* of service, this investment has had a limited impact. As noted above in 3.4, child protection practitioners had a low understanding of the IFAS model, including misunderstandings. This contributed to tensions which damaged the relationship in some instances and reduced incoming referrals. This issue was identified in the midterm review as requiring ongoing attention and will continue to do so in the future.

Poor understanding of the model can be addressed by greater promotion and education (Recommendation 3) and ensuring that this education becomes part of the advocacy process. All child protection practitioners indicated they would welcome more information and explanation of the model:

*Not only promote your service but how do you explain it. Giving maybe some really solid case examples of how it can work, and even sometimes how it can't work and what was the sort of issue*

*and how you resolved it, would be really helpful particularly for a lot of our newer practitioners who are new to child protection but are going to be new to a service and a kind of model like IFAS. (CP15)*

As noted in the midterm review, communicating the model will be an ongoing challenge for IFAS (Recommendation 3). Promotion and education will not overcome the disposition of some child protection practitioners, so alternative mechanisms must be in place to ensure all parents have equity of access to IFAS.

### 3.7.2. Partnerships

Some partnerships are more developed than others. As an example, the relationship between IFAS and Bendigo & District Aboriginal Co-operative (BDAC) is more developed than with Victorian Aboriginal Child Care Agency (VACCA), partly because IFAS collocated with BDAC. Stakeholders at BDAC had a high level of understanding of the IFAS model and valued it highly, whereas stakeholders at VACCA had a lower understanding and limited awareness of IFAS and did not value the service in the same way. More work is required to cement these essential relationships (Recommendation 5). This will become more important as Aboriginal Community Controlled Organisations take on more statutory functions.<sup>49</sup>

The evaluation team heard from child protection practitioners that a referral to IFAS was ‘automatic’ for some teams and ad hoc for others. As noted above at 3.4, child protection practitioners with a low understanding of or disposition to advocacy, or those who resist the accountability function described at 3.4.2, are unlikely to refer to IFAS:

*Probably the people whose clients need an advocate, whose clients really deserve that advocacy, and who are being potentially further victimised or marginalised by what Child Protection are doing, those aren't the people who are going to be like, "Hey, did you know there's a program called IFAS? Can I refer you through?" (CP1)*

To ensure equity of access, DFFH should implement protocols to ensure that all eligible parents and caregivers are provided information about IFAS and that where it might be beneficial, a warm referral is made, with the client's consent (Recommendation 4).

### 3.7.3. Embedding lived experience

Unlike other sectors, such as mental health and disability, there is not yet an established workforce of child protection lived experience consultants, nor a widespread culture of engaging lived experience perspectives in service design and delivery. Developing a lived experience model that can provide strategic leadership to influence IFAS, VLA and the broader child protection system will take time and support.

IFAS has, since the midterm review, progressed significantly to embed the lived experience aspects of the model. SEAS is much more developed and productive, with members who are former IFAS clients providing valuable input. The Lived Experience Advisor is a valued member of the IFAS team. Other than the development and implementation of self-advocacy resources, however, links between the advocates' daily practice and integrated lived experience expertise remain unclear. The lived experience elements require further support to reach full potential (Recommendation 15). It also appears that the lived experience mentoring that was established

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<sup>49</sup> Premier of Victoria, 'Nation First Initiative For Aboriginal Child Protection' <<http://www.premier.vic.gov.au/nation-first-initiative-aboriginal-child-protection>>.



following the midterm evaluation has been useful but has not been formalised in policy or extended to new staff (Recommendation 16).

In addition, it is not clear to what extent cultural and disability perspectives are influencing advocates’ daily practice. No concerns were raised about this, and SEAS is diverse and representative. However, an effective lived experience model should eventually be able to show how IFAS’s practice has improved as a result of lived experience influence from each priority group and reflecting the diversity of the IFAS group (Recommendation 17). Having evidence of how the influence of lived experience integration is occurring will assist in promoting and progressing the lived experience elements of the IFAS model (Recommendation 18).

### 3.7.4. Family violence

The increase in clients experiencing or using family violence, i.e. both victim/survivors and perpetrators, raises some concerns about the potential for collusion, in that perpetrators might use advocates to attempt to increase their own power. The evaluation team was satisfied that IFAS advocates managed this tension reflexively and proactively to avoid collusion. This includes direct supervision and support from the IFAS manager and offering the victim/survivor an advocate to rebalance the power dynamic. Direct staff supervision and the offering of a separate advocate for the victim/survivor should be formalised in IFAS policy (Recommendation 10). IFAS should also communicate clearly the implications for the representational model in working with families experiencing family violence, as this is likely to be an ongoing point of contention (Recommendation 3).

## 3.8. Considerations for expansion

The only negative feedback provided by IFAS clients about their experience related to the pilot's geographic and client eligibility limitations, which exist due to resourcing issues. As Table 5 shows, hundreds more people are contacting IFAS for support who are out of scope for the pilot, either because they already have court orders in place, because DFFH were not yet formally involved or because they were out of the geographic area. These people were provided with a level 1 service, consisting of information and advice, but not direct advocacy.<sup>50</sup> This indicates demand outside of the current criteria, something supported by the qualitative data.

<b>Reason not eligible</b>	<b>No. of inquiries</b>
<i>Already at court</i>	208
<i>DFFH not yet involved</i>	131
<i>Out of geographic area</i>	131

Table 5 - Out of scope inquiries (Nov 2018 to Apr 2021)

Based on the available data, the evaluation team recommend that IFAS should be made available to all who require assistance or support in making decisions or taking actions in the child protection system, including outside the pilot sites. The data show a clear demand for this support in the pre-court phase. This is based on the high levels of distress participants reported, the success of IFAS at alleviating this distress, IFAS’s success in court diversion and the positive return on investment

demonstrated. In addition, while not the focus of this evaluation, the data show strong support from both parents and child protection practitioners for support into the court or ‘protection order’ phase of the child protection process. Making IFAS, or some other advocacy or support model, more widely available is consistent with section 11(a) of the CYFA, which requires that ‘the child’s parent should be assisted and supported in reaching decisions and taking actions to promote the child's safety and wellbeing’.

<sup>50</sup> A further 117 level 1 services were provided to people who were not seeing direct advocacy.



At the time of writing, IFAS has been funded in the Victorian State Government budget to continue to 2023.<sup>51</sup> In the short term, further expansion is unlikely, however the evaluation team have taken a longer view in recommending much more widespread availability. The experience of IMHA indicates that longer term thinking is not always fruitless. Partly based on an evaluation in 2018,<sup>52</sup> IMHA was commended by Royal Commission into Victoria's Mental Health System,<sup>53</sup> and subsequently funded for a statewide, opt-out referral to be embedded in legislation. With this in mind, the evaluation team have identified considerations for expansion outside the geographical areas of the pilot, during the court process and outside the established priority groups. Any expansion should also consider how to maintain the elements of cultural safety and advocate expertise which have made IFAS so successful.

### 3.8.1.Demand outside area

IFAS clients who had originally not qualified for IFAS identified a need for IFAS outside the pilot target areas:

*I went to them, and they said, "We can't help you because you don't live in the area". ... because of where I worked in the West, they couldn't assist us or advocate for us because we didn't live there. (P1)*

Child protection practitioners supported this:

*I would like to see the service rethink the service area that they respond to because... I know, we will have better scope of the clients that we could get involved in the service. (CP15)*

The original pilot areas were chosen for pragmatic reasons but may not now be the best choice of area and, in future, should be aligned with DFFH child protection areas to avoid confusion (Recommendation 6). IFAS should be made available to all who require assistance or support in research decisions or taking actions in the child protection system, including outside the pilot sites (Recommendation 1.a).

### 3.8.2.Support in the court process

IFAS support stops when the client proceeds to court. Other studies have shown that independent advocacy may have more discernible impact on improving outcomes after the court process has begun than in the pre-court stage,<sup>54</sup> and parents with intellectual disability may require additional support to navigate the court system.<sup>55</sup> More research is required to determine if these findings translate into the Victorian system. The evaluation data showed strong support from both parents and child protection practitioners for support during the 'protection order' phase of the child protection process. Many IFAS clients identified the importance of support into the court stage of the child protection system:

*I'd love for that to be extended right through to the court proceedings if possible, only because, from what I heard, it's not only my family that this happened to. It's been tough for other families out*

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<sup>51</sup> Victorian Government (n 1).

<sup>52</sup> Maylea et al (n 7).

<sup>53</sup> Royal Commission into Victoria's Mental Health System, *Final Report* <<https://finalreport.rcvmhs.vic.gov.au/download-report/>>.

<sup>54</sup> Gerber et al (n 11).

<sup>55</sup> Collings et al (n 9).



*there as well. And just that extra support, to have someone by your side that's not going to judge or be biased to you is really comforting, and I fully wish that that can be offered or extended right through to the court stage. (P11)*

This was also supported by child protection practitioners:

*I feel there are parents when they're in court space, especially the parents with significant disabilities and cognitive disabilities. Of course, they're legally represented. But then within court space, they are lost. And they are lost in communication with their legal reps. (CP12)*

IFAS advocates fielded many calls from people seeking assistance and other agencies:

*I could fill my caseload with clients who already have court orders in place or they don't have kids in their care but need some advocacy around still being involved with Child Protection. I think there's tremendous scope to do a whole lot of work beyond that pre-court phase, and that's coming from agencies who are desperate for clients who have moved beyond that pre-court phase. So they have orders in place and their clients are just beside themselves with the distress of that process. ... the lawyers, they are clamouring for me to do that work. I can't do that work because it's not my role, but they are desperate for that work to happen and I've gently had to bat them back. (A5)*

It is unclear if the IFAS representative advocacy model, or some alternative model, is best adapted to providing support through the court process, particularly as the available evidence for alternative models is not Victorian specific. This is outside the scope of this evaluation, and further exploration is recommended (Recommendation 2).

### 3.8.3. Beyond existing priority groups

As detailed above, at 3.2, most of IFAS's direct advocacy is for the priority groups of Aboriginal and Torres Strait Islanders and families where a parent has intellectual disability. In 2019, IFAS added a priority group of culturally and linguistically diverse families. These decisions were made to target the most overrepresented groups in the child protection system and make the best use of limited resources. As the data at 3.2 show, IFAS is also working with many people experiencing or perpetrating family violence, with poor mental health and who use drugs and alcohol. Given the difficulty IFAS clients reported in interacting with the child protection system, IFAS should be adequately resourced to provide assistance or support in research decisions or taking actions in the pre-court stage of child protection investigations, irrespective of priority group (Recommendation 1.b).

### 3.8.4. Cultural safety

Clients reported very high levels of cultural safety, but this appeared to be a result of the individual advocate's expertise and strong leadership within VLA. In scaling up IFAS, consideration must be given to how this cultural safety can be maintained within the IFAS model (Recommendation 11).

The evaluation team did inquire with Aboriginal IFAS clients if they preferred an Aboriginal advocate; however, this was not necessarily the case. It appears they would have preferred an Aboriginal advocate who had all the skills and expertise that the IFAS advocates did, but the advocate expertise was the primary focus. This confirms that IFAS provides a culturally safe service and reinforces the need to embed that into the model if IFAS is expanded.



### 3.8.5. Advocate expertise and support

The expertise of the advocates in the child protection system was a key aspect of IFAS's success, also reflected in other studies of professional advocacy services.<sup>56</sup> This is a complex issue as the advocates all noted difficulty adjusting to a representational advocacy model, having come from a 'best interests of the child' framework. Advocates represent the parent's assessment of what is in the best interests of the child, and do not conduct their own assessment of what is the best interests of the child or family, although they do have a risk management and response framework.

New candidates need to be supported within an organisation with a commitment to, and experience delivering, representational advocacy. VLA has been that organisation for IFAS. Any expansion must ensure that new recruits have the required expertise within the child protection system and that any organisation that employs them can provide that commitment to representational advocacy, with strong leadership, structured professional development and supervision to implement it effectively (Recommendations 8 & 9).

Other research indicates that parental advocacy, also referred to as peer or lived experience advocacy, can also achieve positive outcomes.<sup>57</sup> Using the IFAS model, however, it appears that system expertise and support for representational advocacy are essential precursors to success.

## 3.9. Other Findings

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Two other areas were considered; the experience of children and IFAS's contribution to systemic change.

### 3.9.1. The experience of children

The experience of children of IFAS clients was included in the evaluation at the request of DFFH. All participants were asked what impact, direct or indirect, positive or negative, IFAS had on children. The impact on children was identified as positive but indirect. It was understood that if parents were supported out of the child protection system with child protection closing without protective concerns, this would be beneficial for children.

An unexpected theme raised by three child protection practitioners in response to this question was the need for advocates for children:

*If there is an independent advocate supporting parents, we'll equally need an independent advocate or support for the child. And especially a child who can't speak for himself or herself. (CP12)*

This is out of scope for IFAS, but it raises a question about complying with s 10(3)(d) of the *Children Youth and Families Act 2005*, which requires the child's views and wishes to be given such weight as appropriate if they can be ascertained. The IFAS model appears adaptable to advocacy for children to ensure their views and wishes can be ascertained (Recommendation 13).

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<sup>56</sup> Beth Tarleton, 'Expanding the Engagement Model: The Role of the Specialist Advocate in Supporting Parents With Learning Disabilities in Child Protection Proceedings' (2013) 7(5) *Journal of Public Child Welfare* 675; Teresa Hinton and Julie Hawkins, *Parents in the Child Protection System* (Anglicare Tasmania, 2013).

<sup>57</sup> Tobis, Bilson and Katugampala (n 10).



### 3.9.2. Systemic change

Ultimately, IFAS seeks to influence the child protection system. To date, IFAS has been instrumental in informing VLA's strategic advocacy work, including submissions to public inquiries such as the Royal Commission into Victoria's Mental Health System in 2019-21 and the Productivity Commission Inquiry into mental health in 2018-20.<sup>58</sup> IFAS has also documented examples of when direct practice issues have been raised with other agencies, such as when child protection practitioners have not responded to parents over extended periods or when workers in other agencies have not followed the protocols of that agency. Over time, this meso-level advocacy may contribute to changes in practice at a system level.

The evaluation team found no direct evidence of systemic change, although stakeholders did note the potential for IFAS to contribute to other reform efforts. There is some evidence, discussed at 3.4.2, indicating improved practice by child protection practitioners but no evidence that this has any impact beyond the interaction with IFAS. IFAS is not going to enact change by itself, but might be part of the process:

*I think in terms of the systemic change, I don't know that that's going to come from IFAS. And, I mean, certainly, I think like from their feedback and their data, and this study that that'll create, I hope, bigger changes. (CP1)*

IFAS has a Strategic Plan, but due to resourcing limitations and COVID-19 restrictions, many actions are ongoing. The example of IMHA indicates that with time, with government support, independent advocacy can feed into broader reform initiatives to contribute to systemic change while providing a highly valued service<sup>59</sup> (Recommendation 12). Fundamental to IMHA's success has been its lived experience foundations, reinforcing the need to support those elements in IFAS (Recommendation 15).

## 4. Conclusion

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In summary, IFAS has proved very successful in an extremely challenging context. Parents and primary caregivers highly valued the advocacy and support in system navigation, trusting IFAS to support them through very distressing experiences. Child protection practitioners also valued IFAS, particularly those who understood the implications of the representational model. IFAS has also demonstrated success in diverting families from court, demonstrating a return on investment of \$2.66 for every dollar invested. IFAS should be made available to all parents and primary caregivers who require assistance and support to reaching decisions and take actions in the child protection system, at least in the pre-court stage (Recommendation 1). This may be achieved through a staged roll out expanding priority groups over time.

There are some areas for further development. Primarily, IFAS must continue to work to ensure that stakeholders, particularly child protection practitioners, understand the representational model. The lived experience elements of the pilot, while successful, will require ongoing support. If IFAS is expanded, consideration

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<sup>58</sup> Royal Commission into Victoria's Mental Health System (n 53); Productivity Commission, *Mental Health: Productivity Commission Inquiry Report* (2020).

<sup>59</sup> IMHA is VLA's equivalent non-legal advocacy service for people compulsory treated in mental health settings. Following a strategic advocacy campaign by VLA and other sector bodies, in 2021 the Royal Commission into Victoria's Mental Health System recommended legislative changes to ensure that all people at risk of or subject to compulsory treatment in mental health settings are automatically provided with a non-legal advocate. The 2021 Victorian budget has funded this recommendation.

must be given to its scope, to ensure that it is equitably available. It may also be useful throughout the child protection process, particularly in the court phase of the process.

Overall, the impact of IFAS is best summarised by those who used the service. Parent 15, a mum with an intellectual disability who nursed her baby daughter throughout the interview with evaluators:

*P15: When I was pregnant with my daughter, because I've lost three other children in the past to DHS, I was freaking out, and I said, look, I really don't want to terminate this pregnancy, I really want to have this child.*

...

*Interviewer: So do you think having IFAS made a difference?*

*P15: Yeah, I do. I think if I hadn't have had IFAS, I don't know if my daughter would be home or not now.*

Parent 13, an Aboriginal dad, told evaluators the same thing:

*For years we were getting told we weren't getting our kids back, like even though we did everything we needed to do. Without IFAS's help I wouldn't be in this situation, we wouldn't have our kids back.  
(P13)*

## 5. Recommendations

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### Building on a successful pilot

1. IFAS should be made available to all parents and primary caregivers who require assistance and support to reach decisions and take actions in the pre-court phase of the child protection process. Including:
  - a. Across Victoria;
  - b. Irrespective of priority group.
2. Explore the potential for non-legal advocacy and support during the court process;

### Service promotion and clarification

3. Continue to promote the service and ensure stakeholder understanding of the IFAS model, particularly to DFFH Child Protection;
4. Advocate DFFH to implement an automatic referral system for all people eligible to be referred to IFAS;
5. Maintain existing colocation and explore additional colocation opportunities;
6. Realign the geographic areas to match child protection geographic areas;

### Enhancing, embedding and expanding the IFAS model

7. Continue to develop self-advocacy resources to be provided to parents;
8. Ensure newly recruited advocates have expertise in the child protection system;
9. Ensure IFAS continues to be provided by an organisation with an understanding of, and commitment to, representative advocacy;
10. Formalise the policy of offering advocates for other parents or caregivers in a family when family violence is indicated with an IFAS client;
11. Ensure the elements of the IFAS model which promote cultural safety are retained;

### Contributing to system reform

12. Implement and monitor the success of IFAS's systemic change strategy;
13. Consider opportunities for advocacy services for children in the child protection system;

### Maximising the role of lived experience

14. Continue to support the development of SEAS;
15. Ensure that the Lived Experience Advisor has the required support and influence to maximise the lived experience elements of IFAS;
16. Formalise the integration of the Lived Experience Advisor role into day-to-day advocacy practice;
17. Continue to embed a diversity of lived experience perspectives;
18. Document the impact of lived experience on the IFAS model and advocacy practice;

### Ongoing evaluation and quality improvement

19. Develop an appropriate database to ensure data integrity;
20. Analyse all available quantitative data during a normal, non-pandemic period;
21. Consider a linked data evaluation to more precisely ascertain success in court diversion.

## 6. References

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## Appendix 1. Cost-benefit analysis

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This cost-benefit analysis is an updated version of the analysis included in the midterm evaluation report.<sup>60</sup>

The principle of high returns on investment for advocacy programs, in particular disability advocacy programs, is well established. A 2017 Australian report found a \$3.50 return for each dollar invested in independent disability advocacy,<sup>61</sup> while a 2013 UK study on disability advocacy in child protection found a return on investment of between £1.2 and £2.4.<sup>62</sup> A 2019 U.S. study found that non-legal child protection advocacy could save New York City \$40m (USD) per year,<sup>63</sup> while another study ‘conservatively’ estimated that a Detroit based non-legal child protection advocacy service diverted 25% of children from out-of-home care.<sup>64</sup> VLA claims a \$3 return on investment on each dollar invested in legal aid for child protection.<sup>65</sup> A high return on investment is possible for such programs due to the high cost of child protection services. Taking a single, expensive family out of child protection – five children not entering residential care who would otherwise have spent an average of five years in residential care – could result in a saving on residential care costs alone of over \$19 million for that single family. This is an outlier but indicates the extent of the potential savings.

The economic costs of the child protection system are significant, costing Australian governments over \$6.9 billion nationally in 2019/20.<sup>66</sup> The Victorian system alone costs over \$1.5bn in 2019/20,<sup>67</sup> not including legal or Children’s Court costs, or other costs related to healthcare, education, employment, criminal justice or other related systems. Including these costs and costs related to reduced quality of life and premature mortality, studies have estimated the lifetime cost of all children abused in a given year to be around \$20bn per year across Australia or \$371,841<sup>68</sup> per child.<sup>69</sup> On these figures, preventing two children from entering this system would exceed the cost of the IFAS pilot at \$524,270 per year.<sup>70</sup> The cost of a full state-wide rollout of IFAS, budgeted by VLA at \$3.2m, would be offset by diverting just seven children from the child protection system. These figures cannot be used as the basis for estimating IFAS’s return on investment because many of the indirect costs included in other cost-benefit analyses are calculating the cost of child abuse, incorporating child protection

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<sup>60</sup> Maylea et al (n 7).

<sup>61</sup> Anne Daly, Greg Barrett and Rhiân Williams, *A Cost Benefit Analysis of Australian Independent Disability Advocacy Agencies* (Disability Advocacy Network Australia, 2017).

<sup>62</sup> Annette Bauer, Josephine Dixon, Gerald Wistow and Martin Knapp, ‘Investing in Advocacy Interventions for Parents with Learning Disabilities: What Is the Economic Argument?’

<sup>63</sup> Gerber et al (n 11).

<sup>64</sup> Child Advocacy Law Clinic and Detroit Center for Family Advocacy. 2012. ‘Promoting Safe and Stable Families’. University of Michigan.

<sup>65</sup> Victoria Legal Aid, *2019-20 Annual Report* (Victoria Legal Aid, 2020) 154.

<sup>66</sup> Productivity Commission, *Report on Government Services 2021* (Productivity Commission, 20 January 2021) <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2021/community-services/child-protection>>.

<sup>67</sup> Victorian Government (n 27).

<sup>68</sup> Adjusted for 2021 Australian dollars. McCarthy et al.’s original figures were \$17.4bn in total and \$328,757 per child in 2012-13.

<sup>69</sup> Molly M McCarthy et al, ‘The Lifetime Economic and Social Costs of Child Maltreatment in Australia’ (2016) 71 *Children and Youth Services Review* 217.

<sup>70</sup> Note this figure is higher than the original figure provided by VLA of \$344,091, used in the midterm review cost-benefit analysis. The updated figure reflects increases in staff wages and the inclusion of management and administrative costs.

related costs as consequential costs resulting from child abuse. IFAS is not designed to prevent child abuse, neglect or maltreatment.

There may be other costs saved by IFAS which are not related to court diversion, such as those associated with timely and appropriate referrals to other services, reduction in investigation timeframes, a smoother court process, however, these were not identified by the evaluation team and are not included in this analysis.

### Cost-benefit analysis methodology

This analysis triangulates the qualitative and quantitative data to ask:

- What are the benefits in relation to cost savings from children diverted from the child protection court system?
- Do these benefits outweigh the costs of delivering the current IFAS service, at \$524,270 per year?

This analysis identifies the *minimum* return on investment, being the lowest possible saving based on only empirical data, and the *maximum* return on investment, being the highest possible saving based on the most generous assumptions and interpretation of the data. Within these upper and lower points, it is possible to determine an *estimated* return on investment based on reasonable assumptions.

The final evaluation employed a nine-step process consistent with the Commonwealth Office of Best Practice and Regulation *Guidelines on cost/benefit analyses*:<sup>71</sup>

1. Specify the set of options;
2. Decide whose costs and benefits count;
3. Identify the impacts and select measurement indicators;
4. Predict the impacts over the life of the proposed regulation;
5. Monetise (attach dollar values to) impacts;
6. Discount future costs and benefits to obtain present values;
7. Compute the net present value of each option;
8. Perform sensitivity analysis; and
9. Reach a conclusion.

The nature of IFAS and the complexity of the context in which IFAS works make a traditional cost-benefit analysis difficult to apply. The options are fairly clear; a child either does or does not proceed to court. Direct costs, including to VLA, DFFH and the Children's Court, are relatively straightforward to determine and have been included. Indirect costs are more difficult to precisely determine; however, the evaluation has relied on available data for out-of-home care, foster care and family services costs. The evaluation has not included longer-term impacts such as mental health, education and housing which have been linked to child abuse rather than DFFH Child Protection involvement. Other costs are too complex to predict with any certainty. For example, civil claims for historical institutional child abuse against the Victorian Government was projected to cost \$20m in 2019-20.<sup>72</sup> Similarly, evidence highlights the generational nature of child protection involvement, and one child diverted from the child protection system may mean generations of children who are also not involved.<sup>73</sup> As a result, steps

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<sup>71</sup> Department of Prime Minister and Cabinet (n 16).

<sup>72</sup> Victorian Government (n 27).

<sup>73</sup> NSW Department of Family and Community Services, *The Prevalence of Intergenerational Links in Child Protection and Out-of-Home Care in NSW* (Government of New South Wales, 2017)<[https://www.facs.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0016/421531/FACS\\_SAR.pdf](https://www.facs.nsw.gov.au/__data/assets/pdf_file/0016/421531/FACS_SAR.pdf)>.



6 and 7 are unnecessary as this analysis only attempts to determine immediate costs within the 12 months following IFAS intervention. Step 8, the sensitivity analysis, is the process of estimating the worst/best case or the lowest and highest diversion rate.

Average costs can be determined with some certainty, but the available data do not allow for reliable determination of the actual impact of the program, in this case, the actual number of families who are diverted away from the court system. Figure 11 identifies the set of outcomes which can arise from IFAS intervention. This model highlights the numerous potential factors influencing the final return on investment.

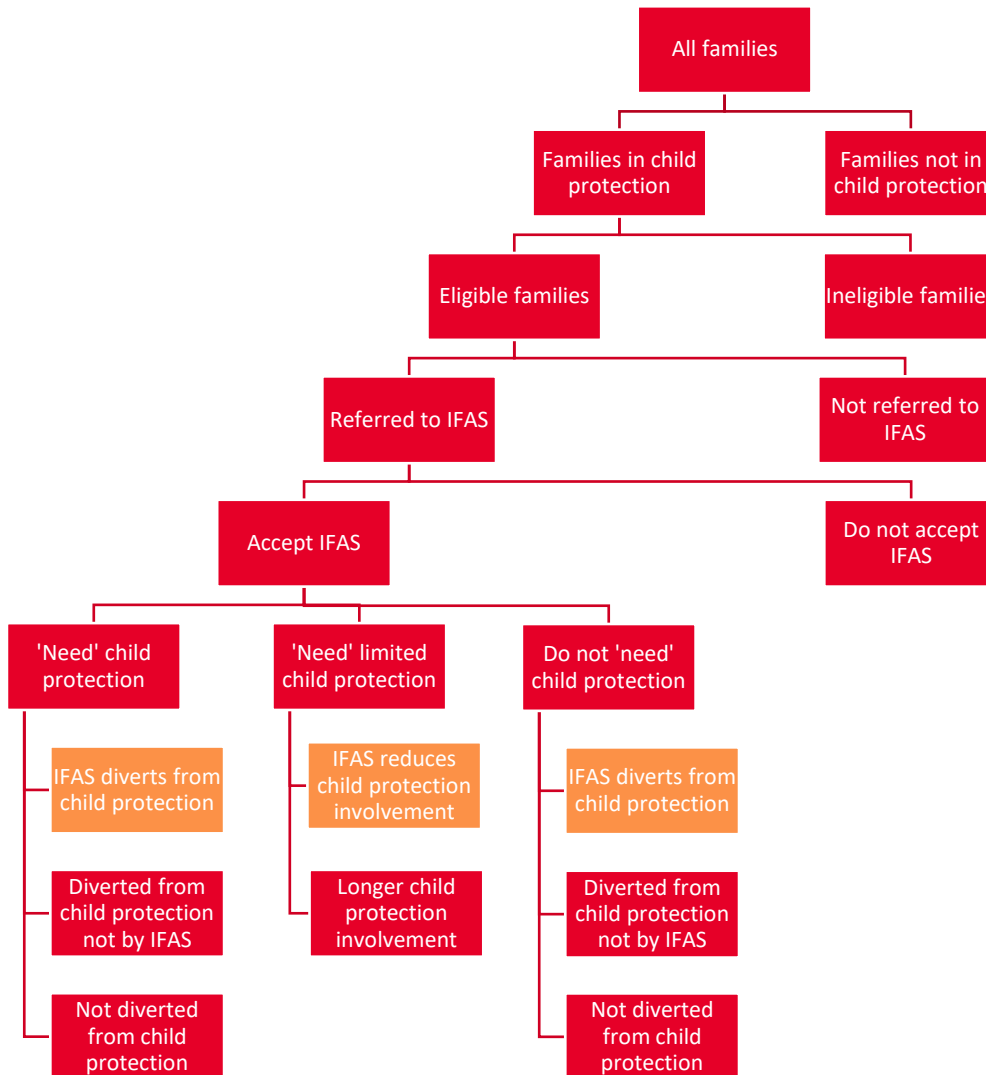


Figure 11 – System level impact logic

The key barrier in determining IFAS’s success rate in court diversion is that people who are referred to IFAS are not representative of the whole group of families engaged with DFFH Child Protection. It is clear that IFAS is not mainly working with families who are least likely to proceed to the court stage, as there would seem to be no reason to refer these families to IFAS, nor are they mainly working with families who are inevitably destined for court. This is supported by the qualitative data:



*I would say in terms of our risk assessment, right, there's families where we go out and they're either like assessed as lower risk or moderate risk, where we can work really effectively with those families, get some services in place, and they're pretty happy to work with us, where there isn't really that role for IFAS, because things are working well. There's families that are at like the very high end risk, generally, those are the urgents, or those are the things where something happens, and we're going out that day and potentially getting legally involved that day. Because it needs to be an emergency PA, so there isn't necessarily that space in there for us to kind of negotiate or try and bring the risk down. I would say where the role for IFAS that I've found most effective is in that kind of like high risk, but it's not an emergency, we're looking at maybe a PA by notice. (CP1)*

No evidence was found that IFAS is diverting families away from the child protection system who 'need' DFFH Child Protection, so this analysis has assumed that this is not occurring.

This analysis is also limited by the quality and difficulty linking qualitative and quantitative data, as detailed above in 2.6. All costs in 2020/21 dollars unless otherwise stated.

### Cost savings from court diversion

Average direct costs are available per child from DFFH, per case from the Children's Court and per grant recipient from VLA. The average number of children per family with children is 1.8 in Australia, but slightly higher for IFAS clients at 2.1. The number of grants per case for grants of legal aid is estimated by VLA to be approximately three. IFAS originally aimed to work with 150 clients per year and achieved 139 in 2020.

If IFAS is successful in diverting a client from the court system, they will eliminate DFFH costs related to applying for an order (\$3,830 per order issued) and, for approximately one in three children, intensive family support services (\$9,693 per child).<sup>74</sup> IFAS support will not prevent the costs associated with the original report (\$375 per report),<sup>75</sup> as IFAS eligibility criteria require the family to be under investigation. The average cost per case in the Family Division of the Children's Court is \$1,468.<sup>76</sup> The average grant of legal aid for child protection clients is \$2,750, with an average of three grants per hearing meaning each case totals an average of \$8,252. This means that each family diverted from the court system will save the Victorian Government an average of \$21,935. If a child is also diverted from out-of-home care, this results in an average additional saving of \$76,509 per child per year.<sup>77</sup> The most common length of order made is for one year.<sup>78</sup> In 2019/20 4,376 children entered out of home care, from a total of 14,947 children made subject to care or protection orders, meaning approximately 29% of all cases which reach the protection order stage result in orders for out-of-home care,<sup>79</sup> although one child protection practitioner estimated that for IFAS diversions this may be closer to 50%. Using the more conservative

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<sup>74</sup> Productivity Commission (n 66).

<sup>75</sup> *Report on Government Services 2020* (Productivity Commission, 23 January 2020) <<https://www.pc.gov.au/research/ongoing/report-on-government-services/2020>>.

<sup>76</sup> Victorian Government (n 27).

<sup>77</sup> This number is inflated by the high cost of residential care at \$771,563 per child per year. Non-residential care is only \$38,970 per child per year. The figure of \$67,405 incorporates the low chance a child will be placed in residential care. It is not possible, using available data, to determine if children of IFAS service users are more or less likely than other families to end up in out of home care.

<sup>78</sup> Mean length of out-of-home care order is not publicly available so the median length of one year has been used in this calculation. The mode, or most common, length of order is one to two years, so this is a conservative estimate.

<sup>79</sup> The midterm review, based on less precise data, used 40% for this calculation.



estimate discounts this cost but assuming two children per family, reaches a total of \$44,375 per family. The average cost for each family diverted from court is calculated at \$65,911, as shown in Table 6.

	Costs	Costs per child	Costs per participant	Costs per case	Number per case	Chance of occurring	Total
<i>DFFH cost per order issued</i>			\$-	\$3,830	1	1	\$3,830
<i>Intensive family support services</i>		\$9,693	\$-		2	33%	\$6,416
<i>Children's Court</i>			\$-	\$1,468	1	1	\$1,468
<i>DFFH protective intervention, support and coordination services</i>		\$784			2	1	\$1,569
<i>Legal aid grant</i>			\$2,750		3	1	\$8,252
<i>Out-of-home care</i>		\$76,509	\$-		2	29%	\$44,375
<b>Total</b>							\$65,911

Table 6 - Costs of child protection court involvement

Early VLA modelling in the original IFAS project plan assumed a 33% success rate, however, Table 6 shows that successfully diverting 5.5% of families away from the court system is sufficient to result in a positive return on investment for the Victorian Government.

To result in a positive return on investment for VLA only, which has funded the pilot, IFAS would need to achieve upwards of a 44% success rate in court diversion, as shown in Table 7. This is complicated by another aim of IFAS, which is to increase access to justice. As IFAS made over 70 referrals to legal services in the previous 12 months,<sup>80</sup> it is possible that any savings to VLA through court diversion may be reduced or cancelled out as a result of increased grants of legal aid from people referred by IFAS who otherwise would not receive legal representation. There is no way to know if these 70 people would have otherwise received legal assistance through other referral pathways, but it seems likely that many of them would have.

<b>Whole of government</b>		<b>VLA only</b>	
<i>No. families per year</i>	140	<i>No. families per year</i>	140
<i>Success in court diversion</i>	5.5%	<i>Success in court diversion</i>	46%
<i>Cost saved to Vic Gov per year</i>	\$527,674	<i>Cost saved to VLA only per year</i>	\$531,440.62
<i>Cost of IFAS per year</i>	\$524,270	<i>Cost of IFAS per year</i>	\$524,270.00
<i>ROI per \$1 invested</i>	\$1.01	<i>ROI per \$1 invested</i>	\$1.01

Table 7 - Return on investment minimums (whole of government and VLA only)

Using another approach to estimate savings to VLA confirms this analysis. Case expenditure in the target sites does drop, between the 12 months before IFAS is implemented and the last 12 months of data to April 2021, but, accounting for inflation, only by \$228,489, is not enough to cover the cost of IFAS. Building any assumptions into the modelling, IFAS does not return a positive return on investment for VLA.

<sup>80</sup> This figure of 70 referrals in 12 months derives from Status Report data and is significantly more than the 52, over the life of the pilot, documented in other data.





### Quantitative data on court diversion

As noted above, at 2.6.1, the COVID-19 restrictions have made it very difficult to determine the impact of IFAS as many non-urgent cases were adjourned by the Children’s Court. Figure 12 shows the impact of COVID-19 restrictions, with protection orders for both non-IFAS children in the target sites and all children in the comparison sites dropping after each lockdown.

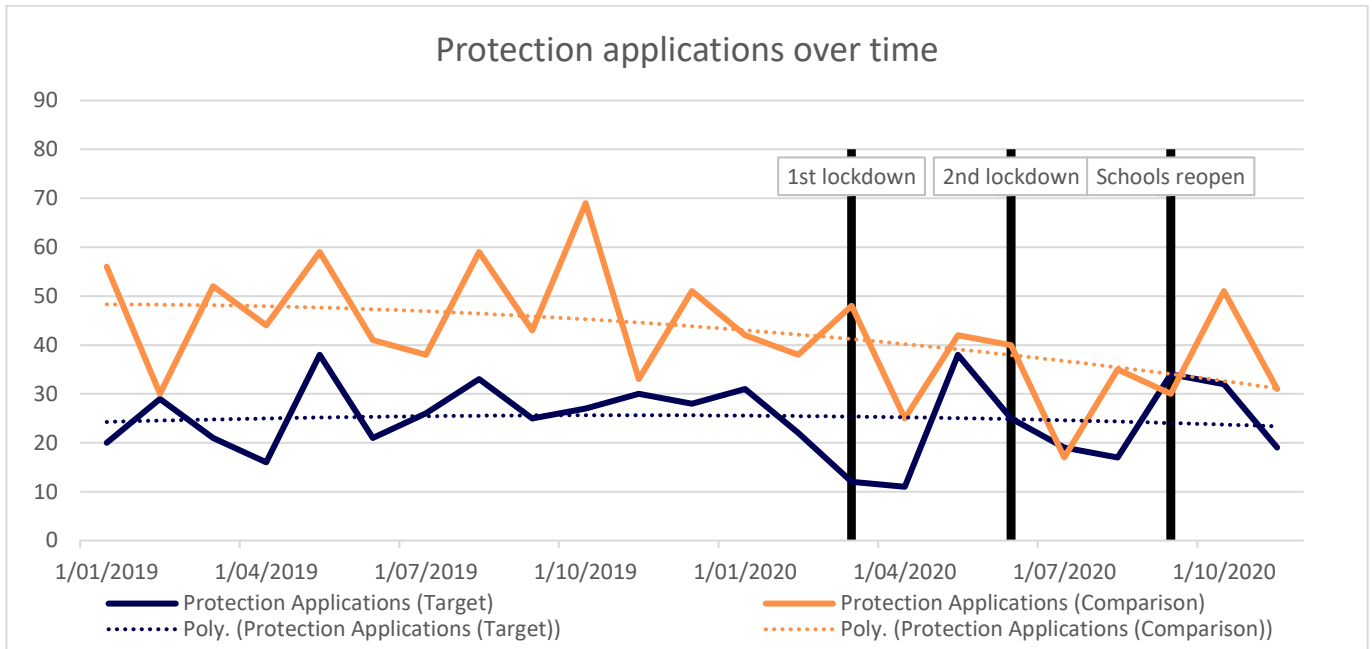


Figure 12 - Protection applications over time

In addition, IFAS is only working with a small proportion of the child protection population in the target sites, as shown in Figure 13 – IFAS clients in the child protection system. Any overall change in the system would be difficult to discern, and statistically insignificant. The qualitative data is useful for understanding the potential impact that IFAS *might* be having on court diversions as context for the qualitative data.

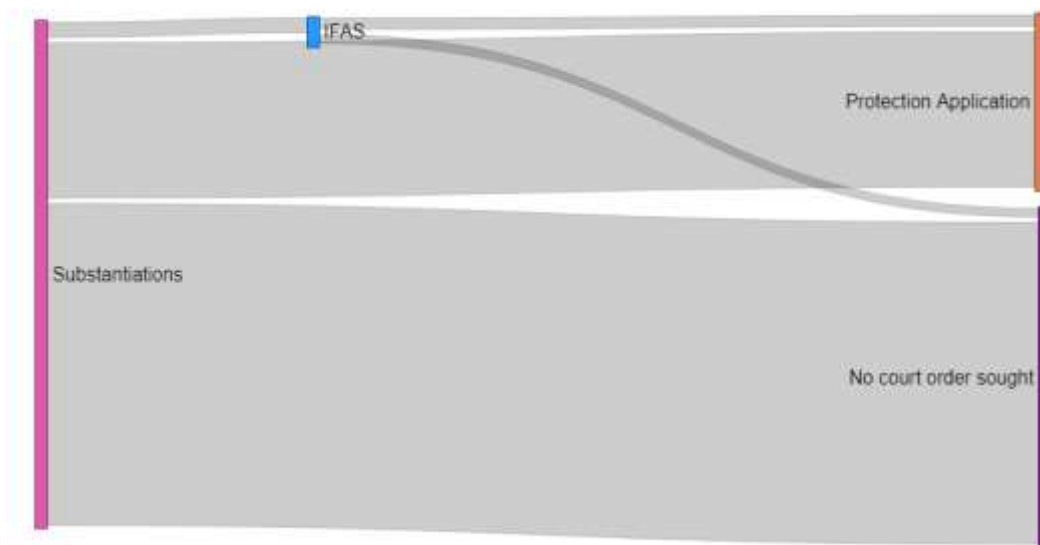


Figure 13 – IFAS clients in the child protection system





Despite this, the available quantitative data are valuable. Of 258 children whose data was able to be provided to DFFH, only 27 (10%) were subject to protection orders in the pilot sites after the point of IFAS’s first file closure, in January 2019.<sup>81</sup> The data also includes 15 children subject to protection orders in the comparison sites. After subtracting files which were still open at the time the data was provided, and including the children in the comparison sites, it is possible to determine that a minimum 30% of children of IFAS clients proceeded to court.<sup>82</sup>

Using the same DFFH data on children of IFAS clients, the total number of substantiations since January 2019 is 61, and total protection applications is 42, indicating that 60% of children of IFAS clients proceed to court. This rate is much higher than the rate for both the target (28%) and comparison sites (37%). This is accounted for by referral bias, in that those children who are most likely to proceed to a protection application but who have not already done so are referred to IFAS. Child protection practitioners repeatedly indicated they would refer mainly ‘high risk’, but not ‘emergency’ cases. Where DFFH are either unable to avoid court, or unlikely to proceed to court as the parent is cooperating, a referral to IFAS is not considered.

Figure 14, using IFAS client data provided by DFFH shows both protection applications and substantiations stay low, decreasing over time, even as the number of IFAS clients increases. The slight decline in both protection applications and substantiations is promising, but in the context of COVID-19 and with the very small sample, this is inconclusive and statistically insignificant.

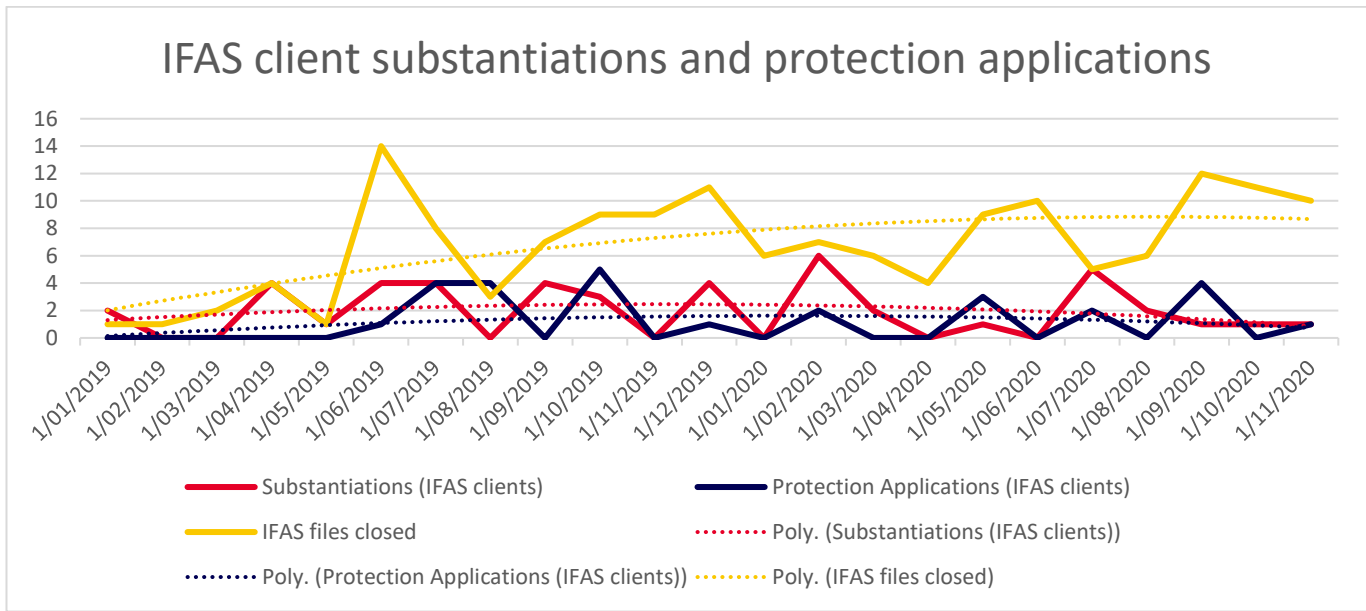


Figure 14 - IFAS client substantiations and protection applications

To account for the increasing number of IFAS clients, and to average out the data peaks, Figure 15 shows protection applications for IFAS clients as a percentage of IFAS file closures. Using the most complete data, the last three quarters of 2019 and the first three of 2020, protection applications for IFAS clients drops from 23% in 2019 to 17% in 2020, a 29% reduction overall in all IFAS clients. Again, these are very small numbers, statistically

<sup>81</sup> At the time these data were provided to DFFH, IFAS had 62 open cases, and had closed 195 cases, however as IFAS only began collecting children’s data following the midterm review, and many parents did not wish to disclose their children’s birth dates to IFAS, only children’s data from 120 families was provided to DFFH.

<sup>82</sup> It is likely that this is an underestimate as data was not requested for children outside of the target and comparison sites.







insignificant and easily accounted for by normal variation or COVID-19 restrictions, but do resonate with other available data.

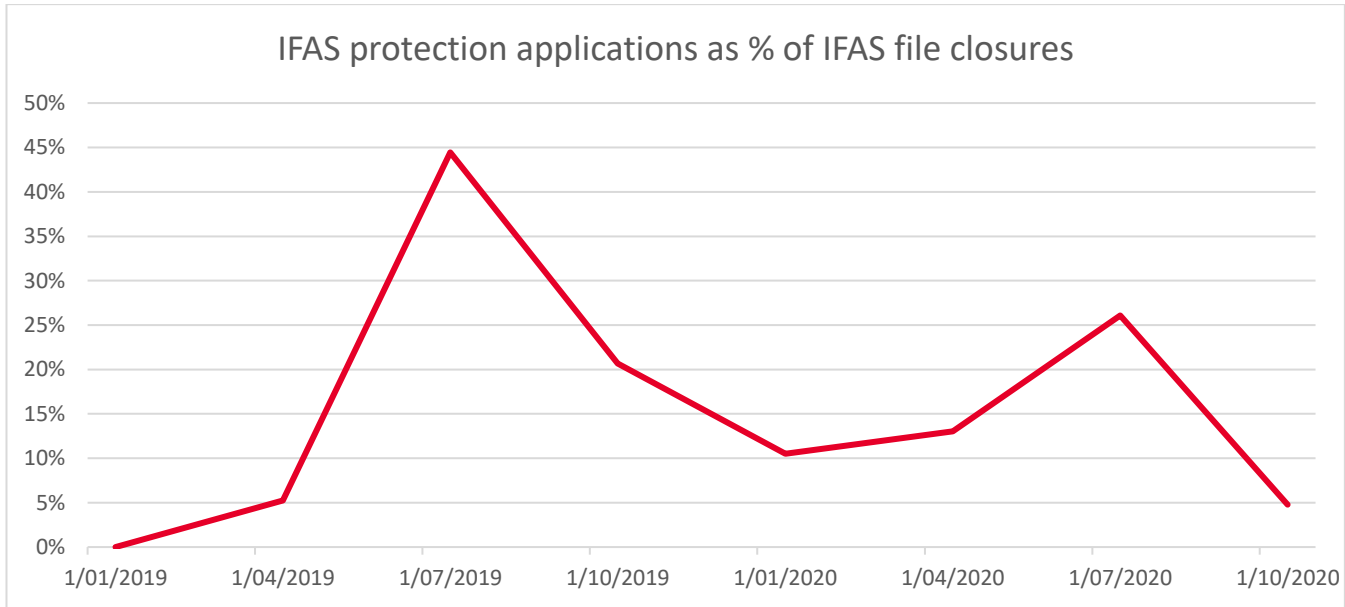


Figure 15 - IFAS PAs as % of IFAS file closures

Figure 16 shows that in the comparison sites, the rate of protection applications to substantiations decreases, while it increases in the target site. As the data for the target site data excludes IFAS client data, this indicates that there are other factors in the target sites increasing the rate of protection applications to substantiations, such as staffing or policy changes or COVID-19 restrictions. In this context, the suggestion in Figure 14 and Figure 15 that IFAS client substantiations and protection applications are staying steady or decreasing slightly is even more promising, although still inconclusive.

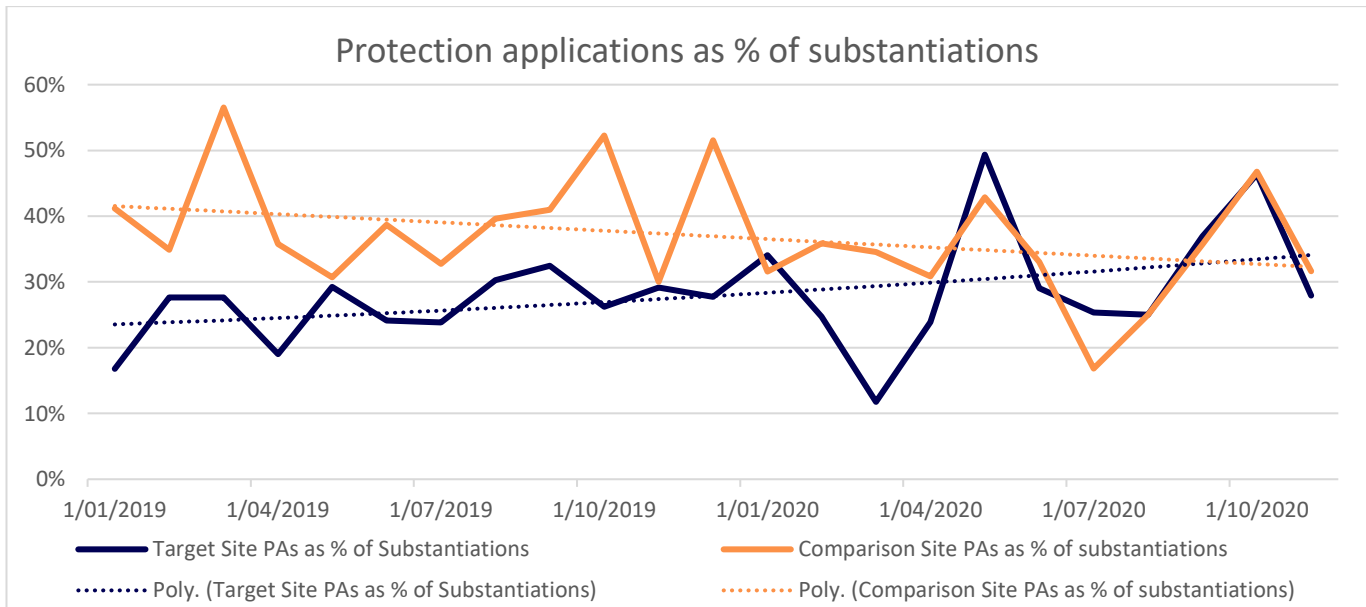


Figure 16 - Protection applications as % of substantiations





Using VLA grants of legal aid to VLA child protection lawyers, both internal and external, shows a similar promising but inconclusive effect. In this data, unlike the DFFH data, the target areas include IFAS clients. Figure 17 shows an interrupted time series of grants of legal aid in the target area decreasing as a percentage of total grants made by VLA in each month. This accounts for both seasonal variation and for the overall reduction during COVID-19 restrictions. These data are also for a longer time period than the DFFH data and cover the period post-COVID-19 restrictions to April 2021. In light of Figure 16, which suggests that grants should be *increasing* in the comparison sites, but decreasing in the target sites, this is again difficult to interpret, but is potentially explained by the longer time period and more up-to-date data from VLA illustrating different trends.

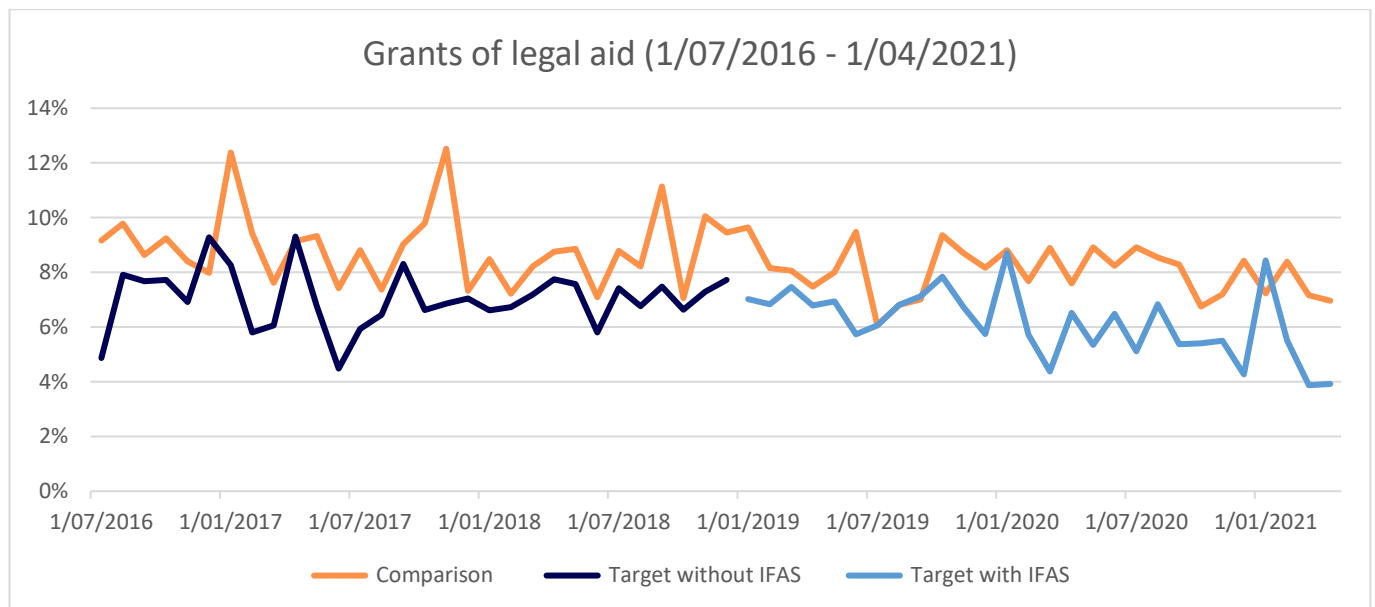


Figure 17 - Grants of legal aid

The reduction for the first year after IFAS’s first file closure is small, approximately a 2% reduction, but in the last 12 months of the available data, it is more substantial, at a 21% reduction. These percentages are of total grants of legal aid, not just IFAS clients, and, in the 12 months to April 2021, represent a reduction of approximately 120 grants. Assuming, as has been indicated by VLA child protection lawyers, approximately three grants per family, a reduction of 40 grants in 12 months allows for a very rough estimate of 29% of IFAS clients. This is not possible to determine causality but allows for the possibility that IFAS is contributing to this reduction.

Figure 18 uses VLA case expenditure, as a percentage of all VLA case expenditure for that month. As with Figure 17, while the comparison sites stay fairly steady, case expenditure in the target sites drops. Again, the reduction is insubstantial in 2019, but by 2021 a trend is noticeable, if not statistically significant. The last 12 months before the first IFAS file closure in January 2019, and the last 12 months of data to April 2021, shows a reduction in case expenditure from 7% to 5% of statewide case expenditure. If all of this reduction were caused by IFAS, it indicates 31% diversion rate for IFAS clients.



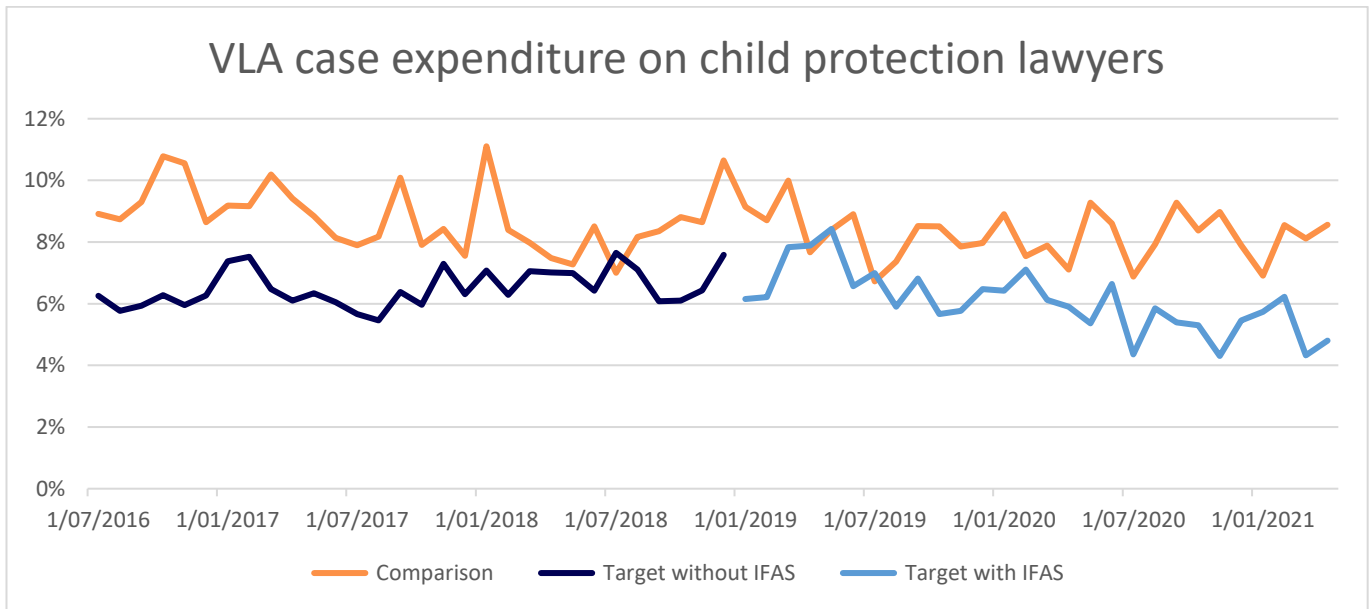


Figure 18 - VLA case expenditure

In summary, the qualitative data are not inferential and do not show causality and must be treated with caution. They do, however, indicate lower numbers of families proceeding to court in the target area, and protection applications for IFAS clients staying steady even as IFAS client numbers increase. Interpreted conservatively, the quantitative data appear to allow for a diversion to be occurring at certainly less than 40%, and probably less than 29%, of the total IFAS clients.

### Child protection practitioner assessment

The qualitative data on court diversion clearly show causation, with the majority of child protection practitioners identifying that IFAS aided in diverting children from the court system. In addition, the evaluation team collected quantitative data using qualitative methods, by explicitly asking all child protection practitioners if they had any cases which would have gone to court without IFAS involvement:

- Facilitator:* So that would have gone to court otherwise, in that case, if they hadn't been involved?
- CP 11:* Yeah.
- Facilitator:* How many times that might have happened for you in the last twelve months, or two years?
- CP 11:* I think I can recall, the last twelve months, maybe four times. Four times, or – yeah, four times.

Child Protection Practitioner 11 gave the highest estimate, but of the 11 direct service practitioners interviewed, six identified specific cases where they would have had to proceed to court, ranging between one and four examples in the previous 12 months, for an average of 0.86 children diverted from court per practitioner.

Due to recruitment bias, this cannot be extrapolated to the approximately 70 practitioners who work in the target sites, as child protection practitioners were recruited by DFFH for the evaluation on the basis of having the most contact with IFAS. If the sample were representative, it would reflect a diversion rate of approximately 50% of all IFAS clients. Even at the lowest range, if these participants were the only practitioners who had experienced a



court diversion as a result of IFAS, it represents a 7% success rate. This is unlikely to be the case, as a senior DFFH manager noted the turnover meant that the majority of staff who had worked with IFAS were no longer in those roles:

*The majority of staff I would say that have been involved in it first have probably turned over. I think you'd have to rely more on the data that you have than some of the interviews that you've done, because people will only be able to speak to the one or two cases that they've had. (CP15)*

Accounting for this, the lowest range based on child protection practitioner assessment data is probably 14%, but for the purpose of estimating the worst-case assumption model (detailed below), the lowest range is conservatively estimated at 10%.

Clouding the qualitative data is the perspectives of two child protection managers, both of whom oversaw teams of approximately seven staff, but had seen no evidence of court diversion in their teams as a result of IFAS intervention. This may be an indication that IFAS is less effective than described by practitioners, or an indication that these managers, with less direct contact with IFAS, are not observing the same interactions with IFAS that direct practitioners are. A third, more senior manager, who oversaw a large area, was also unable to identify specific cases of diversion, but was also only able to identify one or two cases in which IFAS was involved which *had* gone to court:

*There'd be a hell of a lot that would go away and divert away from child protection that I would never even know about with IFAS involved. I can only think of maybe one or two that have gone through for legal intervention. (CP15)*

Both managers who saw no evidence for diversion had limited understanding of IFAS, while a fourth manager, who did see evidence of court diversion, had high appreciation for advocacy and understood the model, so it is possible that managers' understanding and disposition towards advocacy was influencing their perception of its impact. The senior manager was asked to comment on why there might be a difference between the practitioners and some managers and suggested that the 'lens' of risk might be influencing their perceptions of IFAS's impact:

*Thinking about some of the different decision-makers that I have in my area and some that will be less... Not less inclusive. That's probably not the word I'm looking for, but the risk focus is the lens, rather than maybe sometimes thinking a little bit more holistically about what other mitigating factors might sit behind that? (CP15)*

The data from child protection practitioners is likely accurate but is difficult to extrapolate from this sample of participants. This results in a wide range of potential diversion rates, between 10% and 50%.

### IFAS advocate assessment

During a focus group where they could access their files, IFAS advocates were first presented with an overview of the quantitative and qualitative data then asked, as a group, to estimate their diversion rate. This resulted in quantitative data collected using qualitative methods. This exercise identified a number of factors, including the regularity of referrals where court processes were underway, the impact of COVID-19, and late referrals where there was no time to avoid court. In particular, situations where a child was removed at birth were viewed as



particularly difficult. Through extensive discussion, the advocates calculated their rates at between 30% and 100%.<sup>83</sup>

*IFAS Advocate 5: My ones I've got 12 that are closed since October. And the four that weren't in the court space when I picked them up have not gone to court.*

*Interviewer: So you're 100% on both counts?*

*IFAS Advocate 5: Yep.*

Another advocate made the same claim:

*I've gone back to January, just looking at closed cases. So I've still got quite a few that are open, so I don't know, but they're not in court yet. So I've got your nine out of nine didn't go to court. (A2)*

Others had lower rates:

*IFAS Advocate 3: Yeah, I think there's six for me in the last 30 days.*

*Interviewer: That have gone to court?*

*IFAS Advocate 3: No, that haven't, that have exited without court.*

*Interviewer: And any that have exited with court?*

*IFAS Advocate 3: One that I've been working on for a very long time. But yeah, it went to a (Care by Secretary Order (CBSO)). ... [but] would have always gone to a CBSO.*

Advocates were then asked to estimate how many would have gone to court if they had not been involved:

*I've just gone and had a look through, say 10 clients that ended up in court that I've worked with, and I would say four of them would have ended up in court regardless. There's nothing that could have been done. The other six, say, for example, if the referral had come at unborn, rather than when the baby was born, or there'd be the time to be able to do the work that we needed to do, or more responsive or whatever, we could have kept those from court. (A2)*

When factoring in cases that either were at court, or would have gone to court anyway, or would have avoided court anyway, advocates arrived at a 45% diversion rate, acknowledging that this was a subjective process:

*IFAS Advocate 1: I'm confident four out of nine would have gone [to court] out of the ones I worked with.*

*Interviewer: And none of them out of nine went?*

*IFAS Advocate 1: None of them went. No.*

*Interviewer: So that gives you a diversion rate at about 45% or something like that.*

Another advocate independently came to the same conclusion, with 9 of 20 (45%) not going to court because of IFAS:

*I've just looked at my last 20. And of those last 20, four have gone to court. ... Two of those were already at court when it came. ... One baby was born that day, one extenuating circumstance. ... Of that 16, I would say nine of them were IFAS were the reason, I guess, that they were diverted from the court space. Because some of those have come through to us when the reports only just got to*

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<sup>83</sup> This estimate, of a 100% diversion rate, is also claimed by another similar program. See: *Child Advocacy Law Clinic* (n 64).



*intake, or it gets through investigations and they don't even substantiate. But I would say nine of those 16 we played that role, we played the role in diverting. (A2)*

This is a subjective and fairly unscientific process, exposed to bias, but resonates with other available data highlighted above. Similarly, while not a random sample, 9 of the 19 (47%) of clients interviewed in the final stage of the evaluation and 5 of 11 (45%) interviewed in the midterm review avoided court. It is not fair to expect parents in the child protection system to be able to determine if their case would have gone to court without IFAS intervention, but two parents were able to definitively say that this was the case, either because of prior experience:

*Interviewer 2: So you're really clearly saying that the IFAS worker meant, having [IFAS Advocate] there meant that you didn't end up going to court, whereas you had had to other times.*

*Parent 15: Yep.*

*Interviewer 2: So this one was very different?*

*Parent 15: Yep.*

Or because the choice was up to them to go to court or not:

*I was thinking about contesting Child Protection on a few things, and [IFAS] gave me the advice that if I was to do that, then they could take me to court. So, obviously, I didn't do that. (P18)*

These conclusions should be treated with caution and are not easily able to be extrapolated. The IFAS client data and advocate data are only representative of clients who have been referred to IFAS, so it is possible that these are the 'easiest' clients to divert. Even if, as some advocates claimed, under ideal conditions they successfully divert 100% of clients who are able to be diverted, which amounts to about 45% of clients, they divert 0% of clients who are not referred, meaning this data does not assist in calculating prevalence or potential if IFAS were expanded within the pilot areas.

### Estimating a diversion rate

Despite some perplexing elements in the data and many caveats, a diversion rate in the vicinity of 20-40% is remarkably consistent across the various data sets, arising in DFFH protection applications, VLA legal aid grants and in qualitative data from DFFH and from IFAS advocates and clients. By themselves, none of these data sets are reliable, particularly in the context of COVID-19 restrictions, but triangulating the data gives an indication of potential range.

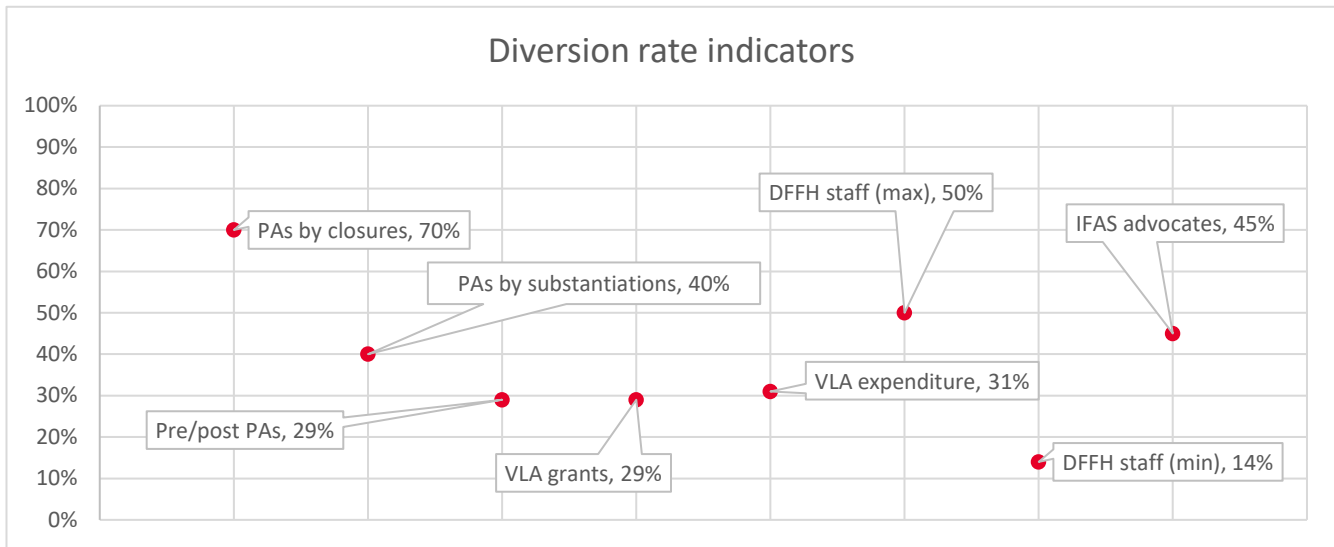


Figure 19 - Diversion rate indicators

Due to the limitations detailed in 2.6, a straightforward statistical analysis of these indicators is not possible. Instead, to estimate the return on investment the evaluation team required a single estimated ‘base’ rate with upper, best-case assumption and lower, worst-case assumption limits. The ‘base’ case ‘assigns the most plausible values to the variables to produce an estimate of net benefits that is thought to be most representative.’<sup>84</sup> This is not a statistical process but a professional assessment weighing each variable within the context of the data and collection process.

The most reliable data for a lower bound is the DFFH staff estimate, at 14%, and the most reliable data for an upper bound is the IFAS advocates’ estimate at 45%. As noted above, these are quantitative data collected using qualitative methods. As PAs by substantiations, pre/post PAs and VLA grants all indicate between 29% and 40% it would be reasonable to assume that the actual diversion rate is around 30%. This would be consistent with the DFFH staff maximum indicator at 50%. However, due to the limitations identified in the data, and the potential for confounding factors influencing PAs by substantiations, pre/post PAs and VLA grants, the evaluation team conservatively estimate the ‘base’ rate, for the purposes of modelling return on investment, to be 20%.

Taking another approach, in order to test this estimate of 20%, based on the qualitative data provided by the IFAS advocates, the evaluation team estimate that approximately 45% of referrals have the potential to be diverted, and of this group, IFAS is successful in diverting approximately 45%. This gives an effective rate of 20%, which is to say that IFAS reduces the likelihood that any referred family who might proceed to court by 20%. This is visualised in Figure 20. This is, again, an estimate based on a series of assumptions, but is consistent with the available data.

<sup>84</sup> Department of Prime Minister and Cabinet (n 16).



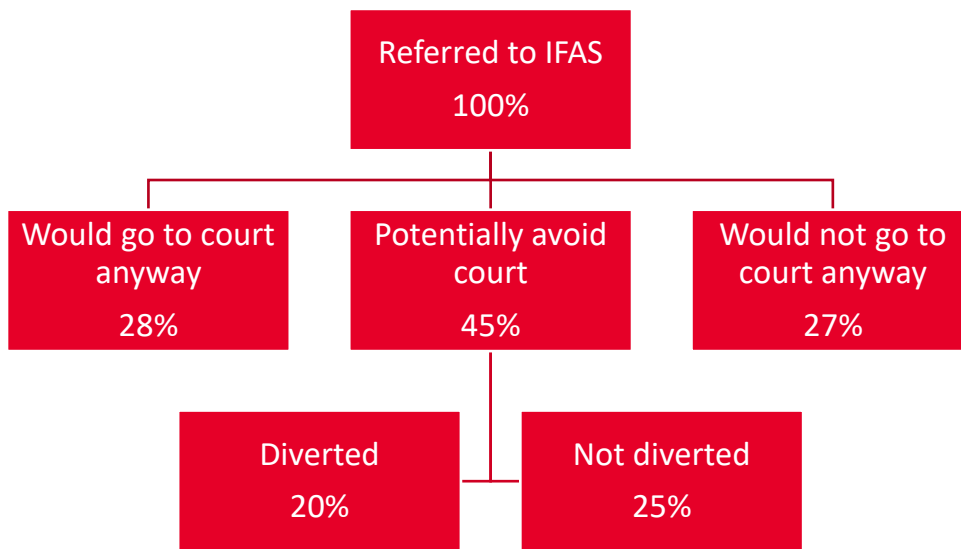


Figure 20 – Estimated potential diversion

Based on the available data the evaluation team estimate that the effective diversion rate is approximately 20%. It is still possible, particularly based on the IFAS advocate’s assessment, that the effective rate is higher, closer to 45%. More appropriate referrals, better working relationships with DFFH and other stakeholders, would all increase this rate. The lowest possible rate, based on confirmed examples and objective assessment, appears to be 7%, however this is far too conservative when triangulated with all available data, so the lowest range has been estimated at 10%.

### Estimated savings

Based on an estimated diversion rate of 20%, assuming 29% of children progress to out of home care and IFAS closing with 140 clients on average per year, IFAS has resulted in a saving of \$1,845,510. As the annual cost of IFAS is \$524,270, this is a return on investment if \$3.52 for every dollar invested (or \$2.52 in savings). Using best possible scenario assumptions, the return on investment may be as high as \$13.17 or under worst possible scenario assumptions as low as \$1.28.

	Saving per client	Clients	Avg. children per client	Chance of OOHC	Diversion rate	Costs saved	Return on investment
Maximum rate	\$102,269.57	150	2.1	50%	45%	\$6,903,196	\$13.17
Minimum rate	\$48,280.51	139	1.8	20%	10%	\$671,099	\$1.28
Estimated rate	\$65,911.06	140	2	29%	20%	\$1,845,510	\$3.52

Table 8 - Estimated savings

These figures are consistent with findings from other studies. In their Australian study, Daly et al. found a remarkably similar \$3.50 return on investment for advocacy for people with disabilities, including in the child protection context.<sup>85</sup> In the United Kingdom, Bauer et al.’s study of non-legal advocacy for parents with learning

<sup>85</sup> Daly et al (n 61).







disabilities found a return on investment of between GBP 1.20 and GBP 2.40 for every pound spent.<sup>86</sup> In the United States, Gerber et al. did not calculate a return on investment but estimated a potential saving to New York City of USD 40 million per year, noting the 'the potential impact on the size of our country's foster care system could be tremendous should the findings hold for other jurisdictions.'<sup>87</sup>

The cost benefit analysis was conducted based on available data in the pilot sites. Extrapolating these data across the state does not account for variations in demographics or regional influences, however a statewide service would also not face the barriers of a new, small, pilot service working during a pandemic. For a statewide rollout of IFAS budgeted by VLA at \$3.2m per year, extrapolating directly from the pilot data, estimated savings to the Victorian government are approximately \$11.2m per year (\$8m after accounting for the cost of IFAS).

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<sup>86</sup> Bauer et al (n 62)

<sup>87</sup> Gerber et al (n 11) 53.





## Appendix 2. Advocacy examples

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These advocacy examples were coproduced with the lived experience evaluator on the team, based on common themes emerging from the interview data with people who had used IFAS. They are amalgams of multiple experiences and do not reflect one single person's experience, informed by the well-established case study approach of qualitative research.<sup>88</sup>

### Steven and June

#### Background

Steven is a Wurundjeri and Mutti Mutti man and June is a Gunaikurnai woman. They have four children between altogether. Steven has one son, Damon (15), from a past relationship who lives in a kinship placement with Steven's mother Catherine. June also has a daughter, Lia (10), who lives in a kinship placement with June's sister Tamyka. Steven and June have two children together, Deja (3) and Cyril (7). Although Steven and June do not have custody of Damon and Lia, they see their children frequently at whole family access, supervised by Catherine or Tamyka. Both Damon and Lia are on Care by Secretary orders due to substantial protective concerns in Steven and June's prior relationships. Damon and Lia's kinship placements are managed by the local ACCO, and there is current consideration of reunifying Damon and Lia with Steven and June.

At the last family access, Damon and Cyril got into an argument, and in the kerfuffle, Deja was accidentally pushed over and ended up with a significant cut on her arm due to broken glass on the ground at the park. Although Deja received appropriate care, when she was asked at kindergarten about the cut, Deja said it was because of her brothers' fighting. The kindergarten was aware of the family's Child Protection history and made a Child Protection notification about Deja's injury.

Two days later, while Cyril was at school, Child Protection arrived at Steven and June's door. Unaware that any notification had been made and holding trauma and fear since the removals of Damon and Lia, Steven and June refused to open the door. Steven and June yelled for the Child Protection practitioners to leave their house. With all the noise and feeling the fear from her parents, Deja began crying. Child Protection could hear Deja crying from within the house. Child Protection said if Steven and June didn't open the door, they would return with police escort. The next day, Steven and June kept Cyril and Deja home from school and kindergarten, fearing that Child Protection would attend their schools. In the afternoon, Child Protection arrived at the property with a police escort. Steven and June allowed the practitioners to enter the house, though were very cautious and nervous about having police and CP practitioners in their home. Deja and Cyril were frightened, knowing that Damon and Lia had been removed like this.

Although Child Protection tried to speak calmly and explain why they had come and received a notification, Steven and June were unable to answer any questions, fearing they would say the wrong thing, or that they would be misunderstood. Child Protection said they would be contacting Deja and Cyril's kindergarten and school to get their perspectives and gave June and Steven paperwork before leaving the home.

June called the local ACCO with whom Damon and Lia's kinship placements were managed. The ACCO sought June and Steven's consent to refer them to IFAS. June recognised the name of the service from one of the cards in the Child Protection pack and sought reassurance from the ACCO worker that IFAS were independent.

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<sup>88</sup> Sarah Crowe et al, 'The Case Study Approach' (2011) 11 *BMC Medical Research Methodology* 100.



## Response

Rachel from IFAS received the referral and called June that afternoon. Although June was hesitant on the phone, Rachel took the time to explain the role of IFAS advocates, including their independence from Child Protection. Rachel told June that IFAS has significant connections with ACCOs, and once per week, she colocates with the ACCO through whom Damon and Lia are case managed. Rachel says she knows Damon and Lia's case manager. Feeling more comfortable, June and Steven talk with Rachel about what has happened. June and Steven don't know where the notification came from but feel hesitant to send Deja and Cyril to kindergarten and school for fear that Child Protection will remove them from these places. June and Steven say that nothing has gone wrong, except that there was a small fight at the last access, but that this is normal and is to be expected between siblings. June says that Deja got hurt, but they had taken her to the clinic to have the wound checked. Steven and June told Rachel that they don't want to do the wrong thing as they are close to having Damon and Lia back in their care. Steven told Rachel that Child Protection had come with the police, and they didn't remember what Child Protection had said, but that they don't want Child Protection to attend their home again as Deja and Cyril become really scared. Rachel received Steven and June's consent to attend the upcoming care team meeting, and to speak on their behalf.

As the care team meeting was online, June and Steven attended but were able to just listen and have their camera and microphone off while Rachel explained Steven and June's position to the Child Protection practitioners. Child Protection wanted to interview Cyril and Deja to check if the story matched up, and to gain their insight into any issues at the home.

After the care team meeting, Deja was upset as she had heard her parents talking about Child Protection. Rachel called June after the meeting, and Rachel could hear Deja crying. Rachel asked if she could speak to Deja, June put the phone on loudspeaker and Rachel talked with Deja. Rachel told Deja that June and Steven had done nothing wrong, and that she and Cyril were safe, but that Child Protection practitioners would like to speak with her to check that she is okay after she fell over at the last access. In addressing Child Protection's concerns, June and Steven agreed that Rachel could mediate a video conversation between their Child Protection practitioner and Deja, and then with Cyril. June and Steven both felt comfortable with this happening, knowing that Rachel would be there in case Deja or Cyril became upset.

This conversation occurred, and Child Protection were satisfied that neither Deja nor Cyril was at risk of harm. After gaining the perspectives of the school and kindergarten, Child Protection closed the case with Deja and Cyril. The ACCO continued the work with reunifying Damon and Lia.

## Evaluation

June and Steven's story illustrates the continuing tension and presence of legacy issues between Child Protection services and Aboriginal families. June and Steven had strong reactions when Child Protection arrived at their door, and this prompted them to keep Cyril and Deja from school with the intention of protecting the children from being removed. However, keeping a child absent from school without just cause would be a risk factor from a Child Protection perspectives. Once the family felt able to trust Rachel, they could have productive and clear communication to and from Child Protection, albeit they may not have spoken directly with their practitioner. By feeding information through a third party, Child Protection were able to assess risk posed to Deja and Cyril, and close the case. Steven and June engaged in the process by being present on the online platform but relying on Rachel to speak for them. Rachel was also able to ease Deja's fears of being removed from her parents, by speaking with her directly, and being present during her conversation with the Child Protection practitioner.

This example demonstrates IFAS outputs 5.1, 6.2, 6.3, 7.1, and outcomes 1, 2, 3, 4 and 5.

Although mediating all communication through IFAS is not ideal, it did enable Child Protection to address their protective concerns, and the family to engage in the process and avoid any escalation of intervention solely due to communication barriers. Further, it allowed Steven and June to maintain a sense of power within a setting which often disarms families.

## Ashley

### Background

Ashley is in her late 30s and lives by herself in a transitional housing unit. Ashley has a mild intellectual disability which she reports has had a big influence in how people have treated her throughout her life. Ashley was born into a big family with many siblings however they were infrequently all together, with her two eldest siblings being placed in state care before she was born and another sister who was moved to a home for children with disabilities. Although Ashley predominantly lived with her mother, Child Protection was often involved with her family due to concerns about Ashley's physical safety at home, pertaining to Ashley's mother using physical violence, and not being able to cater for Ashley's different needs. At 17, Ashley became pregnant. Due to her age and intellectual disability, the hospital engaged Child Protection, believing that Ashley did not have the capacity to take care of her son. As Ashley did not have any family support in the hospital, nor from the child's father, Ashley was unsure what she could do and felt pressure to relinquish care of her son. The Child Protection practitioner spoke with the hospital staff and used words which Ashley didn't understand. Ashley didn't know whether she could speak up, or what to say if she did. The Child Protection practitioner and hospital staff reassured Ashley that removing the child was 'for the best'. The attitudes of the workers were the same as how she had been treated throughout her life, so she believed they were right.

At 19, Ashley became pregnant again. By this time, Ashley was living with her grandmother who supported Ashley with her daily living. Although Ashley was coping well and attending a day program 5 days a week, she was scared that Child Protection would remove this child, as they had with her son. Ashley's grandmother attended the birth with Ashley, although was not in support of the pregnancy. Her grandmother believed that Ashley was not capable of taking care of a baby. Given the previous removal, Child Protection were again notified when Ashley was giving birth and arrived that day to remove her daughter. As on the first occasion, Child Protection and hospital staff spoke amongst themselves, excluding Ashley from the conversation. Ashley's grandmother was consulted, however she agreed with Child Protection's decision for the child to be removed.

In the subsequent years, Ashley's grandmother died and Ashley drifted through stages of housing instability and homelessness. Ashley had residual trauma from the removal of her two children and had not seen her children since birth. Though she sometimes called Child Protection to ask if she could see them, she was told that they did not want to see her. After finding appropriate support, Ashley moved into a transitional housing unit, and was supported every second day through the NDIS. Support included general daily tasks. On the days without this one-on-one support, Ashley attended a local day program. While in this program, Ashley started going out with a fellow program mate, and fell pregnant. Once again, Ashley was scared of giving birth as she was traumatised by the previous removals. Despite the fear, Ashley felt safer and surer of herself during this pregnancy and through the birth. One of the program facilitators supported Ashley throughout the labour at the hospital. Child Protection had received an unborn notification for Ashley's third child, during one of Ashley's visits for prenatal care. With support from the facilitator, Ashley had already asked to speak with the social worker. The facilitator informed

the social worker of Ashley's Child Protection history, and the social worker received Ashley's consent to refer her to IFAS.

### **Response**

Tim, the IFAS advocate, received the referral and called Ashley. The hospital informed Tim when Child Protection would arrive, and Ashley had Tim on the phone throughout the visit. Due to her past experiences, Ashley shut down and was unable to speak when Child Protection was present. Ashley relied on Tim to speak for her. Tim questioned whether Child Protection could immediately remove Lilah. Tim, Child Protection and the hospital staff negotiated to allow Ashley and her baby to stay in hospital for two extra days so that Ashley could parent in a supervised and supported environment. After the meeting, Tim and Ashley stayed on the phone, and Tim explained what Child Protection had said. Ashley felt a sense of calm, knowing that Tim was there to explain things she didn't understand or didn't remember, and that she had some chance to keep Lilah with her. On the day Ashley and Lilah were to be discharged from hospital, Child Protection, Tim, the hospital staff, and Ashley had a meeting. Child Protection agreed for Ashley to take Lilah home to her transitional unit on the proviso that they could visit every second day for one month. Tim offered Ashley some advice like keeping a calendar of Maternal and Child Health Nurse visits, and any other health or check-up visits. During each visit, Ashley was able to show her Child Protection practitioner what she and Lilah had been doing over the past day. Although Ashley still had the NDIS support in place, they were unable to assist her with developing her parenting skills.

Tim phoned Ashley every few days to check in, and Tim noted that Ashley was struggling. Child Protection noted this too, and called a team meeting. Ashley asked Tim to speak for her at the meeting. Child Protection said they had grave concerns as Lilah was not gaining sufficient weight, that Ashley was not able to read Lilah's cues, and that Ashley was very socially isolated.

Ashley and Tim talked about options; Ashley stated that if Lilah cannot be in her care, she wants to be able to have contact with her. Ashley recognised that she is struggling with Lilah's daily care, and stated that she does not have the family or friend support around her. With Ashley's consent, Tim referred Ashley for legal support through VLA, and Tim attended with her to assist with communication. At the one-month mark, Child Protection issued a Protection Application for Lilah. After speaking with his manager, Tim attended court with Ashley to take notes and support with communication. The court decided to grant the Care by Secretary order for Lilah, and Child Protection placed Lilah in a foster care placement. Through communication with Child Protection, Tim referred Ashley to disability advocacy organisation who would support Ashley ongoing to engage with Child Protection and the foster care agency. They ensured that Ashley would have ongoing contact with her daughter, despite not being in her full-time care.

### **Evaluation**

This example illustrates the very real scenario of children being immediately removed from parents with intellectual disabilities. We heard from stakeholders and parents that no parenting capacity assessments were undertaken, rather capacity to parent was considered on neurological assessments alone. This example reflects the stories told of parents, with and without intellectual disabilities, who 'shut down' when Child Protection arrived, and were unable to understand or remember any information they were given directly by their practitioner. Although Ashley was not able to be a fulltime parent for Lilah, Ashley felt more part of the conversation and felt heard.

This example demonstrates outputs 2.2, 4.1, 5.1, 6.1, 6.3, and outcomes 1, 2, 3, 4 and 5.

## Shannon

### Background

Shannon is in her late 30's. She has two children and her partner Doug is currently in prison. Doug has a history of using violence against Shannon and their children Simona (5) and Angelica (6). When Doug was arrested, Child Protection received police notification to follow up with Shannon regarding the family violence. Child Protection have visited the home and spoken to both Shannon and her children. Child Protection have told Shannon that they have no concerns about her parenting ability, however there are strong concerns about Shannon's ability to protect the children from Doug's violence should he return to the home upon release from prison. Shannon doesn't understand why Child Protection are still involved if they know she is a good parent, and that Doug is not in the home. Shannon feels like Child Protection are making things very difficult for her, and she is scared they will remove her daughters. Child Protection have not been clear about what Doug needs to do if he wants to return to the house. Shannon does not feel she has been provided with enough information from Child Protection in order to make the best decisions for her and her children.

Child Protection have talked about men's behaviour change programs, parenting programs, counselling and family violence services, but Shannon is unclear as to how any of this will help her. Shannon feels that she is being pressured into ending her relationship with Doug, and that Child Protection are asking way too much and will then take her children anyway. Every conversation with Child Protection left Shannon feeling more confused and overwhelmed. Communication between Child Protection and Shannon was at a standstill.

Shannon's Child Protection practitioner, Michelle, was introduced to a new service called IFAS at their last team meeting. An IFAS advocate, Jean, co-locates at Michelle's Child Protection offices, and Jean attends the Thursday case allocation meetings. At the latest meeting, Michelle and Jean agreed that Shannon might appreciate support from an advocate. After the meeting, Michelle called Shannon and suggested that she call IFAS for independent advocacy.

### Response

Shannon called IFAS and was allocated support from Jean. Shannon explained her situation, outlining Child Protection's concerns and the likelihood of her children being removed should she resume her relationship with Doug upon his release from prison. Shannon also has questions about how family violence and other services could support her and what she would need to do to keep her children safe. Shannon questioned why she was expected to attend parenting programs when Child Protection made it clear that she was not the one being a 'bad parent'. Shannon felt that she couldn't trust Child Protection, she felt judged, and that they had already decided to remove her children. Jean explained to Shannon what constituted a protective concern around family violence, including the fact that if the children were victims of, or exposed to violence, that this would be considered as Shannon not acting protectively of her children.

Jean and Shannon discussed the support and safety options that a family violence service might provide and the additional help that a parenting program could offer to help Shannon better support her children. After hearing the information Shannon indicated that she would welcome this support. Jean made the appropriate referrals. Once Shannon engaged with support, she decided to end her relationship with Doug. Jean attended a care-team meeting with Shannon, and Shannon was able to advise Child Protection of the steps she had taken, and her plan to receive continued support.

Child Protection closed their investigation and Shannon's children remained in her care.



## Evaluation

Shannon's experience demonstrates the confusion and frustration that many parents face when engaged with Child Protection. Several parents expressed an inability to communicate effectively with Child Protection and felt that this led to misunderstanding what Child Protection wanted from them or feeling that they had no say in what happened with their children. This caused extreme anguish and made communication even more difficult. Like Shannon, many parents felt unheard or dismissed by Child Protection, creating adversity in a process meant to increase support. The provision of independent support, where an advocate has the time to listen and explain misunderstood information, enabled Shannon to engage in the process and address the protective concerns. Shannon was able to make her own decisions, without feeling pressure to end her relationship. Although Child Protection had suggested family violence and counselling support, Shannon needed to hear it from a third party who she felt were not threatening to remove her children. Jean's availability to sit and listen with Shannon enabled Shannon to discuss her situation without the emotional stress and fear of judgement. Like many parents who participated in the evaluation, Shannon felt pre-judged by Child Protection and was fearful about what she said to them. Jean was a neutral party that Shannon felt she could trust to provide reliable information and support her to express herself.

This example demonstrates outputs 2.2 and 3.1 and outcomes 1, 3, and 5.

## Jason

### Background

Jason is in his late 40s, is married to Debbie, and has two children, Jack (7) and Mikayla (11). Jason and Debbie have been married for 13 years, and although there have been significant challenges along the way, they have managed to get through it okay. Jason and Debbie's relationship has not always been stable. Jason tends to get angry quickly and doesn't know where to put his emotions. Jason sometimes becomes physically violent toward Debbie. Jack and Mikayla are often home when these fights occur. When Jason is wound up, he also yells at Jack and Mikayla. After these episodes, Jason is sincerely apologetic, ashamed of his actions, and feels significant guilt. During the latest July COVID-19 restrictions, Jason was laid-off from his job as a labourer, though has been told he can return to his job once the restrictions ease. With more free time, Jason has been feeling agitated. Child Protection have been aware of Jason and his family for the past few weeks, after Mikayla told her teacher about the constant fighting, and being scared for her mum. Given the restrictions, Child Protection had come out to visit the family but they had not clearly communicated what Jason needed to do.

On Wednesday night, Jason began an argument with Debbie over their financial stress. Jason and Debbie yelled at each other, and Jason ended up punching Debbie in front of Mikayla, who had tried to walk in and stop the fight. Mikayla called an ambulance, and Debbie was taken to the hospital with a broken nose. Seeing Mikayla's fright and the damage that he had caused to Debbie, Jason left the house and went to his father Frank's house. Frank has been aware of Jason's violence, and is always encouraging him to seek support, but Jason doesn't listen. The police arrived at Frank's house to speak with Jason. Debbie is not going to press charges, and does not want to take out a family violence order, but she has said that Jason cannot return to the home until he seeks help with his temper. Debbie is concerned about the effect that Jason's violence is having on Mikayla and Jack. Jason explains to the police that Child Protection is involved with his family, and that he doesn't know what they want him to do. Child Protection have also been notified of the incident and have similarly stated that Jason cannot return home until he completes a men's behaviour change program. The police refer Jason to IFAS.





## Response

IFAS advocate Soncran receives Jason's referral from the police. As the referral involves a family violence perpetrator, Soncran takes the case back to the IFAS team and, in line with their standard family violence practice, they decide to offer Debbie an IFAS advocate as well. Tina calls Debbie and offers to be her independent advocate while Soncran will support Jason. Tina and Soncran inform Debbie and Jason that even when couples plan to stay together, it can be useful to have separate advocates throughout the Child Protection process. Debbie and Jason both agree to this support. Jason tells Soncran that although Child Protection have been involved for some time, there have been no solid actions taken and they are unsure where they stand. Jason tells Soncran that he is required to undertake the men's behaviour change program, however when Soncran support Jason to enrol, they discovered there is a five-month waiting period for all men's behaviour change programs. Soncran and Jason explore other avenues to address Jason's behaviours and responses, although Child Protection reject these other avenues as they are not an accredited men's behaviour change program. Jason, wanting to return to his family and stop using violence, enrolls in the programs anyway. Although Child Protection practitioners had mentioned these other programs back when they first became involved, Jason, having been given the advice from a third party, feels more ready to engage.

At the same care team meeting, both Debbie and Jason, with the support of their independent advocates, express that they want Jason to maintain his relationship with the children. After conversation with Soncran, and with Debbie in agreement, Jason suggests that Frank be assessed by Child Protection to supervise his access with Jack and Mikayla. Child Protection agree to assess Frank and agree for unlimited supervised access, so long as Jason does not stay overnight in the home until he has completed the program. Jason continues living with Frank over the next two months, and as he is not working, he and Frank do the school pickups and drop offs so that Jason sees his children daily. Jason attends an online anger management program which Soncran suggested, and engages with a psychologist through telehealth, where he focuses on regulating his emotions and taking accountability. Soncran has also suggested that Jason and the family may benefit from family counselling before he returns to the home. Although Child Protection note that Jason is engaging in support to cease his behaviour, they maintain the need for Jason to complete the accredited course. Debbie is also on board with this.

## Evaluation

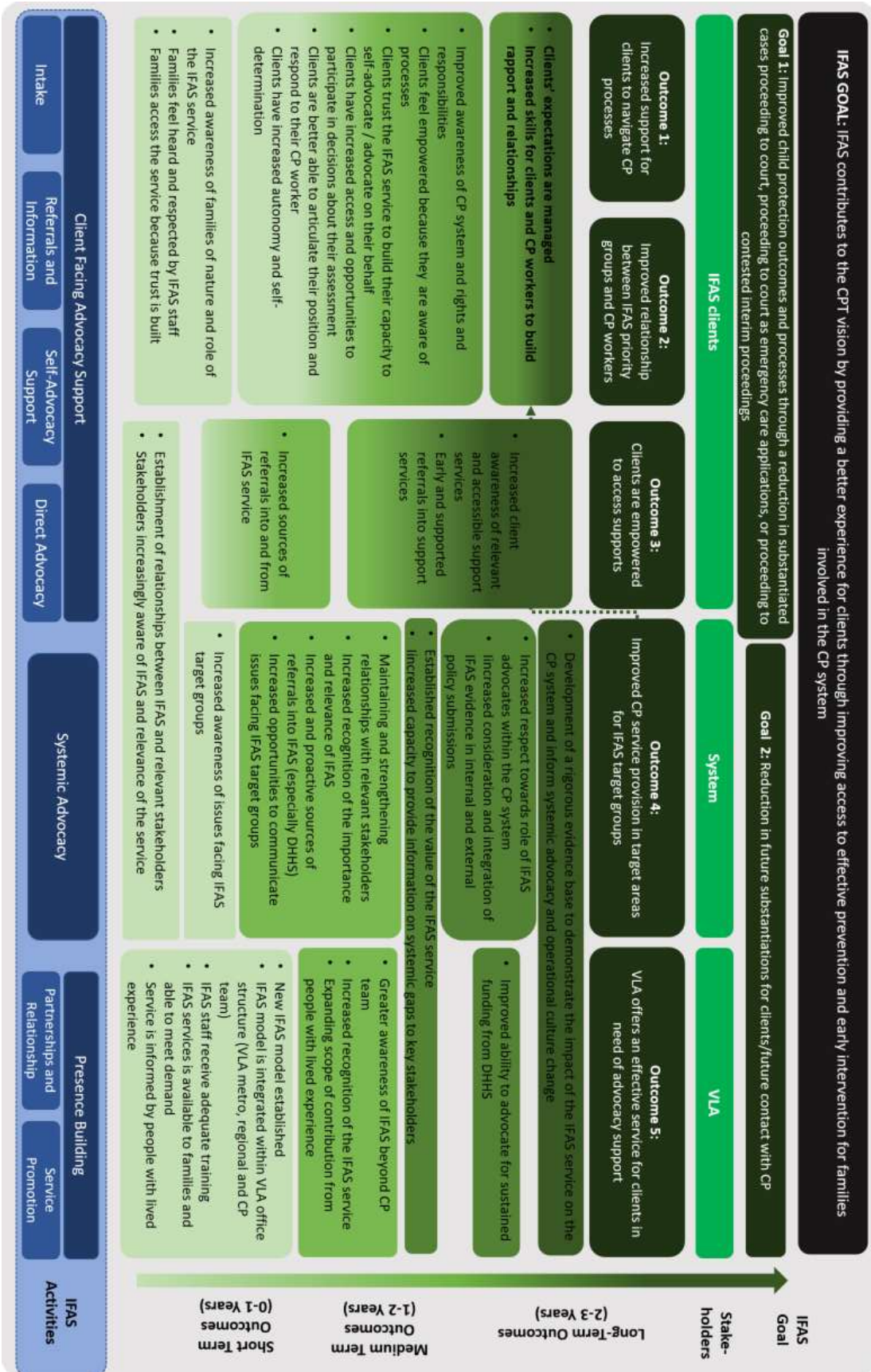
This example demonstrates IFAS' practice that when a perpetrator of family violence is assigned an advocate, the other parent is also offered a separate advocate. Responding to a significant increase in referrals for men who use violence, IFAS advocates participated in advocacy and collusion training. Jason and Debbie's situation reflects the COVID-19 context of enduring significant waiting periods for mandated behaviour change courses, and the willingness of some parents to make changes in their parenting and behaviour in order to stay with their family. By Soncran taking the time with Jason to discuss what non-physical family violence can look like, Soncran is demonstrating the value in providing relatable information which then empowers Jason to undertake his own research into changing his behaviour. Jason is then able to report back to the family's Child Protection practitioners and be present in the process of Child Protection involvement. This example also illustrates IFAS' ability to support Jason and Debbie to think creatively alongside Child Protection; as Child Protection are able to assess that Jason's father, Frank, can safely supervise Jason having access with Debbie and the children, the family are able to avoid major breakdown of their relationship.

This example demonstrates outputs 2.1, 2.2, 3.1, 4.1, 5.1, 6.1, 6.2, and outcomes 1, 2, 3, 4, and 5.





## Appendix 3. Program logic





## Appendix 4. Mapping against monitoring and evaluation framework

### Activity 1: Intake

#### Output 1.1: Identification of client eligibility

*Proportion of ATSI clients is same as or higher than the proportion of substantiations for ATSI children in the pilot LGAs*

For all three sites, the proportion of Aboriginal families is higher than the proportion of Aboriginal children substantiated in the target areas.

	TOTAL IFAS	ABORIGINAL IFAS CLIENTS	IFAS %	TOTAL SUBSTANTIATIONS	ABORIGINAL SUBSTANTIATIONS	ABORIGINAL % OF SUBSTANTIATIONS
<b>BENDIGO</b>	56	22	39%	1630	421	26%
<b>DAREBIN/MORELAND</b>	85	22	25%	1611	284	18%
<b>BALLARAT</b>	14	5	36%	1255	264	21%
<b>OTHER/UNKNOWN</b>	114	19	17%			

Table 9 - Proportion of ATSI clients

*Number of clients with intellectual disabilities is same or higher than the proportion of substantiations for families where a parent has an intellectual disability in the pilot LGAs*

DFFH do not collect accurate or consistent data on parental intellectual disability so it is not possible to determine the relative proportion, however, given the high proportion of IFAS clients with intellectual disability, it seems very unlikely that the proportion is lower in IFAS than in substantiations.

DFFH data suggest that in the target sites, 27 of 3937 substantiated children had a parent with intellectual disability, but this is certainly lower than the actual number.

	TOTAL IFAS CLIENTS	IFAS CLIENTS WITH ID	IFAS %
<b>BENDIGO</b>	56	28	50%
<b>DAREBIN/MORELAND</b>	85	11	13%
<b>BALLARAT</b>	14	1	7%
<b>OTHER/UNKNOWN</b>	114	16	14%

Table 10 - Proportion of clients with ID

*Number of ineligible clients (and why) and proportion of types of ineligibility*





Figure 21 shows that out-of-scope enquiries are mainly for clients already at court, but many are for cases where DFFH are not yet involved or out of area. Note a further 117 level 1 services were not for ineligible clients but were seeking a level 1 service.

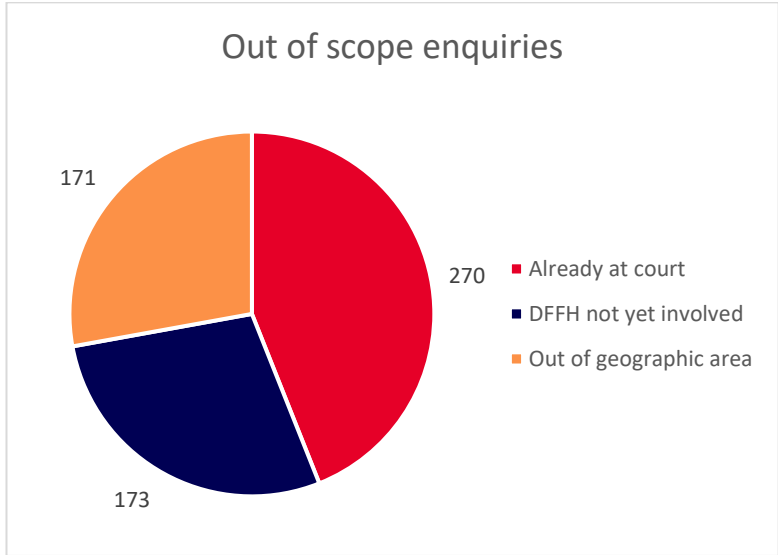


Figure 21 - Out of scope enquires

*Recording of origin of referral pathway (eligible and ineligible)*

IFAS records the origin of referrals for eligible clients. The spread of incoming referrals is consistent with the environment the program is operating within and the intention of the program.

**INCOMING REFERRALS**

<b>SELF</b>	74
<b>CHILD PROTECTION</b>	59
<b>VLA</b>	49
<b>ABORIGINAL SERVICE</b>	19
<b>FAMILY VIOLENCE SERVICE</b>	18
<b>HOSPITAL</b>	11
<b>IMHA</b>	10
<b>OTHER</b>	29

Table 11 - Incoming referrals

The origin of ineligible referrals is not recorded.

*Number of clients by Level*

The number of clients by level is recorded. No specific targets were set for each level, but direct advocacy is being provided mainly to priority group clients.





LEVELS	NO. CLIENTS
1	573
2	65
3	143
4	29
5	32

Table 12 - No. of clients

	NOV 2018 TO NOV 2019	DEC 2019 TO NOV 2020	DEC 2020 TO APR 2021
ALREADY AT COURT	68	78	62
DFFH NOT YET INVOLVED	32	57	42
OUT OF GEOGRAPHIC AREA	32	31	54
GENERAL ENQUIRY	19	67	31
<b>TOTAL</b>	<b>151</b>	<b>233</b>	<b>189</b>

Table 13 - Reason for level 1 service

*Number of clients by demographics (priority criteria, age, location)*

Client demographics are consistently recorded. Children's details have been collected since the midterm review. No concerning trends are present in the demographic data.



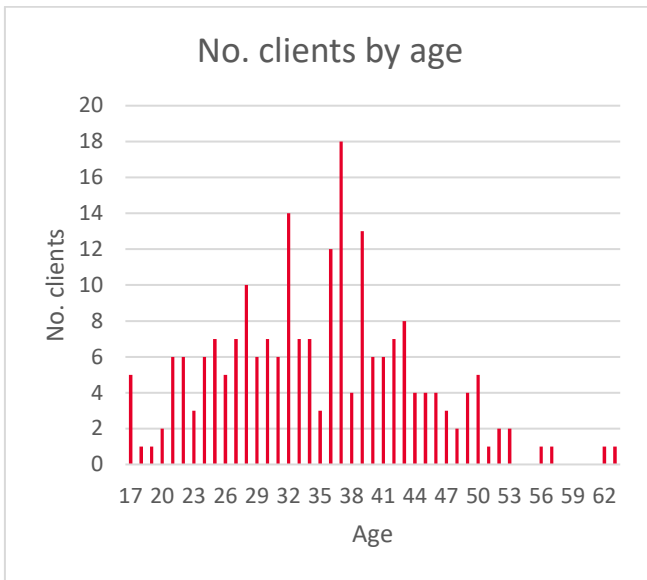


Figure 22 - No. clients by age

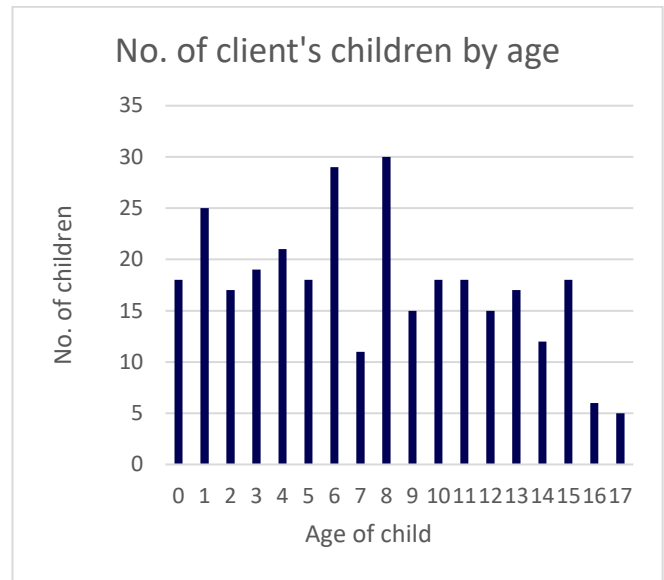


Figure 23 - No. of clients' children by age

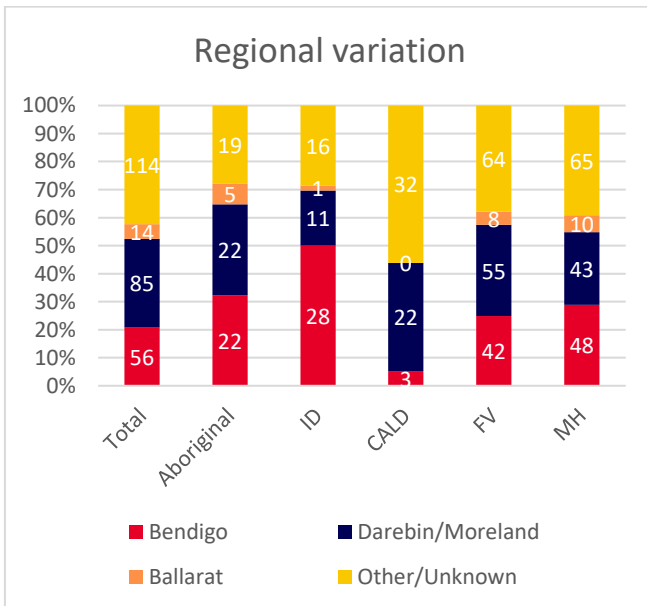


Figure 24 - Regional variation

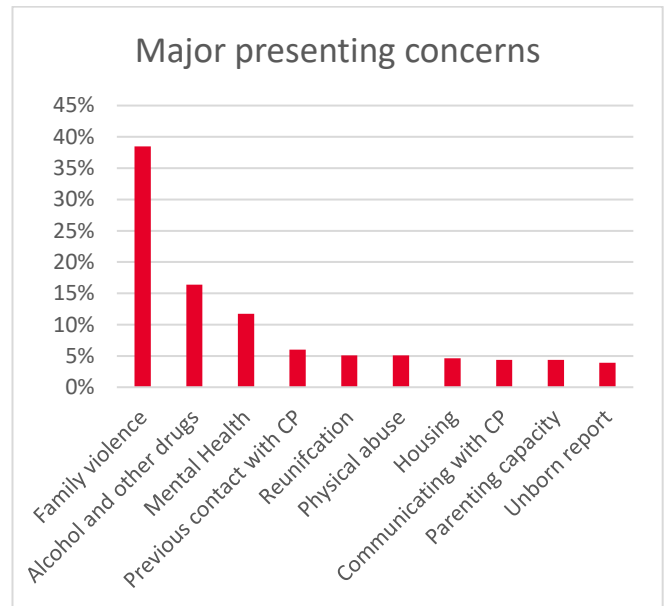


Figure 25 - Major presenting concerns

**Output 1.2: Provision of appropriate information and resources for ineligible clients**

*Number and type of informational materials provided – standard information email sent to all clients and people not eligible with CP involvement. To be adapted as needed for people's needs.*

Some resources have been developed and are provided, but the 'tip sheet' is the main response to this output and is nearing completion.

All clients, eligible and ineligible, who consent, are sent a standard information email. Information email contains: link to DFFH website manual; complaint process; legal help number and IFAS number; VALID's *Steps to Speaking Up*.





**Output 1.3 : Advocacy needs assessment for eligible clients**

*Documentation of client objectives and goals*

Client objectives and goals are clearly documented in the IFAS client files.

**Activity 2: Provision of Information and Referrals for eligible clients**

**Output 2.1: Provision of appropriate information and resources**

*Number and type of informational materials provided*

As above, some resources have been developed and are provided, but the ‘tip sheet’ is the main response to this output and is nearing completion.

All clients, eligible and ineligible, who consent, are sent a standard information email. Information email contains: link to DFFH website manual; complaint process; legal help number and IFAS number; VALID’s *Steps to Speaking Up*.

**Output 2.2: Provision of appropriate legal / non – legal referrals**

*Number of referrals made – legal referrals – type, internal or external and type of legal service appropriate as determined by clients and key stakeholder*

Referrals out for clients using levels 2-5 are documented.

REFERRALS OUT	
LEGAL	52
OTHER ADVOCACY	12
ABORIGINAL SERVICE	7
OTHER HEALTH OR WELFARE SERVICE	21

Table 14 - Total no. of referrals out

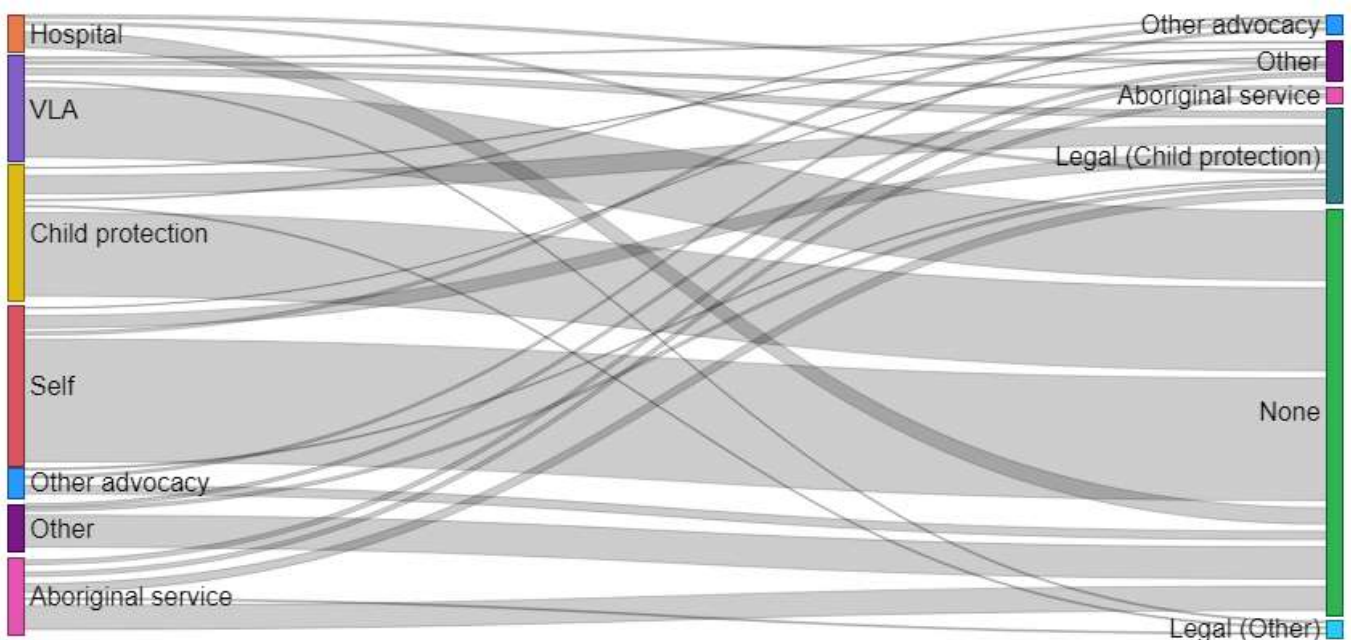


Figure 26 - Referral pathways





The number of clients with no recorded referral out is concerning, given IFAS’s aim of providing referrals, particularly for the lower levels of service provision.

LEVEL	TOTAL REFERRALS	NO. WITHOUT REFERRALS	NO WITH REFERRALS
2	33	42	23
3	34	114	29
4	9	22	7
5	16	20	12

Table 15 - Referrals by level

These numbers are likely underreported as the data is not routinely collected but extracted from the client files and may not capture referrals where the advocate has just suggested a potential service, rather than conducting a warm referral. This is supported by the data in Table 16 - Legal referrals out, which shows a total of 70 legal referrals between July 2020 and April 2021, whereas the data provided by IFAS which was extracted from client files has 52 referrals in total.

REFERRAL TO	JUL-20	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	TOTAL
VLA	6	10	6	7	2	8	8	5	6	6	64
DJIRRA	0	0	0	0	0	0	0	0	0	0	0
VALS	1	1	0	0	0	0	0	0	0	1	3
WLS	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	1	1	0	1	0	0	0	0	0	3
<b>TOTAL</b>	<b>7</b>	<b>12</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>70</b>

Table 16 - Legal referrals out

The IFAS database, going forward, should routinely collect record referrals and document if referrals were not needed to preserve data integrity.

No concerns were identified regarding outgoing referrals in the qualitative data. Every participant who had used IFAS was asked about referrals, with qualitative data generally reflecting the quantitative data. Many of the participants who had used IFAS did indicate that they were already well connected to support services.

*No because I was already engaging in every service. I already had a psychologist. I already had a counsellor. I already had a family violence worker. I had already made all of the steps. Really, I just wanted – I found the service really helpful, because I had somebody who could advocate for me or speak to Child Protection directly for me. And where I would get really upset and emotional that something that had happened, I could tell [IFAS Advocate] about it, and then he could professionally relay that to Child Protection. (P3)*

Often IFAS would be identified as the reason they engaged with these services, rather than the reason they were referred to them initially:

*I was at the point of giving up with DHS and everything like that, [IFAS Advocate], yeah, [IFAS Advocate] actually turned my eyes around to work with them, maybe open up to different workers,*



*and now, as I said, I've got an Aboriginal worker and I've got a Kids in Focus worker. I actually work with them and I talk with them, and, yeah, if it wasn't for, I don't know, [IFAS Advocate] opening up my eyes to certain things I probably would've, yeah, given up, to be honest. (P13)*

### Activity 3: Coaching for self-advocacy

#### Output 3.1: Provision of appropriate capacity building skills and tools for clients

##### *Recording of any required communication with CP workers or other services*

Communication with other services is documented in the IFAS client files.

Participants who had used IFAS consistently identified that IFAS had built their capacity to self-advocate, although also identified limits to self-advocacy. This is discussed at 3.3.3. In total, 598 self-advocacy sessions were held with clients.

##### *Types of issues addressed by clients*

	NO. CLIENTS <sup>89</sup>	INFORMATION ONLY	DIRECT ADVOCACY	SELF-ADVOCACY	DEBRIEF
ALL	269	3255	5143	598	134
ABORIGINAL PARENT	51	1038	1927	178	55
TORRES STRAIT ISLANDER PARENT	0	0	0	0	0
ABORIGINAL CHILD	68	1197	2118	209	56
ABORIGINAL FAMILY	68	1197	2118	209	56
PARENTAL INTELLECTUAL DISABILITY	56	806	1747	149	19
ABORIGINAL FAMILY WITH ID	16	376	664	51	11
OTHER DISABILITY	66	599	2354	130	45
CALD	57	617	735	123	18
ANY PRIORITY GROUP	161	2226	3881	419	81
NO PRIORITY GROUP	108	1029	1262	179	53
LGBTQI+	2	25	23	21	5
MENTAL HEALTH	166	2176	3862	419	104
FAMILY VIOLENCE VICTIM/SURVIVOR	169	2044	3561	406	100
FAMILY VIOLENCE PERPETRATOR	61	607	1615	189	42
ALCOHOL AND OTHER DRUGS	40	314	1392	89	14

Table 17 - Types of services provided by identity or experience

<sup>89</sup> Note the total number of clients is different in different datasets, as VLA's database only assigns a client ID when certain data is entered, meaning those clients who chose not to provide details are not always able to have their data included. Approximately 31 clients are recorded without a client ID in IFAS's spreadsheet.



#### Activity 4: Direct advocacy with clients

##### **Output 4.1: Determining client's position and goals**

###### *Recording of any required communication with CP workers or other services*

Communication with other services is documented in the IFAS client files. It is not possible to determine which client goals were achieved with direct advocacy, as opposed to other service types, but as detailed above at 3.3, direct advocacy was highly valued by clients.

###### *Types of issues raised*

Refer to Table 17 - Types of services provided by identity or experience.

#### Activity 5: Debrief Meetings

##### **Output 5.1: Provision of appropriate information and referrals to support client with next steps**

###### *Number of debrief meetings*

Refer to Table 17 - Types of services provided by identity or experience.

###### *Documentation of client outcomes*

Client outcomes are documented in the IFAS client files. Communication with other services is documented in the IFAS client files. It is not possible to determine which client goals were achieved with debrief meetings, as opposed to other service types, but as detailed above at 3.3.4, this opportunity to debrief was highly valued by clients.

###### *Types of information provided to clients*

The type of information provided to clients is documented in the IFAS client files and varies according to the nature of the debrief.

###### *Provision of warm/active referrals to clients (by destination)*

See Table 14 - Total no. of referrals out and Figure 26 - Referral pathways above.

#### Activity 6: Systemic Advocacy

##### **Output 6.1: Identification of prevalent issues facing clients**

###### *Development of IFAS case study bank*

The IFAS case study bank has been developed and maintained. This data was used in the midterm review but was not reanalysed during the final evaluation. To March 2021, IFAS advocates have documented 64,781 words in the case bank.

###### *Number of client case studies documented*

52 case studies have been documented.

###### *Identification of primary systemic issues*

The IFAS team are well aware of the primary systemic issues and were all able to speak with authority about shifts in the sector, particularly during COVID-19 restrictions. These are communicated to the IFAS manager.

*Number of issues escalated to Manager for systemic advocacy*

There are approximately 25 issues documented in the systemic advocacy log. This is likely an underreporting but is the best available data.

**Output 6.2: Actively engaging with relevant bodies to raise awareness of issues**

*Number of proactive submissions to relevant bodies (by how – IFAS/CP Program - and where)*

IFAS has input into the Royal Commission into Victoria’s Mental Health System in 2019-21 and the Productivity Commission Inquiry into Mental Health in 2018-20.<sup>90</sup>

*Number of invited submissions to relevant bodies (by how – IFAS/CP Program - and where)*

None documented.

*Number of proactive presentations at relevant forums (and where)*

IFAS have conducted 34 documented presentations or promotional contacts in the six months to March 2021, in addition to fortnightly or monthly meetings with each service.

For September 2020 to April 2021:

- DFFH Ballarat – 6
- BADAC – 7
- DFFH - Preston – 20
- DFFH – Bendigo – 2
- DFFH – Central - 2
- BDAC – 3
- VALiD – 2
- FaPMI – 1
- Ballarat Health – 1
- Berry Street – 1
- Family Services Alliance – 1
- Integrated Family Violence Committee – 1
- Orange Door – 2
- Law institute - 1

*Number of invited presentations at relevant forums (and where)*

No distinction is made in the data between proactive and invited presentations.

*Recording of contributions through “other” avenues (and where)*

None documented.

**Output 6.3: Actively engaging with IFAS partners**

*Number of meetings with service partners to establish and maintain relationships (with whom)*

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<sup>90</sup> Royal Commission into Victoria’s Mental Health System (n 53); Productivity Commission (n 66).

The IFAS manager continues to meet regularly with stakeholders including DFFH in all LGAs, and the Aboriginal Community Controlled services in Bendigo and Ballarat. The advocates also attend regular meetings with DFFH, either fortnightly or monthly.

Some of these partnerships are working better than others. The relationship with BDAC is much more developed than with VACCA. No up to date data is available to ascertain the quality of relationships with other organisations.

*Documentation of identified areas of support for partners*

None documented.

**Activity 7: Building and maintaining partnerships and relationships**

**Output 7.1: Identifying and prioritisation of key stakeholders within the child protection sector**

*50 clients, including self-referral numbers that originated from DFFH (a third of the 150 client targets) number of accepted incoming referrals from key stakeholders*

In total, 56 referrals are documented as originating with DFFH, or via word of mouth from DFFH, but only 36 in the 12 months prior to March 2021.

*High level of understanding of IFAS and the IFAS model by key stakeholders*

This measure is not achieved, as discussed at 3.4.

*Positive perspective of IFAS from key stakeholders*

Despite a low level of understanding of IFAS and the IFAS model, key stakeholders have a generally positive perspective, as discussed at 3.4. The DFFH perspective identified in the final evaluation mirrors that of the other stakeholder organisations consulted in the midterm review.

**Evaluation outcomes**

**Outcome 1: Increases support for clients to navigate child protection processes**

IFAS increases support for clients to navigate child protection processes as discussed at 3.3.2.

**Outcome 2: Improved relationship between IFAS priority groups and child protection workers**

There is no evidence of an improved relationship between IFAS clients and child protection practitioners. With IFAS mediating, however, both parties are able to communicate better, as discussed at 3.4.1.

**Outcome 3: Clients are empowered to access supports**

As noted in Table 14 - Total no. of referrals out and Figure 26 - Referral pathways, IFAS clients are referred to other services. The qualitative data also provides strong evidence that clients are empowered to access supports.

**Outcome 4: Improved child protection service provision in target areas for IFAS target groups**

There is no evidence of improved child protection service provision in target areas, although this may be occurring as a result of the accountability functions of IFAS discussed at 3.3.5 and at 3.4.2.

**Outcome 5: VLA offers an effective service for clients in need of advocacy support**

The overall finding of the evaluation is that VLA offers an effective service for clients in need of advocacy support.



**Goal 1: Improved child protection outcomes and processes through a reduction in substantiated cases proceeding to court, proceeding to court as emergency care applications, or proceeding to contested interim proceedings**

The evaluation team estimate IFAS diverts approximately 20% of referred clients from court, as outlined in Appendix 1.

**Goal 2: Reduction in future substantiations for clients/future contact with child protection**

There is no evidence of a reduction in future substantiations for clients nor future contact with the child protection system. Further analysis of the quantitative data is required over a period of time of normal, post-COVID-19 restrictions, system function.





## Appendix 5. IFAS Strategic plan 2020-2021

This plan was developed with the IFAS team and has been in place since October 2018. The IFAS team review the plan on an annual basis and update it to ensure the pilot meets its required milestones. The Lived Experience Consultant and Reference Group are integral to all activities below and will be involved in all service development, improvement and evaluation. Goals will be evaluated by RMIT as the external evaluator, and IFAS staff are documenting all activities and to be accessed as part of the evaluation.

Note: IFAS commenced operation in Melbourne in October 2018 and Bendigo in January 2019. A lot of work occurred in 2018 and is not captured here. This included: launch of the service; service promotion; collateral development; key stakeholder engagement and service delivered to clients.

The IFAS Evaluation Plan is included in this document and has been informed by the RMIT Midterm report.

**IFAS Goal: IFAS contribute to the CPT vision by providing a better experience for clients through improving access to effective prevention and early intervention for families involved in the CP system.**

Goal Outcome	Activity	Evaluator assessment May 2021
IFAS Goal 1 Outcomes 1,2,3 (see below)	Provision of Intake service	Achieved
	Information to ineligible clients	
	Information and referral for eligible clients including legal referrals	
	Allocation of eligible clients requiring Level 3, 4, 5 services and assessment of advocacy needs	
	All clients eligible and ineligible who consent to be sent a standard information email – this can then be tracked for evaluation (from IFAS contact box and staff email). Information email to contain: - link to DFFH website manual; complaint process; legal help number and IFAS number; VALID’s Steps to Speaking Up. Could also include IFAS SA plan.	Achieved
	Document all referrals made for legal issues clients and others – record legal issue (CP; FV; fines; Mental health etc; who referral made to (internal or external) and service name (VLA, Djirra, etc). Include this data in Status report so can be easily pulled by RMIT	Achieved
	Provision of coaching for self-advocacy IFAS tool to be used	In progress
Do I need an Advocate?	Achieved	
Tip sheet. SEAS give us suggestions. To be drafted as a team and reviewed by Reference Group. Include glossary/definitions section. Pull out common words that need to be defined. CP must review to ensure legal terms are correctly interpreted.	In progress	





Goal Outcome	Activity	Evaluator assessment May 2021
	Provision of direct advocacy with clients – tip sheet Planning pre-meeting – draft a checklist for staff primarily. Review to see if it is something we can adapt to be provided to clients.	In progress
	Provision of debriefing meetings	Achieved
	Systemic Advocacy Log created to complement case studies bank	Achieved
	Build and maintain relationships with partners, creating database with their information	In progress
	Promoting the service by regular emails and information session	In progress
Outcome 1 – increase support for clients to navigate CP processes	Improve awareness of systems and rights and responsibilities	No action yet by CP
	Support clients to present their views and meet their goals through self-advocacy coaching and referrals See above Self-Advocacy. Referral database – see stakeholder database	Achieved
Outcome 2 – improved relationships between IFAS priority groups and CP	Provide clients with services that assist them to build their skills to engage with CP workers, including information about CP system and CP workers roles; pros and cons of engaging with CP in certain ways; support to engage with CP workers to achieve their goals	Achieved
Outcome 3 – clients are empowered to access supports	Provide information about supports available to families and actively assist them to access supports	Achieved
	Record all referrals made for clients – where to; warm or other referral; if known outcome – service provided or not provided	Achieved
Goal 2 (outcomes 4,5) Outcome 4 – improved CP service provision in target areas for IFAS target groups	Provide services to clients and engage with CP workers to support cultural change between CP workers and client groups, including CP workers have increased understanding of client group’s needs; improved working relationship between clients and CP workers and clients feel better able to articulate their needs Regular meetings with CP worker and management level	In progress
Outcome 5 – VLA offers an effective	Provide services to clients that result in them being satisfied with the service provided.	Achieved





Goal Outcome	Activity	Evaluator assessment May 2021
service for clients in need of advocacy support	Client survey Evaluation Feedback folder in SP – save positive and constructive feedback from clients in the folder Ask services for their feedback as well	
	Exit interview format finalised and offered to all clients and exit letter with survey sent to all clients	Achieved
	Update client survey to state IFAS manager or Lived Experience consultant can complete on the phone with person – add this to the exit interview script and letter also	Achieved
	Deliver services in accordance with client needs and support clients to develop skills to articulate these needs and access what they need Culturally safe services should be provided for all clients but priority groups – First nations clients, clients with intellectual disability and CALD clients. Staff prioritise VLA modules re culturally safe service provision; unconscious bias; external training reworking with people with ID. All clients asked questions to ensure we can provide information and referrals relevant to people’s needs	Achieved
	Support clients to participate or have a voice in decisions that affect them and their families	Achieved
Relationship with legal services/ lawyers where there is overlap is effective for clients	Promote service to legal services – information sessions, sending one-page service fact sheet, inform of service when working with clients and their lawyers	Achieved
	Work with CP program manager to promote service through communication pathways that already exist	Achieved





**Evaluation Plan** – details actions to complete to meet Recommendations made by RMIT in Midterm Evaluation Report, see below

**Other Achievements:** P&P reviewed by IFAS team; Lived Experience group established and informing service; new collateral developed for ATSI communities and previous material improved; IFAS script for CP workers; CLE strategy begun; legal referral processes in place; database reviewed and being used; outposts with CP (Bendigo done; Preston in process); numerous stakeholder engagement sessions; meetings and presentations; training for IFAS staff ongoing and RMIT midterm evaluation that documents IFAS is achieving its goals as per the program logic.

**Other IFAS Goals** (to be measured, above activities contribute to these)

Goal 1 (Outcomes 1,2,3): improved CP outcome and processes through a reduction in substantiated cases proceeding to court, proceeding to court as emergency care applications or proceeding to contested proceedings.

Goal 2: (Outcomes 4,5): reduction in future substantiations for clients/future contact with CP

**Midterm Evaluation Response Plan**

Recommendation	Details	Evaluator assessment May 2021
<b>Enabling a successful final evaluation</b>	Develop robust measures of performance success based on the existing monitoring and evaluation framework	Complete
	Develop an appropriate data management system. This must include:  Both primary parent and secondary parent if involved;  Referral data, incoming and outgoing, source of self-referrals, word of mouth referrals;  Child/ren’s names and birthdays to enable data matching with DFFH;  Gender recording must include non-binary;  Demographic data should have multiple options including:  Yes, not confirmed, confirmed no;  Alcohol, drug use, ice;  Historical/ongoing;	Not complete
	Processes to ensure the security and consistency of the data.	Partially complete
<b>Building on a successful pilot</b>	Continue to deliver the IFAS pilot;	Complete
	Continue to promote the service and ensure stakeholder understanding of the IFAS model. Particularly to:	In progress







Recommendation	Details	Evaluator assessment May 2021
	<p>DFFH Child Protection VLA and private child protection lawyers;</p> <p>Advocate to DFFH to implement automatic referral system for all people eligible to be referred to IFAS (decision not possible at this point to get this – instead continue encouraging referrals);</p> <p>Maintain existing colocation and explore additional colocation opportunities (prioritise Aboriginal Controlled service in Melbourne and VALID catchment and Bendigo continue watching establishment of Orange Door);</p> <p>Continue to promote the service, including: Assisting stakeholders to understand the nature of the representational model;</p> <p>Focus on gap of CP Lawyers working with women who are pregnant, and they are involved with other children – they can be referred to IFAS. Email all key stakeholders RMIT midterm evaluation – opportunity to highlight benefits of service and remind services of making referrals LAB story re Midterm evaluation</p>	<p></p> <p>In progress</p> <p>In progress</p> <p>In progress</p> <p></p>
<p><b>Enhancing and embedding the IFAS model</b></p>	<p>Advocates should be provided with training on the variety of legal and non-legal rights available and how these can be maintained in the child protection context. These should include rights in the <i>Children Youth and Families Act 2005 (Vic)</i>, <i>Charter of Human Rights and Responsibilities Act 2006 (Vic)</i>, privacy legislation and international human rights law;</p> <p>VLA COVID information now available that provides information for parents. Rights sheet – was already raised with Elicia, will revisit as require lawyers to be part of this process.</p> <p>IFAS team to have another session with CP team</p> <p>Review IFAS’s role in providing support beyond advocacy;</p> <p>Continue to reinforce the representational model;</p> <p>Develop self-advocacy resources to be provided to parents;</p>	<p>In progress</p> <p>In progress</p> <p>In progress</p> <p>Complete</p> <p>In progress</p> <p>In progress</p>

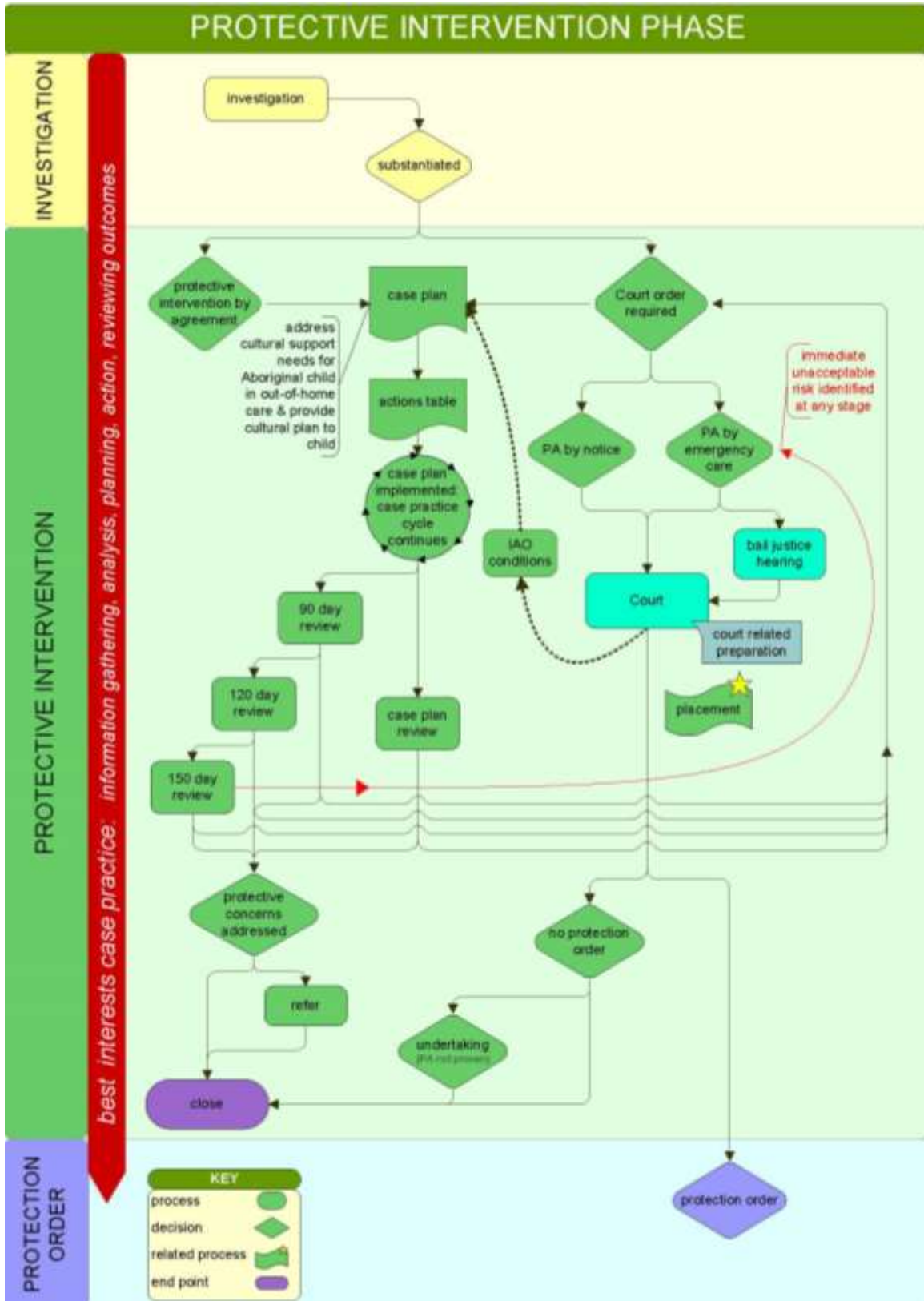




Recommendation	Details	Evaluator assessment May 2021
	SA plan done and available for clients Other resources in progress – limit on how many can do as not funded to develop or deliver these	
	Develop a systemic change strategy in partnership with other services, with measurable outputs and defined outcomes; Document this, ensure CP is also documenting	Complete
<b>Maximising the role of lived experience</b>	Continue to support the development of SEAS; 2 previous IFAS clients – 7	Complete
	Develop processes to ensure that the Lived Experience Advisor has equal influence in both regions; Individual meetings between Lived Experience Consultant and Bendigo advocate and Melbourne advocate	In progress



Appendix 6. Protective intervention phase flowchart





## Appendix 7. DFFH information for evaluation of IFAS service

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### The following text was provided by DFFH.

The following resources and initiatives of the Department of Families, Fairness and Housing (DFFH) are relevant to Child Protection's involvement with children and families who may be receiving support from the Independent Family Advocacy and Support (IFAS) service.

- The Aboriginal Child Specialist Advice and Support Service (ACSASS) is a specialised, child-focused service that provides cultural information and guidance to Child Protection to facilitate the assessment of reports regarding the abuse or neglect, or likely abuse or neglect, of Aboriginal children. ACSASS is aimed at assisting Aboriginal children who have been the subject of a report to Child Protection. Providers of ACSASS are Aboriginal Controlled Community Organisations (ACCOs) declared as Aboriginal agencies under the *Children, Youth and Families Act 2005* (CYF Act). They work alongside Child Protection to contribute cultural information to Child Protection risk assessments. They also assist Aboriginal children and their families to understand the reasons for Child Protection involvement and are available to explain Child Protection processes. In its current form, ACSASS has been operating in the Preston area since 2005 and in the Bendigo area since February 2019
- The Victorian Family Preservation and Reunification Response and the Aboriginal Family Preservation and Reunification Response (the Response) provides outreach support to Victoria's most vulnerable children and families through a new model of intensive and integrated care. The Response provides rapid, intensive support to prevent children from entering care and to safely reunify children with their families where possible. The Response is provided by community service organisations in partnership with ACCOs. There are currently four Aboriginal Family Preservation and Reunification Response providers, one in each division (North, East, South and West). The Aboriginal Response will be expanded to cover the State in August 2021. The Response was established with a \$39 million investment in April 2020 and then expanded through a \$335 million investment (over four years) in the 2020-21 State Budget.
- In 2021-22, the Victorian Government will further its investment in early intervention and diversionary support programs with:
  - an additional \$37.9 million over four years to provide support for an additional 500 families to promote the safety, stability and development of vulnerable children and young people, from birth to 17 years of age, by providing a case work service and linking families with relevant support services;
  - \$16.3 million over two years for a pilot to embed family services into universal settings so families can access support earlier in settings such as schools and early years services;
  - \$3.5 million over one year to continue Child FIRST, as the intake and access point for family services, pending the full implementation of The Orange Door; and
  - \$2.6 million over four years for Koorie Supported Playgroups to improve wellbeing and developmental outcomes for Aboriginal children.
- In the 2021-22 State Budget, the Government allocated ongoing funding to recruit 34 Child Protection Navigators (\$25.7 million over four years). Child Protection Navigators are specialist Child Protection practitioners who will identify and engage children and families most in need of support and facilitate collaboration between Response providers and Child Protection.

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<sup>91</sup> Department of Families, Fairness and Housing, 'Child Protection Manual' <<https://www.cpmanual.vic.gov.au/>>.





- In the 2021-22 State Budget, the Government invested \$146.2 million to recruit 246 new Child Protection practitioners. This will enable Child Protection to better respond to the needs of vulnerable children and families, including those children and families who are receiving, or are eligible to receive, services from IFAS.
- In the 2020-21 Budget, the Government allocated \$12.6 million over four years to support the creation of a stronger professional development system for Child Protection practitioners that will provide them with mandatory structured training and refresher training in core practice areas of risk assessment using the SAFER Children framework and the family violence Multi-Agency Risk Assessment and Management Framework. They will also receive practice development resources and training with experts and academics in areas relevant to their work. This will enable Child Protection practitioners to better respond to vulnerable children and families.

