STRONG FAMILIES – A COLLABORATIVE CASE MANAGEMENT INITIATIVE IN WESTERN AUSTRALIA

Rae Markham
Department for Community Development
Western Australia

Paper presented at the
Crime Prevention Conference
convened by the Australian Institute of Criminology and the
Crime Prevention Branch, Commonwealth Attorney-General's Department
and held in Sydney, 12-13 September 2002
Background and Rationale

The problems experienced by many families are complex and multi faceted. For these vulnerable families problems relating to issues such as housing, finances, ill health, child care, substance abuse, juvenile delinquency, poor educational achievement and truancy are not isolated but closely linked, often requiring support services from a number of agencies.

These ‘joined up’ problems require services to be delivered in a manner which reflects their complexity and inter-connectedness. However significant and entrenched barriers to achieving coordination and collaboration in the delivery of human services exist at all levels – worker, service provider and government, including between tiers of government. The implications of services being delivered from a singular and insular perspective are both human and economic. On the human side this approach limits the potential for difficulties affecting a family to be resolved. From an economic perspective it is an ineffective use of resources - in the short term through poor targeting of services and possible duplication of effort and in the long term through the financial burden of providing services into the future when earlier interventions have failed.

Solutions are needed which actively promote integration, coordination and collaboration to bring about better outcomes for all stakeholders. Strong Families is a collaborative case management approach which has been operating on a pilot basis since November 2000. It was initiated as a practical solution to the problems associated with agencies working from within their functional silos by the SAFER W.A. Chief Executive Officer’s (CEO) Working Group.

The project was initially funded by the agencies represented on the SAFER W.A. CEO Working Group and the Commonwealth Department of Family and Community Services.

Strong Families Model

The Strong Families approach, based on the Strengthening Families strategy developed in New Zealand and introduced nationwide in 1997, recognises the interlinked nature of the difficulties faced by many families and that these problems cannot be solved by one agency alone or by agencies working in isolation. It also recognises that it can be difficult for families to deal individually with the various agencies, particularly if the agencies do not work together in a coordinated manner.

The Strong Families approach seeks to:-

- Increase the capacity of agencies to provide coordinated, integrated and collaborative services to families.
- Bring about a collaborative case management approach which draws agencies and families together as willing partners to address issues of mutual concern.
- Bring about benefits for families as a result of the process.

---


2 SAFER W.A. is a whole-of-government and whole-of-community initiative to build a safe and secure environment in Western Australia. It is currently being integrated into the new Office of Crime Prevention established within the Department of Premier and Cabinet. While its traditional focus has been crime prevention, SAFER W.A.’s role also incorporates other related social outcomes – the ‘causes of crime’. A key feature of SAFER W.A. is its focus on bringing about cooperation and coordination between government agencies through the CEO Working Group and local District Interagency Working Group (DIAWG) structures. In addition, the DIAWGs have as one of their objectives, to bring about ‘collective case management’. The participating agencies are the Departments of Premier and Cabinet, Community Development, Housing and Works, Justice. Education, Indigenous Affairs and the Police Service. At local level other agencies are frequently involved in the DIAWGs.
In addition to benefits for individual families, the initiative also has the potential to bring about an increased capacity of local agencies to work together to find collaborative solutions to issues impacting on the local community.

The Strong Families approach entails the integration of case management planning and service delivery to families who are experiencing social problems in areas such as housing, finances, disabilities, health, parenting, family relationships, substance misuse, juvenile delinquency, education and mental health services.

Criteria establish which cases are suitable for the collaborative case management approach. Each of the following criteria must be met:

- Family with children under the age of 18 years.
- Two or more agencies are involved or should be involved with the family.
- The family consents to the process and for information to be shared.
- More formal coordination between the agencies providing services will make a positive difference to the outcome for the family.

The approach does not replace existing service delivery systems nor is it a ‘one stop shop’ approach to government. Agencies maintain their customary role with families, with the collaborative case management approach providing a mechanism for coordination and collaboration.

In the Strong Families process agency workers and family members come together in a neutrally facilitated meeting to discuss how the family can be assisted. The family must give consent to the process and for information to be shared, and family representatives themselves participate in the meetings.

The outcome of the meeting is a unified case plan which identifies the role of each agency. A lead agency worker is also appointed. The lead agency worker does not do the work of the other agencies but plays the important role of overseeing implementation of the case plan. The plan is reviewed at appropriate intervals and closed when additional formal interagency planning and coordination is no longer required.

**Implementation and Management**

Two sites were chosen to pilot the project.

The Albany area has a population of approximately 50,000 with an Indigenous population of 1,550. Approximately half of the population lives in the Albany town-site which is over 400kms south of Perth. The Midland site is situated in Perth’s north east, approximately 20 kilometres from the city centre, and incorporates a number of high needs suburbs. The area has an estimated population of 120,000 with an Indigenous population of approximately 3,500.

Locally based coordinators commenced in November 2000. In the first stages of implementation it was envisaged that coordinators would take a significant hands-on role in setting up and facilitating Strong Families meetings with the longer term aim of vesting these responsibilities in individual agency staff and the coordinator fulfilling a maintenance and consultative role.

The respective SAFER WA District Interagency Working Groups are responsible for the project locally and a Reference Group of senior officers from each of the core agencies oversees the project. The Department for Community Development provides a Senior Policy/Project Officer to assist with overall project management.
Evaluation

An evaluation was conducted of the initial 12 months operation of the project\(^3\). The evaluation was formative in nature and based on an action learning approach. A major objective was to contribute information on the design and implementation of process. The evaluation methodology combined both quantitative and qualitative methods. A number of data sources were used including collation of monitoring data, interviews with family members, workers and managers, focus groups and a questionnaire.

During the 12 month evaluation period, 168 workers from over 35 different government and non-government agencies participated in meetings. 40 families participated in the program, 23 in Albany and 17 in Midland. One third of these families were Aboriginal. Most families were dealing with a complex array of issues, most commonly relating to parenting, accommodation, mental health, finances, substance abuse and parent/adolescent conflict.

The evaluation concluded that the program had considerable merit, noting that after only 12 months of operation it was still too early to make a definitive statement about overall project outcomes. The majority of families, workers and managers who took part in the evaluation reported many real and potential benefits gained by involvement in the program. Most of those interviewed believed Strong Families to be a positive idea and the majority would recommend it to others. Some of the outcomes achieved for families illustrate that when Strong Families is working at its best, major achievements are possible.

Feedback from workers and families also highlighted the need for improvement and fine-tuning in some areas, particularly in relation to preparation of families, review meetings and the role of the lead agency worker. Information sharing issues were clarified for most workers through the development of an Information Sharing Memorandum of Understanding and accompanying standards, although some workers and managers believed further clarification was necessary.

Issues raised by the Aboriginal families who took part in the evaluation were similar to those raised by non-Aboriginal families. However many of these issues are likely to be amplified for Aboriginal families and therefore needed particular consideration.

Overall the number of referrals was lower than expected. The evaluation report acknowledged that Strong Families was still in an early phase and that collaboration takes time to develop. The timing of the introduction of the program - just prior to the Christmas holiday period - was also noted as a factor influencing overall participation.

The report explored the differences in the take-up of the project at each site. Many of the factors which support collaborative endeavour were observed to already be present in Albany while the conditions in Midland presented greater challenges for implementing and operating the program. The different characteristics and factors of each pilot site highlight the need to develop flexible strategies to encourage referral.

The evaluation identified a number of key factors for success.

The local coordinator position was considered to be critical to the success of the project. While it was originally envisaged that the coordinator role would become less ‘hands-on’ and possibly redundant over time, the evaluation questioned the degree to which the coordinator role can become ‘hands-off’. While it has been argued that agencies should be able to achieve coordination and

---

collaboration of services without additional resources, evidence from both the evaluation and literature\textsuperscript{4} demonstrates that the presence of a skilled convenor or coordinator to drive change is a key factor in achieving collaboration.

Other success factors identified by the evaluation include

\begin{itemize}
\item a clear framework
\item clarity about information sharing
\item commitment and leadership from all levels of management
\item the capacity for families, workers and the project to follow through on plans
\item local ‘ownership’ of the project balanced with a central program focus, and recognition of the time interagency collaboration takes to develop.
\end{itemize}

The evaluation recommended that should the project expand to other areas, this expansion take place in a staged process with each stage building on the lessons and experience of the previous stage.

\textbf{Current Status}

The initiative has now been operational on a pilot basis for 22 months.

As at 30 June 2002, 65 families had participated in the program – 38 from Albany and 27 from Midland.

The project has recently received additional ‘cocktail’ funding to continue until 30 June 2003. During this period the Midland site will expand to incorporate the neighbouring area of Mirrabooka.