Families Empowered —
A Strengths Based Approach

An Evaluation of FEAT —
Families Empowered To Act Together

Angela Lawless, Katherine Biedrzycki, Catherine Hurley

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# Table of Contents

Executive Summary ........................................................................................................ 1  
Families Empowered to Act Together: The Feat Launch 2004 ...................................... 7  
The History of FEAT ...................................................................................................... 8  
FEAT: About the programme ......................................................................................... 9  
  Governance ................................................................................................................... 9  
  Participating Agencies ................................................................................................. 9  
  Staffing ........................................................................................................................9  
  Funding ..................................................................................................................... 10  
  Project Advisory Group (PAG) ................................................................................ 10  
  Project Development and Support Group (PDSG) .................................................. 10  
  Decision Making ....................................................................................................... 11  
  Program reporting ..................................................................................................... 11  
About the population .................................................................................................... 12  
Evaluation description and methods ............................................................................. 13  
  1. Building a program logic to inform evaluation ..................................................... 13  
  2. Capturing the experience of children, their families and stakeholders ................. 13  
Programme rationale ..................................................................................................... 16  
Capturing the experience of children, their families and stakeholders ......................... 22  
Children’s perspectives................................................................................................. 22  
  Referrals to FEAT ...................................................................................................... 22  
  Engagement ............................................................................................................... 23  
  Activities ....................................................................................................................23  
  Referrals and links to other agencies ........................................................................ 24  
  Outcomes for children ...............................................................................................24  
  Outcomes for the families .........................................................................................25  
  Suggested changes .....................................................................................................25  
Carer’s perspectives ...................................................................................................... 26  
  Referral to FEAT ...................................................................................................... 26  
  Engagement ............................................................................................................... 27  
  Activities ....................................................................................................................27  
  Referrals and links to other agencies ........................................................................ 28  
  Outcomes for the child ..............................................................................................29  
  Outcomes for the family ...........................................................................................30  
  Suggested changes ....................................................................................................31  
Stakeholder perspectives ............................................................................................... 32  
  FEAT service model ................................................................................................. 32  
  Referrals and engagement ......................................................................................... 36  
  Referral pathways ..................................................................................................... 37  
  Governance ................................................................................................................37  
  Systems Change Outcomes ...................................................................................... 44  
  Outcomes for Children ............................................................................................. 45  
  Outcomes for Schools ...............................................................................................47  
  Outcomes for Community .........................................................................................49  
  Future of FEAT ......................................................................................................... 50  
Conclusion and recommendations ................................................................................ 53
Executive Summary

Evaluation
The South Australian Community Health Research Unit undertook an evaluation of the FEAT program to track the progress of a number of families through the Families Empowered to Act Together (FEAT) program and capture the experiences and perspectives of children, families and stakeholders. Interviews were undertaken with carers and children both currently in the program and those recently exited. The evaluation also documents the development of FEAT model of service and its aims and objectives, relates the operation of FEAT to understandings in the current literature regarding best practice principles and models for family support programs and identifies other agencies, programs and services that the FEAT program links with in order to meet the needs of referred families. The evaluation adopted an action research framework employing qualitative and quantitative methods and has encouraged participation by key stakeholders in the research process. Progress reports have been presented to the Project Advisory Group in order for emerging results to inform future development of the program.

FEAT model of service
Families Empowered to Act Together (FEAT) is an early intervention program supporting families in Salisbury North with children between the ages of 5-13 years at risk of disengaging from learning. FEAT was established in response to agencies in the region identifying the need for additional support for children and families to engage positively with schools and learning. Referrals are made to the program through the primary schools in Salisbury North (Direk Schools, Salisbury North R-7 School, and Salisbury North West Schools and Paralowie R-12 School).

FEAT has operated under the auspices of Central Northern Primary Health Care Services (CNPHCS) - Salisbury Community Health Centre, a unit of Central Northern Adelaide Health Service (CNAHS) and was funded through Social Inclusion Initiative School Retention funding and contributions from Direk School, Salisbury North R-7 School, Salisbury North West School, Paralowie R-12 School, CNPHCS – North/North East and the City of Salisbury. A Project Advisory Group (PAG) comprises representatives from a range of partner agencies and includes community representation.

Education is a key factor in the successful future of individuals and at a population level, the successful future of society. For some the process of disengagement from school begins years before decisions about completion of secondary school is a consideration. Children from low socioeconomic backgrounds are less likely to remain at school until Year 12 and of those that do remain fewer will achieve university entry. Poor school retention in the senior years often represents cumulative disadvantage. Prevention and early intervention in the pathway are likely to be more effective than later “crisis”

“The chances of developing into a healthy, happy and successful adult despite growing up in poor socioeconomic circumstances are greatly improved by encouraging educational attainment at school (Bartley 2006)”
responses. FEAT recognises the impact of early school experiences on the later decisions made by young people about staying on or leaving school.

The primary school years are critical to later educational success and development of life skills as children learn and extend important foundational skills such as literacy and numeracy. Educational outcomes can be seen as part of larger picture of child development and wellbeing. This understanding has informed the development of the FEAT program which takes a multi-level, inter-sectoral approach to the issue of school retention. FEAT uses a strengths-based approach drawing on an understanding of the role of the family, peers and connections to the broader community in supporting a child to engage with school and be able to learn. Cooperation and collaboration between twelve government and two non government (NGO) agencies facilitated through the PAG has allowed FEAT not only to develop a range of activities to support the children and families recruited to the program but also to develop a local culture that is supportive of children and their families more broadly.

**How FEAT achieves outcomes for children and families**

It is important to note that FEAT is a small program with limited resources. Program capacity is approximately 10-20 families and engagement with the families may extend to several months (due in part to lack of other services). Nevertheless, through adopting a mix of individual, group and community based activities and operating in partnership with other agencies FEAT has managed to maximise its reach. As of June 2007, 123 children and 104 adults had participated in the FEAT program.

<table>
<thead>
<tr>
<th>FEAT Strategy</th>
<th>Examples of activities and outcomes</th>
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| Individual and family counselling and support | e.g. family assessments  
e.g. outcomes such as reductions in sick days,  
late attendances, suspensions, EDSAS and unexplained absences, and increases in the number of recorded behaviours |
| Case management including referrals to services, coordinating service responses | e.g. referrals for special education assessments  
e.g. acceptances into Smith Family Scholarship program, Big Brother Big Sister, CAMHS counselling, financial counselling, OT, speech pathology, legal services, Housing SA services |
| Advocacy for system level change | e.g. supporting policy and procedure development within schools and other agencies to best meet the needs of children and families |
| Provision of out of school hours activities | e.g. attendance at FEAT holiday programs |
| Brokerage for children and their families | Advocacy e.g. support during re-entry meetings and in accessing services |
| Development of partnerships within the community and schools (see table below) | Linking children and families with social networks, community activities |
| Specialised program development and facilitation (including community development initiatives) | Over 500 children and young people participated in specialised programs (e.g. anger management for boys, camps, sensory integration programs), parenting and health education |
Who uses FEAT?

Children were referred to the FEAT program for a range of reasons including behavioural problems at school and suspensions and exclusion. Violent behaviour was cited as a major reason for referral by the children, their carers and those who referred them. Families were often dealing with difficult circumstances e.g. unstable custody arrangements, financial difficulties, children with disabilities and domestic violence.

This suggests FEAT has been able to access and engage those children and families who are at most at risk of disengaging from school. Some of these families have lost faith in mainstream services and report negative past experiences. The FEAT model assists families to reconnect with school and services whilst working with agencies to highlight ways of working with families to achieve the best possible outcomes.

What are the outcomes?

Children, their carers and other stakeholders such as teachers reported positive outcomes from involvement in FEAT. Only one carer reported that the program did not have a positive impact on her child. Changes in children’s attitudes and behaviour were noted. Carers reported that FEAT not only helped the children but also provided them with assistance in linking with other services, parenting skills and practical household help. Stakeholders reported positive outcomes for children – often small but significant steps that facilitated children re-engaging with learning. Data collection from the schools, in relation to attendance, punctuality, sick days, suspension and exclusion has shown small improvements¹.

Carers and stakeholders valued the strengths-based approach used by FEAT. The success of the program in working with families appears to be strongly linked to this approach and the voluntary nature of the program.

¹ School Retention Action Plan Results Report 2007

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**Partner Schools**

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<tr>
<th>Salisbury Primary School</th>
<th>Burton Primary School</th>
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<tr>
<td>Salisbury North Primary School</td>
<td>Salisbury North West Primary School</td>
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<td>The Pines Primary School</td>
<td>Direk Primary School</td>
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<tr>
<td>Paralowie R-12</td>
<td>Beafield Education Centre</td>
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<td>Kurna Plains School</td>
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**Other partners/collaborative agencies (apart from lead agencies)**

<table>
<thead>
<tr>
<th>Big Brother Big Sister</th>
<th>Anglicare Family Services</th>
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<tr>
<td>Family and Relationships Centres</td>
<td>The Smith Family – Learning for Life</td>
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<tr>
<td>Uniting Care Wesley</td>
<td>Child and Youth Health</td>
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<tr>
<td>Child and Family Services</td>
<td>Family and Relationships Centres</td>
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<tr>
<td>Betania Community Services Inc</td>
<td>Housing SA</td>
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<tr>
<td>CAMHS</td>
<td>Families SA</td>
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<tr>
<td>Northern Parent Resource Program</td>
<td>Centacare</td>
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<tr>
<td>CDU – Women’s and Children’s Hospital</td>
<td>TOCH Australia</td>
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<tr>
<td>Kids andYou</td>
<td>Scouts SA</td>
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<tr>
<td>Helping Hand - grandparents project</td>
<td>Northern Parent Project</td>
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<tr>
<td>Central Northern Primary Health Services N/NE</td>
<td>Family Day Care</td>
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</tbody>
</table>
FEAT has developed and continues to maintain, strong inter-sectoral partnerships at a grassroots level. The governance structures of FEAT with its emphasis on partnerships has resulted in strong local networks, information-sharing and resource mobilisation. For families this meant they were able to access other services in a more efficient and timely manner than would otherwise have been possible. Processes such as the development of a Memorandum of Understanding have been put in place to support partnerships.

FEAT also acts as an advocate for system level change to better meet the needs of the children and families. Partnerships have facilitated changes such as changes to assessment procedures to incorporate strength based practice when working with children and families. Although FEAT continues to challenge cultures and practices when appropriate, bringing about system level change is a difficult task and FEAT workers often do not have the mandate or seniority to do so.

The success of the partnerships approach has also had a downside in that as no one agency is solely responsible for this project no sector assumes responsibility for ensuring sustainable funding and/or continuation of practice.

Recommendations
Families accessing the FEAT program have complex needs and often have a long history of interaction with various services. The program is reaching a population whose needs are not well met by other service arrangements. The program’s strength-based approach acknowledges that support of children and families requires a coordinated network of efforts and that whilst risks need to be addressed strengths must also be supported.

1. The strengths-based ethos underpinning FEAT should remain a defining characteristic of the program. This was identified by families and stakeholders as a key to its acceptability for families and success in working towards positive outcomes.

FEAT appears to have been particularly successful in engaging families who have negative experiences or low trust levels with other agencies. Engagement of families with complex needs is often a difficult & time-consuming process demanding substantial agency resources. The flexibility afforded to families regarding how and when they engage appears an important factor in its success.

2. The ability of FEAT to engage with families in a flexible, proactive, intensive and sometimes prolonged manner appears to be critical to its success and should be maintained. Both the needs and progress of the children and family and resources available within and outside the program should inform decisions to continue or discharge. It is however important that rigorous reviews of progress keep track of FEAT involvement.

At present informal meetings of staff provide support in case management decisions. In order to ensure quality of service and provide support and supervision to staff this process should be formalised.
3. Regular reviews of progress should be held monthly involving FEAT staff and an external peer or Supervisor. Such reviews also act as a form of peer review and quality assurance.

The mix of service activities appears to be working well for the families involved. There is also a balance between activities that are focussed on the individual families and those that are based on community and environmental approaches. Active partnerships with other agencies and community networks are essential in ensuring that this balance can be maintained given the limited resources of the FEAT program.

4. FEAT should maintain a balance between individual case management and other activities often characterised by stakeholders as ‘community development’.

Whilst high levels of satisfaction were expressed regarding the program, not all carers appeared well-briefed regarding the involvement of their child in the program.

5. Mechanisms to keep parents informed of FEAT activities with the children should be negotiated with parents.

6. The level of expected involvement with the family should be documented clearly and be communicated to the family both verbally and in writing. Engagement with the family is often most intensive near the beginning of their participation. Each review should aim to taper involvement in a planned, negotiated manner whilst recognising the ongoing need for flexibility.

The role of the FEAT workers is critical to the success of the program. These are demanding roles requiring a range of skills (e.g. knowledge of resources, referral pathways, partnership skills, teamwork skills, group work, counselling) and a strong commitment to the philosophy of the FEAT program.

7. A program of ongoing professional development for the FEAT workers should be developed. This may be an area where partners are able to cooperate in terms of inviting FEAT workers to relevant staff development activities or in developing staff development activities with FEAT staff.

8. The complexity of the role suggests the need for supportive supervision arrangements (as previously noted). It is envisaged that at least one of the FEAT workers must be appointed at a senior level to ensure adequate supervision, coordination and management of the program.

A defining characteristic of FEAT has been the strong commitment to the partnerships and collaboration that saw the program first initiated. As the program has matured the role of the PAG needs to be redefined.

9. The role of the PAG and the PDSG (in full) should be revisited in light of feedback regarding varying levels of commitment and involvement. Review of the structures should take into account:
The success of the PAG as a forum for local partners to address local problems. This active problem solving role has meant that the PAG has addressed issues for a range of members, not only FEAT. Any changes in structure should retain the ability of the current PAG to mobilise resources across agencies and sectors and maintain the positive ‘grassroots’ partnership work that has emerged with FEAT acting as the catalyst.

In terms of stakeholder input and direction to FEAT itself a separate, smaller structure may be more appropriate with a group of active stakeholders directly linked with the FEAT program taking on the role of its Advisory Committee.

Any structures should continue to strengthen input from the community and consider means to ensure the experience of families informs program development.

10. One agency or service may need to be appointed as the “Chair” or auspice body for FEAT. Changes to governance structures have already come about as a result of funding issues. This may address the difficulty identified by many stakeholders of not having a single point of accountability and responsibility for the FEAT program. It is important however, that the sense of mutual responsibility and ownership of the program be maintained and the “value-adding” that has been evident as a result of partnerships continues. Again the reconfiguration of the Advisory structures may support this.

As the program has reached a level of maturity a set of indicators for monitoring performance could be developed.

11. Ongoing evaluation should be undertaken. A number of indicators to monitor the program should be developed from the program logic model of the program.
Families Empowered to Act Together: The Feat Launch 2004

Adair Garrett – CEO Northern Metropolitan Community Health Service

Hon. Lea Stevens – SA Minister of Health

Monsignor David Cappo – Chair, Social Inclusion Board

Hon. Dr. Jane Lomax Smith – SA Minister of Education

Representatives of SA Police, Salisbury. SA Police is a participating partner of the FEAT program

Finalists in the Design the Feat Logo competition

Mayor Tony Zappia – City of Salisbury

Winner of the FEAT logo competition
The History of FEAT

The impetus for the FEAT project was an approach by the then Department of Human Services to the City of Salisbury to implement a three-year project called the ‘Integration of Services to Families with Young Children Project in Salisbury North’. This project began in August 2002 with the appointment of Mario Trinidad in the position of Social Planner – Urban Regeneration.

The idea of a support service to Salisbury North families was raised in conversations between the Social Planner and principals of the 5108 cluster of schools. The principals voiced their concerns about the need for appropriate services for families facing multiple challenges e.g. poverty, violence, stressful relationships, substance abuse, and mental health issues. Often these families ‘fell through the cracks’ and were only accessed services when in crisis. Although problems such as truancy, poor academic performance, disruptive behaviour, and nutritional deficiency presented in the school environment, school staff were conscious of the need to engage families and the wider community in order to address them.

In March 2003 the City of Salisbury, through the Integration of Services to Families with Young Children Project, facilitated “structured conversations” between principals, managers and senior officials of:

- Paralowie R-12 Schools
- Direk Schools
- Salisbury North West Schools
- Salisbury North R-7 School
- Northern Child and Adolescent Mental Health Service
- Salisbury Children, Family & Youth Service
- Salisbury Child and Youth Health Service
- Lyell McEwin Mental Health Services
- Drug and Alcohol Service
- Salisbury Housing Trust
- Salisbury West Community Health
- Salisbury South Australia Police Office
- and various City of Salisbury Departments.

Over the next year this partnership developed an integrated family centred model which was non-stigmatising, strengths-based, voluntary, time-limited and confidential. The group then worked together to seek funding and further develop the models of governance and service delivery for what was to become the FEAT program.

The City of Salisbury provided dedicated resources to the development of FEAT. This was vital to the success of the project as it enabled research of best practice examples, advocated for funding and developed links with other community development initiatives as well as facilitating the FEAT partnership. As the City of Salisbury is not a direct service provider it was in a unique position to create an environment focussing on community needs rather than service boundaries and enabled the development of positive relationships between a diverse range of stakeholders.

This collaborative approach has been integral to the level of commitment the project has achieved from all partners, the success and acceptance of the project by families, children and the broader community and the longevity of the project.
FEAT: About the programme

Families Empowered to Act Together (FEAT) is an early intervention program supporting families in Salisbury North with children between the ages of 5-13 years at risk of disengaging from learning. FEAT was established in response to agencies in the region identifying the need for additional support for children and families to engage positively with schools and learning.

Governance

The FEAT program operates under the auspices of Central Northern Primary Health Care Service North/North East, (Salisbury Community Health Centre, a unit of CNAHS). It is responsible for the recruitment, employment, management and professional supervision of FEAT personnel.

Central Northern Primary Health Care Services receives the funding, creates and accounts for the budget, and provides an annual financial acquittal to contributing agencies and other participating agencies.

Participating Agencies

- Direk Schools
- Paralowie R-12 School
- Salisbury North West Schools
- Salisbury North R-7 School
- Central Northern Primary Health Care Services – Salisbury Community Health Centre
- City of Salisbury
- Child and Adolescent Mental Health Service
- Children, Youth and Women’s Health Service
- Families SA
- Drug and Alcohol Services
- Central Northern Area Health- Mental Health North
- Housing SA
- South Australia Police
- The Smith Family
- YWCA

Staffing

During the evaluation period FEAT staff comprised three professional social workers, 1 FTE (PSO 1 level), 1 FTE (PSO 2 level) and 1 FTE (PSO 2 level- contracted till Dec 31, 2006).
Funding

In addition to the Social Inclusion Initiative School Retention Action Plan funding, the following contributions have been made to the FEAT program:

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<td>City of Salisbury</td>
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Project Advisory Group (PAG)

One representative from each of the participating agencies and two community representatives comprised the Project Advisory Group. Community representatives were nominated by the participating schools and the Salisbury North Community Reference Group.

The PAG:
- Meets Quarterly, but through the Project Development and Support Group special unscheduled meetings may be called;
- Elects the chair of the PAG for an annual tenure;
- Negotiates with the funding bodies and investigates continued funding beyond the initial outlay;
- Pursues links with Turn Around Project (TAP ) of the Elizabeth cluster of schools, the Salisbury North Urban Improvement Project, Salisbury North Connect, and other relevant initiatives;
- Provides by 30th June each year a project report of the preceding year to the participating agencies and funding bodies.

Project Development and Support Group (PDSG )

The Project Development and Support Group addresses issues related to the FEAT model, principles of intervention, and sustainability/funding. It provides direction and sets strategic priorities for the project. The PDSG is composed of:
- 1 representative from the Central Northern Primary Health Care Services - Salisbury Community Health Centre;
- 1 representative elected by the participating schools;
- 1 representative from the City of Salisbury;
- 2 representatives from the Project Advisory Group;
- FEAT staff
- 1 community member

The PDSG
- meets regularly;
- provides advice on the further development of the project;
- elects the chair of the group for annual tenure
explores sustainability opportunities for FEAT project, including exploring funding opportunities and/or changes of organisational systems to promote best practice.

Decision Making
Where possible, decisions are arrived at through consensus. In the absence of consensus a formal vote is needed, and a motion needs a simple majority of a quorum meeting. This can be obtained through PAG meetings or via email.

Program reporting
As of June 2007, 123 students and 104 adults had participated in the FEAT program. 19 students were Aboriginal.

Quarterly reports have been submitted to the Social Inclusion Unit. The quarterly reports provide information on school related outcomes for the families engaged e.g. in April to June 2007

- 5 new families registered for FEAT services and family assessments were undertaken
- 11 families were engaged and committed to the FEAT Program – 13 children registered
- 5 children’s suspension data has remained the same (zero).
- 7 children’s exclusion data has remained the same (zero).
- There have been reductions in recorded sick day absences for 4 children.
- There has been a significant reduction in suspensions for 3 children (frequent suspensions to nil suspensions)
- There has been a significant reduction in exclusions for 1 child
- There has been a significant reduction in recorded EDSAS for 2 children – (frequent to nil)
- There has been a significant reduction in late attendance for 4 children
- There has been a reduction in the number of unexplained absences for 2 children
- There has been an increase in the number of recorded behaviours for 4 children
- 5 children were referred for special education assessment
About the population

Referrals are made to the program through the primary schools in the ‘5108 schools cluster’ (Direk Schools, Salisbury North R-7 School, and Salisbury North West Schools and Paralowie R-12 School).

Salisbury includes areas that are amongst the most disadvantaged areas in the state as illustrated by the SEIFA Index of Relative Socio-Economic Disadvantage (below 950). Compared to the rest of the State, Salisbury has a higher proportion of 5-14 year olds (14 compared to 12.7%) and amongst the highest percentages of single parent families (over 14%), which are ‘characterised by poverty and hardship, have poorer health and are major users of publicly-funded services’ (Social Health Atlas 3rd Edition, p. 82).

Up to 28% of families in the Salisbury area are low income families (p. 86) and between 27-30% of families with children under 15 years old are jobless (p. 90). Over 24% of workers in the area (2001) are unskilled or semi-skilled (p. 98). Female labour force participation is also low and numbers of welfare recipients are relatively high.

2006 ABS Census data reveals that of all 15-24 year olds, 59% in the 5108 cluster (in which FEAT operates) had completed either year 11 or 12 education, compared to 63% of Salisbury overall and 65% across the whole state. The Salisbury area also has amongst the poorest year 12 achievement scores in the State. Participation in full time education at age 16 is also low and is very strongly inversely correlated with indicators such as unemployment, jobless families, unskilled and semi-skilled workers, the Indigenous population, single parent families, low income families and public rental housing (p. 110).

The Salisbury area has higher than average proportions of Indigenous people. This strongly correlates to jobless families, single parent families, unemployment, public rental housing, low income families and unskilled and semi-skilled workers and inversely correlates to full-time educational participation and the SEIFA index. Salisbury also has a higher proportion of people who were born overseas compared to the State average (31% compared to 26%) (ABS 2006 Census data).

The area is characterised by high rates of public housing (up to 13.8% in 2001), and between 8-12% of households do not have a motor vehicle indicating potential social and physical isolation. The Salisbury area has a higher than expected ratio of fair or poor self-assessed health status (an indicator of quality of life) as well as other indicators of poorer health and wellbeing such as highly elevated ratios of obesity, smoking, and avoidable mortality (deaths from potentially avoidable causes).
Evaluation activities fell into two categories – developing a program logic model as a basis for evaluation and future planning, and research into the experiences of children, families and stakeholders involved in the program.

1. Building a program logic to inform evaluation

As with many community-based projects FEAT has evolved over time in response to both external influences and changes made as part of service improvement processes. To provide a sound basis for evaluation and future planning, documentation of the development of the FEAT model of service and its aims and objectives was undertaken. This process included a number of meetings with FEAT staff and analysis of program documents.

Part of the evaluation project brief was also to relate the FEAT model to understandings in the current literature of best practice principles and models for family support programs. A review of the literature was undertaken and a draft ‘program rationale’ was circulated for discussion. A draft program logic (see Box 1 Program Logic) was also developed bringing together the evidence from the literature and the FEAT model of service. These were then discussed and workshopped at a PAG meeting. The theory, evidence and values which underpin the FEAT program, the activities undertaken by the FEAT team and the expected impacts and outcomes were made explicit. Stakeholders were invited to make further comment via email.

The products of this stage are presented in the Program Rationale (page 15); Key principles (page 19); and the program logic model (page 14). This process provided a participatory means to ensure the program was ‘evaluation ready’.

2. Capturing the experience of children, their families and stakeholders

The project was designed to track the progress and capture the experiences and perspectives of children, families and stakeholders involved in the FEAT program. The evaluation adopted an action research framework:

i) employing qualitative and quantitative methods,
ii) encouraging participation by key stakeholders in the research process, and
iii) which through an action research spiral informs further development

Separate face to face interviews were conducted with carers and children. Interviews explored

- referral process
- parent and child expectations
- parent and child views of problems
- experience of FEAT – level of contact, activities, services, perceptions of workers and program
- links with other agencies
- outcomes for child
- outcomes for parent/family
- suggestions for change

SACHRU was supplied with the details of 9 families, some of whom had more than one child involved in the program (thus comments from a carer may relate to more than one child). One carer refused interviews with herself and her child. One child refused an interview. One interview used an interpreter. We were unable to arrange an interview with one family after several attempts. In all eight carers and eight children (2 girls, six boys) were interviewed.

**Stakeholders involved in the FEAT program were interviewed using a semi structured interview schedule to explore their experiences of the program.**

Stakeholders included professionals from Families SA, Health (including FEAT staff), Drug and Alcohol Services, DECS, Salisbury Council, cluster 5108 school principals and counsellors, SAPOL and NGOs with similar target groups (Smith Family and Big Brother Big Sister). FEAT program community representatives were also interviewed.

Some interviewees had been involved with FEAT since its inception and were able to offer historical context regarding development of the program. Others had become involved more recently. While some stakeholders were involved in program planning and delivery (which often meant they represented organisations which had committed funding to the program) others had a more peripheral role.

Interview transcripts were analysed using NVivo 7 for themes such as the FEAT service model and how it addresses need, the program’s governance processes, partnerships, outcomes for children, families, schools and the community and issues around the future sustainability of FEAT.
**Box 1 Program Logic**

**Program Logic**

Program logic provides a plausible explanation of how and why an intervention will work and what impacts and outcomes are likely to be achieved. Program logic allows for local knowledge and context to be taken into account. Clear program logic makes for better planning and evaluation.

A program logic model tells the ‘story’ of a program. It connects the starting points for a program – e.g. the needs, evidence about the intervention, values – with the desired end points – i.e. what it is hoped the program will achieve.

Program logic can be used to ensure a program is ‘evaluation ready’ i.e. “…logically theorised, planned, and resourced, and sufficiently well implemented, before the conduct of an impact or outcome evaluation…” (Ryechetnik L et al 2004)

There are many program logic models but most will have at least four essential components:

**Assumptions:** These are the foundation on which you build your program. They can include values, theories, research and evaluation evidence, practice wisdom and community knowledge.

**Activities:** These are your program or service activities, the things you do built on these assumptions.

**Impacts:** These are the changes resulting from your activities.

**Outcomes:** These are the long-term, more distal outcomes to which your activities contribute.
Programme rationale

An understanding of the range of family, social and economic factors that influence school engagement and performance underpins the FEAT program. Education is seen as a key determinant of health and social outcomes.

Education, particularly the completion of secondary schooling, is a key factor in the successful future of individuals and at a population level, the successful future of society. FEAT recognises the impact of early school experiences on the later decisions made by young people about staying on or leaving school. For some the process of disengagement from school begins years before decisions about completion of secondary school is even a consideration (Social Inclusion Unit 2003).

“The chances of developing into a healthy, happy and successful adult despite growing up in poor socioeconomic circumstances are greatly improved by encouraging educational attainment at school (Bartley 2006).”

Gaps in school achievement are evident as early as Year 3 and the gap increases markedly by Year 5. Those more likely to be represented at the lower levels of achievement are children attending schools with relatively high levels of poverty, Indigenous children, those from non-English speaking backgrounds and those classified as ‘mobile’ e.g. not enrolling in school at the normal time, not in school for a complete year (Lamb, Long et al. 2004). This is in keeping with the children identified as high priority for inclusion with FEAT program.

Children from low SES backgrounds are less likely to remain at school until Year 12 and of those that do remain, fewer will achieve university entry. The inequities evident in retention and attainment at Year 12 have been years in the making:

“…achievement differences in Year 12 are the culmination of gaps in achievement which are evident in the earlier years of schooling…”(Lamb, Long et al. 2004)

Lamb et al note that targeted initiatives to improve learning outcomes for disadvantaged students will be required if the learning gaps that accumulate through the school years are to be addressed. Prevention and early intervention in the pathway are likely to be more effective than later “crisis” responses.

Educational outcomes can be seen as part of larger picture of child development and wellbeing. The notion of ‘developmental health’ has gained currency in recent years:

“This term is being used in research, policy and service contexts to describe those aspects of children’s development which significantly affect their quality of life, health and opportunities across the life cycle. These include physical growth, susceptibility to disease, cognitive, behavioural, and social development, as well
as learning and education. Each of these aspects of human development is influenced by the proximal social and physical environments of child rearing, which are in turn affected by the more distal economic, cultural, political and spiritual influences of our contemporary society (Silburn 2003).”

This understanding of the inter-related nature of influences and outcomes across domains such as health and education has informed the development of the FEAT program.

Health, wellbeing and education are strongly interconnected

This is congruent with more recent initiatives such as the DECS Learner Wellbeing Framework launched in early 2007 which recognises the strong links between wellbeing and learning.

“The strong and mutual interconnection between wellbeing and learning has meant that learner wellbeing has always been an integral part of educators’ work. The influence of continuous and rapid change upon today’s learners and the consequent complexity of their lives require educators to inquire into new ways of working that support the wellbeing and learning connection (Department of Education and Children's Services 2007).”

The Wellbeing framework notes that there are a range of factors which impact on wellbeing with ‘care and education’ identified as the domain in which schools generally have most influence. The FEAT program facilitates the connection between ‘care and education’ and the other identified key factors – ‘family factors, community factors, individual characteristics’. It recognises that some students require “an individualised strategy to address their wellbeing and learning needs (Department of Education and Children's Services 2007 p. 11)”.

The primary school years are critical to later educational success and development of life skills as children learn and extend important foundational skills such as literacy and numeracy. The ability to think flexibly and intentionally grows during the primary school years (Huston and Ripke 2006) and children become increasingly self-aware (Eccles 1999).
They become more conscious of their place in the world and develop ideas about their individual talents, abilities and aspirations for the future. Progress through this period can have a major impact on their successful transition to adulthood (Coll 2004).

Primary school years lay the foundation for later educational and social outcomes

They are also growing and developing in other ways which will have a major impact on their life pathways. The tasks of middle childhood have been described as developing a “sense of mastery and competence, belonging or connectedness to family and schools, and control (Brindis, Biehl et al. 2002).” The sense of connectedness with family and schools has been recognised as a critical protective factor in the wellbeing of Australian children (Zubrick, Silburn et al. 1995). Children referred to the FEAT program are often those who have not developed that sense of belonging or for whom connectedness and engagement has been compromised in some way.

Social connectedness is a key protective factor for children and families

The program takes a multi-pronged approach in supporting student and family to develop ‘connectedness’ with school and establishing a readiness to learn.

Failure to develop competencies in middle childhood has long-lasting effects in social and intellectual domains (Eccles 1999; Huston and Ripke 2006) and depression, social isolation, anger and aggression have been reported in children who do not see themselves as ‘competent’. Lower social competence in childhood has been associated with persistent anti-social behaviour in adolescence (Australian Institute of Family Studies and Crime Prevention Victoria 2000).

Out of school activities can play an important role in allowing children to experience success and may compensate for negative experiences of school (Eccles 1999). Social networks and friendships that include more “pro-social” peers and warm, supportive relationships with parents or other adults appear to be protective factors in childhood (Shader 2006) as does participation in structured activities (Australian Institute of Family Studies and Crime Prevention Victoria 2000). The FEAT approach includes the development of a supportive relationship between the FEAT worker and the child, introducing the child to positive out of school activities and broader social networks. Connection to the broader social environment is increasingly being recognised as a key factor in promoting healthy development and resilience:

“Young people who are flourishing are usually characterised by a sense of connectedness to school, and other social and educational agencies (clubs for example); and they come from families that teach and demonstrate a sense of responsibility, empathy and care for others (Stanley, Richardson et al. 2005 p. 23).”
For almost all children the family remains the primary influence on their development providing “the most powerful and enduring influences on short- and long- term health and social adjustment (Stanley, Richardson et al. 2005 p 174)”\(^{1}\). This central role of the family has shaped the work of FEAT which adopts a strengths-based approach (building on strengths rather than emphasising deficits) in their work with families.

Social inclusion and social support for families have been identified as protective factors that can act to ameliorate the impact of socioeconomic disadvantage. Such support includes access to appropriate services, parenting support and connection to a broader community (Wise 2001), all features of practice in the FEAT program. Research also points to the importance of having local supports i.e. close to where people live work and attend school and the complementary roles of informal (friends, neighbours) and formal (agency) support networks (Wise 2001).

The FEAT program is in keeping with current policy directions in health, education and community services which recognise “siloed” approaches to social issues are less likely to succeed.

The FEAT approach is characterised by: capacity-building (parents, families and communities); partnerships and collaboration; need for evidence base; and inter-sectoral action - ‘joined up’ approaches. FEAT has developed from, and continues to maintain, strong inter-sectoral partnerships developed at grassroots level. Cooperation and collaboration between agencies at this local level has allowed FEAT not only to develop a range of activities to support the children and families recruited to the program but also to develop a local culture that is supportive of children and their families more broadly. Structures such as the FEAT Project Advisory Group and the Project Development and Support group have contributed to inter-sectoral planning, problem-solving and cooperation facilitating the delivery of appropriate services, mobilising resources and acting as an important information conduit between agencies. Such an approach reflects an understanding of the complexity of children’s and families needs:

“Local service agencies need to be recruited to the task of community capacity building, creating networks that ensure the effective deployment of their resources. Although community members, societies, health and welfare services and additional programs and services all make their own contribution to a ‘child-friendly’ and ‘family supportive’ environment, they cannot act alone to provide the full range of services or provide the support a particular child or family may need…The focus of this approach is an ecological view of family, social network and community, which moves away from simple solutions to single factors, to a coordinated approach that aims to influence a broad network of relationships and processes” (Wise 2001).
The theory, evidence and values that provide the foundation for the FEAT program are summarised in the box below:

**Box 2 Assumptions underpinning the FEAT program**

<table>
<thead>
<tr>
<th>FEAT key principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education is a key determinant of successful transition to adolescence and adulthood</td>
</tr>
<tr>
<td>Educational engagement is a whole-of-community issue</td>
</tr>
<tr>
<td>Equity is an issue as children from some groups are more likely to disengage from school than others</td>
</tr>
<tr>
<td>Families, particularly parents, play a very important role in supporting children to engage with school</td>
</tr>
<tr>
<td>An inter-sectoral, multidisciplinary response is required to promote children’s wellbeing and development</td>
</tr>
<tr>
<td>Services and programs need to be locally responsive and provided in a timely and coordinated manner</td>
</tr>
<tr>
<td>Effective programs address risk factors and promote protective factors</td>
</tr>
<tr>
<td>Social connectedness is a key protective factor for children &amp; families</td>
</tr>
<tr>
<td>During primary school years children undergo significant cognitive, social and physical growth have long-term consequences for their future.</td>
</tr>
<tr>
<td>Activities are based on a strengths-based approach</td>
</tr>
</tbody>
</table>
Components
- Recruitment
- Service provision and referrals
- Advocacy
- Intersectoral collaboration
- Education and skills development
- Facilitating social connections
- Staff and service development

Activity
- School initiated referrals
- Student & family counselling
- Case management: referrals to other services, coordinating service responses
- Advocacy on behalf of individuals and families
- Advocacy for system level change
- Partnerships between schools and other agencies
- MoU development
- Parenting and health education
- Specialised program development (e.g. anger management for boys, camps)
- Linking children and families with social networks, community activities
- In-service training

Short term outcomes
- Responsive, timely and coordinated services
- Improved access to services for FEAT participants
- Greater trust in services for families engaged in program
- Engagement of those recognised as being most disadvantaged
- Collaborative, inter-sectoral partnerships that are able to mobilise resources
- Policies, programs and settings that support engagement with learning and schools for all children
- Improved short-term outcomes for individual children engaged in the program: fewer exclusions, improved school attendance, attending out of school hours activities
- Improved short-term outcomes for families engaged in the program: eg improved parenting skills, improved financial skills
- A community-wide, coordinated response to planning, implementation and evaluation

Long-term outcome
- Improved education, health and social outcomes for the children and families engaged in the program
- A local organisational culture that is child-friendly and supportive of families
Capturing the experience of children, their families and stakeholders

Children’s perspectives

Children interviewed were aged between 6 and 12 years of age. Responses to interviews varied, some children gave only short answers others were more forthcoming. Some children had limited language skills.

Again children were not asked about specific family circumstances but during the interviews children referred to witnessing violence, complex custody and living arrangements, poor relationships with parents, anger and grief, learning difficulties and disability within the family and mental health issues.

Referrals to FEAT

Children identified ‘the school’, school counsellors and teachers as referrers to the program. One child said it was his mother that introduced him to the program. They identified family problems, anger, violence and truancy as reasons for referral.

because I don’t really get on with my family much. (Child #1)

Yeah. I had anger management like since when my (family member) went to live with my father, and I had heaps of anger... I wanted to kill my family. (Child #3)

I got suspended and then I had to stay home for three days. (Child #5)

always got caught in violence. I got excluded twice for violence. (Child #4)

...from wagging. (Child #7)

Children had various understandings about the program. Most children didn’t articulate clear expectations but understood the program was to ‘help’ them.

It was about helping families and that. (Child #1)

I think it was to help my mum and me get along, and my family. (Child #7)

Some comments reflected children being used to being directed.

It’s mainly up to them because they’re helping us and we have to let them do their job really. (Child #7)

One child was disappointed when he realised the program was not able to effect the reunion with a family member that he desired.
Like go pick her up and bring her down and she can stay and that. That’s what I thought. (Child #3)

Engagement
Most children were happy about the referral on meeting the workers.

I thought she was cool. (Child #1)

Oh, then I started to like the program... (Child #3)

We just talked about things and yeah, had fun. Yeah. (Child #6)

A number of the children clearly remembered their first outing such as a trip to the movies or the first activity they engaged in.

Started off doing, well she gave me two sheets - what would your name be if you were a superhero. (Child #7)

And the first time I met (FEAT worker)... and we went to see the movie. (Child #6)

Activities
Children reported a range of activities. Bowling, camp and movie outings were noted enthusiastically. Outings featured but some children also noted input to carers and the family.

Actually yeah I went to the camp... and I made some new friends. (Child #1)

Once, I think we went to the movies to see “Over the Hedge” and we, like, played games and that, and talking our anger.... It was really fun with her. (Child #3)

She (FEAT worker) gave us food last time. (Mum’s) quite proud of (FEAT worker)...And my mum is very pleased of (FEAT worker)... food and stuff and (FEAT worker) is trying to get help for me. (Child #4)

Some children were able to identify the purpose of activities.

She put me onto this camp thing that I’m starting to go to now...Anger management again. (Child #3)

She helps us with anger and, took us to Hungry Jacks, ... If we were good for like a month we’d get to go out to like Hungry Jacks or something. (Child #4)

Other activities encouraged children to express feelings, build self-esteem or learn new skills.

she got me this box thing, with like pieces of paper and I could write each day if I was angry or happy and I’ve been doing that a couple of times. (Child #4)
Being able to talk to someone about difficult situations or feelings was valued by children. For example one child reported being able to talk to the FEAT worker after a public altercation with her mother she found embarrassing. Others mentioned distressing family circumstances.

*Time’s easier like, whenever problems are shared with somebody it’s easier.*  
*(Child #6)*

**Referrals and links to other agencies**

Some children noted that the FEAT workers had been responsible for them attending other agencies such as CAMHS or WCH but generally little comment was made.

**Outcomes for children**

Children identified changes in their attitude and behaviour.

*I can talk to my Dad now.*  
*(Child #1)*

*And since the counselling I’ve had heaps of fun now and I’ve got over some stuff.*  
*(Child #3)*

*Last year I would solve everything with violence. (and now) No violence.*  
*(Child #4)*

*I haven’t been getting bullied much. Normally I just get bullied a lot. And I get bullied out of school.*  
*(Child #7)*

*Yeah, heaps! Ever since we’ve gotten this thing where I go to my mum’s, I always come back to my step-mum’s with an attitude, I can’t help it, so I asked my mum if I could stay there so since then she’s been all nice to me and I’ve been all nice to her its really working and I reckon its got to do with this (points to FEAT logo).*  
*(Child #7)*

*I’ve been good!*  
*(Child #9)*

*Well, it’s definitely helped me and everybody feel better about feelings and made me and (brother) understand more. And yeah, it’s just something to do during the holidays as well.*  
*(Child #6)*

*I’ve changed. I wouldn’t even be at the school right now.*  
*(Child #4)*

Some children noted they had made new friends at camp or through other activities such as bowling.

Some children also reported that changes had been noted by the school or family members.

*She thinks it’s really helping me.*  
*(Child #1)*
(Dad said) That I’ve been changing my attitude that’s the main thing, I had really bad attitude. (Child #7)

**Outcomes for the families**
Few of the children spoke directly about outcomes for other members of the family. However those comments that were made were positive.

> Well, I reckon it’s less stressful around here. As you can see, yeah. She (mother) has been a bit, she’s a bit stronger now, you can see. Yeah. And but, she’s kind of, hard to explain really, she’s a bit different, sort of thing. (Child #6)

**Suggested changes**
Most children reiterated that their experience of the program had been positive. A number suggested they would like “More of….”

> More time to speak with the family workers that help us. So I can tell them my problems and stuff. (Child #7)

> I think they should take people out a lot cos that gets more fun, like taking to the movies and that. When I went there it was fun. (Child #3)

> It was all good. (Child #6)

Some who were no longer involved in the program were keen for more involvement.

> Will we have like someone coming out to see us again? …Please! (Child #4)
**Carer's perspectives**

Primary carers interviewed included mothers, fathers and grandmothers. The term ‘carer’ has been used for all.

Carers were not specifically asked about family history or circumstances but many volunteered information. A number of the families had complex histories and caring arrangements. Many of the children had experience of unstable family care situations. Some had experience of foster care. One child had experienced the death of a parent. Some children had siblings who lived with other carers.

Two of the carers interviewed were grandmothers. At least one child had been witness to domestic violence. A number of the children had siblings who had health, educational and/or behavioural problems.

**Referral to FEAT**

Carers reported children had been referred to the program for various reasons although not all parents were clear on the reasons or process of referral.

*I think it was just to, someone like just to help him. (Carer #1)*

Violence was cited as a problem by a number of carers:

*Violence. Beating up other kids. Not doing what they were told. (Carer #5)*

*(child) was having lots of problems with anger. (Carer #3)*

*He couldn’t go a week really without being sent home for some reason, some quite violent behaviours so they had to send him home. (Carer #8)*

*I wanted to stamp out his bullying, make him less violent. (Carer #6)*

Other issues cited included concentration problems, schoolwork, suspensions and exclusions, self-harm, behavioural problems and negative peer group influences.

Most carers said the school had initiated the referral although in one case the carer had approached the school for help and a referral to FEAT had then been arranged.

The voluntary aspect of the program was important to some carers:

*...asked if I wanted to do it and then I, after further interviews I asked what would happen with the FEAT program and how it would help (child) then I decided to go ahead with it. (Carer #6)*
...I thought well there’s nothing to lose by trying it. It was a voluntary thing so if
it didn’t work out we could pull out. (Carer #4)

(Feat worker) doesn’t explain it like you’ve got to do it this way. (Carer #1)

Engagement
Carers all spoke positively about their initial contact with the program and reported that
most of the children were similarly positive.

I think also because the worker also helped...like she gets on real good with kids
and (child) connected with her straight away...(Carer #1)

When it was first mentioned (child) wasn’t all that keen but when he met (Feat worker) he liked it. Yes and he really enjoyed it. Looked forward to it in fact.
(Carer #3)

I think (I felt comfortable) quite quickly, she is just a very likeable person. (Carer
#8)

Carers were universally positive about the Feat workers, characterising them as caring,
non-judgmental and easy to get along with.

She was very nice to talk to and very able to explain a lot to me about...it was all
new to me and she was able to help me with all these things that I hadn’t you
know, thought about ... And different places to help him. Yes, I don’t think I
would have got through it without (worker). (Carer #3)

She was just really, really good. Really understanding. Couldn’t ask for a better
person. (Carer #5)

Oh, she’s excellent. She’s a really excellent worker. And I think that’s good ‘cause we felt comfortable with her as well. You know you just meet people and
you talk to them. She’s such a lovely lady. (Carer #1)

The ongoing engagement despite difficulties was also appreciated.

I do know that (worker) has stuck in there, its been very, very difficult and I know
she’s stuck in there ... and she’s really tried to put things in place and I think
she’s tried to work through the school. (Carer # 9)

Activities
Some carers were able to detail the sorts of activities the children had been engaged in,
while others were uncertain of either the type or extent of involvement. This depended to
some extent on whether the focus of the service had been primarily the child or family.

I’ve seen her only a couple of times so I’m a bit out of the loop. (Carer #6)
I'm not quite sure but I understand sometimes they take her out and sometimes at home and sometimes at school. (Carer #2)

A range of activities were noted: e.g. child–centred recreational outings, schoolwork support, anger management strategies, practical household assistance, work on parenting skills.

She only helped us with like, talking if nothing helped. Like giving him ideas and things like that. Like, she’s really good at getting things across. Do you know what I mean, like with (child) he was comfortable with her so he was himself around her. He wasn’t, she took him bowling and she took him out another time and, like so she could have one on one time with him and yeah, just things like that. Yeah. The home visits, she used to come around a lot for the home visits. (Carer #1)

They’re more family based as well like not just with kids at school and stuff but she tried to help us get into Housing Trust accommodation... She was trying to get someone in to try and do some housework once a week or something... she got some food vouchers and things at Xmas time she paid to get, because during winter using the dryer all the time because I don’t have a washing line and the washing piled up, she organised to get the Laundromat she paid to get that all washed and dried and that so it was all done. (Carer #4)

Links with activities such as school-based activities and a swimming program were mentioned.

And (worker) got him involved, at the school, they have a cooking thing, parents and child sort of thing, after school. And he likes cooking. So he enjoyed that. (Carer #3)

Workers also acted as a conduit between the school and the family.

If there was any problems at school instead of the school ringing me they’d actually ring (worker) to come and talk to them first. And then if (worker) couldn’t help sort it out then they’d ring me... that lifted a lot of burden off of me. (Carer #5)

Referrals and links to other agencies

Referrals and actively facilitated links with other agencies were described by many of the carers.

Service links mentioned by carers were:
- Child Adolescent Mental Health Services
- Grandparents support group
- Women’s and Children’s Hospital
- Smith Family
- Housing Trust
- Counseling services (agency not specified)
- Families SA
- Aboriginal service (not specified)

FEAT workers were instrumental in arranging eye, hearing and other developmental test for a number of the children. In one case links were made to an appropriate health practitioner for the carer.

The willingness of FEAT workers to actively engage in the referral process was seen as a positive by a number of respondents.

*Like she’d take them to the counselling appointments if I couldn’t do it. She’d take them to hospital appointments if I couldn’t make it or if I had no transport she’d actually pick us all up and take us to where we had to go. Stayed with us and bring us back home and just be that support.* (Carer #5)

*(Worker) was the one who organised all the funding to get that hearing test and everything done.* (Carer #5)

*Like I told (worker from another agency) about what was happening with (child) and she said well you’re going to have to get on to CAMHS and I said I was bit reluctant to do that because I had a bad experience ... she said you’ve got to ring them, you’ve got to ring them. Then (FEAT worker) said well I’ll ring them and see what I can find out and she got is in within about a week.* (Carer #3)

Similar arrangements were made to facilitate involvement in other structured social activities.

*She (worker) ... organised the cars to take him ... and that helped too. So that’s things like routine, so he knows his routine in the morning so you know, he’s up, getting his bathers on and clothes and wait for the bus and you know, so instead of being ‘Oh, I feel a bit sick today I’m not going’ to do so, yeah. Getting better.* (Carer #1)

**Outcomes for the child**

A range of outcomes for the children were identified. These included personal changes, changes in the relationship with school, receiving help through other services and improved family relations.

*Oh he’d come home and he hated the school and he wants to leave and he hated everybody and oh dear. It was just dreadful. It was just like he was a balloon about to explode all the time, you know. But with going to the camp and doing...*
other things and being with his uncles and talking to (FEAT worker) it seems to have calmed him down a lot and he’s not so ready to pop off at them. (Carer #3)

A lot of changes. He’s been more calmer, he seems to be able to communicate a lot more, he’s listening a lot better, he’s getting more self-confidence and self-esteem about himself which he had a big problem with before – he seems at peace with himself a lot more. (Carer #6)

(Child’s) totally a different kid. He’s willing to do his work now. Not getting in as many fights. But (FEAT worker) always there on the other end of the phone if the boys want to speak to her. She’s made that quite clear that she’ll still keep in contact with them. (Carer #5).

Yeah it’s really helped a lot. He hasn’t had a suspension at all this year at all he’s doing really well. (Carer #4)

(worker) helped quite a bit with that getting assessments at the Women’s and Children’s and pushed for that. (Carer #9)

I think he’s settled a hell of a lot more. Like, yeah. I’m not sure what it is but I think he has, like, I think knowing that he’s got the backup. (Carer #1)

So, like with his writing he’s up to date like, with all the other kids with his writing. (Carer #1)

In the case of one child the carer believed the program was of no benefit.

No not really. I think he decided last year that school sucked and I’m not going. (Carer #4)

In one case the carer believed external circumstances stymied any progress the program may have achieved.

...due to the circumstances I didn’t find a lot of help at the time, but its looking like the children will be in my care full-time shortly and if that was the case it probably would have been a lot more. (Carer #9)

**Outcomes for the family**

A number of carers were able to give examples of ways they had changed as a result of the program.

They’d give me strategies on like, rather than me going off. I’ve got other ways to talk it out with the kids and stuff like that cos I was really quick at flying off the handle and yelling and screaming at them so. (Carer #5)
I actually find now I am more comfortable approaching the school about things because (worker) used to come to suspension meetings and re-entry meetings for (child) at the school and because I used to feel overwhelmed and I was looked down upon and having her there as a back-up person and I could just sort of look at her and she would take over and I learnt a lot about standing up for myself and saying 'No I don’t agree.' (Carer #4)

Better for me because I am getting old, sometimes hard to follow her so the program is good helping her and that helps reduce my worries. (Carer #2)

The effect of the program was sometimes seen as benefiting the whole family as parents applied new skills to other children as well.

Yeah, I think we’ve benefited from her. Even I mean, daily as well, just being able to stick together with the programme and like, she doesn’t explain it like you’ve got to do it this way you know, like you know. So I think the whole family’s sort of, we’ve been using that with everything like what (worker) taught us to try to help with the other kids as well... (Carer #1)

Suggested changes

Asked if there were any changes or improvements they would like to suggest most carers reiterated their positive experience of the program

Everything was, you know, she did everything and more that I could think of. You know, she suggested all these things. (Carer #3)

Perfect the way it is I reckon. (Carer #5)

I think they’re doing all the right things, they did for us. Because like I said it’s not just a school based thing it’s not just for the school it’s like the whole family environment. (Carer #4)

One carer noted the need for improved communication with the carer, suggesting some form of written communication such as a newsletter. Another suggested more out of school hour activities would be an improvement. It was also suggested that better knowledge and links with Centrelink would be helpful.

... maybe a bit more general knowledge, I don’t know whether its appropriate but Centrelink type stuff. I found that very difficult because they don’t tell you a lot. (Carer #9)
**Stakeholder perspectives**

**FEAT service model**

The FEAT program was developed to meet an unmet need within the Salisbury region. Stakeholders identified that many families had complex and multiple issues often combined with resistance to agency involvement:

‘huge unmet needs but don’t fit neatly within the core business of agencies’

Salisbury North ‘has the highest proportion of young children and the lowest proportion of social services in the district.’ (Stakeholder - Interview #8)

In the 18 months prior to the initiation of the FEAT program discussions between stakeholders had highlighted the limitations of current service provision. It was felt that services were not always able to address the specific and complex issues present in the community.

Stakeholders reported that children referred to the FEAT program generally presented with behavioural problems at school. Behaviours ranged from violence or self harm to withdrawal or absenteeism. Behavioural problems were often linked with disadvantage and other issues including emotional abuse, rejection, neglect, disability, poor parenting skills, mental health concerns, homelessness, and instability amongst others. One stakeholder observed:

‘if you didn’t know they (children’s background stories) are true, you’d think the stories were unbelievable.’ (Stakeholder Interview #17)

All but one school staff member interviewed understood that FEAT was intended to reach highly disadvantaged families.

Principals and school counsellors reported that the scope of problems faced by some children were beyond the tools available to them to either address the needs of the child or to reduce the impact of the child on the classroom or teachers. The FEAT service model is seen to overcome the barriers experienced by schools in addressing such problems:

‘It’s well and truly beyond the scope of schools. And that’s the problem we have. And that’s why FEAT works so well I believe. The fact that they have expertise we can’t offer and we can’t hope to actually have. In our system to get any work or results in terms of intervention from these types of students, it takes years.’ (Stakeholder Interview #10)

‘What it does primarily which is so unusual is that it works with families at the far end of the edge of disadvantage, and stays with them until they’re supported to be in a different space. That’s really unusual because in society they’re often really hard to get to, nobody hears them, and it’s often only through their children, who
have to attend school, that we start to develop a relationship and start to make connections to FEAT, and then FEAT work with those families.’ (Stakeholder Interview #1)

Respondents noted the need for intensive, flexible case management to address the nature and complexity of the issues faced by the families. The ability of FEAT workers to meet people where they’re at (geographically and socially/emotionally), to persevere with families through extremely hard situations, and to not be swayed by time pressures were identified as critical to the success of the program. The ability of the FEAT workers to develop trusting relationships with the families was also a recurring theme:

‘FEAT works so deeply with families. I don’t think they just touch the surface and then leave with nothing changing. Because they stay with families through the whole process it does work. Compared to (another agency) where there might be a ‘touch base’ and then there’s a six month waiting list, and then it’s up to the family to keep the momentum going. FEAT works one on one and it’s a holistic approach that is brought to the family.’ (Stakeholder Interview #4)

‘families in the school are extremely hard to reach so it needed some sort of intensive one to one work to engage with them and to try and get those outcomes because the nature of the community is such that it takes a long time to develop trust and those relationships of mutual respect.’ (Stakeholder Interview #9)

The strengths-based ethos of FEAT was identified as driving the success of the program, capitalising on the fundamental desire of parents to want the best for their children regardless of the issues they face. Families voluntarily commit to the program which is seen as important and empowering. Further, the program works to highlight the family’s strengths and build on those, rather than trying to ‘fix’ what’s wrong. Some stakeholders linked the imperative for a strengths-based approach to perhaps more lengthy engagement with families, and the dilemma that this might pose in terms of throughput:

‘It might take a while to engage the family and for things to move. It needs to be deliberately like that because we don’t want to be paternalistic about it or focusing on deficit. It has to be voluntary and it has to be about strengths. Therefore there can’t be a one size fits all solution. People can accept that on a theoretical perspective but in reality they want quick fixes. I think FEAT has stayed true to the model of not looking for a quick fix. They’ve kept integrity on what strengths-based approaches really means and what engagement should mean.’ (Stakeholder Interview #1)
'It involves a lot of discipline in the model. It’s great that it’s been able to keep up the strengths based model but it means that, although for some families you see great gains quite quickly, for other families you really have to hang in there.'

(Stakeholder Interview #2)

The strengths-based ethos of FEAT was identified as driving the success of the program...

Recently, there has been a shift towards reviewing children in the program after 3 months to ensure there is commitment from the family, and ‘signs of movement’. Some stakeholders see this as problematic while some see it as a necessary step to avoid dependence and ensure progress:

‘There’s pressure to shorten the engagement time. But families here have generally been involved for up to 18 months... there’s always that tension between families wanting to latch on but FEAT is about building strengths to be independent.’ (Stakeholder Interview #2)

‘But sometimes I think, not being an expert, that there’s a trend to push families onto other services. Like, now there is a three month ‘review’ stage but I suspect this is when families are pushed out of the program.’ (Stakeholder Interview #3)

‘The work with one family is so valid. It’s so hard to reach these families and engage them so it’s a huge thing. Some of these families are people that generally don’t form relationships so the FEAT workers have done so well. To pull out too early would be a waste of all that ground work.’ (Stakeholder Interview #4)

There has been debate regarding the balance between intensive case management and community development models for FEAT. This balance has shifted back and forth over the life of the program and was perceived by stakeholders to be a reflection of the different passions and expertise of the FEAT workers of the time. The original focus of the program was intensive case management but other aspects such as providing training to teachers and being involved in programs such as Cooksmart at schools have developed over time. The balance is seen to be important in terms of addressing both the immediate needs of the highly disadvantaged families referred to the program as well as bringing about system changes to support families and children more broadly.

‘So it’s been very good to have those discussions and to talk about well, what can we do around engaging some of those families but also how can we demonstrate to schools and teachers that putting in place some of these other programmes consistently over a few years and addressing it on a whole of school basis will mean that if you shift the benchmark for everybody these kids will shift a little bit too. So, when resources get tight and when schools are putting in money they want to see dollar for dollar what they’re doing. And that’s understandable but it is also about you know, those discussions with them about the value of the group programmes or the social.’ (Stakeholder Interview #5)
‘What it hasn’t lost sight of are the notions of engagement and a strengths-based approach. That’s good. It hasn’t lost sight of a case work approach with the intensive work with a small client base. What’s happened around the outside is the ability to take up a community development approach. Some of that’s by the FEAT workers, but some is from the networks that are being brought in such as Rec and Sport, Domestic violence services. So that has shifted somewhat but not directly through the FEAT workers necessarily.’ (Stakeholder Interview #2)

‘I think given the resources they have I think they’ve been doing again, more than I thought they would manage. However, because it’s been so positive and from what I’ve observed, it does open up discussion around should there be an increase resource to further explore the community development capacity.’ (Stakeholder Interview #6)

The debate between community development and case management models is therefore contextualised around the best use of funds and worker time in a small program. The debate is also contextualised around the value of community development in setting up a sustainable legacy for FEAT. While some stakeholders felt it would be ‘nice’ to do more community development, many felt that this would compromise the values of FEAT given the limited resources. Other stakeholders saw that their roles could be better utilised to enable capacity building via training for example, without draining FEAT resources. School stakeholders strongly appreciated the activities which lent more towards capacity building:

‘We’ve had a couple of workshops with our classes which have been amazing – we wish there could be more.’ (Stakeholder Interview #7)

Stakeholders identified that the FEAT model uses early intervention to address school engagement as well as broader social problems such as crime and unemployment. FEAT aims to address social issues for children which have been embedded into generations of families:

‘Early intervention has been shown again and again as being the most appropriate way of working on this... but not just early intervention for the children. It’s actually working with the whole family. Without that it’s going to fall in a heap.’ (Stakeholder Interview #6)

The style of the FEAT workers was considered by some stakeholders to be important in the delivery of the program, as the focus shifted with different staff. This was seen by some as positive and others as problematic. Stakeholders unanimously noted the efforts and achievements of the workers, with one stating that they were ‘admired’ (Stakeholder Interview #17). FEAT staff were seen to have very solid understandings of other agencies which is critical in advocating for children and families. Many stakeholders noted the exceptional energy, skills and knowledge level of the FEAT staff:

‘It’s the skill level of the FEAT workers to develop trust with families and reach out.’ (Stakeholder Interview #1)
Referrals and engagement

The process for referring students and their families to FEAT involves the identification of potential candidates by schools using selection criteria. School principals and counsellors noted that they often have a detailed understanding of the family situation of their students, and in some cases the schools are already using a case management model (or some form of student wellbeing management) for their students. Selection for FEAT is usually based on two factors: a need that is not being met by the school or other agencies, and the likelihood of FEAT helping the family to succeed taking into account the family’s readiness for engagement. Some schools have also referred children to FEAT if there is a crisis or at the request of parents.

After a family is identified, they are approached to seek their engagement. This process of voluntary engagement is seen as a vital part of the success of FEAT, as it is the first step in empowering the family to ‘act together’. Stakeholders noted there was an early problem of proportionately more boys being referred compared to girls, but that this had evened out after consultation with schools.

Some identified that the trust developed between schools and families goes some way towards accepting an offer of FEAT involvement. Careful explanation of FEAT to families has proven to overcome some distrust. One stakeholder noted:

‘there might be some trepidation like when we explain it but once the FEAT workers have been around they just embrace it, absolutely embrace it.’ (Stakeholder Interview #8)

The issue of stigma regarding receiving help was considered to be a strong determinant of a family’s willingness or otherwise to engage with FEAT. Similarly, some families choose not to engage for reasons such as embarrassment or fear regarding disclosure of the nature of the issues (e.g. sexual abuse).

The importance of FEAT workers being ‘one step away from’ agencies such as Families SA, and also separate from schools, was identified. Stakeholders described the mistrust that many families have of agencies in general. Many have had past occasions of service which amounted to minimal change, or unsuccessful attempts to negotiate access barriers eg service criteria, waiting lists, culturally inappropriate services. Some families perceived that there is the possibility of having children removed from the family for example, and are therefore fearful of any engagement with welfare type support.

‘...when you hear the word social worker you can hear the catch in people’s voices.’ (Stakeholder Interview #8)

‘They’ve been able to do their work as totally separate from the school context as a separate entity which is really important. People don’t see it as authoritative then.’ (Stakeholder Interview #7)
School stakeholders felt that the ‘honesty’ and transparent manner in which FEAT works has been important in building its reputation and relationships:

‘I’d hate for it to be a situation that a FEAT worker and the classroom teacher were having a little quiet conversation off to the side... it’s not like that at all. Everything, the honesty of FEAT, has been one of its great powers I think.’

(Stakeholder Interview #8)

**Referral pathways**

A number of stakeholders from agencies which are not directly involved in the delivery of FEAT commented on the referral system. For example, some NGOs noted that while they received referrals to their program from FEAT staff, there was no opportunity to reciprocate referrals given that schools are the ‘gatekeepers’ of FEAT places.

One stakeholder noted that there seemed to be few referrals to their agency by FEAT workers to that agency, but that this could be because of the high skill level of the FEAT workers to deal with the issue themselves and because the FEAT workers were very comfortable in seeking advice.

Overall there appears to be satisfaction with the referral system and the ability of FEAT workers to negotiate agency criteria in a very efficient way to achieve good outcomes for families.

There were mixed understandings amongst stakeholders regarding the ability of FEAT workers to gain priority access to various services for families in the program.

**Governance**

The FEAT program is governed by a Project Advisory Group (PAG) which consists of stakeholders involved directly with, and often who fund FEAT (FEAT staff (Health), Salisbury Council Staff, school principals, community representatives) and those representing agencies which are more peripheral (NGOs, SAPOL, Families SA etc). Informing the PAG is the Project Development Steering Group (PDSG) which provides direction and sets strategic priorities for the project.

‘I guess if I just comment quickly about the PDSG. I think it plays a really important role in sort of keeping the project ticking along.’ (Stakeholder Interview #9)

Cluster meetings between 5108 schools are used to disseminate relevant information to schools also.

A Memorandum of Understanding and a range of Service Level Agreements between FEAT and other agencies outline commitment to the program.

Stakeholders felt that the FEAT decision making process had worked particularly well given the potential difficulties in distributing decision making power to such a broad group of partners, many of whom have not financially committed to the program.
Stakeholders reported that the ethos of PAG meetings was of mutual respect and cooperation. The roles of FEAT workers and schools were noted by stakeholders in forming and maintaining the partnerships. When PAG momentum and attendance faltered during one period, FEAT workers initiated a consultation process to re-engage stakeholders. One stakeholder felt this was illustrative of goodwill and commitment of the group:

‘That’s been really valuable, as has the feedback. Not all groups would do that, and not all groups would be that open to criticism. It’s been a valuable process.’ (Stakeholder Interview #2)

‘Firstly, again, just the commitment and I guess the energy that the workers bring to this type of work and the commitment and energy from schools to really have a strong collaboration around this because they all see the value of where it gets families, and so I think that really continues to drive the strong partnership.’ (Stakeholder Interview #9)

Stakeholders believed FEAT to be an ‘amazing’ example of broad partnerships and that although challenging at times, they had developed a strong commitment base. In particular, it was seen that the breadth of partnership and collaboration offered a stronger position than single agency leadership (even if multiple partners were still committed).

‘The most outstanding thing about FEAT in terms of the operational perspective is the fact that so many people from so many agencies have been involved for four years. That’s very significant because that happens rarely.’ (Stakeholder Interview #10)

‘It’s a strength and a downfall that’s always been, that there’s no defined ‘who runs this program’ because it’s always been collaborative. You can’t say ‘this person or this agency is the manager of the program’. There’s a group that auspices/manages it, but it’s not leadership. There’s no big ego or one group fully funding it. I wouldn’t do it any differently but the downside is that there’s no one person who has ownership of it. Sometimes when you’re dealing with other agencies, government in particular, they like to have one person to deal with. I don’t think I’d want that.’ (Stakeholder Interview #2)

However, a minority of partners commented that they felt their commitment to FEAT was somewhat tokenistic and they didn’t necessarily see benefits from their involvement.

‘... we get to them (PAGs) occasionally but not every one. I guess part of the thinking around that is that we don’t actually necessarily have a lot to do with it. We’re not able to contribute a lot to those meetings because we’re not able to refer to them (FEAT).’ (Stakeholder Interview #11)
‘Often my voice is simply to validate someone else’s. But that’s fine… I feel that I don’t contribute much at the meetings. But that’s not through not being given opportunities. It’s because my particular area of expertise is peripheral rather than major. But I’d like if the people there knew that I was supporting what they were doing.’ (Stakeholder Interview #6)

One stakeholder commented that there was a perception that some partners were not very involved with the FEAT cause, and were ‘just attending the meetings so they could say they had attended and been involved’ (Stakeholder Interview #3). Another suggested that more peripheral partners could be better engaged through less frequent and more tailored engagement.

In regards to setting strategic directions, it was suggested that the dynamics of the PAG may be influenced by the attendance of FEAT workers. Given that the program has been shaped strongly by the workers of the time, it was felt that it was sometimes inappropriate or awkward to discuss issues such as value for money or ethos (e.g. community development versus case management) with workers present.

The decision making process of PAG, underpinned by the PDSG, is by consensus. The majority of stakeholders agreed that this process is working well and is inclusive and open. Community representatives felt that their voices are heard, in particular with the new process of a briefing session with a FEAT worker prior to the PAG.

‘I think partly because there are those agencies who are really clear about their involvement and then there are those who still sit slightly on the side… the structure of the PAG is that there’s opportunity for everybody to have an input… we’ve had some lively discussions particularly around budgets and trying to maintain the program where I feel like everybody who’s needed to has contributed and there really hasn’t been “well I’ve got a stronger vote because I’m actually contributing money”… It hasn’t been that at all. In fact I think it’s been quite open. It’s safe to have those kinds of discussions there.’ (Stakeholder Interview #5)

‘(Other community rep) and I feel more comfortable with her (FEAT worker) as a one on one if we have any concerns… any things we can relate… we talk to her and it’s not so overwhelming as it is with a big group. So that I find great.’ (Stakeholder Interview #12)

However a few stakeholders commented that the decision making process felt awkward despite the goodwill and commitment. In part this was due to the very nature of diffuse ownership and decision making, and in part it was due to the perceived differences in ‘vested interest’. These differences were in part embedded in the roles of funder versus non funder partners.

‘I just think that it should be left to a small group of people who are heavily involved in the program and know how the program runs… who obviously have got a greater concept of why decisions should be made in a particular way.'
Whereas (this way) I feel like it’s a little bit arbitrary.’ (Stakeholder Interview #13)

Although stakeholders recognise that some have a more direct interest in FEAT, this was not generally seen as a hindrance to the partnership. Many partners are comfortable with the decision making process and that they are gaining from the partnership regardless of the level of ‘interest’. It was a widely held view amongst stakeholders that the partnership had not only driven FEAT, but also offered organisational, professional and personal benefits to partners via for example networking, information sharing, and mutual understanding of other agency priorities and process.

‘It’s also been a learning process of what other organisations and sectors have as their priorities. And everybody has different agendas and everybody has different proprieties each year. It’s been really interesting to listen to other people.’ (Stakeholder Interview #6)

A number of stakeholders commented that the PAG is functioning more smoothly and with better success than about 12 months ago. Some discussions are held at PDSG and ratified by the PAG, and the process for this exchange of information and decision making is seen to have been clarified and smoothed out more recently. Also, the roles of PAG members have been clarified more recently which has impacted on both those stakeholders and the functioning of the PAG. For example, one stakeholder commented that it was frustrating to have all of the key partners at the table without that translating into better service access for clients, but that this had shifted over time.

FEAT exhibits a number of the characteristics known to promote positive partnerships (see Box 3) and future development should be mindful to preserve these. Consideration should also be given to the level of collaboration the FEAT partnership group wish to achieve.

Partnerships developed at multiple levels as part of the FEAT program. As discussed in the section ‘Governance’, FEAT developed a strong commitment to the program by sharing its leadership amongst a diverse group of stakeholders.

...networking, information sharing, capacity building, and building professional and organisational links...
Box 3: Partnerships

What makes an effective partnership?

Conditions for an effective partnership include trust and effective communication between partners, mutual benefits derived from the collaboration, clearly defined roles and responsibilities and mutually agreed goals (Gray, 1989; Dowling et al, 2004). A review of partnership measurement tools by the Communities Scotland group (2003) identified the following factors as central to the effectiveness of partnerships:

- the presence of a key person/driving force
- no one individual or agency is dominant, i.e., the process is genuinely collaborative
- there is a common vision and clear sense of purpose shared by all partners
- the partnership operates in an environment where their work is valued, part of the ethos of the sector and there is no interagency rivalry
- trust is valued and has been given sufficient time to develop
- working in partnership is seen as productive and enjoyable.

Konrad in Purkiss et al (2001) identifies a typology of collaboration which shows a hierarchy as follows:

1) Information sharing and communication
2) Co-operation and co-ordination
3) Collaboration using shared activities working to a common goal
4) Consolidation of agencies under a single umbrella organisation with separate entities underneath
5) Integration- one single authority addressing all needs.

Many community health collaborations fall somewhere between co-operation and co-ordination and collaboration in shared activities in their local programs with other health services or those from other sectors.

Dowling et al (2004) outlined the following criteria for evaluating the outcome-related success of a partnership:

- Improvement in accessibility of services to users
- More equitable distribution of services
- Improved efficiency, effectiveness and quality of services along with reduced overlap and duplication
- Improved service experiences for users and carers
- Improved health status, quality of life and well being at a population level

(SACHRU)
The Project Advisory Group (PAG) functioned not only as a forum for governing the program, but also for networking, information sharing, capacity building, and building professional and organisational links between partners.

‘We’ve got the links within PAG. So there’s the service agreement which is overarching. Then there’s additional links between the project and specific organisations e.g. Community Health, around specific ways of working. Community Health has developed links with Families SA around issues other than FEAT which relate to the FEAT project... same with Community Health and Housing SA. They’re worker to worker links that people hope will become organisational links.’ (Stakeholder Interview #3)

‘I’ve got so many people that I can work with now regarding (issue). The partnerships and interpersonal links have been developed so that we can confidently contact each other with an issue. So it’s definitely had some good spin offs for other programs and for capacity building in the community in general.’ (Stakeholder Interview #14)

‘There’s the element around the PAG where we exchange information across the table... the other element is the referrals and the agencies that we link with or that the families already link with.’ (Stakeholder Interview #15)

Partnerships were also developed at the more operational level between FEAT partners. For example, other one-off or short terms projects were initiated or run with FEAT as a joint partner.

‘FEAT workers have paired up and done really practical things with CAMHS. And they’ve actually co-run the group before – Northern Violence Intervention Programme... and there’s been partnerships with Big Brothers Big Sisters, and with other stuff like sport and rec...’ (Stakeholder Interview #9)

Partnerships were also developed such that FEAT workers could access other services for their clients in the most efficient way possible and vice versa. This was in part due to worker level networks, but also due to more formalised processes of ensuring access. From the point of view of schools, the links between FEAT workers and agencies was one of the key aspects which assisted students. Some stakeholders also mentioned that their school had been better connected to agencies with the help of FEAT.

‘I think we have pretty good links with agencies and NGOs anyway, but FEAT brings in a depth to those relationships. That’s helped unblock some of the blockages where an agency might be reluctant to engage, or an agency might not have the full picture of a family. With FEAT involved they’re able to get a better targeted response first up.’ (Stakeholder Interview #2)

‘So the auspice (of connecting with agencies) via FEAT has been significant for students to be involved in all help aspects. And we’ve had discussions with Housing SA through FEAT.’ (Stakeholder Interview #10)
There was recognition that working in partnership can be time consuming, slow and expensive. It was also noted that working in partnership requires specific resources including staff skills and funding, and development of strong governance structures. The lack of specific resources for the FEAT partnership was seen as an issue.

‘The model of partnerships and the fact that we’re not NGOs means there’s been trouble accessing funds. If we were an NGO we’d have lots more options. But that would draw away from the goal of partnerships – despite the fact that there’s nothing from the state government to support programs using those partnerships.’ (Stakeholder Interview #3)

‘In the Memorandum of Agreement of FEAT one of the things that I think might have been useful to pave the way for the workers would have been for all of those agencies that were there to have from the beginning clearer components that talked about what their relationship would be, and how they would facilitate it. Because I think FEAT has done a huge amount of work but generally there are two workers and for them to maintain relationships with a dozen or so other agencies is a huge ask…’ (Stakeholder Interview #5)

The need to formalise partnerships in order to validate the time which workers dedicate to them was also expressed. FEAT successfully achieved this.

‘It’s been positive because it’s one of those that started out with looking at formal memorandums of understanding and that then validated my time. So that’s been a very important thing because often we have our heart in it and we know it needs to happen for the community bit there’s not time made… to do this appropriately and give the appropriate amount of energy and that would do justice to whatever you were involved in.’ (Stakeholder Interview #6)

The development of new partnerships along the life of the program needs to be responsive to changing needs. There was an initial focus on obtaining commitment from government organisations and more recently a focus on partnering with NGOs to meet the needs of families.

‘There was never a clear process of actually how to go about expanding (partnerships) and it’s really been that the FEAT workers themselves have gone ‘well, there are some issues here that the NGOs are actually delivering services on, that we really need, so we’re building links with them’. It’s gone well… sometimes it’s often easier to work with some of the criteria and the flexibility that an NGO sometimes has that government agencies aren’t able to have…’ (Stakeholder Interview #5)
Systems Change Outcomes

As a precursor to many of the outcomes achieved by FEAT, stakeholders noted that there were examples of systems-level change which occurred either within the program, in other systems (that is, other agencies), or in the way that FEAT interacts with other agencies.

Early in the life of the program, FEAT workers invested significant effort into establishing its ethos. This was not only important in bringing best practice and the most appropriate approach to meeting the needs of the community, but also vital in driving forward FEAT in the context of being essentially a schools-driven program. That is, the approach which was developed by the FEAT workers (for example strengths-based) had to be contextualised within the school systems, understandings, norms, and practicalities in a mutually acceptable way. While collaborative, FEAT also established ways of challenging practice and decisions.

‘They’re a different culture than us and what I can do here is perhaps just gently open up some things about maybe how FEAT sees things and, and that worked, and I think there were some shifts made then. But I think they’re really confined by school policy too…’ (Stakeholder Interview #16)

So although FEAT workers aimed to gradually change cultures and practices, this was limited by higher level policies and decisions.

One way in which systems change was implemented between FEAT and other agencies was by FEAT leadership. In regards to seeing families in a strengths-based context and understanding that families operate within bigger structural issues, one FEAT worker noted that it was beneficial to lead by example in bringing schools to understand their way of working.

‘I think we started to demonstrate how we worked with families, what our values were in working with families. I think we started to sort of influence some of the schools about that.’ (Stakeholder Interview #16)

Another stakeholder felt that systems needed to be challenged in order to initiate change. However, FEAT was not resourced or represented by staff that are senior enough in any agency hierarchy to initiate or enact systems-level change at anything other than ‘worker’ level. While it is possible to gain success in changing systems via this process, higher level decision makers are often needed to change the systems that really matter.

‘I think that the only way we do that is by challenging systems, And by challenging usually you start off by challenging the individuals in that system.’ (Stakeholder Interview #15)

Stakeholders also pointed out the incredible amount of work that FEAT workers put into persistently fighting for changes but noted that agency agendas ultimately determine the way systems work.
‘If you don’t keep bringing it up then it’s actually not going to be seen as important... I think the politics sometimes can get in the way of the work... Agencies have agendas... that often impact on the work so I don’t know how to get around that.’ (Stakeholder Interview #15)

Outcomes for Children

The overwhelming feeling amongst stakeholders was that FEAT is meeting the needs of children and families. The nature of the program, using a strengths-based approach, is seen as critical in meeting families ‘where they are at’, and staying with a family until they are empowered towards independence.

Stakeholders recognised that the families that FEAT works with are at the ‘far edge of disadvantage’, suffer multiple and complex issues, and that there are particular difficulties in addressing the needs of people who are perhaps disillusioned, untrusting, and disempowered.

The ability of FEAT to stay with families under far less stringent eligibility criteria than other services, and to meet the needs of clients with particularly difficult issues were seen as key to the success of the program.

‘I think one of their extraordinary skills is that they stay with families through all sorts of issues, no matter what. They develop degrees of trust with families. I say that quickly, but that’s really hard to do with families that have been associated with lots of agencies and may not have experienced respect there. They can do what other agencies can’t do in building relationships.’ (Stakeholder Interview #1)

‘They really try and reinforce the positive stuff. And you get a really strong sense that the families are extremely resilient and connected despite all the crap that surrounds their life...’ (Stakeholder Interview #9)

Stakeholders indicated that the feedback from families was perhaps less forthcoming than might be expected, but that this was due to the type of families involved with FEAT. However, the feedback which had been received had been overwhelmingly positive.

‘The families I work with really value it highly. Most of those families we have a close relationship with and they talk really highly of the program. It’s always hard to measure those things... it’s hard to put a value on what it’s done for families, for the culture of optimism or resilience of a family.’ (Stakeholder Interview #2)

‘The feedback (from families) is always positive. I’ve never had any negative.’ (Stakeholder Interview #7)

FEAT is seen to be providing assistance and outcomes across all aspects of a child and family’s life. Stakeholders felt that FEAT workers were able to address a breadth of factors within a family and that this is absolutely critical in making improvements for the child, particularly relating to school engagement and learning. FEAT workers set goals
for a family in discussion with them, and assess whether outcomes have been attained for example by reviewing the degree to which a family perceives their success.

As previously discussed, children and families involved with FEAT often have serious, complex and multiple problems in their lives, which often manifest as behavioural problems at school. Being able to intervene across the spectrum of issues is time consuming and often slow, but absolutely necessary in order to make inroads into family wellbeing and the child’s engagement with learning.

Stakeholders were keen to point out that the outcomes for children are often small steps which may not immediately manifest as better learning outcomes, but that there are also many examples of FEAT input translating into better attendance and engagement with learning:

‘With one family the FEAT worker established proper housing which meant the boy was stable, was sleeping properly, which means he was coming to school happier and was leaning better. So it really does have outcomes that affect everything.’ (Stakeholder Interview #4)

‘There are particular children who are brought back into re-engage in learning as a result of FEAT... maybe they were previously suspended.’ (Stakeholder Interview #1)

‘...it’s always surprising about when we get the data collection from the schools to see that there is improvement (in indicators of engagement with learning).’ (Stakeholder Interview #15)

‘I think its ‘good enough’ rather than, you know he or she becomes this diligent kind of person…’ (Stakeholder Interview #16)

Stakeholders reported that families are frequently disillusioned about gaining relevant and timely access to services. A specific outcome of FEAT for children and families is the assistance which is provided in accessing other services. This is also seen as part of the process of empowering families for future wellbeing.

‘The likelihood of families actually getting the most of CAMHS services is increased by having FEAT involved because FEAT can do that support, that advocacy, the reassurance, can follow up with the family...’ (Stakeholder Interview #5)

‘There’s one FEAT boy I know and talking to his father... he said he didn’t know there were so many services he could access for his family. And when I asked him why he didn’t know, he said it’s because he couldn’t read. He’s now doing...’
reading classes at the church. So FEAT has linked that family in with other agencies. The father is a changed man, so that indicates to me that the whole family unit is affected by the intervention via the child (originating with behavioural issues at school). I posed the question to the father ‘what if your eldest son had been in the FEAT program?’ and he replied that he would have been reading years ago.’ (Stakeholder Interview #14)

Similarly, FEAT empowers families by advocating for their choices, for example around their child’s learning, and in connecting children and families into the school community.

‘One situation that I’ve been in, it really has helped because it gives them (the family) a voice. The family are helped to articulate what they want to happen.’ (Stakeholder Interview #4)

‘I wasn’t cynical about the project... I was very excited by it... but I didn’t think I realised how profound an effect having that sort of advocacy could have for families and their feeling of safety.’ (Stakeholder Interview #8)

One stakeholder commented that an activity which has not been explored is the linking of families across FEAT to provide continued mutual support.

There were many other specific activities and associated outcomes for children and families that were described by stakeholders. These included short term benefits such as allowing children to connect with other children in fun settings and therefore reducing isolation, and assisting parents to participate in parenting classes to improve skills and be able to follow up on changes implemented by FEAT workers. Medium term outcomes for children were often framed around engagement with learning, such as less disruptive behaviour. Medium term outcomes for families were described in terms of empowerment and being ‘in a space’ where they can move forward and support their child’s education.

**Outcomes for Schools**

‘The FEAT workers all have a good relationship with the school so they’ve come along to become a part of school life... sports days, breakfast club or visiting, and they’ve also worked in classrooms and with programs broadly around social learning in classes. And they’ve worked with particular groups of kids more widely than their core client group. There’s been FEAT workers working with teachers and presenting programs in class... professional learning of staff... coming along to staff meetings, presenting on issues such as domestic violence, working with kids in trauma... ’ (Stakeholder Interview #2)

‘The fact that they feel there’s someone else supporting and giving kids a go... sometimes teachers feel a bit disheartened so it’s a moral support for them to know someone’s having contact with the kids outside school.’ (Stakeholder Interview #7)
It is clear from the responses of school counsellors and principals that FEAT has done more than improve learning outcomes or wellbeing for their immediate clients. The impact has been noticeable in the classroom, for the teachers, and the broader school community.

Some school stakeholders were unsure of what to expect from FEAT, and expressed surprise at how it had impacted on their students both as individuals and in terms of the classroom dynamic. Stakeholders unanimously agreed that FEAT was meeting their school’s expectations, and most indicated that the program was going beyond expectation.

‘I didn’t really know what to expect. We were told we’d have some social workers working in the school and they came to talk to us about their role. Families just started popping into my head thinking I’d love to get them involved... because I’d never know how to help them.’ (Stakeholder Interview #4)

‘It’s not only respite for the classroom teacher but for the class as well.’ (Stakeholder Interview #8)

Many school stakeholders felt that FEAT was a resource for them to access in order to gain professional support and learning and in them better supporting their students. School stakeholders recognised and valued highly that FEAT workers brought a different perspective, in particular the strengths based approach, in addressing the needs of their students. School stakeholders highly valued any professional development received via FEAT, for example training around managing violent behaviours. It was suggested that more capacity building would be welcomed.

‘The FEAT workers are the best resource!’ (Stakeholder Interview #4)

‘A spin off of FEAT which is magic for our school and staff, given that we work with difficult and complex families, which is always challenging intellectually and physically, is that they come from a strengths based position, and they always talk to us and support us around doing that.’ (Stakeholder Interview #1)

‘The fact that the principals and teachers have somewhere to go and get help I think is a great advantage to the schools.’ (Stakeholder Interview #12)

‘There are some issues that families are dealing with that the world of education just can’t intellectually grapple with. But a social worker with that kind of training, working with us helps us to do something or understand it.’ (Stakeholder Interview #1)
One particular outcome for schools was improved linkages with other services in the area as a result of FEAT involvement:

‘We saw... schools becoming much more linked with community services in their region. So I think that the strongest link FEAT has made is helping to get the schools to turn to look and be more aware of services and the ways I which they can be delivered to the whole of school.’ (Stakeholder Interview #5)

‘All the FEAT workers have been exceptional in their work; their work is to understand schools. Because schools operate very differently from anything else you’ve ever worked in before. And I think it’s actually given them an insight into a whole different world that they don’t realise.’ (Stakeholder Interview #10)

‘Yes it’s meeting expectations. We do actually have to be realistic in the school community that we’re not going to get a miracle fix... from the point of view of the family or teachers. That can cause a bit of a tension.’ (Stakeholder Interview #2)

Outcomes for Community

Stakeholders noted that FEAT is contributing to outcomes at the community level and that there was potential for this aspect of the program to grow significantly into the future. The early intervention nature of the program was identified by stakeholders as breaking the cycle which families and the broader community finds itself in.

In a community which has inter-generational disadvantage, an early intervention program such as FEAT is seen as being able to break the cycle compared to ‘waiting until it’s too late’.

‘Overall it’s a fantastic project. You don’t necessarily see the numbers of the results straight away like you might with other projects, but this project will address core issues and have good results long term.’ (Stakeholder Interview #3)

Interestingly, stakeholders felt that there was a true ‘energy’ in the district to make FEAT succeed, in part because of pre-existing partnerships and cohesion, but also because the community sees the benefit in FEAT addressing ‘core issues’.

One stakeholder expressed that it was the community which was benefiting the most from FEAT. It was also described as empowering for the community to own a program which is meeting their needs so well.

‘You know, quite frankly although resource wise it is a huge undertaking. But for the most margin areas such as Salisbury North where there’s a lot of community energy for something like this it’s so empowering for them too.’ (Stakeholder Interview #6)

...the community sees the benefit in FEAT addressing ‘core issues’.
'The achievements and outcomes to date have been so multi-faceted, for so many organisations that I’d struggle to put it into words about who’s benefiting the most. Community is number one, and secondary to that are the organisations who participate in FEAT, and then also the individuals involved.’ (Stakeholder Interview #14)

**Future of FEAT**

The sustainability of FEAT funding is seen by stakeholders to be problematic in part due to the diffuse ‘ownership’ of the program. Even in consideration of the core group of funders (schools, CNAHS, Salisbury Council and Social Inclusion Initiative) stakeholders felt that ongoing funding was problematic in a structure which did not allocate specific responsibility for the process of ‘controlling funds’ to any one agency.

‘That’s why looking at sustainability is quite hard because no one really controls the money...’ (Stakeholder Interview #9)

‘in the conversations that we’ve had to date it’s hard to identify who would step in and go, well I’ll take over the financial responsibility ‘because it’s our top priority.’ (Stakeholder Interview #5)

Stakeholders also noted that PAG leadership on issues of funding sustainability were not initiated early enough to ensure continuity of FEAT beyond June 2007. The context was that there was an understanding that Social Inclusion funds would be withdrawn as at June 2007.

Nevertheless, stakeholders felt that discussions or actions were not progressed as ‘there’s nowhere this type of program can go’ (Stakeholder Interview #3).

Regardless of the difficulties of establishing ongoing funding in a structure which has multiple partners, and in which ownership is diffuse, some stakeholders noted that core funders should be clear and that negotiations and responsibility for future funding discussions should sit with those bodies.

‘We should have, well, more than 12 months ago had whole lots of plans in place about what we were going to do and what we don’t. Some of it was that you know, the money, we weren’t clear there was money available actually til a certain date but there were probably many other things that the PAG could have started doing and advocating and having conversations and... along the way.’ (Stakeholder Interview #5)

‘I think there’s a handful of organisations that should be responsible for the funding (those who are benefiting the most e.g. DECS, Families SA, Health).’ (Stakeholder Interview #14)

Stakeholders were in agreement that ongoing funding for FEAT is important for continuity of service, establishing core staff, and stability and lowered stress for partners.
…longer term, more sustainable funding for the program so that it doesn’t have to stress for a couple of years. It would mean there could be some continuity.’
(Stakeholder Interview #13)

The issue of funding sustainability was also described by stakeholders as potentially shaping the future focus of FEAT. While there was overwhelming satisfaction with the FEAT model, there was a feeling that in order to attain ongoing funding FEAT would need to be positioned to apply for funding: namely that FEAT would need to address a younger age group. There was some comment on the idea that although this would in theory provide more funding, there are continued debates for example over the positioning of FEAT within education (DECS) or otherwise, and other ideological debates such as whether to move to a more child-centred approach (Stakeholder Interview #16).

‘As far as the program itself I wouldn’t change anything in the future.’
(Stakeholder Interview #2)

‘I have a huge passion for the children in primary school and their families. And I would love FEAT to stay focused on that. But in all reality in the current climate I think that FEAT is going to really have to change its focus to a younger age group if we’re going to secure funding. Because that’s where you know... the early years is where all government, DECS included, are focusing at the moment and that’s notwithstanding that these kids do require a service and their families do. I think we’ve got a really difficult part of the market at the moment.’
(Stakeholder Interview #5)

‘Probably the way that the model is going... Our stated directions around early childhood stuff – we need to change to match that as it means we’ll get more funding... But it would mean we’d need to make more partnerships e.g. universal home visiting service, GPs... It’s aligned with state and federal agendas so it will make funding more accessible... I think this would add to the model.’
(Stakeholder Interview #3)

‘We’ve had conversations... especially with the children centres that are popping up... it fits with DECS but DECS is quite adamant that it’s not a DECS thing. It’s a community orientated thing that sits on the DECS site because that’s where families go.’
(Stakeholder Interview #9)

Stakeholders consistently expressed their desire to see FEAT or FEAT-like models disseminated more broadly across the district and beyond. The model is seen to be adaptable to local communities and needed in areas geographically broader than the ‘5108 cluster’ school area. Furthermore, the FEAT model itself was seen to be able to incorporate more services such as OT or psychology if adequately resourced.

‘Not that this area is more worthy than any other area. This program is transferable as a skeleton to other areas... keeping in mind that it has to be community specific.’
(Stakeholder Interview #14)
‘I wish that there could be programs of a similar nature in all districts.’
(Stakeholder Interview #6)

The broader dissemination of the FEAT model was situated in discussions around the need to stabilise services in the region so as to build reputation and relationships, and provide the best service for families and children. There was recognition that the geographical spread of FEAT and a change in the target age group, for example linking FEAT into early childhood centres, requires regional level discussions to ensure a planned approach to the dissemination of this pilot program.

‘One of the tricky things for this region is that there are lots of pilot projects who come in, get funded for two or three years, set up some really good relationships, build expectations in families and then disappear. And there’s a lot of feeling in the region about that stuff.’ (Stakeholder Interview #5)

‘The idea that we set up another service in the north for families... to pull away, to me, just kind of reaffirms to families that anything that they feel is good and useful is taken away from them.’ (Stakeholder Interview #15)

‘I think if the programme were to grow we really need to start talking about where is the capacity to whirl out more broadly because from an outside services point of view I have children in the 5108 cluster who can get a level of service there and in the Chat Project in Playford (they) can get another level, so the children five kilometres down the road can’t get (it)... so while I think they are fantastic pilot projects there need to be some regional discussions again about, if we think this is a really good model of working how can we bring the other schools together... some of the conversations have been about these early childhood development centres and saying well... if there’s enough of those can we be clustering the schools around those... then there’s that kind of life long learning component to it... children are wrapped around from the beginning right from when they first maybe go to childcare or pre-school there, it’s right through.’ (Stakeholder Interview #5)

One noted interest in following up families into the future to validate the model as a model of effective intervention.

‘I sincerely hope that it does continue to be funded appropriately. And I’m intrigued by where some of these families will be if it was possible to do a longer study to see where they’re up to in five, ten years. I think it has potential to make a huge difference. And I’d be intrigued to know and have then the model be justifiable and expanded upon.’ (Stakeholder Interview #6)
Conclusion and recommendations

It is clear from accounts given by service providers, carers and children that the families accessing the FEAT program have complex needs and often have a long history of interaction with various services. Whilst it is school related problems that trigger the referral to FEAT, each child represented in this evaluation is contending with a range of problems and adverse circumstances that are likely to have an impact on not only their schooling but their broader health and well-being.

It is also clear that the program has limited resources, is targeted to families with complex needs and is resource intensive. As such it is able to reach only a small number of families. It appears however, from the responses of interviewees that the program is indeed reaching a population whose needs are not well met by other service arrangements. The positive responses from interviewees suggest that children and families are benefiting from the FEAT intervention and that the FEAT program “value-adds” to other interventions. The range of needs and adverse circumstances faced by these families will require an intensive, sustained and flexible approach and for the majority of the children identified in this evaluation FEAT appears to be producing positive outcomes.

The FEAT program largely grew out of an attempt to meet the needs of these children and families in a more comprehensive manner. Understanding of social factors that impact on children and families has influenced the development of the FEAT program which encompasses individual contact, home-based programs and family and community supports. The program’s approach acknowledges that support of children and families requires a coordinated network of efforts often incorporating several agencies. It also recognises that whilst risks need to be addressed so too do protective factors and strengths need to be supported. These underpinnings are not simply rhetorical as we see from the comments of stakeholders and carers who have noted the non-judgemental and supportive approach taken by FEAT workers.

Recommendation

1. The strengths-based ethos underpinning FEAT should remain a defining characteristic of the program. This was identified by families and stakeholders as a key to its acceptability for families and success in working towards positive outcomes.

FEAT appears to have been particularly successful in engaging families who have negative experiences or low trust levels with other agencies. Engagement of families with complex needs is often a difficult & time-consuming process demanding substantial agency resources.

The flexibility afforded to families regarding how and when they engage appears an important factor in its success as does the non-judgemental approach. Unlike the criteria other agencies must apply, missed appointments or failure to take up activities does not necessarily preclude participation in the program. It is recognised that trust takes time to develop, and sometimes requires the family to overcome past negative experiences. Olds
& Kitzman (1990) noted that allowing enough visits for an alliance between the worker and family to develop was one characteristic of successful prevention programs (Cited in Cox 1997). It appears the workers are skilled at engaging the children, quickly winning over the few who had initial reservations.

Rigid guidelines regarding intensity and duration of involvement may be counter-productive as the flexibility of FEAT accounts for much of its success. The nature of engagement also changes. Examples of this include other children in the family becoming involved in the program after referral of an individual child or the responsibility for care of a child shifting between various caregivers.

The initial plans for relatively short-term involvement with families has generally not been the case in reality. However given the complexity involved in the work undertaken and the difficulties experienced by workers in gaining appropriate services from other agencies with high demand and long waiting lists, it is realistic to expect that positive outcomes will require sustained involvement by FEAT. The tension between engagement and ‘throughput’, to ensure as many children and families as possible benefit from the program, is not easily resolved. It is important to remember the resource is essentially very small given the tasks undertaken.

2. The ability for FEAT to engage with families in a flexible, proactive, intensive and sometimes prolonged manner appears to be critical to its success and should be maintained. Both the needs and progress of the children and family and resources available within and outside the program should inform decisions to continue or discharge. It is however important that rigorous reviews of progress keep track of FEAT involvement.

At present informal meetings of staff provide support in case management decisions. In order to ensure quality of service and provide support and supervision to staff this process should be formalised.

3. Regular reviews of progress should be held monthly involving FEAT staff and an external peer or Supervisor. Such reviews also act as a form of peer review and quality assurance.

4. The level of expected involvement with the family should be documented clearly and be communicated to the family both verbally and in writing. Engagement with the family is often most intensive near the beginning of their participation. Each review should aim to taper involvement in a planned, negotiated manner whilst recognising the ongoing need for flexibility.

The mix of service activities appears to be working well for the families involved. Clearly in some cases involvement is primarily child-centred, with others there is greater involvement with the family. These decisions are made on a case by case basis and this enhances responsiveness to individual needs and circumstances. There is also a balance between activities that are focussed on the individual families and those that are based on community and environmental approaches. Whilst this has been the object of some
debate this balance allows workers to utilise existing community networks and activities, use group approaches and mobilise resources for the families that would otherwise not have access to. Active partnerships with other agencies and community networks are essential in ensuring that this balance can be maintained given the limited resources of the FEAT program.

5. **FEAT should maintain a balance between individual case management and other activities often characterised by stakeholders as community development.**

Whilst high levels of satisfaction were expressed regarding the program, not all carers appeared well-briefed regarding the involvement of their child in the program. As suggested by one carer methods of communication should be explored and the preferred method of communication be documented.

6. **Mechanisms to keep parents informed of FEAT activities with the children be negotiated with parents.**

The role of the FEAT workers is critical to the success of the program. The high level of skills, knowledge and the positive disposition they bring to their work was noted by the majority of interviewees. These are demanding roles requiring a range of skills (e.g. knowledge of resources, referral pathways, partnership skills, teamwork skills, group work, counselling) and a strong commitment to the philosophy of the FEAT program.

7. **A program of ongoing professional development for the FEAT workers. This may be an area where partners are able to cooperate in terms of inviting FEAT workers to relevant staff development activities or develop staff development activities with FEAT staff.**

8. **The complexity of the role suggests the need for supportive supervision arrangements (as previously noted). It is envisaged that at least one of the FEAT workers must be appointed at a senior level to ensure adequate supervision, coordination and management of the program.**

The governance of the FEAT programme has changed over time and will continue to evolve as funding arrangements etc change. A defining characteristic of FEAT however has been the strong commitment to the partnerships and collaboration that saw the program first initiated. As the program has matured it is less clear that the PAG continues to serve a useful role for all its members. Without a shared purpose the PAG runs the risk of faltering or becoming less relevant.
9. The role of the PAG and the PDSG should be revisited in light of feedback regarding varying levels of commitment and involvement. Review of the structures should take into account:

- The success of the PAG as a forum for local partners to address local problems. This active-problem solving role has meant that the PAG has addressed issues for a range of members, not only FEAT. Any changes in structure should retain the ability of the current PAG to mobilise resources across agencies and sectors and maintain the positive ‘grassroots’ partnership work that has emerged with FEAT acting as the catalyst.
- In terms of stakeholder input and direction to FEAT itself a separate, smaller structure may be more appropriate with a group of active stakeholders directly linked with the FEAT program taking on the role of its Advisory Committee.
- Any structures should continue and strengthen input from the community and consider means to ensure the experience of families informs program development.

10. One agency or service may need to be appointed as the “Chair” or auspice body for FEAT. Changes to governance structures have already come about as a result of funding issues. This may address the difficulty identified by many stakeholders of not having a single point of accountability and responsibility for the FEAT program. It is important however, that the sense of mutual responsibility and ownership of the program be maintained and the “value-adding” that has been evident as a result of partnerships continue. Again the reconfiguration of the Advisory structures may support this.

As with any program ongoing monitoring and evaluation is essential. Now the program has reached a level of maturity a set of indicators for monitoring performance could be developed. An overall evaluation plan should be part of future developments to track the impact of program changes.

11. Ongoing evaluation should be undertaken. A number of indicators to monitor the program should be developed from the program logic model of the program.

Executive Summary of the First Report.


