



Targeted Earlier Intervention Program Reform

On 8th October 2015, ARACY, FAMS and Youth Action presented a state-wide consultation on FACS' reforms to Targeted Earlier Intervention Programs.

Below is a transcript of the Questions and Answers from each of the two sessions.

Targeted Earlier Intervention – Program Reform Overview

Ms Mychelle Curran, Director, Community Homes and Place - FACS

Audience: Can you give more detail about targeted early intervention plans in local areas?

FACS: TEI programs will reflect what the local districts and areas need. We will have a broad framework of what is covered and the types of programs and responses to needs. But we want to make sure, at a district level, it is designed so there are appropriate referral networks which services feel free to redesign in the way they work and deliver services.

Every one of our districts is different, and there is no comparison to the needs of clients in Sydney to the needs of clients in rural districts. So it's about having services that reflect those needs at a community level, but also individually and culturally, to deliver best outcomes.

Audience: There will be weekly updates to peaks. Will that information be available to others?

FACS: We send an email out weekly to districts and district contract managers and they can distribute that. We also hope to have more interaction on the FACS website as we progress over time.

Audience: We have learnt from past reforms that staff are lost because of organisations not being certain of future funding. When will we know if there will be a funding extension beyond 2016?

FACS: We are working on this and acknowledge it is really important for you to have funding certainty.

Audience: When will the second part of the paper be released?

FACS: We are aiming to get the feedback from consultations out in late January or early February.

Audience: Our organisation has been advocating for increased funding to meet needs and we are told there is no more money. Can you please comment?

FACS: The reality is there is no more money and we need to operate within the current funding envelope. What that might mean at a district level is we might be able to look at utilizing our other programs and look at ways in which we might be able to access brokerage funds or other programs wider than TEI. While we are talking about TEI here, we are actually talking within the districts about how we can have a more integrated service system so that we utilize all available funds to reach good outcomes for clients.

Audience: Are local government peak organisations included in the peaks you are communicating with?

FACS: We are involving local government. We have initially focused on service providers and peak organizations, and then involved Local Government secondarily. But many local councils have been invited to and have attended district information sessions. We are also talking directly to local councils.

Audience: We are seeing 'Targeted Early Intervention' written, and I'm wondering why 'Prevention' has dropped off. Does that mean anything?

FACS: No. Prevention is front and center as is early intervention. TEI just reflects the funding group that the programs sit under within the FACS budget. We want to prevent children, young people and their families having to become involved in the statutory child protection system.

Audience: When there is not evidence, or only limited evidence based on a local context, will we be superimposing evidence from overseas or other regions that may not apply to the local situation?

FACS: I think we need to be looking at outcomes for our programs. International and other jurisdictional evidence is important, but we need to be looking at what is working well and what needs improving at a local level and ensuring that good outcomes are being delivered. So, we're not ignoring that evidence or information, it's just not necessarily something that has been published in major research. But that's part of this process about hearing from you about what is working well and hearing you describing those outcomes.

Audience: When we talk about targeted 'earlier' intervention, are you talking about 'earlier than statutory child protection' or 'early in the life of a problem' or 'early in the life of a child'?

FACS: It can be across the board. In FACS our role is looking at how best we can influence better outcomes early in the life of a child. Earlier intervention is when we

intervene to prevent escalation in to the child protection system. Early intervention is a key focus across all of FACS.

Audience: This process is about targeting families at the more intensive end of early intervention. Are you also looking at universal service platforms, or does 'targeted' mean not universal?

FACS: In this reform we are looking at how Targeted Earlier Intervention programs can work along side universal systems. We have a whole range of work in the districts where there is work happening across systems and agencies. In the Sydney District we are doing a lot of work with Health and other agencies to influence better outcomes for children before they're born. And that was about how we could respond as a system. We consulted with Education and other non-government service providers in this work. So, it is about how we can do that better at a district level and at a whole of government level.

Audience: Will there be linkages with the Out-Of-Home Care re-contracting project, particularly in relation to Aboriginal Child Youth and Families?

FACS: We have had discussion with colleagues in Out-of-Home-Care re-contracting. We're still working out the intersections and whether the organisations recontracting will be the same organisations providing TEI services. So we are still working in that space and don't have any more specifics at this time.

Audience: There is a lot of reform going on at the federal level, with the Child Care Rebate and Child Care Reform. There are a lot of changes there that impact at a state level.

FACS: We've heard from the districts about where the commonwealth programs sit and we need to integrate what is happening. There are limited resources and we need to ensure we're not duplicating services or setting up services in competition with each other. So we're very aware of it and the districts have very good relationships with their commonwealth counterparts and can engage them in the planning. The commonwealth are very keen to plan with us around where our services go. So there's work to be done in that space but it's underway.

Audience: Can we be assured that the managers of local CSCs will be involved in consultations?

FACS: That's an important point to make because we're trying to link the system so we don't have early intervention services disconnected from the child protection services. So they are an important part of the process.

Audience: ARACY has provided a compelling argument about how the earlier you intervene, the better. But all the programs covered by this reform are moving in the opposite direction and are taking on families closer to ROSH,

pushing families at the lower end of need out of services. Is there a strong enough evidence now for programs to go back to earlier intervention?

FACS: I think there's a whole range of programs that are community based and focus on sector development, but there are also highly disadvantaged groups and vulnerable groups. There is an increase in complexity and that has been reflected in the clients that are being seen by providers here today. So, things are tough for our clients and that's what we're seeing on the ground.

Audience: Whilst you have stated there will not be any increase or decrease in funding, do you see funding levels changing from district to district?

FACS: At this time we haven't made any determinations around funding. There are a whole range of other programs we are looking at in districts at the moment that will compliment TEI programs. So we have an envelope of funding. We're not flagging that funding will be removed from districts or locations, at this point in time. But if you have an emerging need or a reduced need, you may need to figure that out at a district level. There is no intent to pick up funding, like we did under Going Home Staying Home, and redirect it to other districts. That said, there are districts that work along side each other and may be well served by having their services and providers working more jointly together.

Better Systems, Better Chances – Part I & 2

Dr Stacey Fox, Senior Manager, Research and Projects - ARACY

Audience: Do you have a comment on systems of care, which is a system designed for the child welfare system in Victoria? Do you think it has relevance to the TEI reform in NSW?

ARACY: There is more on systems of care in the report and my understanding is that a lot of those models come from the health sector and have more established processes for collecting and using data and determining appropriate treatment pathways. Possibly because antibiotics is much easier to deliver than complex treatment for families at risk. But I think the fundamental framing and structure of systems of care is a useful one for considering.

Audience: Systems of care have been designed for child welfare in health, using that high level complexity for lots of different ages. We don't know yet how well it works. It certainly gives a framework. I think it may be worth looking at in this process. But the jury is definitely still out.

ARACY: I think there are limitations of principles and frameworks is when they're not embedded across the system. If they're not embedded in every agency's in-take process, or the way the whole system works, then they're not going to have the kind of impact needed.

Audience: Is there anywhere in the system where there is an assessment of the families' commitment or capacity to change? We are spending a lot of time and money on families who can not or will not change and the children are being traumatised for a long period of time.

ARACY: That is a complex question. The Parenting Under Pressure program has a focus on early understandings about parents' capacity to change and there is some emerging evidence from that program. Does anyone know if there are programs that work well assessing that capacity early?

Audience: Keeping Children Safe, a parenting program in Orange. It is the only child protection program that we know of where the emphasis is on the change of the parents. We have been running it in collaboration with Health for years. We are now reviewing the program. We are half way through that at the moment. The report so far is very positive. We are aiming to get that evidence base. The evidence base that FACS talks about isn't Australian, where as this program targets everyone but the majority are from that lower socioeconomic group. The report will go out when it's finished and will go to FACS.

Audience: One of the things that stands out again and again is the robust evidence around early childhood education. I wonder whether one of the big elephants in the room for NSW is that we don't provide free early childhood education even for the most vulnerable children. I'd be keen to see whether there's any opportunity or focus that this group in this project can use to advocate to Department of Education and other sectors about meeting this outstanding need?

ARACY: ARACY has a shared commitment for free early education and care, particularly for the vulnerable. We believe that early education and care should be an entitlement for all children.

Audience: We talk about assessments and frameworks with what appears to be a complete lack of knowledge of cultural difference and poverty. In South Western Sydney we will welcome some thousands of Syrian refugee children. I'm interested in understanding models that might be more suitable for Australian society today, given that in some populations, up to 70% come from traumatic backgrounds and culturally different to the mainstream.

ARACY: That's an incredibly important question. In the report we looked at a whole range of screening and assessment, from the use of very sophisticated validated tools, through to much looser practice frameworks. I looked at structured decision making frameworks in child protection contexts, and where I landed in that complex field is that there is a place for those validated assessments and tools and diagnostic screens. But possibly, what is more important in the contexts we work in, with families coming in with a whole range of needs, is much more of a practice framework than a screening and assessment framework. Those practice

frameworks are underpinned by an awareness of cultural difference and opportunities for conversations with families based on their strengths, needs and priorities within a broader framework and a shared understanding of what the priority indicators are for negative child trajectories.

Somewhere in between unstructured decision-making, which has been shown to be inconsistent and lead to different determinations depending on the person who's doing it, and that formal validated assessment, that often hasn't been tested on families from diverse backgrounds, where there is trauma and fundamentally different understandings about things like mental health. So when I talk about shared practice frameworks, I'm talking about something that sits in the middle of those, which provides a common understanding of the crucial indicators and is underpinned by some of those principles. But crucial to that is the ability to engage with families regardless of cultural background.

Audience: In regard to trauma, child sexual abuse, domestic violence – the way we respond to that has a huge impact on the way families function. And the people in prisons service, drug and alcohol services, and mental health services know there is a core underlying issue around childhood trauma and yet 'trauma' is not a word I've heard today. I think to have a truly trauma informed response across the state, it would make a difference. Did trauma come up in the research, in any frameworks found internationally? If you're addressing trauma, you're preventing further trauma and healing and recovering communities.

ARACY: I don't disagree at all. I think it is there implicitly in the discussion round addressing underlying drivers and not just responding to the current issue, and having the relationship that allows that trauma to be articulated and allow that support to be there. So I don't disagree that trauma response is essential, but I was sitting a bit above the specifics of exactly what we do and how we do it.

Audience: The key worker transdisciplinary model of practice, I'm interesting in your insights to that. Also, secondly, your presentation was looking at macro change and the education system and the idea of universal education, free early childhood care. But the education programs in that need to be comprehensive so we have children with trauma in long day care centers and schools, with capacity in those places to work with domestic violence, embedded in the education system. So while we're talking about targeted early intervention, I'm hearing that we really need to be thinking about systems such as the education system.

ARACY: I think we need to make sure that the people in our education system, who see our children every day, need to know if there is underlying trauma, know how to see the signs of domestic violence or emerging mental health issues for a family or child. That's absolutely crucial. At the same time if there is no where to link those

families to, then it is an unreasonable burden for teachers and early childcare workers to do all of that work themselves. That's where the early intervention work is fundamentally linked. We need to leverage universal systems more comprehensively, more effectively. We need to have wellbeing at the heart of all of our universal systems. But there has to be pathways in place to respond to the needs once they're identified.

Audience: We work with a lot of very small communities and often vulnerability is within a small population, like a refugee community or a community that identifies as lesbian and gay, for instance. How do we ensure their needs are met within the data collection system?

ARACY: If anyone has an answer, that would be great, to making sure our data collection doesn't only include those that are already engaged. I've just run a survey in schools about parent engagement and learning, and we get the parents that are already engaged. It tells you some things, but doesn't tell you everything. Making sure our data is representative is exceptionally important. The 'data nerds' in the community know some strategies. But if we're going to use good data to make good decisions, we need to be comfortable and confident in the quality of that data to begin with.

Audience: I am concerned about the idea of universal models and scaling up across the board. Looking at different cultural groups and focusing on Aboriginal children, young people and families and perhaps CALD groups, where is the evidence for best practice for them? Secondly, I'm also concerned about the resourcing and capacity issue for data collection, particularly when you have talented social workers or staff who are being asked to manage data. They may well be capable but it's not the best use of their skills. Can you speak to that?

ARACY: They're two really big questions. When I say 'scale up what works', there are two strands to that conversation. We need service system and individual responses that are personalised, individualised, take in to account the circumstance of that family and their context. At the same time, what we deliver has to be evidence based. It's not one thing or the other. Those things have to go together and we have to find a way to mesh those things together. It's part of the matching needs and services conversation. Culture is a part of that, and delivering those things in a way that resonate and are effective.

In terms of data capacity, there's a lot of capacity building that needs to happen because this stuff is really complex. But I think, it possibly also goes to some of the mindset underpinning beliefs, values an attitude. What I hear a lot is "I deliver this service, I have a great relationship with this family, I know that it works". But the 'knowing it works' is a gut feeling and I think we need to measure the extent of that impact as part of the core professional responsibility. Being able to quantify and

measure and be certain of what you're doing is effective, is part of being what a good practitioner is.

Audience: I completely agree with everything you've said and the needs you've identified in terms of good quality Australian research. The primary reason, in my view, that we don't have more good quality Australian research is that we just don't have the resources available. So these fantastic people who do this amazing 'on the ground' work have spoken to so many who'll come and pull together \$5-10K together to do a study because they also understand the importance of measuring and reporting on outcomes. But big studies like the ones you describe cost a lot more than \$10K. So for example, the randomized study across three states in Australia of Volunteer Home Visiting is costing \$1m. The only way we could raise that money was over three years of working with corporations and petitioning philanthropic sources to finally pull the money together to run the study. So how do we advocate, or where are the resources to form the sorts of partnerships that are needed to conduct the high level rigorous research that's needed in Australia?

ARACY: That's a great question and I wish I had the answer. The reason that so much of Australia's research is down the bottom end of the evidence continuum is solely and utterly a question of resources. I think the shift to outcomes measurement and embedding consistent, rigorous, pre-post measures and core service delivery is part of the answer. I don't think we're ever going to have enough money to run randomised control tested trials on everything we do. I think the outcomes conversation is the first part of that. And it's embedding data in practice. We see lots of different data requirements for state government and federal government and philanthropic bodies, and if we could utilise that data more effectively, that will be the first stage on that journey.

Health does this better than we've managed to in our sectors. So it can happen.

Audience: Large amounts of money are being spent in communities like Wilcannia and Bourke in Western NSW and the communities are crying out saying far too much money is being spent on Aboriginal communities with very few outcomes. The communities want to have a greater say in what sort of services are delivered and how they're delivered. We need that to be supported and genuine consultation with community members, which hasn't happened very effectively over the years.

ARACY: I think co-design, developing service models collaboratively, is beyond consultation.

Audience: The sustained nurses home visit program, has been a model program for a number of years. One of my concerns is that when we name a program like that, we think that's a good answer, without actually identifying what are the elements of that program that made it work. So, rather than just

naming it, how do we get clear about what were those essential element of that program that made it successful? And how do we ensure we don't import a model as a quick fix?

ARACY: When I was talking about practices and programs, they're some of the questions that I was trying to grapple with. How do we take the elements that sit under programs that make them work and share that information and make them accessible in a way that's not a proprietary commercialized way that we have to pay for? Understanding what those crucial kernels are within that intervention is exceptionally important.

The example of early childhood is a great example. Having done the research about what quality means in early childhood, we now have the national quality standard that is in every setting across the country. It's a way of lifting the whole system. We needed to understand what those things were first.

FaMS: FaMS has been working in the outcomes measurement space since 2008 and we certainly say that we have unique expertise in helping the child, youth and family sector measure outcomes. We've been helping services do it for a long time. While the conversation about reform is important, I would hate anyone to leave the room today thinking that they have to wait until we've gone through a design process that gets us to mid 2017, before you start measuring outcomes. So if you're not currently measuring outcomes and you want to, talk to FaMS. There's no reason as a sector we can't start doing that tomorrow.