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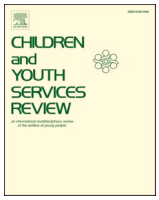

Identifying enablers and barriers to the implementation of Functional family Therapy – Child Welfare (FFT-CW®) into the routine delivery of child protection services in New South Wales, Australia

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ABSTRACT

Background: Functional Family Therapy – Child Welfare (FFT-CW®) aims to reduce the risk of child maltreatment and out-of-home care entry for vulnerable children.
Objective: To identify enablers and barriers to implementing FFT-CW® into the routine delivery of child protection services from policy and service provider perspectives.
Participants/setting: Eighteen program and policy experts, and 54 service providers, involved in the delivery of FFT-CW® across 6 districts in New South Wales, Australia.
Methods: Semi-structured interviews with policy and program experts, and four discussion groups with service providers using nominal group technique (NGT). Interview data were thematically analyzed to identify enablers and barriers. An adapted Consolidated Framework for Implementation Research (CFIR) scoring system was used to quantify themes, with scores of −2 assigned for barriers, 0 for neutral, and 2 for enablers. NGT was used to generate and rank enablers and barriers of program implementation with service providers.
Results: The semi-structured interviews generated 16 themes, from which three enablers and four barriers were identified using CFIR scoring. The NGT discussions generated nine enablers and eight barriers. Key enablers common to both interviews and NGTs were FFT-CW's therapeutic and empowering approach, model purveyor training and support, and the supervision and feedback provided to service providers. Key barriers included referral difficulties, staff burnout, turnover and training logistical challenges, and problems with data collection and the safety impacts of outcome measures on participants.
Conclusions: Sustained uptake of FFT-CW® is likely feasible and evaluating its effectiveness within the routine delivery of NSW child protection services is warranted.

1. Introduction

The numbers of children in out-of-home care (OOHC) have been rising in many high-income countries in recent decades (Australian Institute of Health and Welfare [AIHW], 2020; Children's Bureau, 2017). Given the removal of children from their parents disrupts their connection to family, community and culture, OOHC is considered the last preference for children who are unable to reside with their birth families because of an immediate risk of harm (Davis, 2019; Lonne et al., 2019). OOHC is also costly for governments (Fang et al., 2012). Consequently, there is considerable interest in interventions that support family function and wellbeing to increase the likelihood that children can safely remain or return to living with their families (Vlahovicova et al., 2017). One of the increasingly common programs used as a frontline service is Functional Family Therapy – Child Welfare (FFT-CW®), which was first developed for families at risk of child maltreatment in the United States in 2011 (Alexander et al., 2011).

Functional Family Therapy (FFT) was originally developed in the

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United States in the 1970s and was commonly used in the treatment of disruptive behavioral disorders in childhood and adolescence (Alexander & Parsons, 1982; Alexander et al., 2013). The program has been implemented in multiple contexts, including substance use, juvenile justice, mental health, school, and child welfare (Robbins et al., 2016). In the child welfare context, FFT-CW® comprises two models of care: FFT-CW® high track and FFT-CW® low track. FFT-CW® high track uses psychological and behavioral approaches to modify family communication patterns and behaviors, parenting skills, and other risk factors for child maltreatment, including mental health, alcohol and drug dependence and domestic violence (Robbins et al., 2016; Turner et al., 2017). It is a five-phased program centered around therapeutic interventions delivered by social workers, psychologists or other university-educated professionals with prior experience working in the child protection system (Turner et al., 2017). In contrast, FFT-CW® low track refers families to other relevant community-based services to address their needs via a three-phased case management model (Alexander et al., 2011; Turner et al., 2017).

In 2017, Turner and colleagues published the first quantitative outcomes evaluation of FFT-CW®, which was implemented in five New York city boroughs in the United States between 2011 and 2014. The non-randomized, observational cohort study included 3875 families, 1625 in the FFT-CW® group and 2250 in usual care. Families in FFT-CW® had a two percentage points lower risk of child protection notifications (8 % versus 10 %) and a one and a half percentage point higher risk of OOHC placement (3.6 % versus 2.1 %), compared with families in usual care within 18–24 months of program commencement. Turner et al. (2017) also reported that program goals were more commonly achieved among families in the FFT-CW® program (55 %), compared with families in usual care (35 %). However, it is not possible to conclude whether these differences in outcomes between groups were due to the program itself, or other differences between families in the FFT-CW® program versus usual care groups, primarily because the observational study design and analysis methods did not adequately control for confounding.

In the last decade, FFT-CW® has been implemented in at least 63 sites (Robbins & Amerasekera, 2019) across four countries beyond the United States (Functional Family Therapy LLC, n.d.). To our knowledge, the only published studies on the program's implementation since the original study of FFT-CW® in New York City are from the Australian states of New South Wales (NSW) (Heriot & Kissouri, 2018; McCarthy & Griffiths, 2021) and Victoria (Albers et al., 2020). Heriot and Kissouri (2018) provided a commentary on the early implementation of FFT-CW® in NSW, whereas McCarthy and Griffiths (2021) conducted case study interviews with six managers from a non-government organization (NGO) responsible for the delivery of FFT-CW® and two other child protection programs in NSW. Albers and colleagues (2020) examined the barriers to the implementation of several child protection programs in Victoria, including FFT-CW®, Multisystemic Therapy-Psychiatric® and SafeCare®. Service providers reported challenges to service delivery, including inadequate staff training and support, high staff workloads, incompatibilities between the therapy and case management models, and the lack of readiness to deliver the FFT-CW® model in some services, although it is unclear whether all these issues related to FFT-CW® specifically (Albers et al., 2020).

In parallel with the rollout of another family based-therapy program in Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) in six sub-districts in NSW, the FFT-CW® program has been implemented in nine sub-districts in NSW since 2017 (both programs are being administered in three sub-districts). Local evidence of the enablers and barriers to program implementation, such as that ascertained for the rollout of FFT-CW® and SafeCare® in Victoria (Albers et al., 2020), is critical to inform the appropriateness of the program for local populations and contexts, program sustainability and the potential to upscale the program to meet the needs of more vulnerable children and families. In the NSW context, this includes a focus on the cultural adaptation and appropriateness of the program for Aboriginal children and families, who are over-represented in the OOHC system (AIHW, 2020). Despite representing approximately 3 % of the NSW population, 40 % of all children in OOHC in NSW identify as Aboriginal or Torres Strait Islander (Hunter et al., 2020). This study aimed to identify the enablers and barriers to the implementation of FFT-CW® in NSW from the perspectives of policy and program experts, and service providers.

2. Methods

2.1. Study design

Semi-structured interviews with policy experts (Newcomer et al., 2015) and nominal group technique (NGT) discussions with service providers (Van de Ven & Delbecq, 1972).

Semi-structured interviews were used with policy experts because it allowed for all participants to respond to a specific and standardised set of questions, while also providing interviewers the flexibility to ask additional probing questions where relevant. NGT discussions were used with service providers because it provided participants with the opportunity to collaboratively identify and categorise themes into enablers and barriers, and to individually rank them on their perceived level of importance.

2.2. Study setting

NSW is located on the east coast of Australia and, with approximately 8 million people, has the largest population of all Australian jurisdictions. More than 250,000 individuals in NSW identify as Aboriginal or Torres Strait Islander (Australian Bureau of Statistics, 2018). Its capital and largest city is Sydney. Approximately 4.9 million people reside in the Greater Sydney region, and 3.1 million people reside in Regional NSW. Of these 3.1 million people, 1.3 million live in an urban regional area ('Regional Metro' area) and 1.8 million live in a rural regional area ('Country NSW') (Australian Bureau of Statistics, 2019).

2.3. Context of the FFT-CW® program implementation in NSW

In NSW, the Department of Communities and Justice (DCJ) provides child protection services, including notifications and investigations of child maltreatment, OOHC services, and funding prevention programs for vulnerable children and families (Department of Communities and Justice, 2021, 2022). Following a competitive tender process, DCJ funded six NGOs to deliver the FFT-CW® program from August 2017. By 30 September 2018, FFT-CW® had been implemented in 6 of 7 NSW districts (or 9 out of 15 NSW sub-districts). FFT-CW® high track was established in 9 sub-districts, delivered by 6 service providers comprising 14 teams (4 in Regional Metro and 10 in Greater Sydney areas). FFT-CW® low track was established in 4 sub-districts, delivered by 4 service providers comprising 4 teams (2 in Regional Metro and 2 in Greater Sydney areas). At the outset, DCJ planned for Aboriginal families to have access to up to 50 % of places in the FFT-CW® program (Shakeshaft et al., 2020).

2.4. The FFT-CW® program in NSW

A full description of FFT-CW® is available elsewhere (Alexander et al., 2011). In brief, FFT-CW® is a family and strengths-based program that aims to enhance communication patterns between family members. FFT-CW® high track is a highly structured program, which builds rapport with families (engagement and motivation, and relational assessment), and utilizes therapeutic interventions to foster positive changes in the family home and other contexts (behavioral change and generalization) (Robbins et al., 2016). FFT-CW® low track focuses on addressing and monitoring the social, economic and occupational needs of families, and comprises three phases: engagement/motivation,

support/monitoring and generalization (Alexander et al., 2011).

2.5. Participants

For the purposes of this study, the variety of organisations and individuals engaged in the implementation of FFT-CW® in NSW were organised into two broad groups based on their primary purpose as either: i) policy and program experts; or ii) service providers who actually delivered FFT-CW® in NSW.

2.5.1. Policy and program experts

Experts with roles in the program development, policy and implementation of FFT-CW® in NSW were recruited from the following organizations.

(i) *FFT-CW® purveyors:* The US-based clinicians who developed the program own its intellectual property and licensing rights. The model purveyors for the FFT-CW® program in NSW belong to the US-based organization, FFT LLC. As part of the licencing agreement, the purveyors train service providers, provide clinical supervision and conduct adherence and fidelity checks.

(ii) *Their Futures Matter:* From 2016, the Their Futures Matter initiative led the NSW Government interagency response to the Independent Review into Children in OOHC in NSW (Their Futures Matter, 2018). They were responsible for the procurement, funding and contracting arrangements with service providers for the FFT-CW® program, as well as the data system to track referrals, engagement and participation in the program.

(iii) *Department of Communities and Justice:* DCJ are responsible for the risk and safety assessments of children notified to child protection services, including referrals families to DCJ-funded prevention and intervention services, such as FFT-CW®. DCJ also have oversight of the implementation of the FFT-CW® program.

(iv) *Intermediary organizations:* As the international intermediary, New York Foundling were responsible for assisting service providers and the local intermediary organization, OzChild, with the implementation of FFT-CW® in NSW through its Implementation Support Centre. To support the implementation of the program, the Implementation Support Centre used a Community Development Team approach. OzChild is an Australian NGO who deliver programs and services for vulnerable children and families, including in NSW. OzChild is one of six organizations who were contracted by DCJ to deliver the FFT-CW® program in NSW from 2017. The NSW Child, Family and Community Peak Aboriginal Corporation (AbSec) is the peak organization responsible for the oversight and advocacy of quality care and support to Aboriginal children in the NSW child protection system. AbSec were engaged by DCJ to provide implementation support in relation to Aboriginal children and families during the evaluation. AbSec's role included input into the cultural adaptation of FFT-CW® for Aboriginal families and communities and support for Aboriginal and non-Aboriginal service providers in the delivery of FFT-CW®, such as cultural competence coaching.

2.5.2. Service providers

Each service provider established a specific team to deliver FFT-CW® alongside their usual service provision, such as housing and financial management support services. The FFT-CW® high track teams typically comprised supervisors with postgraduate qualifications in social work or psychology, or more than five years' experience and relevant training, and therapists with tertiary qualifications in social work or Aboriginal Health Workers. The FFT-CW® low track teams comprised lead interventionists with tertiary qualifications in social work or Aboriginal Health Workers; interventionists with qualifications in social sciences or who worked in Aboriginal Health or Community Welfare; and intake workers who held tertiary qualifications in social work, psychology or the behavioral sciences (Turner et al., 2017). A senior manager in each organization oversaw the delivery of FFT-CW® high track and/or FFT-CW® low track across their respective teams. The team manager was responsible for several programs delivered by each service provider, including FFT-CW®.

2.6. Sampling strategy

2.6.1. Semi-structured interviews

A purposive sampling approach was used (Etikan et al., 2016). Policy and program experts expressed interest to the FFT-CW® program manager, who then passed on the names and personal details of these individuals to Their Futures Matter. In turn, Their Futures Matter provided the research team with a list of 22 policy and program experts who had registered their interest in participating in the evaluation. Of these 22 experts, 18 (82 %) were contactable, consented to participate and were interviewed, including FFT-CW® model purveyors (n = 3), intermediaries (n = 6), Their Futures Matter staff (n = 6) and DCJ staff (n = 3). Fourteen interviewees were involved with implementing both the FFT-CW® and MST-CAN programs, and four interviewees were involved solely with the implementation of the FFT-CW® program. Fourteen interviewees were female (78 %) and none withdrew from the evaluation.

2.6.2. Group discussions using NGTs

A purposive sampling approach was used for the group discussions (Etikan et al., 2016). Service providers nominated a staff member to liaise with the evaluation team. The purpose and format of the NGT groups was communicated to FFT-CW® team members via the liaison staff, prior to inviting expressions of interest to participate in an NGT discussion.

The 54 staff who registered and consented to participate were organized into four groups based on their role in delivering FFT-CW®, with consideration of the group size (6–12 people are recommended for NGT group discussions (Pastrana et al., 2010)). There was one group for managers (n = 8), one for supervisors and lead interventionists (n = 13), and two for therapists, interventionists and intake workers (n = 16 and n = 17) (Table 1). No participants refused or withdrew from participating in these NGTs.

Each FFT-CW® high track team in NSW consists of four therapists, and each FFT-CW® low track team has four interventionists and one intake worker. Given service providers were asked to invite two therapists, two interventionists and one intake worker from each of their teams to the group discussions, and considering client caseloads, this suggests that potentially almost 50 % of FFT-CW® clinicians in NSW participated in these discussions. Thus, it can be concluded that the therapists, interventionists and intake workers who participated in the NGT group discussions were representative of the broader FFT-CW® clinician workforce.

2.7. Data collection

2.7.1. Semi-structured interviews

The interview guide was devised by the authors. For all interviewees, questions were categorized into five core components: i) nature of contact with the program (role, title and responsibilities); ii) perceptions of program components that work well and/or could be improved; iii) level of involvement with program delivery; iv) challenges delivering the program; and v) general feedback. The specific interview guide for model purveyors is provided (Appendix A; incidental edits to this guide were made to improve its relevance for other interviewees and those specific guides are available from the corresponding author on request). The interview guides were reviewed and approved by Their Futures Matter representatives who confirmed it aligned with the evaluation objectives. The interview guides were used to conduct interviews in-person (n = 5) and by phone (n = 13) between August and September 2018. Interviews typically took 30 to 45 min to complete: they were

Table 1
Number of service providers who participated in NGT group discussions.

Participant characteristics	Number of service providers	Number of services	Number of services delivered program/ participated in NGT	Number of teams	FFT-CW® high track	FFT-CW® low track
Role						
NGT 1: Managers	8	6	6/6	14	14	4[a]
NGT 2: Supervisors and lead interventionists	13	6	6/6	13	13	2[b]
NGT 3 (group a): Therapists, interventionists & intake workers	16	4	4/4	8	6	2
NGT 4 (group b): Therapists, interventionists & intake workers	17	4	4/4	9	7	2
Total	54					
Number (%) females	38 (70 %)					

[a]Four managers oversaw the delivery of both FFT-CW® high and low track.
[b]Two supervisors oversaw the delivery of both FFT-CW® high and low track.

audio-recorded, transcribed and the data were managed and analyzed in NVivo 12 software (Bazeley & Jackson, 2013).

2.7.2. Group discussions using nominal group techniques (NGTs)

The NGT groups comprised two questions that Their Futures Matter agreed were well-aligned with the evaluation objectives: 1) *Which aspects of FFT-CW® are enablers to engaging/improving outcomes for families?* and 2) *Which aspects of FFT-CW® are barriers to engaging/improving outcomes for families?* In August and September 2018, the NGT groups were convened in Sydney as a central location for attendees travelling from different communities across NSW. In line with standard NGT methods, there was one lead facilitator and one support facilitator who guided the group through five steps: i) *introduction and explanation*: facilitators presented question 1 after briefly informing them of the purpose of the group discussion; ii) *silent generation of ideas*: participants wrote down their responses by themselves (i.e., without consulting other participants); iii) *sharing ideas – round robin*: participants presented their responses to the group until all responses had been expressed (clarification of responses was allowed at this stage but no group discussion); iv) *group discussion/clarification*: the facilitators worked with participants to categorize ideas into similar themes (group discussion was permitted at this stage); v) *voting and ranking*: separately for enablers and barriers, participants ranked the themes from the least to the most important (Potter et al., 2004; Van de Ven & Delbecq, 1972). This process was repeated for question 2.

2.8. Data analysis

2.8.1. Semi-structured interviews

Transcript data were thematically analyzed and codes deductively and inductively assigned to identify enablers and barriers to implementation using a reflexive approach (Bingham & Witkowsky, 2021; Braun & Clarke, 2019; Etikan et al., 2016). All 18 transcripts were reflexively and jointly analysed by two coders to maximise the interpretation of transcript data (Braun & Clarke, 2019). Coders identified and interpreted patterns in the data both within and across interview transcripts (Braun & Clarke, 2019). After the initial codes were assigned, the two coders collaboratively reviewed and grouped the codes into enabler and barrier sub-themes. Sub-themes were then jointly categorised into themes. No new codes were identified in the final three transcripts, indicating saturation was reached (Fusch & Ness, 2015).

Key themes were identified, defined as those identified by 50 % or more of participants in each of the four groups: (1) model purveyors, (2) DCJ staff, (3) Their Futures Matter staff and (4) intermediary organizations. Given the small number of participants, the exact role of policy and program experts who identified the reported sub-themes were not specified to protect their anonymity. The key themes were then allocated a score ranging from + 2 to −2 using the CFIR scoring method (Damschroder & Lowery, 2013). The scores were then used to classify each theme as a barrier (score = -2), enabler (score = +2) or neither (score = 0). Although scores of + 1 and −1 are used in other studies that used CFIR (Damschroder & Lowery, 2013), they were not used in the present study to increase the likelihood that identified themes could be unambiguously categorized as enablers or barriers, given the highly innovative nature of this program in NSW. The scoring and classifications were done by two authors independently of each other and disagreements were resolved by discussion between them. Scores across all groups were summed to provide a total for each theme, as an indicator of the extent to which each theme was rated as an enabler or barrier. There were four policy and program expert groups, meaning for each theme, the highest possible score was + 8 (commonly reported enabler), and the lowest possible score was −8 (commonly reported barrier). All four policy and program expert organisations approved the reported results and their interpretation for factual accuracy following the analysis of interview data.

2.8.2. Group discussions using nominal group techniques (NGTs)

Separately for each role-based group (i.e., managers, supervisors and lead interventionists, and therapists, interventionists and intake workers), each participant's list of enablers and barriers (ranked from most to least important to engaging/improving outcomes for families) were entered into a Microsoft Excel spreadsheet. The scores were summed and tabulated from highest (most important) to lowest (least important) to derive an overall rank. Although participants were provided with the tabulated results 24–48 h following the completion of their group discussion for feedback and review, no changes were made to the themes or their ranking allocations.

2.9. Ethics and reflexivity

Ethics approval was obtained by the University of NSWs' Human Research Ethics Committee (HC180375) on July 18, 2018, and the NSW Aboriginal Health and Medical Research Council (1429/18) on July 30, 2018. Informed written consent was obtained from all policy and program experts and service providers who participated in this study.

Both authors responsible for the coding and analysis of interview data were public health researchers with qualitative research skills. One author was a female Aboriginal researcher and the Aboriginal Chief Liaison expert responsible for ensuring a culturally appropriate and acceptable environment for all participants, especially Aboriginal policy experts. The other author was a male researcher with experience in both family-based therapy and child protection research in Australia and internationally. All other authors were experienced researchers with specialist skills in qualitative research, two of whom had strong

partnerships and experience working with Aboriginal communities.

3. Results

3.1. Enablers and barriers identified by policy and program experts

As summarized in Table 2, policy and program experts identified 16 key themes of which three were enablers (comprising six sub-themes), four were barriers (comprising ten sub-themes) and nine were neither enablers nor barriers (see Appendix B for full list of themes).

3.1.1. Key themes identified by policy and program experts and classified as enablers

1. Nature and structure of the FFT-CW® model.

The two sub-themes that emerged were FFT-CW®'s: a) high level of acceptability to staff; and b) its empowerment and strengths-based approach.

a) For acceptability, FFT-CW® was regarded as being more conducive to existing DCJ processes, and therefore easier to implement, relative to another family therapy being implemented simultaneously in NSW (Multisystemic Therapy for Child Abuse and Neglect – MST-CAN):

> *"FFT-CW® has a lot more acceptance within the sector (than MST-CAN)" (Their Futures Matter staffer).*
> *"With FFT-CW® we had a model that sort of fits quite nicely within our service system and applies a similar approach to what we know service providers feel comfortable with" (Their Futures staffer)*

b) For empowerment, FFT-CW®'s strengths-based, manualized approach motivated families to engage in the program and enhanced their overall autonomy and problem-solving skills, especially for Aboriginal families:

> *"We've got to really love the success story of a couple therapists working with an Aboriginal family with 8 kids and they're all removed and now they're all back home and everything is really very positive" (Intermediary)*
> *"Yeah. I think from a therapeutic perspective, so clinical perspective, I think they work really well with the family. I really like the idea of the whole family unit working together and having the power and the ability to problem solve and troubleshoot together. So like having the therapist come in and support the skills that then the family can utilize and do their own problem solving, I think that's really powerful" (Their Futures Matter staffer).*

2. Training provided by model purveyors and ongoing support of service providers.

The two sub-themes that emerged were: a) the upfront and comprehensive training provided to FFT-CW® staff; and b) the ongoing clinical support of service providers.

a) For training, FFT-CW® staff were adequately and consistently skilled in tailoring strategies to families' needs using the program's manual-driven approach to help streamline implementation:

> *"We train our therapists in very broad strategies that are upfront, strengths based and relational. Therapists are given a very concrete set of strategies to do [deliver the program, such as] reframing themes [*i.e.*, cognitions and perceptions of, and interaction patterns with, family members] with families, and given a lot of techniques and tools to make the intervention flexible" (Model purveyor)*

b) For ongoing clinical support, policy experts provided continued guidance and feedback to service providers on the delivery of FFT-CW®, which was key to increasing program fidelity:

> *"I was involved from the very beginning with initial conversations around training requirements… since then I've been overseeing my own consultants and providing [ongoing] follow-up training and consultation" (Model purveyor)*

Table 2
Enablers and barriers identified by policy experts.

Key theme	Policy expert group who identified the theme[a]	Total score	Sub-theme (no. of participants who identified[b])
Enablers			
1. Nature and structure of the FFT-CW® model	Intermediaries (50 %; +2)	+4	a. FFT-CW® accepted by staff (n = 4)
	TFM staff (67 %; +2)		b FFT-CW® uses an empowerment, strengths-based model (n = 4)
2. Model purveyor training and ongoing support of service providers	Model purveyors (100 %; +2)	+2	a. Ongoingsupport from model purveyors around the FFT-CW® manual increased fidelity (n = 3) b. Upfront, comprehensive training of FFT-CW® staff (n = 2)
3. Real-time monitoring of family's progress in FFT-CW® program and feedback to service providers	TFM staff (50 %; +2)	+2	a. Providing updates on families' progress through program (n = 3) b. Real-time monitoring provided constant feedback to service providers (n = 2)
Barriers			
1. Technical, referral and financial challenges	Model purveyors (67 %; −2)	−8	a. Difficulties integrating FFT-CW® existing DCJ systems (n = 5)
	Intermediaries (83 %; −2)		b. Delays processing referrals (n = 5)
	TFM staff (50 %; −2)		c. Financial limitations on service providers (n = 3)
	DCJ staff (100 %; −2)		d. Referral system was under-prepared (n = 2)
2. Difficulties arranging training, role ambiguity and staffing challenges	Model purveyors (67 %; −2)	−6	a. Complex training logistics, scheduling and high costs (n = 5)
	Intermediaries and Aboriginal Implementation Support team (50 %; −2)		b. Under-utilization of OzChild (n = 3) c. Under-utilization of AbSec (n = 3)
	TFM staff (50 %; −2)		d. Staff recruitment, burnout and turnover (n = 3)
3. Confronting nature of outcome measures and data problems	Intermediaries and Aboriginal	−4	a. Confronting nature of measures (n = 3)
	Implementation Support team (50 %; −2)		b. Difficulty collecting and using data from multiple measures (n = 2)
	TFM staff (67 %; −2)		
4. Broad/unclear eligibility criteria for families to participate in FFT-CW® program	TFM staff (50 %; −2)	−2	N/A

[a] % of experts who identified this theme within each group; allocated score. Total number of policy experts in each group: model purveyors (N = 3), Their Futures Matter (TFM) staff (N = 6), Department of Communities and Justice (DCJ) staff (N = 3) and intermediaries (N = 6).
[b] The number of participants who identify each sub-theme are not separated by policy expert group to protect their anonymity (i.e., they reflect the total number of participants interviewed who identified each sub-theme).

3. Real-time monitoring provided insights into family's progress through the program and feedback to service providers.

The two sub-themes that emerged were: a) family updates as they progress through FFT-CW®; and b) continued feedback to service providers.

a) For family updates, the quick and real-time 'snapshot' of participating families (e.g., number and status of families) assisted with filling program vacancies, and with understanding the characteristics of, and reasons why families exit the program early:

"What's also working well is that we're tracking families' engagement. So we actually know how many families have been referred; how many have stayed; how many have exited; why they've exited" (Their Futures Matter staffer)

"We can identify how many kids are in the service at any one time and then communicate that via dashboards to the board and to the executive" (Their Futures Matter staffer).

b) For continued feedback, given service providers could monitor in real-time the progress of families through FFT-CW®, they could reflect on, and adjust how they deliver the program:

"So it's us checking with the families, reviewing what's working and what's not, always bringing it back to the table to see how we can do our jobs better and how we can actually teach them to do things better" (Their Futures Matter staffer)

3.1.2. Key themes identified by policy and program experts and classified as barriers

1. Technical, referral and financial challenges.

The four sub-themes that emerged were: a) technical difficulties integrating FFT-CW® databases into existing DCJ systems; b) delays or inconsistencies in processing referrals to service providers; c) financial limitations and restrictions on service providers; and d) the lack of preparedness of the DCJ referral systems.

a) For technical difficulties, there were issues embedding the Vacancy Management System (database which tracked family's status) into the existing DCJ databases, which resulted in bottlenecks because the systems had difficulty processing some of the new referrals:

"At the moment what they have is a whole pile of vacancies, and we can't get enough referrals to them and that is almost exclusively in relation to our internal structures because of competing demands within our own service provision…we have a face-to-face target whereby we have to get a set number of assessments completed on a monthly basis" (DCJ staffer)

"Integration of FFT datasets into DCJ's internal systems was messy because referrals, notifications, contracting, all of that kind of held in one IT system and so it was very difficult for us" (Their Futures Matter staffer).

b) For delays in processing referrals to service providers, there were setbacks due to the enormous amount of detail DCJ staff analyzed (despite service providers often having the vacancy to take on additional families). Some of this delay in processing referrals arose from the complex risk and safety profiles of families that DCJ staff balanced against the eligibility requirements of the FFT-CW® program:

"Sifting through a lot of pages, up to 100 pages…so much information" (Their Futures Matter staffer).

"However, a number of providers are saying that while's there's that [eligibility] criteria there [SARA outcome of high/very high], the risk is [so] high that they don't feel comfortable sitting with that and trying to work through the families" (DCJ staff).

c) For financial limitations and restrictions, there were changes from the original plan developed during the tender process to the agreements entered into by service providers. These changes resulted in some service providers receiving less funding than expected, and a subsequent reduction in funding for program activities. They occurred because of a re-calibration of the funding afforded to service providers delivering FFT-CW® during this period:

"So we had to then go back and negotiate with each of the service providers around that [costings] to say actually, this is what the unit cost is and we need you to be able to work within that" (Their Futures Matter staffer).

"From what was in the initial tender process, to what actually then came out in their agreements, and I would say that became a huge barrier to moving implementation forward for the FFT-CW® cohort, because they were very kind of stuck in this place of "We don't even know if we can do this, based on the costing that you're now telling us we're going to get"" (Model purveyor).

d) For lack of preparedness, the existing DCJ referral system was not ready for the additional influx of referrals because the FFT-CW® program was set up quickly:

"NSW didn't get the support they needed. The readiness was undercooked. There wasn't a real, a level of readiness in the processes that I could detect" (Intermediary).

"There was a push, a very quick push to get the services up and running really quickly, and there was not a lot of time to set up and really look at and analyze all the data that was currently available about the system" (Their Futures Matter staffer).

2. Difficulties arranging training, role ambiguity and staffing challenges.

The four sub-themes that emerged were: a) complex training logistics, scheduling and costs; the under-utilization of b) OzChild and c) AbSec; and d) staff recruitment, burnout and turnover.

a) For training logistics, policy and program experts identified logistical and scheduling difficulties, and the high costs associated with bringing US model purveyors to Australia for face-to-face training, as challenges. Unlike model purveyors who unanimously praised the training (refer to theme *Training provided by model purveyors and ongoing support of service providers*), these policy and program experts also stated that there was not enough upfront training provided to support program delivery:

"So that's probably the biggest challenge about training I would say, the scheduling of it, trying to get that balance right. Also the money required as well, because you're bringing in usually an American trainer, and so there's you know international flight, accommodation and training costs that are associated with that…and that has been really difficult as well" (Their Futures Matter staffer).

"The training I don't think has been so great for FFT, you only really get two and a half days before you're in the field and getting families…and there's a lot of reliance on going to international experts for advice" (Their Futures staffer).

b) For under-utilization of OzChild, while they were expected to

provide technical support and assist with program delivery, OzChild's role were limited to data collection or otherwise unknown to policy and program experts:

"We haven't been able to utilize them [intermediaries] as well as I'd like…so that relationship has sort of disintegrated, which has been a bit tough. Because we had two people [OzChild intermediary staff] sort of sitting there not really doing a lot for our implementation, and we're just not sure what they're doing…because apparently they haven't received the training needed to work with the FFT-CW® model" (Their Futures staffer).

c) For under-utilization of AbSec, despite playing a strong role in facilitating engagement with local Aboriginal communities and ensuring cultural fidelity of the FFT-CW® program, AbSec was not only under-promoted, but also under-utilized:

"But I think it (AbSec) is being under-utilized and we're trying to promote AbSec's role again…I've put a blurb in there about hey guys, don't forget AbSec's here if you want their help" (Their Futures staffer)

"So it's another one of those things that I can't see where they've been told we [AbSec] weren't available, because we're 100 percent available" (Intermediary).

d) For staff recruitment, burnout and turnover, implementing the program required staff to shift from an exclusive case management to a hybrid case management and therapeutic approach. This shift hindered staff recruitment and contributed to burnout and to staff (especially therapists) ceasing working on the program, with some staff resigning from the service provider entirely:

"[There was a] big challenge of moving people from what has traditionally been a very case management approach to working therapeutically and relationally with clients is a paradigm shift and makes recruitment quite difficult" (Intermediary).

"The FFT-CW® [caseloads] put a lot of burden on therapists and their change agents…can burn people out pretty fast" (Intermediary).

3. Confronting nature of outcome measures and data collection problems.

The two sub-themes that emerged were: a) the confronting nature of outcome measures; and b) difficulties collecting and using data.

a) For confronting nature of measures, some clinical tools collected during program intake were viewed to be re-traumatising, intimidating or culturally insensitive to families, particularly for Aboriginal families, and consequently inhibited rapport:

"…You're trying to ask these questions which for one particular tool that we use CASF-R (Composite Abuse Short Form – Revised), it is quite confronting and very personal. So how families are reacting to that is usually they're refusing to answer a lot of these questions, or the data is just simply missing because the family's refused" (Their Futures Matter staffer).

"So we have found that some of the tools have been used and the terminology within the tools, the descriptors in the tools have not been accepted within Aboriginal community and have been seen as offensive" (Their Futures Matter staff).

"So there's data collection that happens where they [Aboriginal families] have to answer a whole bunch of questions to begin with, which kind of identifies their trauma, and their issues, and their past issues…But for some families, this can be what makes them not want to be involved in the program" (Intermediary)

b) For difficulties collecting and using data, the six measures collected about families at program intake were unhelpful, with the data from some of these measures lacking in interpretation and practical value:

"I don't really like the 6 outcome measures… I can't really make sense of the data; who's answered them, what the outcomes were, if there's been an improvement from pre- to post-" (Their Futures Matter staffer).

"I would change the way the outcome measures are collected. There's a possibility to get the therapist who's actually doing the intervention to do that" (Their Futures Matter staffer).

4. Broad and unclear eligibility criteria for families to participate in the FFT-CW® program.

There was a lack of clarity and specificity surrounding the FFT-CW® eligibility criteria, thereby calling into question whether some families referred to the program were indeed eligible or not:

"In the beginning, it [eligibility criteria] was pretty unclear. I wouldn't say looser criteria, but broader criteria…I would have had probably half [of the] referrals at the beginning that actually weren't appropriate for various reasons" (Their Futures Matter staffer)

3.2. Enablers and barriers identified by service providers

As summarized in Tables 3 and 4, service providers identified nine enabling themes for, and eight barrier themes to, the implementation of *FFT-CW®* in NSW.

Table 3
Enablers identified by service providers.

Enabling themes	Managers' rankings (n = 8)	Supervisors' rankings (n = 13)	Therapists, interventionists & intake workers' rankings	
			Group (a) (n = 16)	Group (b) (n = 17)
1. Therapeutic & empowering approaches	–	1, 2[a]	1	1
2. Family centered & systemic approaches	1	3	2	–
3. Structured & evidence-based approaches	2	5	–	–
4. Accountability/ responsibilities of service providers	–	–	4	4
5. Fidelity frameworks	–	–	5	3
6. Delivery & availability of the programs	4	–	–	2
7. Staffing competencies & characteristics	3	4	–	–
8. Innovative and effective approaches	5	–	3	–
9. Collaborations with other organizations	–	6	–	5

[a] The therapeutic approach of FFT-CW® was rated "1″ and the empowering approach of FFT-CW® was rate "2" by FFT-CW® supervisors. However, although therapists, interventionists and intake workers (a) and (b) specifically labeled the empowering approach of FFT-CW® as the highest enabler, participant responses equally reflected the therapeutic approach of the program for this theme. As such, this theme was re-labeled 'therapeutic and empowering approaches' and rated '1' for the therapists, interventionists and intake workers (a) and (b) groups.

Table 4
Barriers identified by service providers.

Barrier themes	Managers' rankings (n = 8)	Supervisors' rankings (n = 13)	Therapists, interventionists & intake workers' rankings	
			Group (a) (n = 16)	Group (b) (n = 17)
1. Adaptation challenges	3	1	4	1
2. Service providers' relationship with DCJ & other stakeholders	–	4	1	6
3. Implementation challenges	1	1[a]	4[a]	1[a]
4. Measures/data issues	4	3	2	4
5. Referrals & eligibility/ exclusionary criteria	–	–	3	3
6. Consultancy & training issues	1	5	–	–
7. How models fit into broader NSW child protection system	5		–	–
8. FFT-CW® model	–		6	5

[a]Implementation challenges were not identified as a separate theme in the FFT-CW® supervisor, FFT-CW® therapist, interventionist and intake workers (a) & (b) NGTs, but the ideas and concepts used to categorize the theme of adaptation challenges included many of those which comprise the theme of implementation challenges. As such, both themes were rated identically for these three groups. Although a separate theme of "contracting and funding" was identified in both the FFT-CW® supervisor and FFT-CW® therapist, interventionist and intake workers (b) NGTs, it only partly accounted for some of the ideas encompassed by the theme of implementation challenges. Given it was rated the second highest barrier to engagement and positive outcomes for families in both groups, it was subsequently absorbed into the theme of implementation challenges and rated as being of equal importance to the theme of adaptation challenges.

3.2.1. Enablers identified by service providers

Service providers identified the therapeutic and empowering approaches of FFT-CW® as the most important enabler to engaging and improving positive outcomes for families, particularly its strengths-based and whole-of-family focus. The structured and evidence-based approach of FFT-CW® was identified as being the second most important enabler by managers, and as the second least important by supervisors; specifically, the beginning phases of FFT-CW® (engagement and motivation) were deemed especially important in fostering rapport-building and family functioning and sustaining engagement in the program through to completion. Similarly, the delivery and availability of FFT-CW® was ranked highly by therapists, interventionists and intake workers in group (b), but was less important to managers. The accountability and fidelity frameworks of FFT-CW® were ranked as being of relatively low importance to therapists, interventionists and intake workers in group (b), and of least importance to therapists, interventionists and intake workers in group (a).

3.2.2. Barriers identified by service providers

The adaptation and implementation challenges were ranked as the most important barrier to engaging and improving positive outcomes for families by supervisors and therapists, interventionists and intake workers in group (b). Implementation challenges and consultancy and training issues were perceived as the most important barriers for managers. Of all barriers identified, managers rated how the FFT-CW® model fits into the broader NSW child protection system as the least important barrier to engaging families, whereas for supervisors this was indicative of consultancy and training issues. The FFT-CW® model itself, and service provider relationships with DCJ and other policy experts, were rated as the least important barriers to engagement and positive outcomes for families by therapists, interventionists and intake worker in group (b).

4. Discussion

4.1. Summary of main findings

The content and structure of the manualized FFT-CW® program was viewed as a key enabler to positively engaging with, and improving, outcomes for high-risk families by most policy and program experts and service providers. Perspectives on the most important enablers of the program's implementation varied across the different policy and program experts, with training and supervision ranked highly by model purveyors and timely feedback provided to service providers ranked highly by Their Futures Matter staff, but neither theme identified as a key enabler by DCJ staff or intermediary organizations. The most important enablers by service provider groups included: FFT-CW®'s therapeutic, strengths-based and empowering approach; the family system and centered approach to therapy; and the program's structure and alignment with research evidence. Managers and supervisors also noted staffing competencies and characteristics among the most important enablers of the program's implementation.

There was broad agreement among the different policy and program experts on the main barriers to program implementation, which can be summarized under two themes: technical challenges in the delivery of FFT-CW® in the NSW child protection system and data collection (including selection of outcome measures). For service providers, OzChild, AbSec and Their Futures Matter all reported that a barrier to implementation was the under-utilization of OzChild and AbSec. Most service provider groups also ranked the lack of readiness and administrative bottlenecks of the referral system as inhibiting the ability of policy experts and NGOs to implement and adapt FFT-CW® to the NSW context as the most important barrier, as well as issues with outcomes measures and data collection. Service provider managers, and some intermediaries and Their Futures Matter staff, also reported consultancy and training issues as a key barrier to the implementation of FFT-CW® in NSW. However, the length of time intermediary, Their Futures Matter, DCJ and service provider participants had in their experiences with implementing and delivering the FFT-CW® program remains unclear.

4.2. Comparison to previous literature

The empowerment and/or strengths-based approach of FFT-CW® was found to be highly valued by policy experts and service providers because it facilitated rapport-building with families. This finding is consistent with another commentary on the early implementation of FFT-CW® in NSW (Heriot & Kissouri, 2018), as well as the evaluations of other family-based therapies (Furlong et al., 2021; Stallman et al., 2010; Thulin et al., 2020). All stakeholders emphasized that the initial engagement and motivation phases of the FFT-CW® program were important for sustaining family participation, improving family functioning and reducing the likelihood of child maltreatment. The conscientiousness and competence of FFT-CW® therapists to effectively engage with families and to deliver the manualized program have also been acknowledged by other stakeholders working in the NSW child protection system (Heriot & Kissouri, 2018). In fact, therapist-administered interventions that are manualized and grounded in empirical research have been repeatedly advocated for in the family therapy context (Pote et al., 2003). Although model purveyors approved the training and support offered, some intermediaries, Their Futures Matter staff, program managers and supervisors thought that therapists were insufficiently trained to deliver the FFT-CW® model. Similar to previous evaluations of FFT-CW® in Victoria and NSW, some therapists reported being 'overlooked and undervalued', as well as de-skilled because they were not adequately trained to deliver the program (Albers et al., 2020; McCarthy & Griffiths et al., 2021). In Victoria, therapists

reported that the training to deliver FFT-CW® was more limited than the training they received to deliver their usual case management model of care (Albers et al., 2020).

Referral processes were viewed as an important barrier to program implementation in NSW by most stakeholders in this study. This was largely due to the extensive time needed to review eligibility documentation for each referral and the lack of a user-friendly data system for child protection services to manage referrals. This finding is consistent with an earlier commentary from Heriot and Kissouri (2018) who suggested that with ongoing collaboration with model purveyors and DCJ, staff can enhance their understanding of FFT-CW® eligibility criteria and streamline the referral process to ensure families receiving the program are those who require it most. Our study also found that administering clinical measures to families at program intake that may be considered burdensome, confronting and/or lack cultural validity may potentially disrupt rapport with families, which is consistent with previous research involving cultural minority families (Celano & Kaslow, 2000) and vulnerable or at-risk youths (Dennis & Stevens, 2003). Another implementation barrier identified by Their Futures Matter staff and intermediary organizations, include the lack of inclusivity and partnership between non-Aboriginal policy and program experts and AbSec in the implementation and delivery of FFT-CW® for Aboriginal families in NSW. Moreover, the lack of understanding by some OzChild staff of their role and responsibility as the FFT-CW® local intermediary has been articulated by OzChild program managers previously (McCarthy & Griffiths, 2021), as has the priority need for the NSW child protection system to establish clearer and ongoing relations with both OzChild and AbSec in future (Heriot & Kissouri, 2018).

4.3. Implications for policy and practice

Although the existence of prior published evidence on FFT-CW®'s implementation in New York (Turner et al., 2017) was viewed favorably by many stakeholders in our study, it is important to note that the original observational study was unable to estimate the program's effectiveness in reducing child maltreatment outcomes, primarily because observational studies do not adequately address potential confounding and bias. For this reason, investment in a high-quality evaluation to accurately estimate the causal effect of FFT-CW® on child maltreatment outcomes in NSW, and the economic costs of achieving those outcomes, would be a worthwhile addition to this implementation-focused study.

Standardising eligibility criteria and simplifying the referral system may streamline program intake and expedite the time to fill program vacancies. In consultation with model purveyors, DCJ may benefit from revising the range of potential referral sources, which may reduce delays and current processing burdens placed on DCJ staff involved in the referral process. Referral sources could include service providers and general practitioners that may directly refer families to the FFT-CW® program without or with minimal involvement from DCJ referral staff. Our study also suggested that more investment in staff training is important for increasing the knowledge, skills, and confidence of therapists to deliver the program. This may be particularly important for staff that are more familiar with a case management model of care. Conducting the assessment process (i.e., administering self-report measures examining parenting styles, as well as parent and child wellbeing) in the middle stage of the program may minimize disruption to rapport building with families during the early engagement phases of FFT-CW®, as recommended when working with refugees and African-American families (Boyd-Franklin, 1989; Celano & Kaslow, 2000).

Our study highlights need for greater adaptation of the model for Aboriginal families and co-designing a protocol for how service providers, model purveyors and DCJ might more effectively partner with AbSec to ensure cultural fidelity is enhanced and maintained when delivering FFT-CW® to Aboriginal families in NSW. Moreover, model purveyors are encouraged to co-design and facilitate forums with service providers, OzChild and AbSec to identify measures that: best capture key outcomes that the FFT-CW® program hopes to change; are culturally safe and appropriate; and build trust with families at program intake.

4.4. Strengths and limitations of the study

4.4.1. Strengths

Our interviews with policy and program experts incorporated diverse views from individuals involved with the oversight and delivery of FFT-CW® in NSW, including model purveyors, DCJ, Their Futures Matter and intermediary organizations. A standardized semi-structured interview process was followed systematically to identify the enablers and barriers important to participating stakeholders. NGT groups (Van de Ven & Delbecq, 1972) were an efficient and quantifiable method to examine the enablers and barriers from service provider perspectives and generate recommendations. High participation rates in the NGT groups enabled a wide range of perspectives to be captured from staff involved in frontline service provision, from manager and supervisors to therapists, interventionists and intake workers.

4.4.2. Limitations

Most interviews were conducted by phone, which may have limited the quality of the data collected because it can be hard to establish rapport and open communication in this context. Some experts – particularly the model purveyors and Their Futures Matter staff – have an interest in FFT-CW® succeeding because they hold the program's licence. However, we included the perspectives of a diverse range of stakeholders to generate a view of the enablers and barriers from across the policy and service provider spectrum. Enablers and barriers were elicited by asking about "what works" and "what doesn't work" during semi-structured interviews rather than explicitly asking about enablers and barriers. This approach was considered more conversational for phone interviews, allowing participants to reflect on their involvement and experiences. On reflection, collection of more detailed participant information, such as the length of time involved with the program and cultural background, may have provided greater context for interpreting the findings from the interviews and focus groups. Given the enablers and barriers to implementation that have emerged from this study are the direct result of perceptions shared by policy and program experts and service providers, it may be that those perceptions are influenced by their personal or professional characteristics. For example, it is possible that model purveyors have had more experience in implementing FFT-CW® in various contexts, relative to intermediaries and service providers in NSW which, in addition to their specific role as model purveyors, may influence their perceptions about the implementation of FFT-CW® in NSW. More detailed analysis of the interaction between participants' characteristics and their perceptions may have helped differentiate the issues that are likely to require further tailoring of FFT-CW® in NSW, compared to those that are not context-specific and likely to resolve over time. This increased clarity is potentially important given the introduction of complex interventions such as FFT-CW® that may take many years to optimise their impact across a whole jurisdiction like NSW, even if the intervention itself has demonstrable evidence for its effectiveness when delivered in different jurisdictions.

5. 1. Conclusion

FFT-CW® is a recently introduced frontline program for working with families at high risk of child maltreatment in NSW. The program's therapeutic and strengths-based approach were identified by program and policy experts, and service providers, as influential enablers of the uptake of FFT-CW®, while referral, staffing and data collection challenges that adversely impacted the delivery and adaptation of FFT-CW® to the NSW context may need to be addressed to achieve sustained program delivery. Although these findings indicate that the sustained uptake of FFT-CW® into routine delivery of child protection services in

NSW would be feasible, investment in a high-quality evaluation to estimate the program's effectiveness in reducing child maltreatment outcomes among high-risk families in NSW is warranted, especially if such an evaluation can be integrated into complex, real-world service delivery (O'Cathain et al., 2019).

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CRediT authorship contribution statement

George Economidis: Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing, Visualization, Project administration. **Sara Farnbach:** Methodology, Validation, Writing – review & editing, Supervision, Visualization. **Kathleen Falster:** Writing – original draft, Writing – review & editing, Supervision, Visualization. **Anne-Marie Eades:** Methodology, Validation, Formal analysis, Investigation. **Anthony Shakeshaft:** Conceptualization, Resources, Writing – original draft, Writing – review & editing, Supervision, Visualization, Funding acquisition.

Declaration of Competing Interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Anthony Shakeshaft was the lead investigator on a competitive tender (FACS.17.266) awarded by the NSW Government Department of Family and Community Services (now Department of Communities and Justice) to evaluate the Functional Family Therapy – Child Welfare [FFT-CW®] and Multisystemic Therapy for Child Abuse and Neglect [MST-CAN®] programs in New South Wales, Australia (2018-2020). George Economidis was employed part-time at the National Drug and Alcohol Research Centre as a Project Coordinator for the FFT-CW® and MST-CAN program evaluation from May 2018 to August 2020.

Data availability

Data will be made available on request.

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Appendix A. List of interview questions for semi-structured interviews with policy and program experts

Model purveyors

1) As a model purveyor, can you please describe the nature of the contact you have had with the Functional Family Therapy – Child Welfare (FFT-CW®) program?
Possible probing points if required:

- *Role title, responsibilities, length of time working on Family Preservation and Restoration (FPR)*
- *Perhaps just start by describing what you do in terms of FFT-CW®*
- *We're particularly interested in whether you've acted as a model purveyor for FFT-CW® (or other programs) previously, and how your experience in NSW compares with your previous experience*

2) Have you mostly had contact with the FFT-CW® program or the MST-CAN program, or both?
Possible probing points if required:

- *Does one model require more attention, and if so, why?*
- *We're just trying to understand which programs you've had most contact with, and possibly why you may have had more contact with FFT-CW® or MST-CAN.*

3) What is your general view of FFT-CW®: what works well and why?; what doesn't work well and why not?; how do you think this program could be improved?
Possible probing points if required:

- *We're* trying *to understand what the key effective components of FFT-CW® are so that we can judge the extent to which they have been successfully implemented in NSW*
- *Could we please discuss the adaptation of the model? Specifically, how successful have adaptations been for NSW, and how successful have adaptations been for Aboriginal families?*
- *Implementation in NSW (probes for all)*
    - *What has worked well / not so well in the adaptation and implementation of NSW appropriate models? What are the current issues?*
    - *Have you found any particular challenges in supporting the adaption of FFT-CW® in NSW?*
    - *Elements to explore: recruitment of families; program delivery; outcomes data collection*

4) Do you feel that you had enough input into the nature of the program components, or their delivery?
Possible probing points if required:

- *We are trying to understand if model purveyors perceive that they have had adequate input into the adaptation and/or delivery of FFT-CW® in NSW.*

5) Have you experienced any challenges when delivering these programs and/or training teams to deliver these programs?
Possible probing points if required:

- *We are trying to understand if model purveyors perceive that they have experienced any challenges in the delivery of FFT-CW® in NSW.*

6) Is there anything else you would like to add?
Possible probing points if required.

- *Are there any strategies that worked especially well in engaging service providers?*
- *Were there issues that you think were unclear to the model purveyors or service providers about implementing FFT-CW® in NSW?*
- *What would inhibit FFT-CW® being business as usual?*
- *What do we need to keep doing well, or do better, to ensure the long-term success of the models?*

Intermediaries/Aboriginal Implementation Support team.
1) As an intermediary/Aboriginal Implementation Support team member, can you please describe the nature of the contact you have had with the FFT-CW® program?
Possible probing points if required:

- *Role title, responsibilities, length of time working on Family Preservation and Restoration (FPR)*
- *Perhaps just start by describing what you do in terms of FFT-CW®*
- *We're particularly interested in whether you've acted as an intermediary for FFT-CW® previously, and how your experience in NSW compares with your previous experience*
- How *has your role as one of the three intermediaries worked well and not so well in terms of implementing the models, and supporting the providers to reach fidelity?*
- *How* does *the structure of 2 local intermediaries and 1 international intermediary help and/or hinder your work?*
- *Were there any issues with the current intermediary arrangement during the pre-implementation and early implementation phase?*

2) Have you mostly had contact with the FFT-CW® program or the MST-CAN program, or both?
Possible probing points if required:

- Does *one model require more attention, and if so, why?*
- *We're* just *trying to understand which programs you've had most contact with, and possibly why you may have had more contact with FFT-CW® or MST-CAN.*

3) What is your general view of FFT-CW®: what works well and why?; what doesn't work well and why not?; how do you think these programs could be improved?
Possible probing points if required:

- *We're trying to understand what the key effective components of FFT-CW® are so that we can judge the extent to which they have been successfully implemented in NSW*
- *Could we please discuss the adaptation of the models? Specifically, how successful have adaptations been for NSW, and how successful have adaptations been for Aboriginal families?*
  - *Implementation in NSW (probes for all)*
    - *What has worked well / not so well in the adaptation and implementation of NSW appropriate models? What are the current issues?*
    - *Have you found any particular challenges in supporting the adaption of FFT-CW® in NSW?*
  - *Implementation with Aboriginal families (AbSec & OzChild specific probes)*
    - *What has worked well / not so well in the adaptation and implementation of culturally appropriate models?*
    - *Compare with previous experience of implementation of cultural adaptations of evidence-based models*

Elements to explore: recruitment of families; program delivery; outcomes data collection.
4) Do you feel that you had enough input into the nature of the program components, or their delivery?
Possible probing points if required:

- *We are trying to understand if intermediaries/Aboriginal Implementation Support team staff perceive that they have had adequate input into the adaptation and/or delivery of FFT-CW® in NSW.*

5) Have you experienced any challenges when delivering these programs and/or training teams to deliver these programs?
Possible probing points if required:

- *We are trying to understand if intermediaries/Aboriginal Implementation Support team staff perceive that they have experienced any challenges in the delivery of FFT-CW® in NSW.*

6) Is there anything else you would like to add?
Possible probing points if required:

- *Are there any strategies that worked especially well in engaging service providers?*
- *Were there issues that you think were unclear to the model purveyors or service providers about implementing FFT-CW® in NSW?*
- *What would inhibit FFT-CW® being business as usual?*
- *What do we need to keep doing well, or do better, to ensure the long-term success of the models?*

Their Futures Matter staff.
1) As a Their Futures Matter staff member, can you please describe the nature of the contact you have had with the FFT-CW® program?
Possible probing points if required:

- *Role title, responsibilities, length of time working on Family Preservation and Restoration (FPR)*
  - *Perhaps just start by describing what you do in terms of FFT-CW®*
  - *Are service providers easy to contact and do they readily take on referrals? If no, what do you think are the issues?*

2) Have you mostly had contact with the FFT-CW® program or the MST-CAN program, or both?
Possible probing point if required:

- *We're just trying to understand which programs you've had most contact with, and possibly why you may have had more contact with FFT-CW® or MST-CAN*
- *How well do you think the functions of the FFT-CW® system work (e.g., Central Referral Unit, Vacancy Management System, procurement of service providers)?*

3) What is your general view of FFT-CW®: what works well and why?; what doesn't work well and why not?; how do you think these programs could be improved?
Possible probing points if required:

- *We're trying to understand what the key effective components of FFT-CW® are so that we can judge the extent to which they have been successfully implemented in NSW*
- *What has worked well/not so well in the adaptation and implementation of NSW appropriate models? What are the current issues?*
- *Did you find any particular challenges in adapting FFT-CW® in NSW?*

4) Do you feel that you had enough input into the nature of the program components, or their delivery?
Possible probing points if required:

- *We are trying to understand if Their Futures Matter staff perceive that they have had adequate input into the adaptation and/or delivery of FFT-CW® in NSW.*

5) Have you experienced any challenges when delivering these programs and/or training teams to deliver these programs?
Possible probing points if required:

- *We are trying to understand if Their Futures Matter staff perceive that they have experienced any challenges in the delivery of FFT-CW® in NSW.*

6) Is there anything else you would like to add?
Possible probing points if required:

- *Are there any strategies that worked especially well in engaging service providers?*
- *Were there issues that you think were unclear to the model purveyors, intermediaries or service providers about implementing FFT-CW® in NSW?*
- *How has the role of the intermediaries (2 local and 1 international) contributed or hindered model implementation and fidelity?*
- *What would inhibit FFT-CW® being business as usual?*
- *What currently works well from the contracting and unit price perspective?*
- *What were the limitations?*
- *How would you change the current processes to improve the efficiency or ease of program delivery?*
- *Overall, how are the models working in practice (probes: recruitment of families; program delivery; outcomes data collection)?*
- *Do you have any final comments on how the FPR program has run during pre-implementation and early implementation stages?*

Department of Communities and Justice (DCJ) staff.
1) As a Department of Communities and Justice staff member, can you please describe the nature of the contact you have had with the FFT-CW® program?
Possible probing point if required:

- *Role title, responsibilities, length of time working on Family Preservation and Restoration (FPR)*
- *Perhaps just start by describing what you do in terms of FFT-CW®*
- *Are service providers easy to contact and do they readily take on referrals? If no, what do you think are the issues?*

2) Have you mostly had contact with the FFT-CW® program or the MST-CAN program, or both?
Possible probing points if required:

- *Is it clear to you why the family has been identified as appropriate for FFT-CW®?*
- *Do you generally agree that families referred to you are appropriate for FFT-CW®?*
- *Are the timelines/urgency of cases made clear to you?*

3) What is your general view of FFT-CW®: what works well and why?; what doesn't work well and why not?; how do you think these programs could be improved?
Possible probing points if required:

- *We're trying to understand what the key effective components of FFT-CW® are so that we can judge the extent to which they have been successfully implemented in NSW*
- *What has worked well/not so well in the adaptation and implementation of NSW appropriate models? What are the current issues?*
- *Did you find any particular challenges in adapting FFT-CW® in NSW?*

4) Do you feel that you had enough input into the nature of the program components, or their delivery?
Possible probing points if required:

- *We are trying to understand if DCJ staff perceive that they have had adequate input into the adaptation and/or delivery of FFT-CW® in NSW.*

5) Have you experienced any challenges when delivering these programs and/or training teams to deliver these programs?
Possible probing points if required:

- *We are trying to understand if DCJ staff perceive that they have experienced any challenges in the delivery of FFT-CW® in NSW.*

6) Is there anything else you would like to add?
Possible probing points if required:

- *Have* you *found any particular challenges in referring families to FFT-CW®? Are there any site specific or location specific barriers (*e.g.*, rural sites)?*
- *Are* there *any strategies that have worked especially well in identifying or referring families that may have been appropriate for FFT-CW®?*
- *What would inhibit FFT-CW® being business as usual?*

Appendix B. Full list of themes representing enablers, barriers or neither to the implementation of FFT-CW® to NSW

Key themes identified by policy and program experts and classified as enablers.

1. Nature and structure of the FFT-CW® model (score = +4).

The two sub-themes identified by 7 policy experts (4 Their Futures Matter staff, 3 intermediaries) that emerged were FFT-CW®'s: a) high level of acceptability to staff (n = 4); and b) its empowerment and strengths-based approach (n = 4).

a) For acceptability, FFT-CW® was regarded as being more conducive to existing DCJ processes, and therefore easier to implement, relative to another family therapy being implemented simultaneously in NSW (Multisystemic Therapy for Child Abuse and Neglect – MST-CAN):

"FFT-CW® has a lot more acceptance within the sector (than MST-CAN)" (Their Futures Matter staffer).

"With FFT-CW® we had a model that sort of fits quite nicely within our service system and applies a similar approach to what we know service providers feel comfortable with" (Their Futures staffer)

b) For empowerment, FFT-CW®'s strengths-based, manualized approach motivated families to engage in the program and enhanced their overall autonomy and problem-solving skills, especially for Aboriginal families:

"We've got to really love the success story of a couple therapists working with an Aboriginal family with 8 kids and they're all removed and now they're all back home and everything is really very positive" (Intermediary)

"Yeah. I think from a therapeutic perspective, so clinical perspective, I think they work really well with the family. I really like the idea of the whole family unit working together and having the power and the ability to problem solve and troubleshoot together. So like having the therapist come in and support the skills that then the family can utilize and do their own problem solving, I think that's really powerful" (Their Futures Matter staffer).

2. Training provided by model purveyors and ongoing support of service providers (score = +2).

The two sub-themes identified by 3 policy experts (3 model purveyors) that emerged were: a) the upfront and comprehensive training provided to FFT-CW® staff (n = 2); and b) the ongoing clinical support of service providers (n = 3).

a) For training, FFT-CW® staff were adequately and consistently skilled in tailoring strategies to families' needs using the program's manual-driven approach to help streamline implementation:

*We train our therapists in very broad strategies that are upfront, strengths based and relational. Therapists are given a very concrete set of strategies to do [deliver the program, such as] reframing themes [*i.e.*, cognitions and perceptions of, and interaction patterns with, family members] with families, and given a lot of techniques and tools to make the intervention flexible (Model purveyor)*

b) For ongoing clinical support, policy experts provided continued guidance and feedback to service providers on the delivery of FFT-CW®, which was key to increasing program fidelity:

"I was involved from the very beginning with initial conversations around training requirements… since then I've been overseeing my own consultants and providing [ongoing] follow-up training and consultation" (Model purveyor)

3. Real-time monitoring provided insights into family's progress through the program and feedback to service providers (score = +2).

The two sub-themes identified by 3 policy experts (3 Their Futures Matter staff) that emerged were: a) family updates as they progress through FFT-CW® (n = 3); and b) continued feedback to service providers (n = 2).

a) For family updates, the quick and real-time 'snapshot' of participating families (e.g., number and status of families) assisted with filling program vacancies, and with understanding the characteristics of, and reasons why families exit the program early:

"What's also working well is that we're tracking families' engagement. So we actually know how many families have been referred; how many have stayed; how many have exited; why they've exited" (Their Futures Matter staffer)

"We can identify how many kids are in the service at any one time and then communicate that via dashboards to the board and to the executive" (Their Futures Matter staffer).

b) For continued feedback, given service providers could monitor in real-time the progress of families through FFT-CW®, they could reflect on, and adjust how they deliver the program:

"So it's us checking with the families, reviewing what's working and what's not working, always bringing it back to the table to see how we can do our jobs better and how we can actually teach them to do things better" (Their Futures Matter staffer)

Key themes identified by policy and program experts and classified as barriers.

1. Technical, referral and financial challenges (score = -8).

The four sub-themes identified by 13 policy experts (5 intermediaries, 3 Their Futures Matter staff, 3 DCJ staff, 2 model purveyors) that emerged were: a) technical difficulties integrating FFT-CW® databases into existing DCJ systems (n = 5); b) delays or inconsistencies in processing referrals to service providers (n = 5); c) financial limitations and restrictions on service providers (n = 3); and d) the lack of preparedness of the DCJ referral systems (n = 2).

a) For technical difficulties, there were issues embedding the Vacancy Management System (database which tracked family's status) into the existing DCJ databases, which resulted in bottlenecks because the systems had difficulty processing some of the new referrals:

"At the moment what they have is a whole pile of vacancies, and we can't get enough referrals to them and that is almost exclusively in relation to our internal structures because of competing demands within our own service provision…we have a face-to-face target whereby we have to get a set number of assessments completed on a monthly basis" (DCJ staffer).

"Integration of FFT datasets into DCJ's internal systems was messy because referrals, notifications, contracting, all of that kind of held in one IT system and so it was very difficult for us" (Their Futures Matter staffer).

b) For delays in processing referrals to service providers, there were setbacks due to the enormous amount of detail DCJ staff analyzed (despite service providers often having the vacancy to take on additional families). Some of this delay in processing referrals arose from the complex risk and safety profiles of families that DCJ staff balanced against the eligibility requirements of the FFT-CW® program:

"Sifting through a lot of pages, up to 100 pages…so much information" (Their Futures Matter staffer).

"However, a number of providers are saying that while's there's that [eligibility] criteria there [SARA outcome of high/very high], the risk is [so] high that they don't feel comfortable sitting with that and trying to work through the families" (DCJ staffer).

c) For financial limitations and restrictions, there were changes from the original plan developed during the tender process to the agreements entered into by service providers. These changes resulted in some service providers receiving less funding than expected, and a subsequent reduction in funding for program activities. They occurred because of a re-calibration of the funding afforded to service providers delivering FFT-CW® during this period:

"So we had to then go back and negotiate with each of the service providers around that [costings] to say actually, this is what the unit cost is and we need you to be able to work within that" (Their Futures Matter staffer).

"From what was in the initial tender process, to what actually then came out in their agreements, and I would say that became a huge barrier to moving implementation forward for the FFT-CW® cohort, because they were very kind of stuck in this place of "We don't even know if we can do this, based on the costing that you're now telling us we're going to get" (Model purveyor).

d) For lack of preparedness, the existing DCJ referral system was not ready for the additional influx of referrals because the FFT-CW® program was set up quickly:

"NSW didn't get the support they needed. The readiness was under-cooked. There wasn't a real, a level of readiness in the processes that I could detect" (Intermediary).

"There was a push, a very quick push to get the services up and running really quickly, and there was not a lot of time to set up and really look at and analyze all the data that was currently available about the system" (Their Futures Matter staffer).

2. Difficulties arranging training, role ambiguity and staffing challenges (score = -6).

The four sub-themes identified by 8 policy experts (2 model purveyors, 3 intermediaries, 3 Their Futures Matter staff) that emerged were: a) complex training logistics, scheduling and costs (n = 5); the under-utilization of b) OzChild (n = 3) and c) AbSec (n = 3); and d) staff recruitment, burnout and turnover (n = 3).

a) For training logistics, policy and program experts identified logistical and scheduling difficulties, and the high costs associated with bringing US model purveyors to Australia for face-to-face training, as challenges. Unlike model purveyors who unanimously praised the training (refer to theme *Training provided by model purveyors and ongoing support of service providers*), these policy and program experts also stated that there was not enough upfront training provided to support program delivery:

"So that's probably the biggest challenge about training I would say, the scheduling of it, trying to get that balance right. Also the money required as well, because you're bringing in usually an American trainer, and so there's you know international flight, accommodation and training costs that are associated with that…and that has been really difficult as well" (Their Futures Matter staffer).

"The training I don't think has been so great for FFT, you only really get two and a half days before you're in the field and getting families…and there's a lot of reliance on going to international experts for advice" (Their Futures staffer).

b) For under-utilization of OzChild, while they were expected to provide technical support and assist with program delivery, OzChild's role were limited to data collection or otherwise unknown to policy and program experts:

"We haven't been able to utilize them [intermediaries] as well as I'd like…so that relationship has sort of disintegrated, which has been a bit tough. Because we had two people [OzChild intermediary staff] sort of sitting there not really doing a lot for our implementation, and we're just not sure what they're doing…because apparently they haven't received the training needed to work with the FFT-CW® model" (Their Futures Matter staffer).

c) For under-utilization of AbSec, despite playing a strong role in facilitating engagement with local Aboriginal communities and ensuring cultural fidelity of the FFT-CW® program, AbSec was not only under-promoted, but also under-utilized:

"But I think it (AbSec) is being under-utilized and we're trying to promote AbSec's role again…I've put a blurb in there about hey guys, don't forget AbSec's here if you want their help" (Their Futures staffer)

"So it's another one of those things that I can't see where they've been told we [AbSec] weren't available, because we're 100 percent available" (Intermediary).

d) For staff recruitment, burnout and turnover, implementing the program required staff to shift from an exclusive case management to a hybrid case management and therapeutic approach. This shift hindered staff recruitment and contributed to burnout and to staff (especially therapists) ceasing working on the program, with some staff resigning from the service provider entirely:

"[There was a] big challenge of moving people from what has traditionally been a very case management approach to working therapeutically and relationally with clients is a paradigm shift and makes recruitment quite difficult" (Intermediary).

"The FFT-CW® [caseloads] put a lot of burden on therapists and their change agents…can burn people out pretty fast" (Intermediary).

3. Confronting nature of outcome measures and data collection problems (score = -4).

The two sub-themes identified by 7 policy experts (4 Their Futures Matter staff, 3 intermediaries) that emerged were: a) the confronting nature of outcome measures (n = 3); and b) difficulties collecting and using data (n = 2).

a) For confronting nature of measures, some clinical tools collected during program intake were viewed to be re-traumatising, intimidating tor culturally insensitive to families, particularly for Aboriginal families, and consequently inhibited rapport:

"…You're trying to ask these questions which for one particular tool that we use CASF-R (Composite Abuse Short Form – Revised), it is quite confronting and very personal. So how families are reacting to that is usually they're refusing to answer a lot of these questions, or the data is just simply missing because the family's refused" (Their Futures Matter staffer).

"So we have found that some of the tools have been used and the terminology within the tools, the descriptors in the tools have not been accepted within Aboriginal community and have been seen as offensive" (Their Futures Matter staffer).

"So there's data collection that happens where they [Aboriginal families] have to answer a whole bunch of questions to begin with, which kind of identifies their trauma, and their issues, and their past issues…But for some families, this can be what makes them not want to be involved in the program" (Intermediary)

b) For difficulties collecting and using data, the six measures collected about families at program intake were unhelpful, with the data from some of these measures lacking in interpretation and practical value:

"I don't really like the 6 outcome measures… I can't really make sense of the data; who's answered them, what the outcomes were, if there's been an improvement from pre- to post-" (Their Futures Matter staffer).

"I would change the way the outcome measures are collected. There's a possibility to get the therapist who's actually doing the intervention to do that" (Their Futures Matter staffer).

4. Broad and unclear eligibility criteria for families to participate in the FFT-CW® program (score = -2).

Two Their Futures Matter staff identified a lack of clarity and specificity surrounding the FFT-CW® eligibility criteria, thereby calling into question whether some families referred to the program were indeed eligible or not:

"In the beginning, it [eligibility criteria] was pretty unclear. I wouldn't say looser criteria, but broader criteria…I would have had probably half [of the] referrals at the beginning that actually weren't appropriate for various reasons" (Their Futures Matter staffer)

Neither enablers nor barriers to the implementation FFT-CW® from a policy perspective.

1. Adaptation of the FFT-CW® program to the NSW context (score = 0).

The four sub-themes identified by 12 policy experts (6 intermediaries, 4 Their Futures Matter staff, 2 model purveyor staff) that emerged were: a) service providers having limited knowledge and understanding of the FFT-CW® program (n = 11), b) high level of family risk (n = 4), c) direct, ongoing communication between service providers and policy and program experts (n = 5), and d) camaraderie among FFT-CW® service providers (n = 7).

a) For limited knowledge and understanding of FFT-CW® program, more time and resources were needed to ensure staff adequately comprehended what FFT-CW® was, and how to best adapt the program to the NSW context:

"It required a bit more time to explain what the model was about and how that work, what does that really look like in practice, how is it going to work here, what does that mean for the staff, what kind of staff are really required to be delivering these sorts of models [FFT-CW & MST-CAN]" (Their Futures Matter staffer).

b) For family risk threshold, the level of child maltreatment threat among vulnerable families was perceived to be greater than the risk threshold of US families, where the model was developed and validated:

"Violent family members have actually threatened FACS [DCJ] workers" (Model purveyor).

"One of the concerns was how the model works well within a domestic violence environment, where the perpetrator's required to be in the home" (Intermediary).

c) For direct communication, ongoing interaction was key to fostering a positive relationship between service providers and policy experts, and to overcome distrust and hesitation with how an American model (FFT-CW®) might be delivered in Australia:

"They were fantastic when they [contract meetings were set up] and I think that they need to be ongoing mechanisms. At the moment, we have a fortnightly communication coms strategy that goes out from the contracting team, but it includes everybody's feedback" (Their Futures Matter staffer)

d) For camaraderie among FFT-CW® service providers, their strong level of collegiality, united by the common goal of achieving positive outcomes for vulnerable children in NSW, has been celebrated among policy experts:

"Service providers within each cohort are really pretty supportive and have banded together, as opposed to sort of being competitive of nature with each other" (Model purveyor).

2. Relationship between service providers and other policy and program experts (score = 0).

The four sub-themes identified by 10 policy experts (5 intermediaries, 3 Their Futures Matter staff, 2 DCJ staff) that emerged were: a) inconsistencies in communication standards and/or reduced level of input (n = 10), b) strained relationship between DCJ, policy experts and service providers (n = 6), c) open dialogue between service providers and policy experts (n = 6), and d) shared enthusiasm of service providers and policy experts to achieve positive outcomes for families (n = 3).

a) For inconsistencies in communication and input, the restricted ability for some policy experts to clarify or seek feedback on any discrepancies in their delivery of FFT-CW® to the NSW context has been stressed as a barrier to program implementation:

"And because we couldn't have any voice, because the lead intermediary didn't want any local folks to say anything, then anything that we tried to do was met with "You need to stop doing that, you need to do this, we're in charge, we're running, we have an evidence-based model that we're using, and we know best" (Intermediary).

b) For the strained relationship between DCJ, policy experts and service providers, there have been occasions where differences in opinion and difficulties managing affiliations have inhibited implementation overall:

"So FACS [DCJ] were trying to backdoor their way into X. It's taken up and consumed so much of our time and energy, in just managing these relationships" (Intermediary).

c) For open dialogue, the constructive, targeted and respectful correspondences between service providers and several policy experts centred on active discussion of families' experiences in the FFT-CW® program, has been well-received:

"Had a pretty positive relationship with the service providers I have to say and we were in a lot of contact with them and the more we could I suppose yield a bit, like understand what it's like for the service provider, I think that's good" (Their Futures Matter staffer).

"Time management service providers are really, really busy. They're trying to do ten things all at the same time. I think we have to be really conscious and respectful of people's time. And what I've discovered is managing time well really pays, being really intentional, being really focused" (Intermediary).

"Good news stories is a strategy that is working well; i.e., you need to set up relationships with your service providers where you're providing them examples" (Intermediary).

d) For enthusiasm of service providers and policy experts, their shared passion and keenness to deliver the FFT-CW® program to high-risk families in NSW to achieve and maximize positive outcomes has been praised:

"I think that the providers were very willing to kind of roll with it, and to really take on something that they were uncertain about…and have really picked this up and moved it forward, and are doing well" (Their Futures Matter staffer)

3. Evidence base of FFT-CW® program and its appropriateness for Aboriginal families (score = 0).

The four sub-themes identified by 11 policy experts (6 intermediaries, 5 Their Futures Matter staff) that emerged were: a) lack of evidence underpinning the FFT-CW® program (n = 6), b) lack of co-design at the pre-implementation stage of development (n = 4), c) FFT-CW® strengths aligning with Aboriginal culture and traditions (n = 2) and d) the role of AbSec in maintaining cultural fidelity of the FFT-CW® program and engaging with Aboriginal service providers and policy experts (n = 2).

a) For lack of cultural acceptability and appropriateness, making the evidence of the effectiveness of the FFT-CW® model for Aboriginal families publicly available, when at present very little is forthcoming, is strongly recommended:

"We're not being given the tools to be able to deliver the program the way it's supposed to be [for Aboriginal families], so we're not actually delivering an evidence-based program" (Intermediary)

b) For lack of co-design, policy experts have stressed the need for greater and more ongoing engagement with key implementation experts at the pre-implementation stage of development to ensure their feedback was integrated in the delivery of FFT-CW® in NSW:

"Need more around Aboriginal context…no structure or implementation, central implementation body that would take that feedback and develop, co-develop the implementation strategies that work in different contexts" (Intermediary)

c) For FFT-CW® strengths aligning with Aboriginal culture and traditions, FFT-CW® provided a strong level of respect and connectedness with Aboriginal community:

"I think our intervention is a nice match in a lot of ways, for the family just broadly and I think for Aboriginal families where we're still focused on respect and strength and community it's been a nice match" (Model purveyor)

d) For the role of AbSec in maintaining cultural fidelity of the FFT-CW® program and engagement with Aboriginal service providers and policy experts, it was perceived as vital to the effective adaptation of the FFT-CW® program to the NSW context.

"[AbSec] were also contracted then for that role and they also played a strong role in facilitating that engagement as well locally with the local community and a bit of a link between the service provider and families were required" (Their Futures Matter staffer).

4. Role of policy expert/nature of contact with the program (score = 0).

Seven policy experts (5 intermediaries, 2 DCJ) clearly stated their nature of contact with the FFT-CW® program, in addition to their assumed roles and responsibilities within their capacity. (As previously noted, of the 24 semi-structured interviews, 4 stakeholders were specifically involved with the delivery, implementation and adaptation of the FFT-CW® program, and an additional 14 stakeholders had a blended role involving both the FFT-CW® and MST-CAN programs).

5. Case management processes of the FFT-CW® program (score = 0).

The two sub-themes identified by seven policy experts (5 intermediaries, 2 model purveyors) that emerged were: a) the struggle to balance case management and therapy (n = 2) and b) the importance of case management to enhancing FFT-CW® program fidelity and quality assurance mechanisms (n = 1).

a) For balancing case management and therapy, an enduring issue for the FFT-CW® program is managing the harmony of this twofold approach on an ongoing basis, which is dependent on individual family circumstances:

"I mean, I think one of the, not for MST, but for FFT, one of the larger sort of struggles that came up was striking this balance between case workers and therapists on who was going to do that around case management" (Model purveyor)

b) For case management increasing fidelity, it was deemed essential to enhancing the overall quality of services delivered to families, and by extension, improving family outcomes:

"If you are delivering it [case management] in a service system as usual, or you water it down, or you don't deliver it with adherence, you're not going to get those outcomes" (Model purveyor).

6. Implementation facilitators and barriers of the FFT-CW® program (score = 0).

The two sub-themes identified by nine policy experts (6 Their Futures Matter staff, 3 intermediaries) that emerged were: a) model purveyor expertise in program delivery (n = 2) and b) the large, relatively uncontainable scale of the FFT-CW® program (n = 3).

a) For model purveyor expertise in program delivery, key stakeholders who have had experience in successfully delivering the FFT-CW® program in other contexts were perceived as essential to laying the foundation for its implementation in NSW:

"So, the New South Wales government was already to the New York Foundling as an agency that had done this work in another jurisdiction, so they were key performance basically for us" (Their Futures Matter staffer)

b) For the scale of the FFT-CW® program, unlike MST-CAN, it was viewed as comparatively larger and as having more teething problems associated with its rollout in NSW to date:

"MST-CAN is containable, FFT is not. Look I think MST-CAN's probably closer to being that business as usual than FFT is simply because FFT is - the sheer size of it. It's huge. There's definitely a lot more issues. I feel like MST-CAN is a lot more containable" (Their Futures Matter staffer)

7. Nature of contact and level of training of intermediaries (score = 0).

The two sub-themes identified by nine policy experts (5 intermediaries, 4 Their Futures Matter staff) that emerged were: a) lack of intermediary training and contact with other policy and program experts (n = 6) and b) AbSec facilitating adaptation and cultural support to NSW service providers (n = 5).

a) For lack of training and contact, the ability for the intermediary to assist in the delivery of the FFT-CW® program was partly limited by the fact it had not yet received the appropriate and requisite Community Development Team (CDT) training to do so:

"The CDT training was never forthcoming so we haven't been able to deliver the model of implementation… we didn't get the training, we sit and listen to those conversations [about how to break down implementation barriers] but we can't facilitate them" (Intermediary).

b) For AbSec facilitating adaptation and cultural support, it was appraised as key in ensuring the fidelity of the FFT-CW® program was consistently developed in accordance with Aboriginal customs, traditions and values:

"[AbSec are] not considered an intermediary per se, but working alongside to ensure that sort of cultural fidelity I guess you'd call it was able to be maintained or that there was not a loss of that focus and that they could speak a lot more on behalf of the Aboriginal community and providers" (Their Futures Matter staffer).

8. FFT-CW® procurement and contracting agreements and mechanisms (score = 0).

The two sub-themes identified by five policy experts (5 Their Futures Matter staff) that emerged were: a) the complexities, technicalities and lack of clarity of Personal Licensing Agreements (PLAs) (n = 3) and b) recruitment procurement support (n = 2).

a) For the PLAs, issues associated with the contractual agreements entered into between some policy experts and service providers have been raised. Several clauses and provisions that are unrealistic or vaguely described require clarification. These relate not only to the funding and resource model, but also the lack of definitiveness surrounding what service providers should do when families require more than the previously determined maximum of 9-months of FFT-CW® program delivery:

> *"Will no doubt tell you that the biggest barrier/problem/issue with both the programs is the PLA. I don't know who wrote it. I don't know. But at the moment we have that many suspended clauses, withdrawn - it is a nightmare…" (Their Futures Matter staffer)*

b) For recruitment procurement support, extensive assistance and resources were offered to service providers by model purveyors to ensure staff were conscientious, academically qualified and value-fit to the FFT-CW® program:

> *"We provided a lot of support for services to recruit staff with the right qualifications" (Their Futures Matter staffer).*

9. FFT-CW® program pre-implementation phase procedures (score = 0).

The two sub-themes identified by five policy experts (3 Their Futures Matter staff, 2 model purveyors) that emerged were: a) the hasty implementation of FFT-CW® in NSW overall (n = 2) and b) the enthusiasm of DCJ for FFT-CW® program intake (n = 2):

a) For the hasty implementation process, given narrow timeframes and external pressures, parts of the implementation and operational processes associated with setting up FFT-CW® have been perceived as rushed or hurried:

> *"So I don't think we did it as well as we could, because we were just under a lot of time pressures to get that all completed and done in that timeframe we were required to do from the powers that be. So funny that. So I think there's a lot more operational things we probably could have considered, and would have liked to have done more consultations" (Their Futures Matter staffer)*

b) For DCJ's readiness to expedite change, its aptitude and speed shown in their uptake of the FFT-CW® program has been praised:

> *"I've been very impressed with the folks at FACS [DCJ] and their ability to get this complicated project up and running so quickly. I have seen other implementation projects elsewhere and I have to say that this was the most complicated, quickest, most successful implementation that I have seen. You know, they got a lot done in a very short period of time" (Their Futures Matter staffer).*

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