Creating An Evidenced-Based Early Intervention System

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Acknowledgement of Country

I would like to acknowledge the Kaurna people as the custodians of the Adelaide region and that I respect their spiritual relationship with their country.

I acknowledge and pay my respects to all Aboriginal and Torres Strait Islander people across the many lands that people are attending from today.

I also welcome and acknowledge all Aboriginal people joining us today
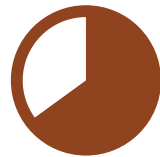
Child wellbeing in South Australia
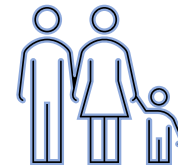
40,000 children notified each year

Care costs and care placements in SA are rising fastest in the country.

54% of all children in SA live in relative disadvantage compared to 39% nationally.
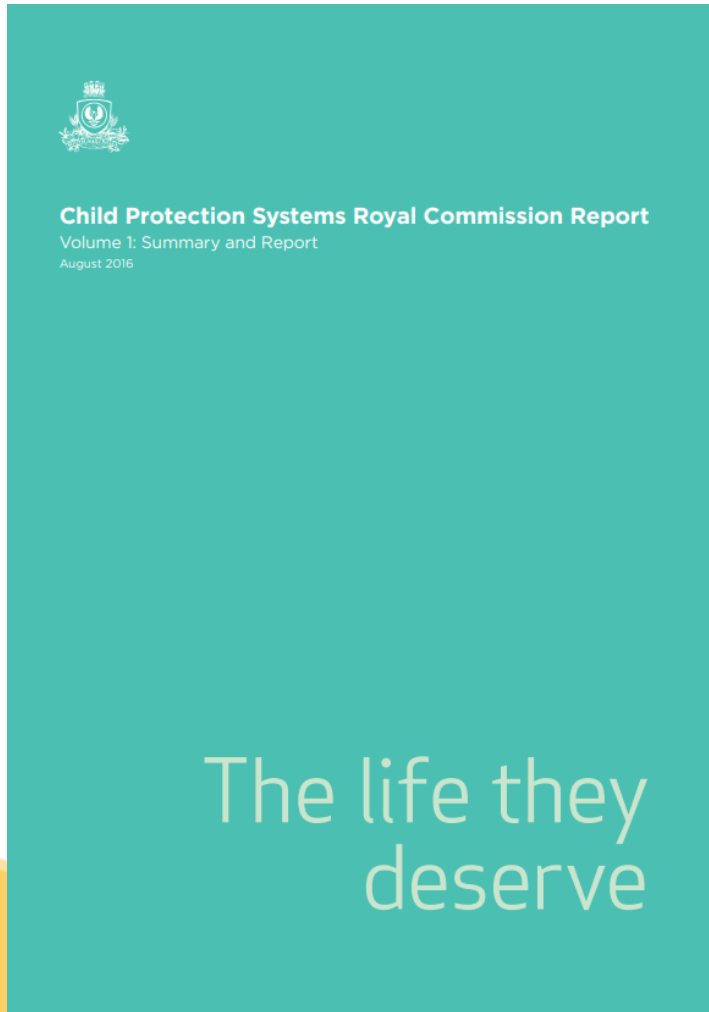
1/3 of all children in SA notified to Child Protection by age 10

15,000 children at risk of long-term contact with the child protection system

2014-2016 Child Protection Systems Royal Commission

Child Protection Systems Royal Commission Report
Volume 1: Summary and Report
August 2016

The life they deserve

- *"Many services are funded without a clear practice or program model and without being underpinned by an evidence base."*

- *"The wisdom of front-line workers should be supplemented by testable, independent research data"*

Early Intervention Research Directorate (EIRD)

- Develop an early intervention evidence-base for South Australian Government

- Identify service models with efficacy in promoting the health, safety and wellbeing of children

- Strategy and policy advice to SA Government to guide funding priorities

- Research innovative service models

- Identify evidence-based service models that meet the needs of Aboriginal children and families

Building the Child and Family Support System

"…get it right for our most vulnerable children and families…"

2016–18
- Nyland Royal Commission
- 'Getting It Right Early' Strategy
- EIRD established

2019–20
- Safe & Well Strategy
- Research & evidence activities
- Statewide co-design of new CFSS
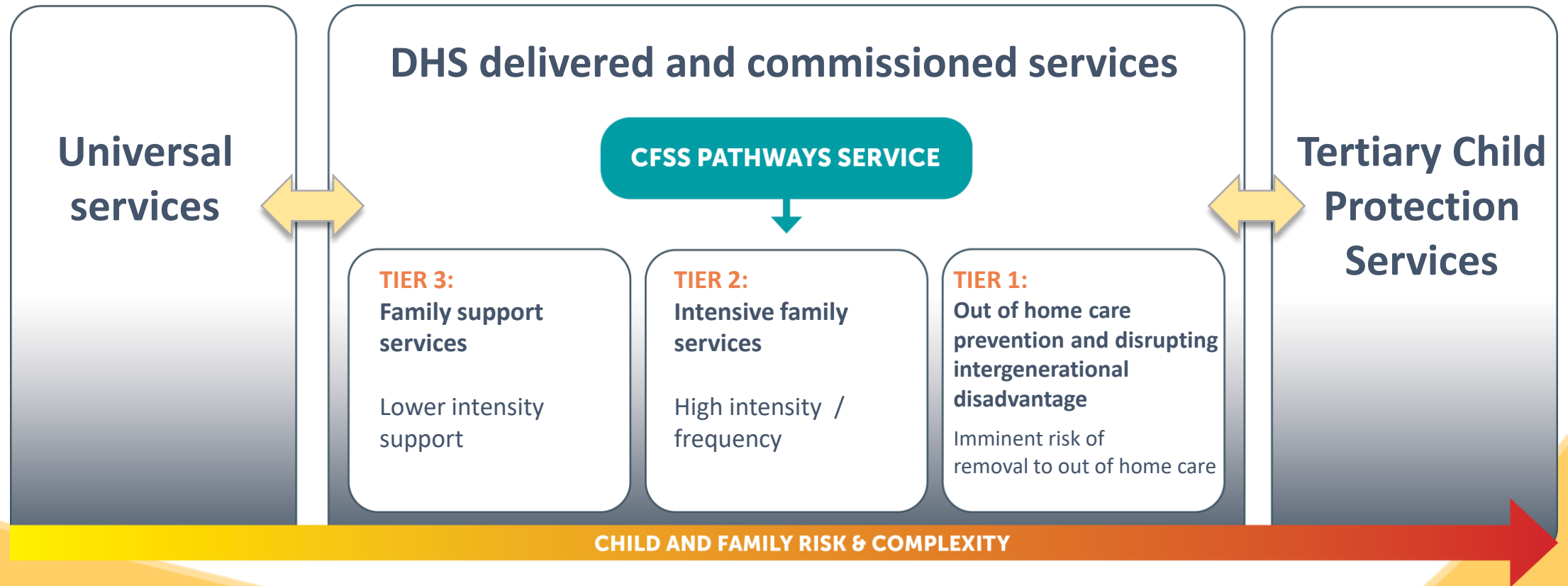- OOHC prevention pilot programs

2021–22
- Roadmap to reform
- Data asset & target populations
- Recommission services
- Quarantined ACCO funding
- CFSS Pathways implementation

2023 onwards
- 'Earlier' intervention programs
- Cross-agency data linkage
- Broaden referrals pathways
- Evaluation

Child and Family Support System (CFSS)

DHS delivered and commissioned services

Universal services

CFSS PATHWAYS SERVICE

TIER 3:
Family support services

Lower intensity support

TIER 2:
Intensive family services

High intensity / frequency

TIER 1:
Out of home care prevention and disrupting intergenerational disadvantage

Imminent risk of removal to out of home care

Tertiary Child Protection Services

CHILD AND FAMILY RISK & COMPLEXITY

Our Roadmap for reform

Priority 1: Pathways
Right support at the right time

- ASK website
- CFSS Pathways Service
- Child and Family Safety Networks
- Smarter referral system

Priority 2: Service integrity
Supporting and strengthening our workforce

- Practice framework
- Common elements approach
- Culturally responsive and trauma responsive workforce training
- Trauma Responsive System Framework
- Communities of practice
- Workforce and sector development plans

Our Healing Approach

"We want to be protected from re-traumatisation, offered healing and self-determination."
- Staff member
Aboriginal Community Controlled Organisation

Priority 3: Service investments
Commissioning for child safety and wellbeing outcomes

- Recommissioning strategy
- Research to build evidence-based service improvements
- Post-doctoral fellowship program
- ACCO capability building
- New service models

Priority 4: Building evidence
Voices and data for system improvement and service outcomes

- Data linkage, information sharing and reporting
- Evaluation
- Enhanced data capture
- Voices of lived experience, our workforce and leaders
- Outcomes, frameworks and tools

We must deeply listen to the children and families that are most affected by this system and often have the least control and power in it.
- CFSS Trauma Responsive System Framework

The Roadmap for the CFSS reform: Priority 1

1

Pathways

Right support at the right time

CFSS Pathways Service – centralised system for timely and consistent approach to referrals

Child and Family Safety Networks – multi-agency response to referrals and service coordination

ASK website - for anyone who has safety / wellbeing concerns about a child or family

The Roadmap for the CFSS reform: Priority 2

2

Service integrity

Supporting and strengthening our workforce

Informing and delivering evidence-informed practice frameworks

Culturally responsive and trauma responsive workforce training

Trauma responsive system framework

Common Elements

Communities of Practice – shared learning and reflective practice

The Roadmap for the CFSS reform: Priority 3

3

Service investments

Commissioning for child safety and wellbeing outcomes

Recommissioning strategy to foster collaboration between providers

ACCO capability building to deliver Intensive Family Services

Co-design and implement new service models for families / population groups at imminent risk of entering the child protection system

The Roadmap for the CFSS reform: Priority 4

4

Building evidence

Voices and data for system improvement and service outcomes

Shared outcomes framework

Lived Experience Network

Voices of our workforce and leaders

Enhanced data capture, linkage, reporting and information sharing

Evidence Is More Than Just Data

The previous data picture

Focus on imminent harm, incident based

Limited process data (unstructured)

Not outcomes driven

Fragmented systems

No longitudinal capability
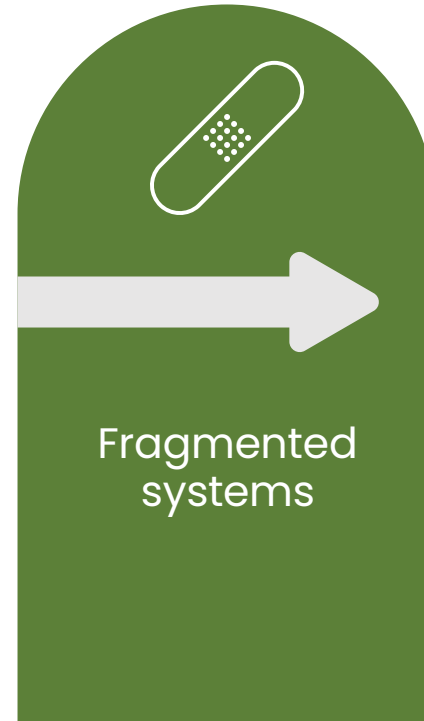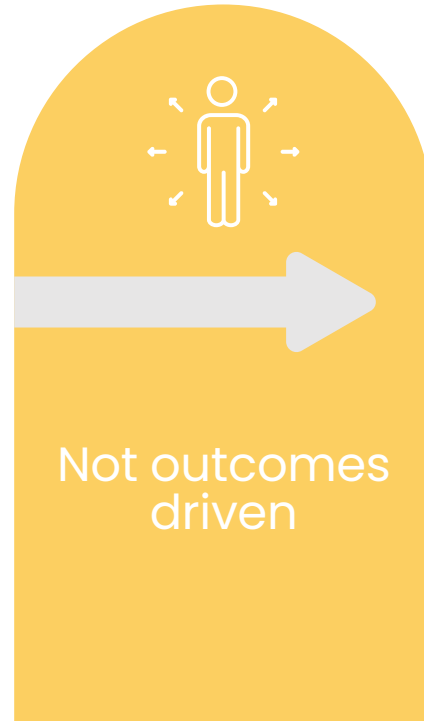
The new CFSS Learning Data System
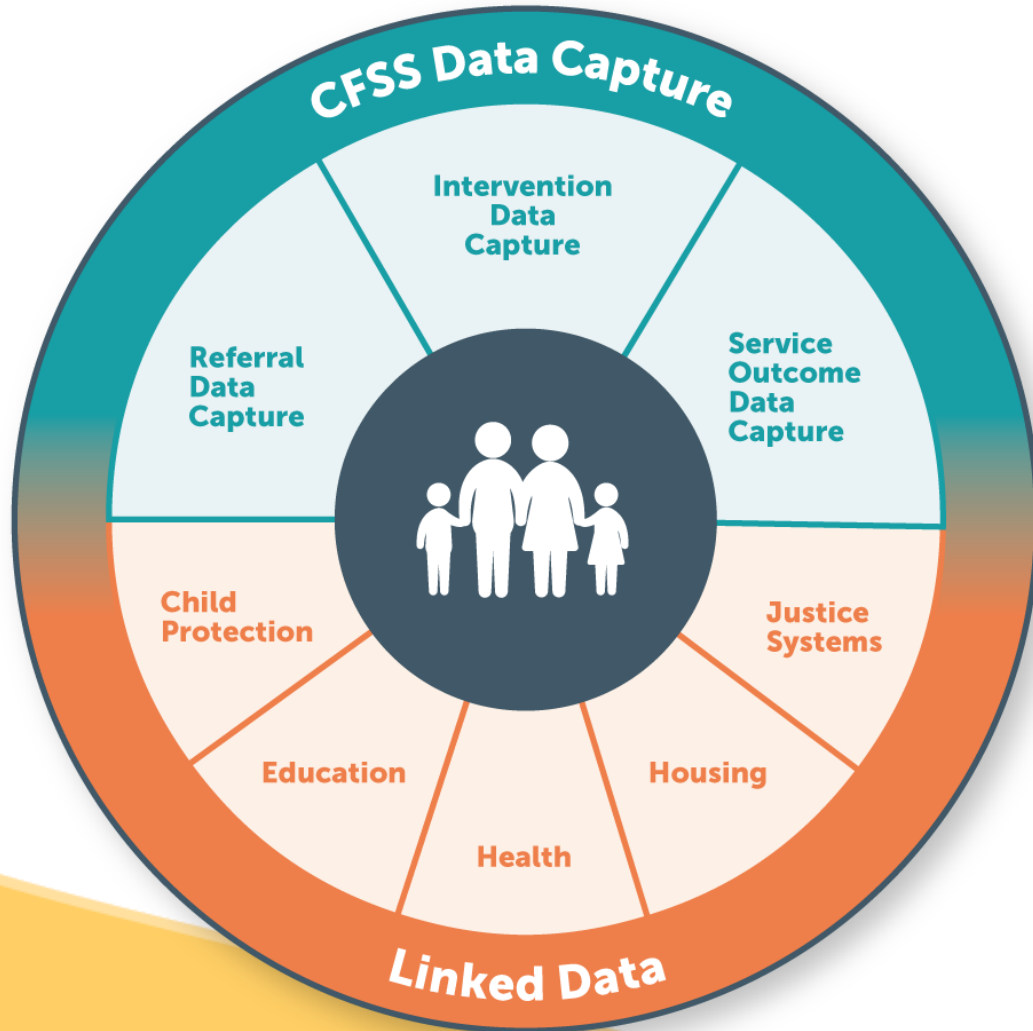
New structured CFSS population data capture

Family & Referral data
- Family structure
- Concerns at referral
- Ecological complexity
- Geography / region
- Timeliness of response
- Referral source

Intervention data
- Mental illness
- Substance abuse
- Disability
- Housing
- Family supports
- Domestic violence
- Childcare
- Family functioning
- Financial stress
- Criminality
- Parental capacity

Service outcome data
- Safety goals
- Social connectedness
- Service engagement
- Family function
- Parental capacity
- Change in risk factors
- Intensity/duration

Linked data for cross systems outcomes

Child protection
- Re-notification
- Investigations
- Out of home care

Education
- School attendance
- Schools / areas with most need

Health
- Perinatal data
- Antenatal data
- ED presentations

Housing (future state)
- Social housing
- Homelessness

Justice System (future state)
- Youth criminality
- Adult criminality

We are now learning and monitoring:

Real supply and demand in the system

Meeting our ethical responsibilities to monitor service outcomes - *do no harm*

Family needs and risk factor profiles linked to outcomes

The extent to which services can (and can't) address risk factors

System bias and other conditions for Aboriginal families

Best populations to target for earlier intervention

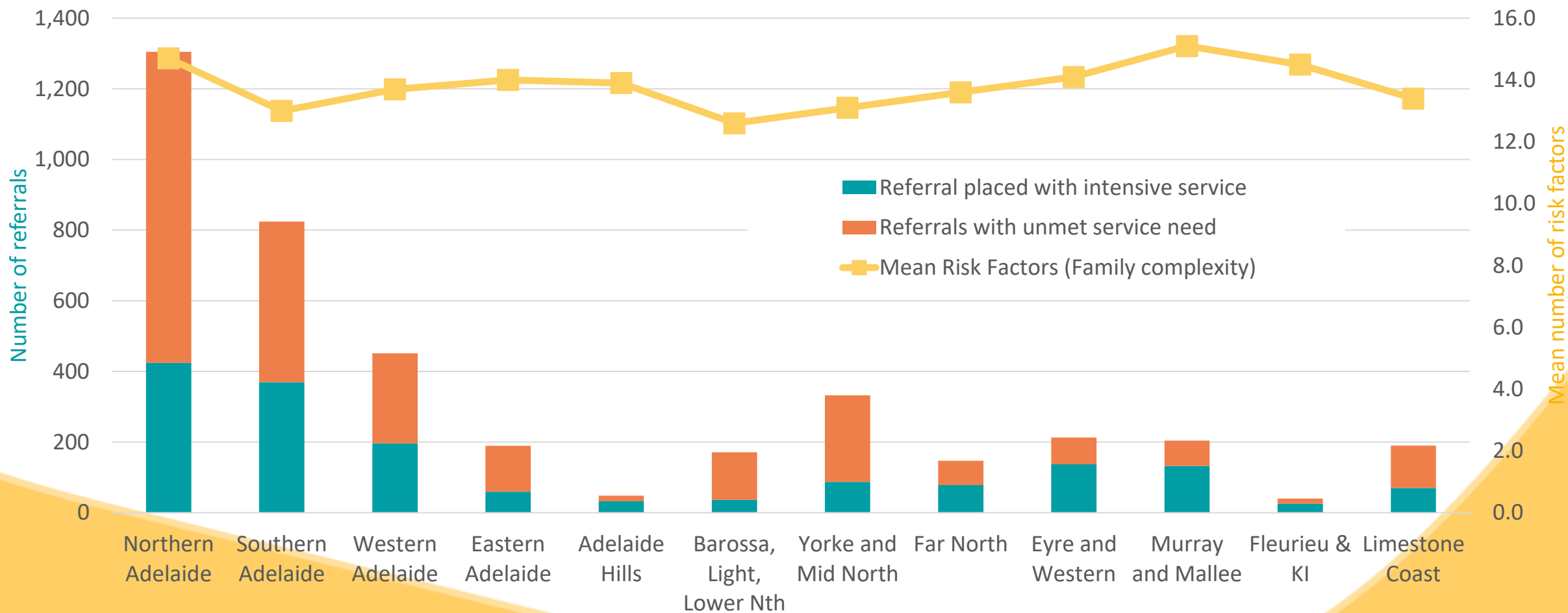Engagement: rates, effectiveness, and gaps

How services can achieve positive change
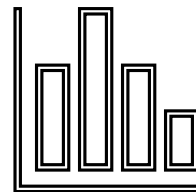
Emerging insights

Improved understanding of service need

Number of referrals by referral outcome and region, 2022/23

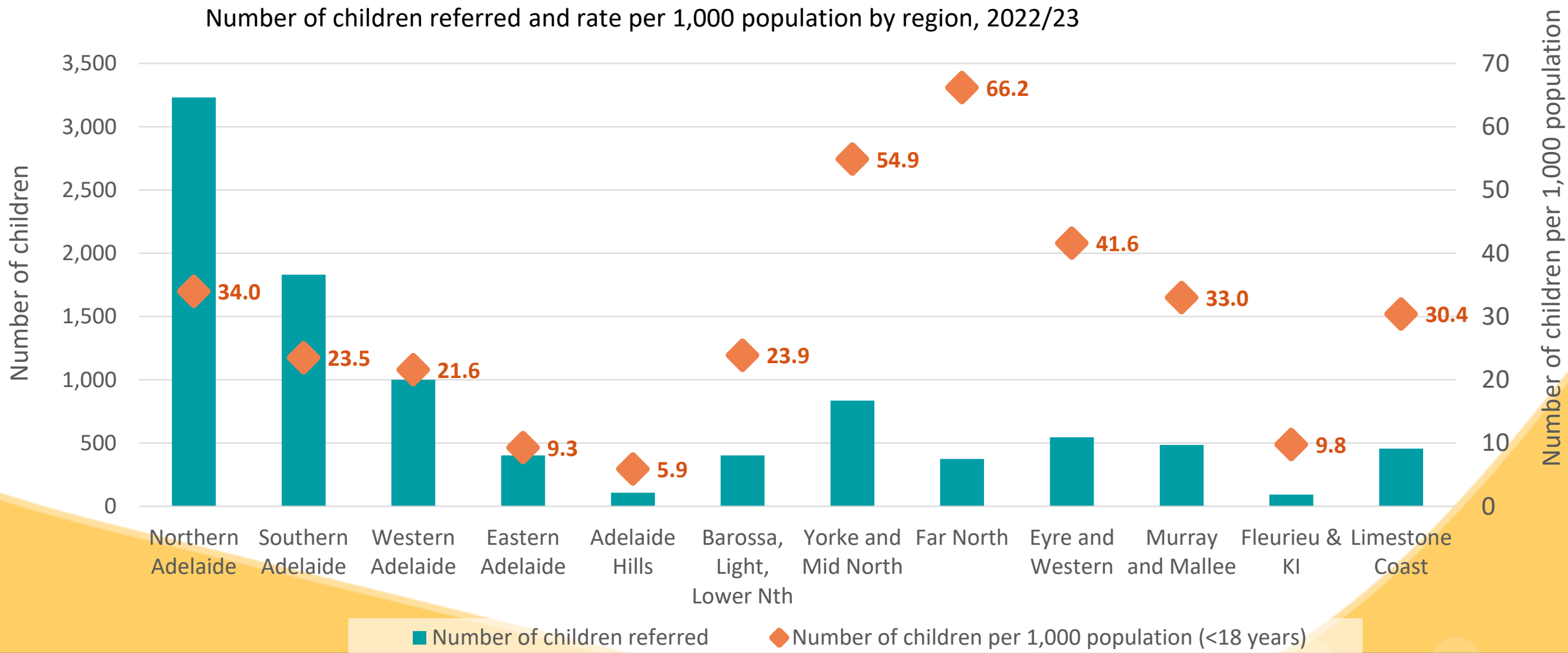# Improved understanding of service need

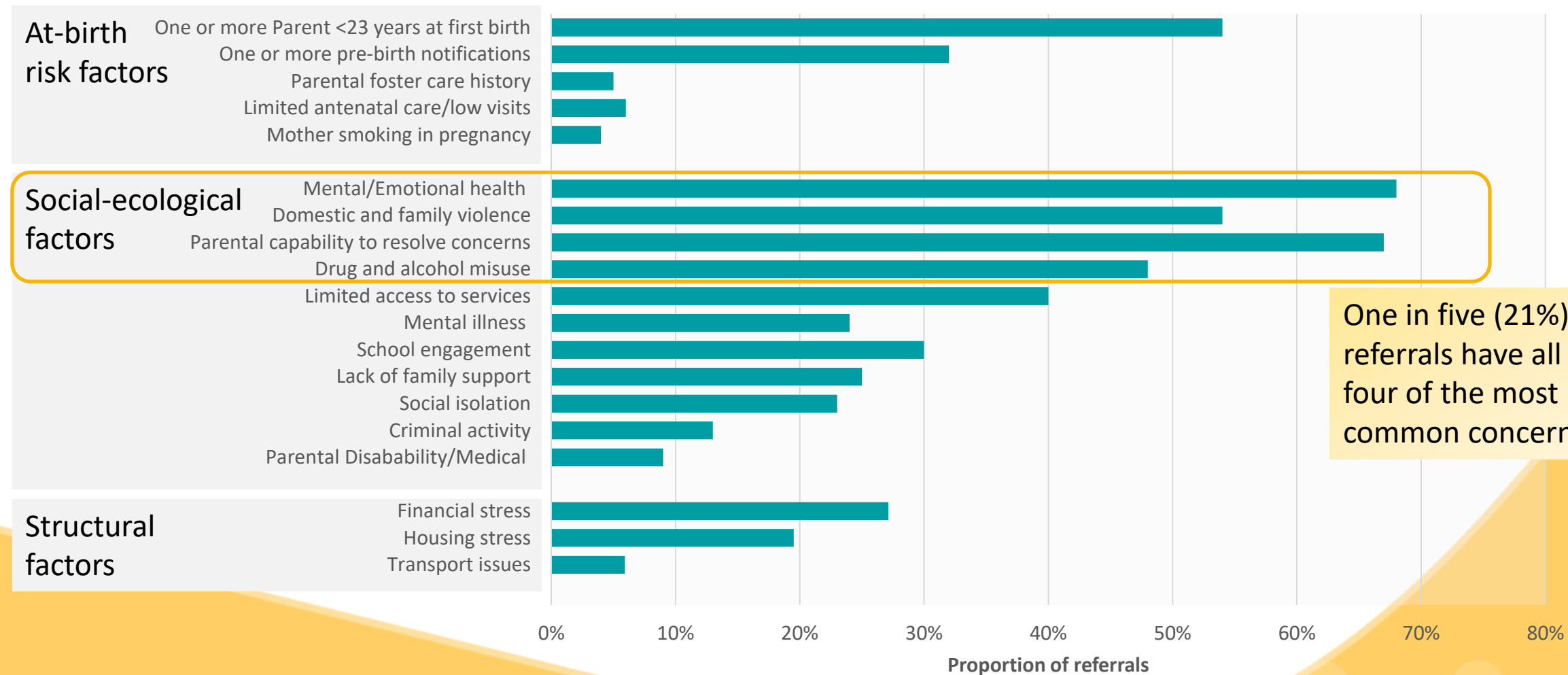Number of children referred and rate per 1,000 population by region, 2022/23

Source : CFSS Data (Final): referrals processed by Pathways during 2022/23 . Analysed by EIRD -Dr DN Teusner.
Referral counts exclude referrals with unknown residential address (n= 183).

Family complexity at time of referral

Proportion of referrals, 2022/23

One in five (21%) referrals have all four of the most common concerns

Engagement rate by household and risk characteristics, 2021/22
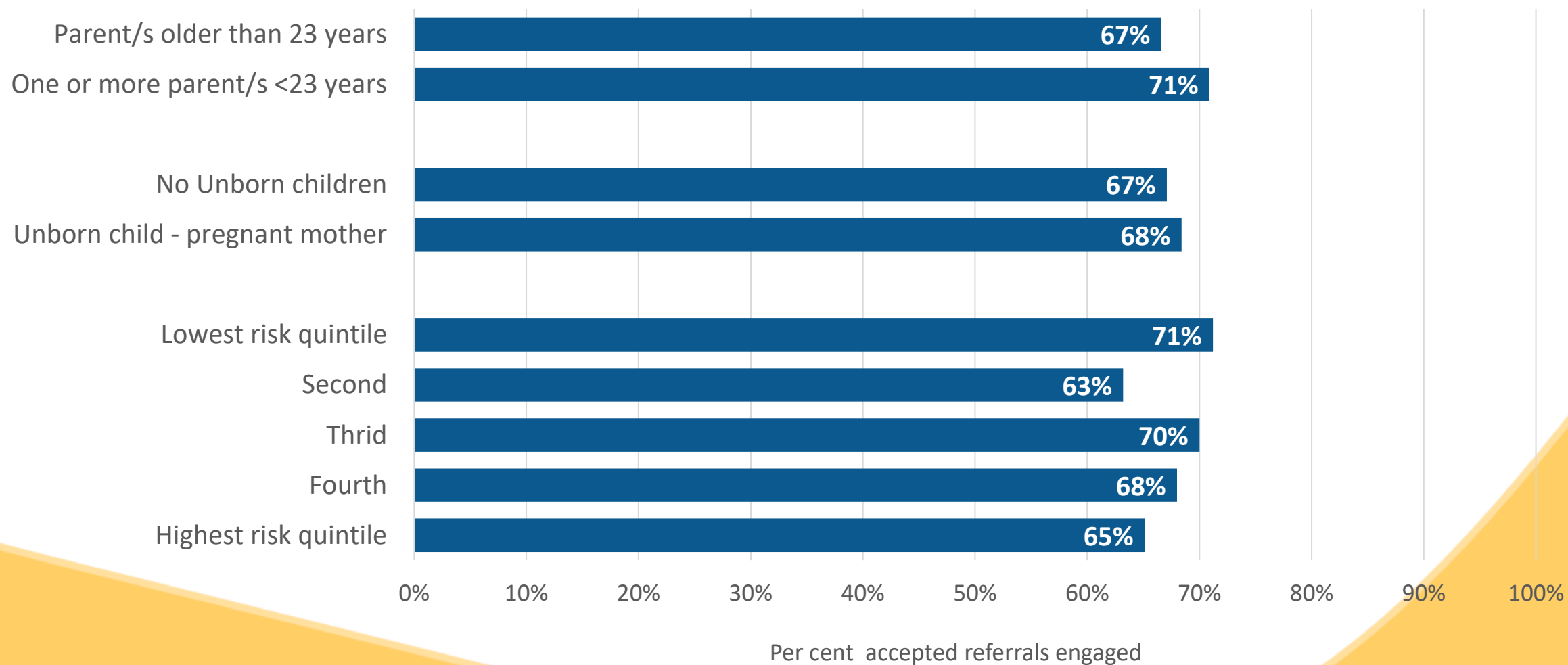
Per cent accepted referrals engaged

Category	Rate
Parent/s older than 23 years	67%
One or more parent/s <23 years	71%
No Unborn children	67%
Unborn child - pregnant mother	68%
Lowest risk quintile	71%
Second	63%
Thrid	70%
Fourth	68%
Highest risk quintile	65%

Engagement rates by provider type and Aboriginal household

Engagement outcome, 2021/22

Per cent of accepted referrals

- Non-Aboriginal
- Aboriginal (child/caregiver)

69%

64%

All providers

Source : CFSS Data (Final): referrals processed by Pathways during 2021/22 . Analysed by EIRD -Dr DN Teusner.
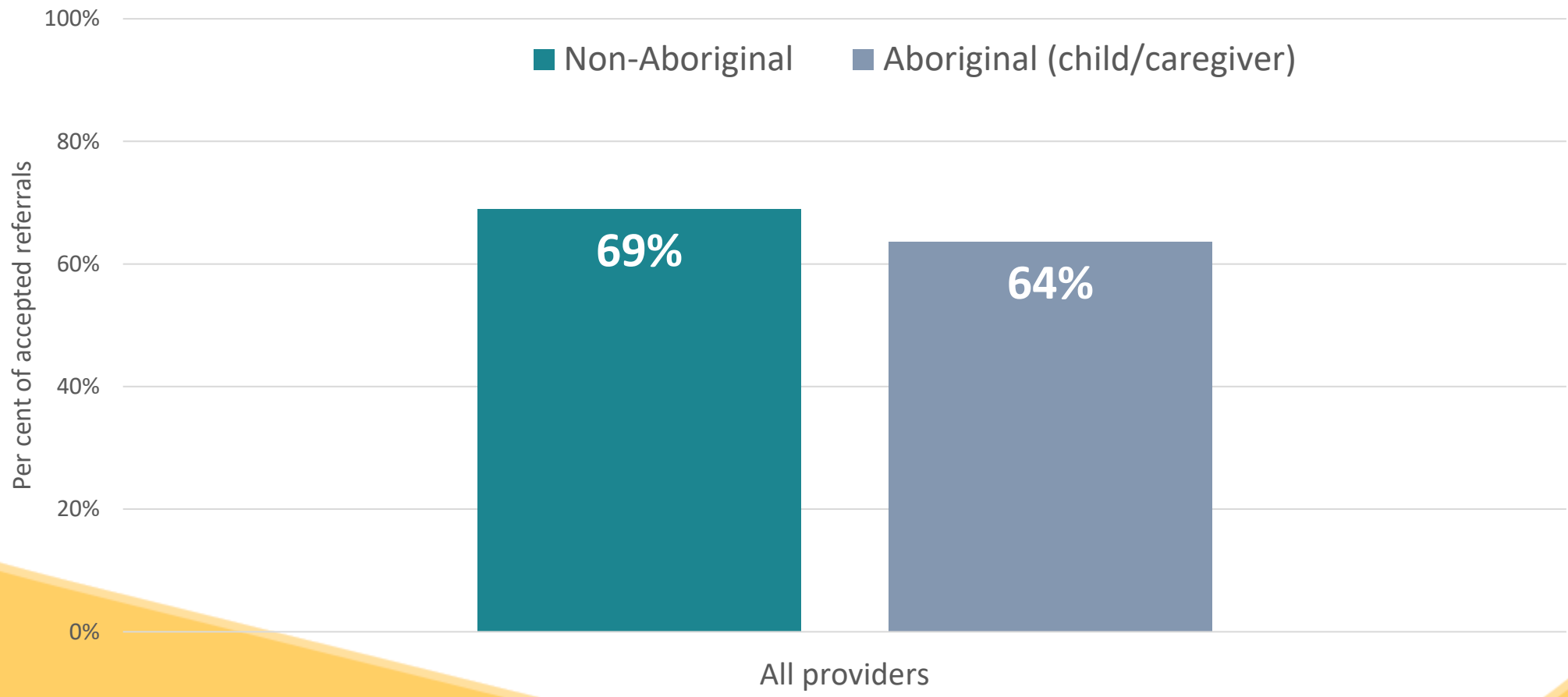*Risk factor estimates exclude referrals with in completed family complexity . Engagement outcome not known for referrals in-progress/closure not submitted (n=122).*
Excludes TBS and RASA West/Inner North.

Engagement strategies

Unadjusted prevalence ratio of being successfully engaged in Intensive Family Services, 2021/22

Families receiving fact-to-face contact during engagement were 57% more likely to be successfully engaged than families with no face-to-face contact

Families receiving an email or mail during engagement were **45% less likely** to be successfully engaged than families not receiving an email or mail.

Chart values:
- Cultural Consult: 1.11
- Supervisor Review: 0.95
- Consult other services: 1.09
- Contact family/friends: 1.09
- Contact family prior to first meeting: 1.27
- Unplanned Home Visit: 1.00
- Joint Agency Visit: 1.20
- Visit School: 1.30
- Organised good/services: 1.32
- Phone contact
- Mobile Text contact
- Face to face contact: 1.57
- Email/mail: 0.55
- Varied contact times: 0.82
- Provided written information: 1.03

Frequency of engagement strategies by outcome

Passive strategies

Provided written Information

Phone contact

Contacted by email or mail

Assertive strategies

Organised goods/services

Jonint Agency Visit

Face-to-face contact

Legend: Not engaged, Engaged

X-axis: Percentage engaged (0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100)
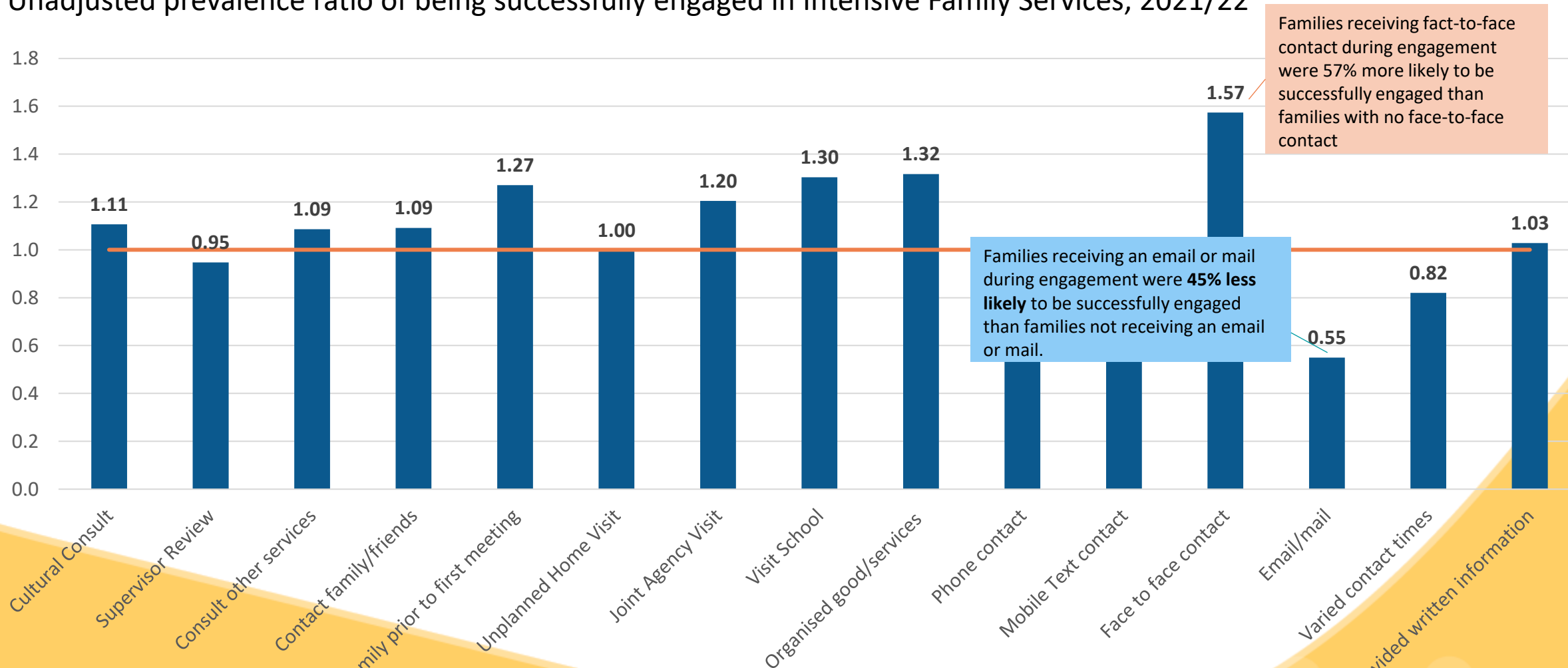
Source : CFSS Data (Final): referrals processed by Pathways during 2021/22 . Analysed by EIRD -Dr DN Teusner.
Data includes all accepted referrals where engagement was attempted. Excludes RASA West and TBS, closure reports not completed.
Engagement outcome not known for referrals in-progress/closure not submitted (n=122).
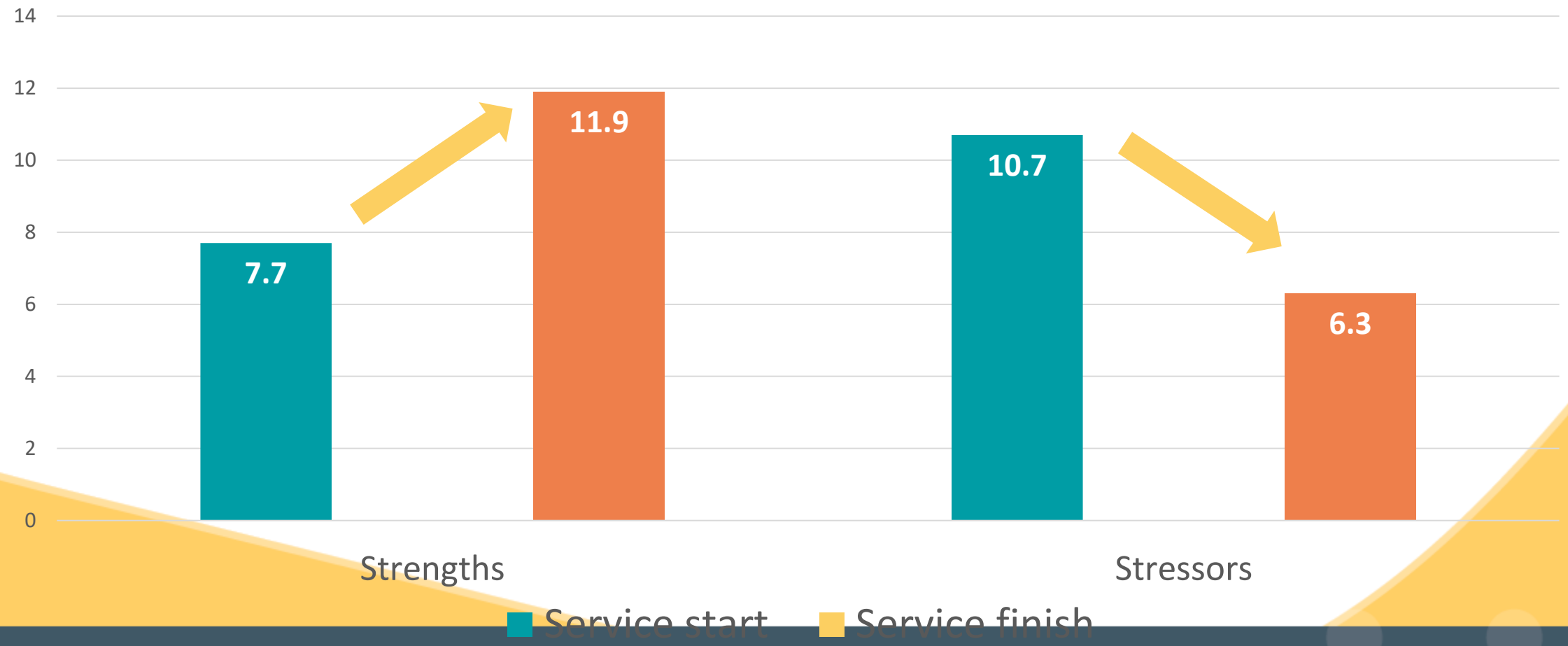
Outcomes for families engaged in IFS

Closure reason for referral/families engaged in service provision, 2021/22

Ongoing case management no longer required

Goals completed/risk mitigated — **47.0%**

Engaged with other supports/step down — **22.2%**

Care arrangements changed — **1.4%**

Risk not mitigated/Other outcome

Family disengaged — **9.8%**

Other reason — **11.1%**

DCP involvement

Escalated/children removed — **8.5%**

Per cent of all referrals engaged in service provision

Source : CFSS Data (Final): referrals processed by Pathways during 2021/22 . Analysed by EIRD -Dr DN Teusner.
Data includes all accepted referrals where engagement was attempted. Excludes RASA West and TBS, closure reports not completed.
Engagement outcome not known for referrals in-progress/closure not submitted (n=122).

Family Snapshot: Overall Service Effectiveness

Strengths

Stressors

Service start   Service finish

But what about long term outcomes?

School Attendance Concerns

Prior to CFSS

1 out of 6
referrals had concerns around school attendance.

NEW CFSS Data collection

24%
of referrals have concerns around school attendance.

NEW capability to understand associations

Of those with concerns:

↑ **40%** housing stress

↑ **120%** financial stress

↑ **180%** transport concerns

↑ **200%** substance abuse by young person

Insights: Domestic and Family Violence - All Referrals 2022/23

75% of all families had current or past domestic and family violence concerns recorded at referral
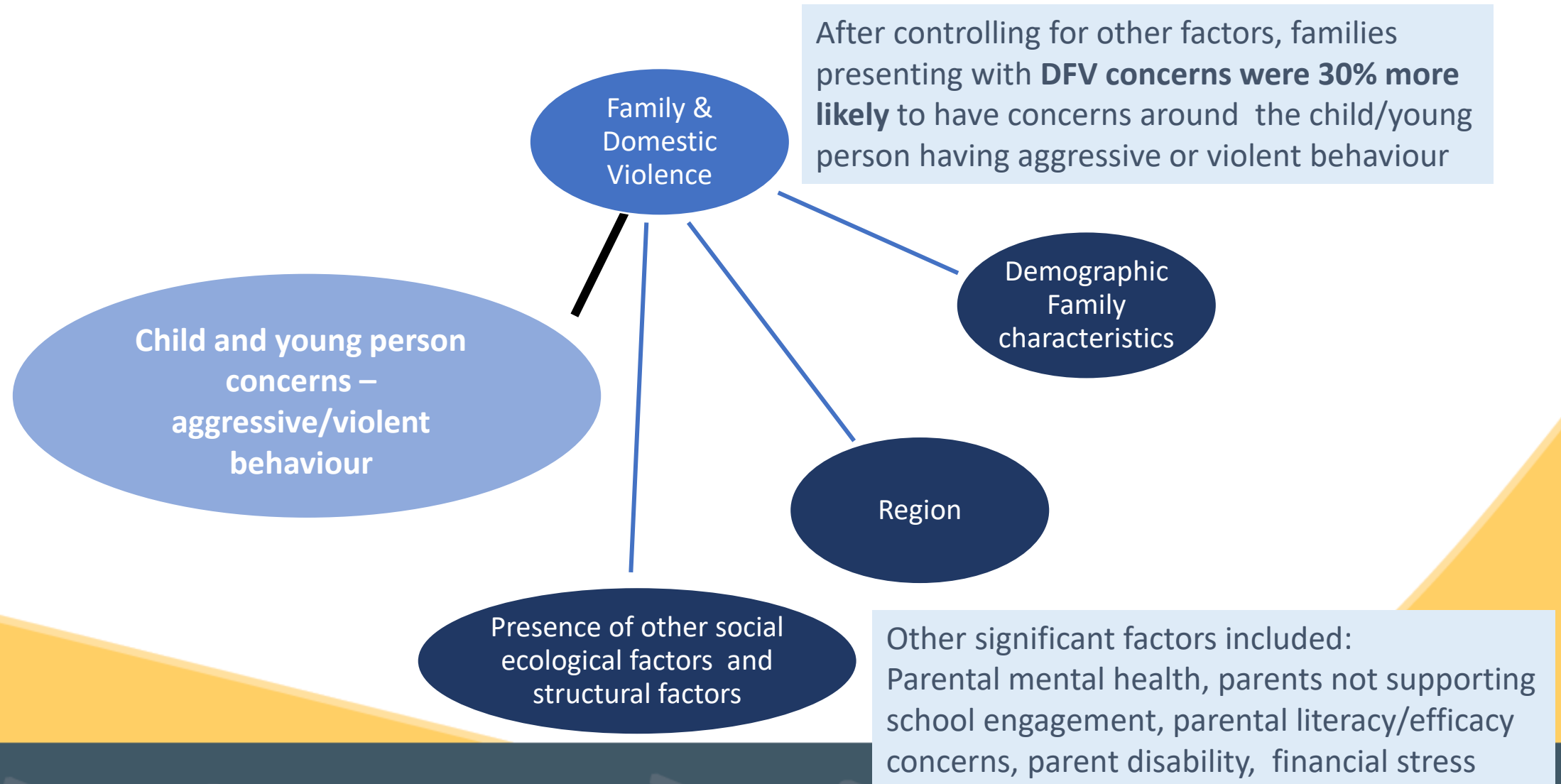
21%
Historical DFV concerns

47%
Current and historical concerns

7%
Current DFV concerns

Assessing associations between multiple factors

Family & Domestic Violence

After controlling for other factors, families presenting with **DFV concerns were 30% more likely** to have concerns around the child/young person having aggressive or violent behaviour

Child and young person concerns – aggressive/violent behaviour

Demographic Family characteristics

Region

Presence of other social ecological factors and structural factors

Other significant factors included: Parental mental health, parents not supporting school engagement, parental literacy/efficacy concerns, parent disability, financial stress
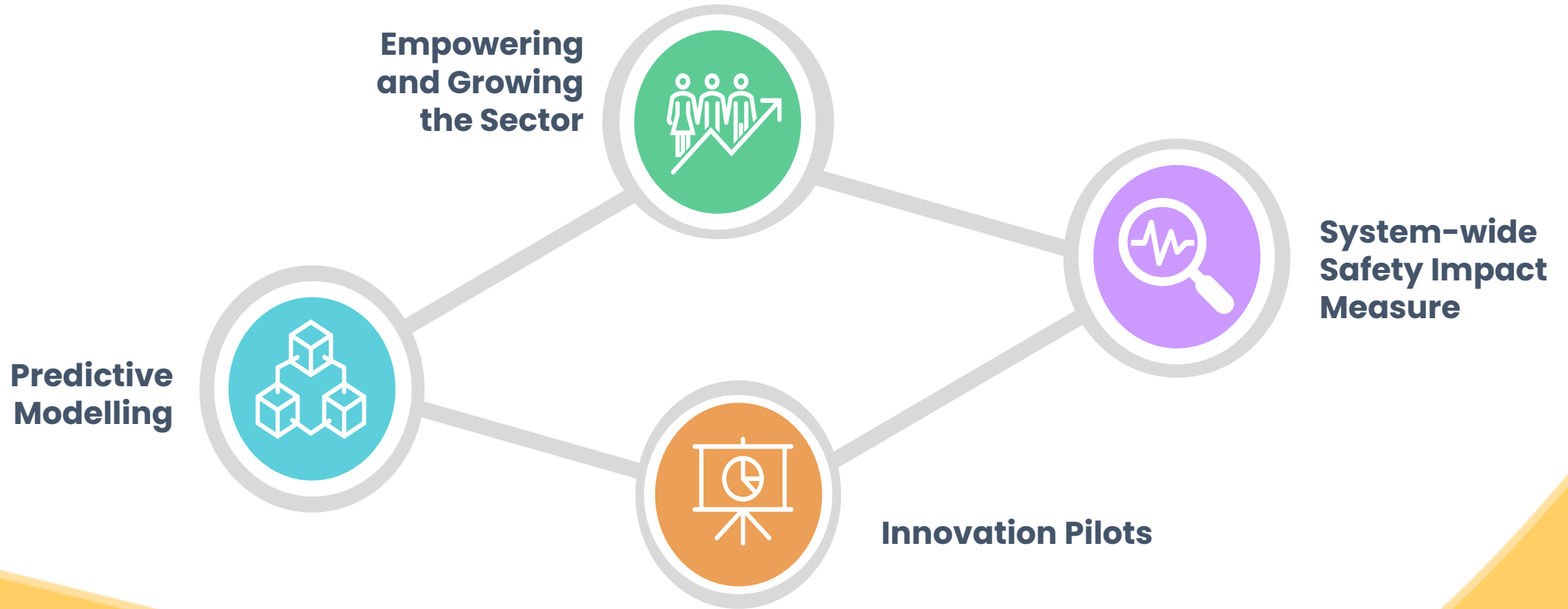
Early Insights from our Learning Data System

- Better understand of risk/complexity within our population

- We can see the (initial) efficacy of certain strategies

- Two types of explanatory models emerging:

  - Outcomes explained by structural factors

  - Outcomes explained by social factors

Building evidence – This is just the beginning!

Ngaityalya,
(Kaurna, *thank you*)