

# EVALUATION OF THE AUSTRALIAN FAMILY PARTNERSHIP PROGRAM FINAL REPORT

**Executive Summary** 

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# **EXECUTIVE SUMMARY**

# INTRODUCTION

The Australian Family Partnership Program (AFPP, the program) is a nurse-led home visiting program that provides support and education to women pregnant with an Aboriginal and/or Torres Strait Islander baby throughout their pregnancy and for the first two years of motherhood. The objective of AFPP is to improve maternal and child health and wellbeing for Aboriginal and Torres Strait Islander families by supporting:

- engagement in preventative health practices
- child health and development practices
- parents in developing a vision for their own future.

At each implementing site, AFPP delivery is led by a Nurse Supervisor and Program Manager supported by Family Partnership Workers and Nurse Home Visitors who lead engagement with clients.

Figure 1 – Key roles in AFPP delivery



AFPP is based on the Nurse-Family Partnership (NFP), a community health program developed in the United States with decades of research showing significant improvements in the health and lives of first-time, low-income mothers (Nurse-Family Partnership 2023). AFPP was established in 2009, where it was piloted in three sites across Australia and operated by Aboriginal Community Controlled Health Organisations (ACCHOs). Two key adaptations to the NFP were incorporated to suit the Australian Aboriginal and Torres Strait Islander context:

- the inclusion of the Aboriginal and Torres Strait Islander Family Partnership Worker (FPW) role to ensure
  effective and culturally safe service delivery
- the inclusion of multiparous women, if a) it is their first opportunity to parent, and/or b) at the discretion of the site.

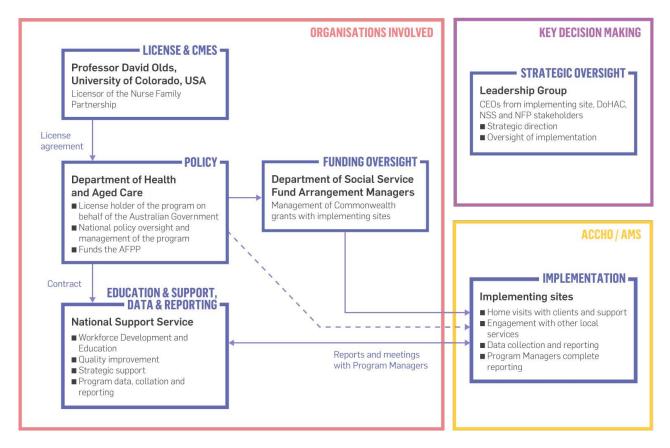
In 2012, the Australian Government committed to expanding AFPP from three sites to 13 by 2018. In 2022, the program was expanded further from 13 to 15 sites. AFPP now operates in five states and territories and across all Australian Statistical Geography Standard geographic categories. Program delivery is influenced by the site location, the local cultural context, the surrounding service system, and logistical challenges associated with level of remoteness.

AFPP is an internationally licenced program and, as the licence holder, Australian Government Department of Health and Aged Care (DoHAC, the Department) is required to meet a range of licencing requirements including reporting on program fidelity and establishing national governance arrangements in close collaboration with the National Support Service, the Department of Social Services and the Leadership Group. Key governance agencies, including their role and relationships are presented in Figure 2 below.

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<sup>&</sup>lt;sup>1</sup> Between 2009 and 2023 the program name was Australian Nurse-Family Partnership Program (ANFPP). In mid-2023, the program name was changed to Australian Family Partnership Program (AFPP). For consistency this report refers to the program as AFPP.

Figure 2 – Key roles and responsibilities of organisations in AFPP implementation and governance



In 2021, the Australian Government Department of Health and Aged Care (DoHAC, the Department) commissioned Urbis, in partnership with Cox Inall Ridgeway (CIR), to undertake an evaluation of AFPP, excluding the two newest sites. This evaluation builds on previous work undertaken to assess the effectiveness of AFPP and to inform decision making regarding program delivery, including the 2012 Stage 1 Evaluation of AFPP (undertaken by Ernst & Young) and 2017 ANFPP National Workforce Development Study – Informing the Way Ahead Project (known as the West Report).

The interim phase of the evaluation was finalised in May 2023. This report combines findings from the interim (field work from June to October 2022) and final phase of the evaluation (field work from May to October 2023).

# **EVALUATION AIMS**

The purpose of the evaluation of AFPP is to:

- capture the outcomes of AFPP and, in particular, to identify whether AFPP has made a difference in the lives of clients and Aboriginal and Torres Strait Islander babies
- determine the social return on the Australian Government's investment in the program this will include commentary on AFPP's impact on the social and emotional wellbeing of families participating (past or present) in the program
- identify areas for improvement in the delivery and operation of AFPP across the 13 sites and in national administration.

The evaluation is intended to inform future funding and implementation decisions, and to contribute to ongoing program improvements.

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# **METHODOLOGY**

The evaluation has been designed to address eight domains:

- 1. Program reach
- 2. Program outcomes
- 3. Local adaptations and program fidelity
- 4. Cultural safety in program delivery

- 5. Program workforce
- 6. Governance arrangements
- 7. Data collection arrangements
- 8. Social return on program investment

# **KEY FINDINGS**

### Reach

- **AFPP is reaching eligible women** through a combination of referrals, word of mouth, and proactive outreach. Most referrals are from primary healthcare organisations, other healthcare providers/clinics, and self-referrals. Since inception, over 3,600 women have participated in AFPP, and program data shows an upward trend in participation.
- While motivations for joining the program vary, most women join because they want support to be the 'best mother they can be'. Other common motivations for joining include a lack of other supports, access to other services and practical support and gifts, family preservation, and opportunities for cultural connection and meeting other families.
- Exiting before graduation is not necessarily a negative outcome. While graduation remains a key goal across all sites, consultations with clients and staff suggest women can benefit from participation regardless of their duration in the program.
- Overall, current and previous clients who participated in the evaluation reported that they are highly satisfied with their experiences in AFPP. Key strengths of the program which clients highlight include access to reliable information and resources, the emotional and practical support provided by staff, group activities, and opportunities for cultural connection. AFPP's flexible, long-term, relationship-based model, its application of the client-centred principles enables a positive program experience.
- There are opportunities to improve program reach and delivery, including through promotion and awareness-raising activities, more group activities and opportunities for families to connect, and a stronger focus on working with fathers and partners.

### **Outcomes and achievements**

There is strong evidence that program participation achieves a range of intended outcomes for clients in the pregnancy and postpartum phases. Most notably, improved confidence in parenting, enhanced self-efficacy and improved social, emotional and health outcomes and behaviours. Many clients reported improved diet and exercise, and reduced smoking and consumption of alcohol and other drugs in the pregnancy and postpartum phases.

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- Clients experience a range of other benefits from their participation in the program including increased connection to First Nations culture, greater confidence and ability to access external services, and more empowered to take positive life steps towards education and employment. Staff have supported family preservation and reunification at all stages of a clients' engagement with child protection systems and clients are more empowered to navigate domestic and family violence (DFV) situations.
- Participation in AFPP supports positive long-term outcomes for clients, with previous clients
  reporting lasting impacts on their social and emotional wellbeing, confidence and health, years after
  participation in the program.
- Client outcomes are enabled by the flexible, tailored and strengths-based model of care
  provided by staff and underpinned by the program's five client-centred principles. The ability to
  access tailored professional advice in a culturally safe format through the FPW and NHV partnership
  is a strength of the program.
- The program contributes to improved health and developmental outcomes for babies and children, particularly in relation to infant and child health, child development, safe sleeping practice, and cultural connection. Access to relevant culturally safe information and resources supports clients to build confidence in parenting as well as their capacity to advocate for themselves and their child.
- AFPP also contributes to positive outcomes for clients' partners, families and communities. In particular, clients' partners have been supported to increase their confidence in parenting, improve their mental health, connect to culture and community, and find employment. Clients' immediate and extended family, as well as their wider community, have also benefitted from health and service information provided through AFPP.
- There is no consistent link between client characteristics and outcomes experienced by clients. There was little evidence that outcomes achieved for clients vary depending on Indigenous status, whether clients are singleton or multiparous, length of time in the program, or program phase.

### Fidelity and local implementation

- AFPP has demonstrated strong and consistent alignment to the majority of the Core Model Elements (CMEs), but some CMEs and benchmarks remain difficult to achieve.
- While the CMEs and benchmarks have been recently updated to better align with the Australian context, the underlying principles of the program remain the same to provide a culturally safe, high quality service. As outlined in the latest Annual Data Report, the updated CMEs strengthen aspects of program delivery and the role of FPWs.
- There is considerable variation across sites, with no single driver but multiple factors that influence local delivery. Factors influencing local delivery are the level of support from the host organisation, space and facilities for AFPP clients, and the role of group work and cultural/art activities. All sites have adapted the local delivery to meet the needs of their clients.
- Key adaptations are the introduction of unique roles such as a men's FPW, Social Workers, FPW Team Leaders, a dedicated practitioner for reflective supervision and a child safety worker. Other key variations across sites are the format of home visits, which is often influenced by the availability of staff, and ratio of FPWs and NHVs.

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- NSS' increased focus on reflective supervision training and delivery is welcomed by staff who
  recognise that, when conducted well, reflective supervision can be very beneficial to staff and
  ultimately clients. Staff would like options for how reflective supervision is delivered including the
  option to use external services.
- A large proportion of AFPP clients are engaged with other services and there is a lack of awareness and understanding among local services and partners about the scope of AFPP. This was identified as the key barrier to collaboration. Staff highlighted the need to strengthen relationships with referral agencies, including through regular and sustained promotion and awareness-raising activities to increase the program's reach.
- Across all sites, staff coordinate with child protection agencies to support client outcomes.
   This is often resource-intensive and challenging work due to the high turnover of staff and a lack of cultural safety and awareness within child protection agencies

## **Cultural safety**

- AFPP provides culturally safe and responsive support, which is vital to improving outcomes for First Nations women and children. The cultural safety of the program is underpinned by the inclusion of the FPW role and supported by modifications to training, resources and local delivery. There is little evidence of culturally unsafe program delivery by staff.
- The FPW role is critical to the cultural safety of the program, and most staff and clients agree the program would not work or be as effective without FPWs. Clients highlighted the ways in which FPWs support positive program experiences, including through a deep understanding of their family, social and cultural contexts; fostering trust with NHVs; helping to translate and paraphrase information; strengthening connection to culture; and enhancing the capacity of other staff to remain culturally safe in their work.
- Non-Indigenous staff have a vital responsibility in ensuring the program is culturally safe, as they make up a significant proportion of the AFPP workforce. Non-Indigenous staff can contribute to culturally safe program delivery by respecting, listening to, and being guided by the advice and knowledge of FPWs. Beyond this, it is important that non-Indigenous staff commit to being educated, aware of, and willing to address unconscious biases that may impact upon their practice.
- ACCHO settings contribute to perceptions and experiences of cultural safety among clients. Many staff report AFPP sites being housed in ACCHOs is essential and signals to women they can expect to receive culturally safe and appropriate care. However, there does not appear to be any material differences in program delivery or client experiences and outcomes at AFPP sites housed in ACCHOs compared to the site located in a mainstream government organisation.
- Staff would benefit from further cultural safety training to ensure they have relevant knowledge and skills to support First Nations clients. This includes additional training regarding the national context (delivered by NSS), and at the local level (delivered by the health service).
- Uptake and usage of AFPP resources varies significantly across sites. Some program
  resources could also be adapted to be more culturally appropriate, with many staff reporting they
  have not been adequately updated for the First Nations context.

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### Workforce

- Retention remains a key challenge for the AFPP workforce, with high rates of staff turnover across all roles in the 2022–23 period (34% overall turnover). Staff and clients report this can negatively impact client engagement and retention, staff morale and team cohesion. There are a range of factors that contribute to this, including a lack of role clarity for FPWs and Team Leaders, inconsistent remuneration and inability to use clinical skills for NHVs, and role isolation for Nurse Supervisors.
- In general, AFPP staff value the support provided by NSS and many report the level of support provided has improved since NSS transitioned from NPC in July 2020. However, staff changes at NSS can pose challenges for AFPP staff in accessing consistent support.
- NSS core training prepares staff well to deliver the program. However, staff would benefit from
  in-depth training in DFV, trauma-informed care, working with child protection agencies, and
  opportunities to complete additional courses relevant to their interests and local context.
- There is considerable work underway to improve support for the AFPP workforce. In line with the recommendations from the West Report, NSS is pursuing a range of actions to better support the workforce, including strengthening the cultural safety of AFPP standards, tools, practices and education content, and improving training and professional development for staff.
- Many sites see value in having a men's FPW to work more closely with dads and partners, however these roles are not currently included within program funding, so recruitment priority is given to female FPW roles. There is also a need to develop tailored training and resources for working with fathers and partners.
- Many sites are also interested in having a social worker within the team to further enable the delivery of trauma-informed care and support for clients experiencing crisis. This could involve working directly with clients and/or building the capacity of other staff.

### **Governance arrangements**

- Sites have responded positively to the transition from the NPC to the NSS, confirming that staffing and skills within the NSS are better placed to support AFPP.
- National governance arrangements to support the Leadership Group could be strengthened with stronger administrative support and attendance by proxies with decision making delegation. Reduced participation by site CEOs in the Leadership Group has resulted in greater attendance of Program Managers, shifting the focus of the group towards operational rather than strategic matters.
- There are opportunities to strengthen the role and impact of Program Managers through
  participation in training and learning activities and the annual Quality Site Self Assessments (QSSA).
- QSSA are a valuable annual process and a productive way to identify site priorities. These
  assessments could be used more extensively by implementing sites, and this should include an
  increased role for Program Managers in collaboration with Nurse Supervisors and NSS in the
  conduct and monitoring of QSSA priorities.

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- Quarterly meetings with the Funding Arrangement Managers (FAMs) and the Department are productive forums intended to strengthen accountability and keep FAMs abreast of program priorities. To further strengthen accountability and assist sites to prioritise funding and resources biannual progress updates on the QSSA priorities should be provided to FAMs.
- Program data and Social Return on Investment
- NSS continues to work closely with sites to harmonise data collection systems and address legacy issues arising from multiple data collection platforms. Work is well underway to streamline data collection and utilise existing platforms used by implementing sites.
- Migrating off ANKA and embedding data collection in existing platforms used by implementing sites is a significant change that will foster greater data sovereignty for individual sites and is expected to reduce time and administrative burden on staff.
- Program data has seen notable improvements over recent years including increasingly sophisticated data analysis particularly in client outcomes data. This is the result of the significant investment and effort by the NSS to improve the quality and completeness of program data.
- Some important elements of program delivery are not currently captured in existing systems
  including the work of FPWs and other unique roles (such as men's FPWs and Social Workers),
  interactions with fathers/partners, and time and effort invested in organising home visits.
- Ongoing investment is needed to improve data collection to ultimately build a stronger evidence base of the program's impact. Further work is required to improve the quality and completeness of data across all sites.
- New measures to capture client empowerment are being implemented, however it will be several years before there is sufficient data available to inform program impact.
- Based on available but limited program data, AFPP produces a positive SROI. As program data improves, more robust assessments will be possible and linked administrative data should be considered as part of a longer term data plan.

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# CONCLUSION

# Overall performance

Data collected for this evaluation strongly indicates that AFPP has been successfully adapted to meet the needs of mothers of Aboriginal and Torres Strait Islander children in metropolitan, regional and remote Australia. Since its introduction in 2009, the program has provided culturally appropriate support to more than 3,600 women at 13 sites across Australia. While graduation rates have been lower than desired (21% against a program target of 60%), it appears women who participate in the program for any length can obtain significant benefits, both for herself and her child. Reasons for exiting generally stem from common factors (e.g., relocating, increased support from family) that are sometimes unrelated to content or delivery of AFPP. Program data and staff feedback collectively suggest there is potential to service additional women through the program – although this varies across sites – and there was a willingness to consider additional promotional and awareness-raising activities. Retention of clients may be improved by ensuring the program elements most appreciated or enjoyed by clients remain central to the service (while maintaining fidelity), including group activities and opportunities to connect to culture.

AFPP achieved a wide range of positive health and wellbeing outcomes for clients in the program, with nearly all clients reporting improved parenting skills, higher confidence in their parenting and increased self-efficacy to access services and advocate for themselves. There is also significant evidence – both from the program data and client/staff feedback – that program participation results in improved physical, social, and emotional wellbeing for clients; most notably through reductions in smoking and substance use, as well as improved nutrition and enhanced access to mental health supports. Gaining a stronger connection to culture and community through their interactions with FPWs, group and cultural activities was a key achievement of the program and was particularly highlighted by Indigenous clients who have been disconnected to culture or who have moved into a new area. Clients provided numerous examples of where they felt more empowered to make positive life decisions including greater engagement in education and employment and navigating DFV situations. There is emerging evidence that AFPP contributes to family preservation and reunification by providing tailored support to clients who are interacting with the child protection system. While client outcomes vary widely reflecting each client's unique situation; the evaluation did not find significant differences in client outcomes depending on Indigenous status, whether clients are singleton or multiparous, length of time in program, or program phase.

The impacts of AFPP on clients and their children appear to be significant and varied with some clients reporting profound and positive changes to their life as a result of program participation. Clients consistently reported improvements in skills and confidence in parenting as well as their capacity to advocate for themselves and their child. This has contributed to clients being better able to navigate the health system and access required services, enabling early access to appropriate care and avoiding unnecessary hospital presentations. In the context of the complex Indigenous health and social service landscape, qualitative feedback collectively suggests that clients would not have received the same level or type of support in the absence of the program. AFPP has contributed to important benefits for babies and children including improved health and developmental outcomes, particularly in relation to infant and child health, child development and safe sleeping practice. Collectively these outcomes are likely to contribute to increased birth weight and likelihood of immunisation, representing progress towards Closing the Gap Targets 2 and 4.

Clients typically report a very positive program experience and highlight the uniqueness of the program delivery in particular the partnership between NHVs and FPWs. The flexible, tailored, client-centred and strengths based approach over a longer term period makes AFPP unique among maternal health programs in Australia. There was especially high appreciation amongst clients for the combination of reliable, digestible information sources with more informed practical and emotional support – both through pregnancy and after birth. Some clients, especially Aboriginal and Torres Strait Islander clients, explicitly drew attention to the value of the FPW, who was perceived as being better placed to understand their context and family dynamics and able to translate program content into accessible information. Many clients reported that fathers/partners are also benefiting from AFPP with improved knowledge, skills and confidence in parenting in addition to improved mental health and greater access to mental health support services.

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## **Program delivery**

AFPP is delivered in a wide range of locations across Australia from metropolitan cities to very remote satellite sites in northern Australia. All sites have adapted aspects of program delivery to meet the local needs of their clients. There is considerable variation across sites, with no single driver but multiple factors that influence local delivery. Key adaptations are the introduction of unique and specialist roles such as men's FPW, Social Worker, FPW Team Leader and a dedicated practitioner for reflective supervision. Despite some differences across sites, AFPP's five client-centred principles are a consistent and core component of the model and strongly implemented by staff at all sites.

There is strong evidence that AFPP provides culturally safe and responsive support to clients and their families. Across sites, FPWs are critical to this, helping to foster trust and confidence between clients and NHVs and assisting clients to communicate with NHVs, including by translating or paraphrasing information. FPWs support First Nations clients to feel more connected to their culture and enhance the capacity of NHVs to remain culturally safe in their work. There were rare occasions when the relationship between the client and FPW/NHV had either not developed or deteriorated (e.g., due to culturally inappropriate conduct or conflict), contributing to the client either disengaging or exiting the program. These instances highlight the importance of these relationship dynamics and positive experience and, ultimately, the achievement of health and social outcomes. Despite the significant disruptions caused by COVID-19 restrictions, the implementation of AFPP has adapted well and sites continue to adjust program delivery with more face-to-face and group activities.

### Workforce

Changes to national arrangements have also been implemented well, in particular the transition of responsibilities from NPC to NSS has been positively received by sites, and most staff believe that NSS has significant relevant expertise and is better placed to provide education and support. The commitment to expand reflective supervision for all staff has been largely welcomed, as it is in line with best practice and appears to be contributing to positive experiences for staff including retention.

Consistent with the findings of the West Report (published in 2017), workforce challenges remain a significant barrier to AFPP achieving optimal delivery outcomes. Program access and positive outcomes appear heavily influenced by (a) staff availability and (b) capacity for NHVs and FPWs to build a productive, trustworthy relationship with clients. It is therefore problematic that staff turnover continues to be an issue for the program, with attrition rates for NHV at 43 per cent and Nurse Supervisors at 67 per cent over the period 2021–22, with some improvements in 2022-23. The attrition rate for FPWs increased from 11 per cent in 2021-22 to 37 per cent in 2022-23. It should be noted that NSS, drawing on the West Report, are leading efforts to improve staff experience and retention through the development of a Workforce Development and Education Strategy, refinement of training, and improvements in role scope. Evidence collected for this evaluation suggests a focus on workload management, support, and role clarity. This will be particularly important for new innovative (yet to be formalised) roles such as the FPW Team Leader and men's FPW. The expansion of reflective supervision to all staff is also expected to contribute positively to workforce development and retention.

Despite these challenges, on the whole staff report being satisfied with the role of education and support provided by NSS, with many reflecting it has improved substantially since the transition from NPC. There was, however, an eagerness for locally tailored cultural safety training, additional training on DFV, trauma-informed care, mental health first aid and child protection. Staff also drew attention to difficulties managing client expectations, particularly those in crisis, workload pressures (especially in times of high staff turnover), juggling work-life balance, modest remuneration and lack of support from site management. Inconsistent remuneration, particularly among NHVs across different AFPP sites, was also highlighted as a challenge to staff retention.

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## Governance, data and fidelity

As AFPP moves into the next phase of implementation and expansion into Western Australia, there are opportunities to further strengthen national governance arrangements, in particular, the role and engagement of the Leadership Group. As a key governance forum, this group would benefit from regular attendance by senior decision-makers from all host organisations to progress strategic issues.

While Program Managers are a crucial link between the host organisation and the AFPP, their influence has been limited at some sites. Across most sites, there are opportunities to strengthen the role and impact of Program Managers through increased participation in training and learning activities and the annual QSSA. These assessments could be used more extensively by Program Managers in collaboration with their Nurse Supervisor and NSS. To further strengthen accountability and assist sites to prioritise funding and resources, biannual progress updates on the QSSA priorities should be provided to Funding Arrangement Managers.

NSS has invested significant effort in improving the quality and completeness of program data and ongoing work is required to address complex legacy issues and to harmonise data capture across multiple platforms. Based on available, but limited, program cost data and quantifiable outcomes, the value of AFPP to community well exceeds costs to government; however, there are significant opportunities to better capture program and client outcomes. Over the coming years, improvements to program data are expected to provide further insight into the effectiveness of the model and factors that influence client outcomes.

The adoption of an empirically tested model – as opposed to a new model developed in response to community need – has undoubtedly contributed to the success of AFPP. The capacity to adapt the model to meet local needs has also been a crucial driver of success. Australia has demonstrated strong and consistent adherence to the majority of NFP's CMEs, with mixed progress towards performance benchmarks for timeliness of enrolment and client retention. The CMEs and benchmarks have been recently updated to better align with the Australian context, with a stronger emphasis on the roles of FPW and the FPW Team Leader. While the attrition targets have been removed, ongoing focus should be maintained on keeping clients in the program for as long as possible with the goal of graduation. It is also important that the underlying principles of the program remain the same to provide a culturally safe and high-quality service. There would be benefit in NSS developing clearer guidance to sites regarding the application of the updated CMEs and accepted adaptations at a local level.

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# **RECOMMENDATIONS**

As the AFPP moves into the next phase of implementation, the following priorities were identified across program delivery, workforce, governance and data. A suggested timeline for implementation is also provided for the short term (next 12 months), medium term (1-2 years) and long term (beyond two years). We note that NSS have been making program improvements during the timeframe of this evaluation and progress is underway towards many recommendations.

Table 1 – Recommendations

#	Rationale	Recommendation	Timing		
Pro	Program delivery				
1	The Core Model Elements (CME) and performance benchmarks have been revised to better align with the Australian context.	NSS to develop refreshed communication regarding the updated CMEs, including the underlying principles of the CMEs and how they are applied at local sites. This may include a national approach endorsed by the Leadership Group in addition to locally agreed practices.	Short		
2	Across many sites, staff would like options for how reflective supervision is delivered including the option to use external services.	NSS to ensure that all AFPP staff have access to regular, high quality and culturally safe reflective supervision and a range of internal and external options are available.	Short		
3	The program relies on external stakeholders/services as a source of referral into the program; these often work alongside AFPP staff to support client needs for housing, mental health, domestic/family violence and child protection. Staff across all sites reported challenges in working with external services which were exacerbated by a misunderstanding of what AFPP does.	All sites to strengthen relationships with external providers and services through targeted promotion and awareness activities to foster a better understanding of AFPP and collaboration with staff. NSS to develop national resources for the promotion of AFPP.	Medium		
4	Clients highly value the connections with culture and other women that are facilitated by AFPP through group and art-based activities.	All sites to consider delivering more group work, cultural and art-based activities with suitable resources and in an appropriate space. NSS to develop national guidance to support the delivery of group work activities.	Medium		
5	Leaving the program can be a very difficult transition for some clients which can lead in significant mental health challenges.	All sites to proactively plan for graduation to ease the transition out of the program. This may include connecting clients to other services and existing support groups.	Medium		
		Sites, in consultation with DoHAC, to explore linking graduated mothers with existing programs and support activities for First Nations mums with young children and toddlers. The development of new programs to meet service gaps could be considered.			

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#	Rationale	Recommendation	Timing	
Wo	Workforce			
6	Across sites the clarity of staff roles and responsibilities varies, contributing to strained team dynamics.	NSS to revise the role descriptions of FPWs, Team Leaders and NHVs, and update internal guidelines and accompanying communications. All sites to adapt these roles to their local context with agreed protocols.	Short	
7	Many staff felt that they lack training and expertise in how to support clients through crisis. In particular, staff are seeking training in domestic/family violence, working with child protection agencies, trauma-informed models of care and mental health first aid.	DoHAC and NSS to expand training in domestic/family violence, trauma-informed care, working with child protection agencies and opportunities to complete other courses to support client needs.  In collaboration with implementing sites and CEOs, ensure that training is undertaken for AFPP teams and reported through governance groups.	Short	
8	Staff, in particular NHV, across sites receive different salaries, impacting their job satisfaction and retention in the program.	Leadership Group to consider establishing consistent remuneration for AFPP roles across the sites and a clear salary structure aligned to role expectations, which may include junior and senior bands.	Short	
9	Many sites see value in having a men's FPW to work more closely with dads and partners, however these roles are not currently included within program funding, so recruitment priority is given to female FPW roles.	DoHAC to separately fund men's FPW to pilot this role across several sites and capture the learnings and impact of this role.	Short	
10	At sites where men's FPW roles have been implemented, AFPP staff reported some confusion regarding this new role and how it interacts with other elements of the program.	Pending pilot funding of men's FPW and in collaboration with sites, NSS to develop a job description including clear role and responsibilities for men's FPW which is communicated to all site staff and details how this role interacts with other program elements. NSS to also develop tailored training for this role and culturally relevant materials for working with fathers and partners.	Medium	
11	Some program resources are not being used by staff or are heavily modified as some resources are considered culturally inappropriate, unsafe or degrading.	NSS to map the use of existing materials that have been adapted or developed by sites. NSS to review and adapt current program resources in partnership with First Nations people, FPWs and program staff. Where relevant, draw upon existing culturally validated and safe resources to develop tailored materials.	Medium	

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#	Rationale	Recommendation	Timing
12	Staff would appreciate and benefit from further cultural safety training that is tailored to their local context. This will contribute to enhancing the cultural safety of the program and is expected to take pressure off FPWs as the default 'cultural advisor'.	NSS to review and enhance existing cultural safety training. In collaboration with implementing sites and CEOs, ensure that locally appropriate cultural training is undertaken for AFPP teams at least annually and reported through governance groups.	Medium
13	All sites highlighted that there are very few existing supports or programs for First Nations fathers and men. Clients and staff frequently reported many First Nations men can struggle with mental health, substance use and wellbeing which impacts upon AFPP clients and the whole community.	In addition to the men's FPW role, DoHAC to explore opportunities to support First Nations fathers and partners of AFPP clients with tailored and culturally safe programs.	Medium
Gov	vernance		
14	Program Managers have the potential to play an important role in supporting program delivery and staff, by advocating for the program within the host organisation. To operate effectively, Program Managers need to have a robust understanding of the program and current site priorities.	The updated CMEs require Program Managers to complete AFPP training and participate in ongoing learning activities.  Program Managers should regularly attend Community of Practice meetings and participate in the annual Quality Site Self Assessments (QSSA).	Short
15	The QSSAs provide valuable information about current priorities at implementing sites. While NSS doesn't have the capacity to monitor the progress of the assessment, there are opportunities to further utilise this assessment to improve program delivery.	Program Managers and Nurse Supervisors should work with NSS using a strength-based approach that brings together program performance and data, the QSSA priorities, workforce and recruitment considerations aligned to budget and funding accountability.  Fund Arrangement Mangers should receive a copy of the QSSA and bi-annual progress updates.	Short
16	The Leadership Group is not optimally functioning due to limited availability of senior executives, poor attendance and inconsistent record keeping.	NSS to refresh arrangements to support the Leadership Group including updating the Terms of Reference, confirming ongoing chairing and secretariat functions and developing tailored briefing material to engage CEOs/senior staff of implementing sites with the decision-making delegation.	Short

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#	Rationale	Recommendation	Timing	
Dat	Data			
17	The work of FPWs in engaging with clients is not currently reported in program data beyond their attendance at home visits. This limits the extent to which the role and impact of FPWs is captured.	In collaboration with NSS and DoHAC, sites to agree on key data items that capture FPW activities in program data.	Short	
18	Some sites have created additional roles including men's FPWs and Social Worker, however the activities undertaken by these roles are not consistently captured in existing data collection mechanisms.	DoHAC and NSS to agree on measures to capture the work and activities of men's FPWs and other site-specific roles and confirm key information about fathers and partners that should be recorded.	Medium	
19	Linked administrative data of health, education, employment and service outcomes is expected to yield considerable insight into the longer-term impact of the program for clients and their children.	DoHAC and NSS to work with the Leadership Group and relevant government agencies to facilitate and plan linked data analysis as sample size is sufficient for meaningful analysis.	Long	

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