

# Resilient Families Annual Report

Reporting Period: 1 July 2023 to 30 June 2024

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# Foreword

## From The Benevolent Society:

The Resilient Families Program in South Australia has been in place for three years having commenced at our Melrose Park office in July 2021 and then moving into Murray Bridge in 2023. The program is based on our well-evidenced Resilience Practice Framework, which was developed by The Benevolent Society over 10 years ago and is the foundational framework for our work in Family Preservation in New South Wales, Queensland, and South Australia. Our Resilience Practice Framework is currently undergoing a review and refresh in partnership with the Parenting Research Centre to ensure it is underpinned by the most contemporary evidence and supports the increasingly diverse communities we serve. This review has also included significant consultation and input from Aboriginal and Torres Strait Islander practitioners to ensure it meets the needs of and effectively supports the Aboriginal and Torres Strait Islander families accessing the program.

The program continues to have high successful outcomes for families including a family preservation rate over 94%. The success of the program continues to be due to a combination of the practice frameworks robustness; the respectful and collaborative relationship between The Benevolent Society and our Department for Child Protection colleagues, and the quality of the service provision by our staff. We welcome the South Australian and Commonwealth Governments' commitment to this work and, as this annual report will attest, the difference that this program makes to vulnerable South Australians lives on a daily basis.

**Josie Kitch, Director Operations – South Australia (Disability and Child and Family)**

## From Department of Human Services:

The Resilient Families program is an excellent partnership between the South Australian Government and The Benevolent Society (TBS) for the provision of intensive family support services focussed on the safety and wellbeing of at-risk children. The program's unique social impact investment model provides us with an opportunity to closely collaborate between all parties and to further build the evidence base for early intervention services in South Australia. The 2023/24 year marked the first calculation of an outcome payment for the program – with a preservation rate of 94.74% over the measured 12 month period, we are seeing success in the delivery of this program as part of South Australia's Child and Family Support System. We are grateful to TBS for their ongoing commitment to deliver high quality services.

**Dr Henry Pharo, Director, Pathways, Evidence and Partnerships, Child and Family Support**

## From Department for Child Protection:

The Department for Child Protection is continuing its efforts to expand the continuum of support services available to children and their families that enable children at risk of entering care to remain safely at home.

This year has provided an opportunity to further reflect on the importance of family preservation and early intervention with struggling families in order to address their long-term challenges.

The Department remains committed in supporting the Resilient Families Program to provide home based services and intervention that meets the individual needs of families. We would like to acknowledge the vital role programs such as these play in establishing safe home environments for children and young people.

**Kitty McLean, Director, Quality and Practice**

# Summary

The Resilient Families (RF) Program has shown positive outcomes during 2023–2024, with 71 index children and their families entering the program, receiving an average support duration of 46 weeks. Resilient Families is a social impact investment to support preservation and safety of children in the family home. The first of five contractual ‘pay by results’ performance payments measured 76 children’s outcomes reaching assessment date prior to 31 December 2023 achieving a 94.74% Preservation Rate of children remaining in the home.

Families supported by the program had a slightly higher proportion (42.2%) of families with all three of the [key social ecological concerns](#) compared to families engaged with DHS Child and Family Support Systems (CFSS) Intensive Family Services (35.6%) including domestic violence, mental health issues, and substance misuse.

Outcome measures reveal significant improvements in family wellbeing. [The CFSS Family Snapshot](#) indicated an increase in strengths and a decrease in stressors, with notable gains in housing conditions. Wellbeing measures demonstrated enhanced parental wellbeing and empowerment, with a reduction in psychological distress and improved child wellbeing. Feedback from parents and carers highlighted increased support, better access to services, and greater confidence in parenting, underscoring the program’s effectiveness in addressing complex family needs.

# Program Overview

## Resilient Families Program

Resilient Families (RF) is an evidence-informed, therapeutic service that delivers outcomes for at-risk children through intensive, long-term, in-home support. The program takes a whole-of-family approach to building safety, resilience, and stability for families where the presence of risk factors indicates the need for intervention to reduce risk and prevent harm to the child or young person. Families that meet the program eligibility criteria and have been assessed as requiring intensive support are referred to the program by the Department for Child Protection (DCP).

The program supports families where a child (up to 9 years of age) is at risk of removal and placement in care. For the first 12 weeks of a family’s engagement, they have access to 4 to 6 hours of in-home support per week, with 24/7 support available as required. As safety increases, risks decrease, and family resilience is built. Support then tapers to a less intensive model (2 to 4 hours per week) for up to 12 months. During this support period, the full range of challenges faced by families is addressed, including substance misuse, domestic and family violence and mental health issues. The focus remains on child safety and family resilience, with positive engagement facilitated by intensive face-to-face contact to drive sustainable results.

The Minister for Human Services engaged The Benevolent Society (TBS) to deliver the Resilient Families Program by the terms set out in the Resilient Families Social Impact Investment Program Deed (the Deed) covering a service intake period from July 2021 to December 2025 (with a 12-month service period extending to December 2026, for families in the last intake).

Figure 1: Program Implementation Timeline



## Social Impact Investment

Resilient Families is a social impact investment, transacted as a ‘pay by results’ contract. The counterparties, TBS, Department of Human Services (DHS) and DCP share contract management, and work together towards preservation within the family home (and in community and culture).

A social impact investment is to test innovative solutions to public policy challenges, such as the growth of children and young people in care. Social impact investments prioritise robust measurement, typically combining government administrative data and repeated program-level wellbeing measures.

Social impact investments are underpinned by 4 core principles:

1. prevention: shifting the focus from high-cost acute services to prevention,
2. innovation: demonstrating additionality and building an evidence base of ‘what works’,
3. partnerships: leveraging the strengths of different sectors and sharing risks and rewards, and
4. outcomes: designing for, measuring, and rewarding delivery of outcomes.

‘Pay by results’ contracts combine ‘traditional’ contract payments with additional performance payments, when achieving greater than expected results. Another distinctive feature of a ‘pay by results’ contract is that the South Australian Government’s counterparty (TBS) has agreed to bear some financial risk if the outcomes fall below an agreed rate. Equally, TBS, as the counterparty to a ‘pay by results’ contract receives a financial return should the outcomes be greater than the expected rate.

## South Australian and Commonwealth Governments

Resilient Families is a joint project between the South Australian and Commonwealth Governments, via the Project Agreement for Commonwealth State Social Impact Investments, Intergovernmental Agreement on Federal Financial Relations. Both governments have a common concern in improved outcomes for families with children at imminent risk of removal. Both governments agree to share data and analyses to assess the impact of Resilient Families, and to collaborate in evaluation.

## Outcomes Payments

The Resilient Families’ level of success is indicated by a high rate of family preservation (which exceeds the rate that would be expected in the absence of the program). The preservation outcome for each child is measured 12 months after their enrolment in the program (or in the case of a family with an unborn child at the time of referral, 12 months after the child’s date of birth). This is referred to as the Assessment Date.

TBS and the South Australian Government have agreed that, when the preservation rate exceeds 82%, this triggers an Outcome Payment (in accordance with Schedule 3 of the Deed).

## Calculation Process

Four Calculation Dates are scheduled for the Program, commencing on 15 February 2024 and occurring annually until 2027.

Children in the Intervention Group who have reached their Assessment Date by the preceding 31 December are included in the calculations.

The Department of Treasury and Finance (DTF) facilitates the collation and review of data from DCP and TBS to calculate the Incremental Preservation Rate and Outcome Payment.

## Calculation Outcome

The first performance payment occurred following the calculation date of 15 February 2024, for children who entered the intervention group from July 2021 to December 2022 (and had reached their respective Assessment Date by 31 December 2023).

As of 31 December 2023, 76 children in the Intervention Group from the commencement of the program had reached their Assessment Date and there were 72 recorded preservation.

The preservation rate was calculated as 94.74% and the Incremental Preservation Rate (IPR) was calculated as 12.74%.

## The Child and Family Support System Context

DHS provides stewardship of the Child and Family Support System (CFSS) to keep children safe and well in their family, community, and culture. CFSS services are delivered by the DHS Safer Family Services (SFS), and through contracts with non-government organisations (NGOs) and Aboriginal Community Controlled Organisations (ACCOs).

The development of the CFSS was initiated in response to the findings of the 2016 Child Protection Systems Royal Commission led by Justice Nyland. This report called for substantial growth in preventative and early intervention services to support the safety and wellbeing of children and families.

The priorities and approaches to reshape and reform the CFSS were co-designed by diverse stakeholders through a state-wide consultation process in 2019. This involved stakeholders from across government, the sector and diverse communities. It provided consensus and a strong commitment to collaboratively progress actions in seven shared directions.

The [Roadmap for reforming the Child and Family Support System 2021–2023](#) provides an overview for how the agreed shared directions for reform were to be implemented. It lays out the approach taken under four 'priority areas', all underpinned by 'Our Healing Approach' that combines cultural safety and trauma responsiveness.

Within the CFSS, DHS funds and delivers three tiers of family preservation programs that have varying degrees of service intensity. On the spectrum of service delivery, these programs broadly sit between primary/universal services and tertiary/statutory child protection services. The three tiers include:

- Tier 1: Out of Home Care (OOHC) prevention and intergenerational impact programs focus on families at imminent risk of having their children placed in care, and populations with elevated risk of entering the tertiary child protection system.
- Tier 2: Intensive Family Services (IFS) provide a very high level of case management, therapeutic intervention, and practical support to assist families to improve family functioning where there are high level safety concerns.
- Tier 3: Family Support Services (FSS) assist families with medium to low level risk concerns (including those who may have had contact with the child protection system). Within this category, DHS also delivers the Community Development Program and Families Growing Together Program.

The system of services and supports delivered within the CFSS is depicted in *Figure 2: Child and Family Support System Overview*. The Resilient Families program sits within Tier 1 on this spectrum and works with families at imminent risk of having their children placed in care.

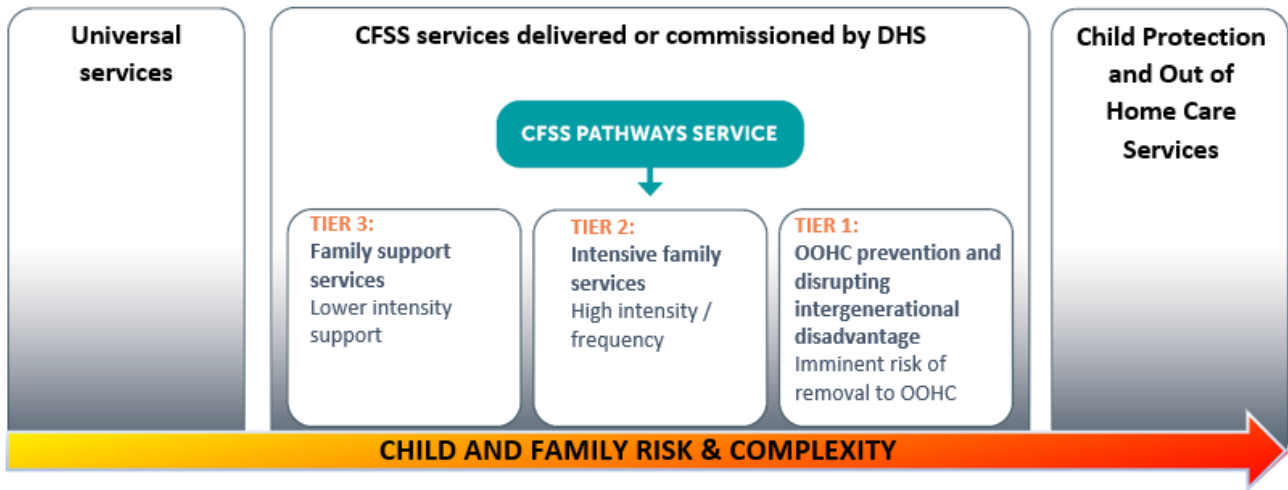


Figure 2: CFSS Service Tiers

Children, young people, and families face varying levels of complexity, which changes at different stages throughout the life course of a child, young person, or family. Services within CFSS sit across a spectrum of complex needs and safety risks experienced by children, young people, and families. A child, young person, or family can move across the continuum as their circumstances change to receive the right service at the right time to address their needs.

## Child protection and support services reviews and findings

Child protection and family support services exist to protect the most vulnerable members of our community and are subject to regular internal and external reviews. Of note, the ‘Trust in Culture’ report by Kate Alexander, and the review by former Police Commissioner Mal Hyde, both presented in 2022, identified the need for strengthened multi-agency, earlier intervention approaches when responding to safety concerns for children, young people and families. TBS works closely with DCP to identify families appropriate for RF intervention and to engage the family into the program. Their contributions to epidemiological data continue to inform the evaluation of the CFSS.

## Resilient Families Service Model

The Service Model is based on evidence provided by the evaluation of the Resilient Families (Social Benefit Bond) pilot, the Resilience Practice Framework (RPF) and Evidence Informed Practices (EIPs).

The Benevolent Society in partnership with the Parenting Research Centre developed 42 EIP practice guides for practitioners to draw on in working with families:

- Increasing safety
- Secure and stable relationships
- Increasing coping and self-regulation
- Improving empathy
- Increasing self-efficacy
- Practitioner skill
- Cumulative harm
- Infants at risk of abuse and neglect.



The efficiency and effectiveness of service is measured by the evaluation of:

- supporting parents to create a safe, stable, nurturing family environment
- improving children's wellbeing
- improving parenting skills and capacity, family functioning and relationships in a sustainable way
- preventing children from entering care unnecessarily and assisting with restorations.

## Program Development

### Governance

Resilience Families is supported by two governance groups:

- The Resilient Families Operational Group includes TBS, DCP and DHS leaders directly involved in the referral process and program management activities. The operational group meets monthly to discuss and resolve initial issues and risks in a timely manner.
- The Resilient Families Joint Working Group comprises executive leadership across all program partners (TBS, DCP, DHS, DTF), Commonwealth Department of Social Services (DSS)), to consider the progress of the program from a strategic lens. This group considers challenges and potential solutions to the referral process, as well as opportunities for connection with other CFSS reform activities and DSS-led initiatives. As the program has settled, this group now meets quarterly to review the activities of the previous period.

### Brokerage Support

Brokerage funding is used to assist families throughout service provision. Positive outcomes have been achieved through brokerage support including:

- waste removal and domestic cleaning support having an immediate impact on the safety and wellbeing of the children.
- children and family members access to health assessments and support, including the National Disability Insurance Scheme (NDIS). Access to NDIS services improve the wellbeing of participants and opportunities for educational support.
- achieving independence and safety for some families using brokerage to support application for a drivers' licence and lessons.
- school holiday activities to create family memories which is often financially unachievable. These have a very positive impact on the families and allows them to connect with each other away from the pressures often faced at home.

## Program Staffing

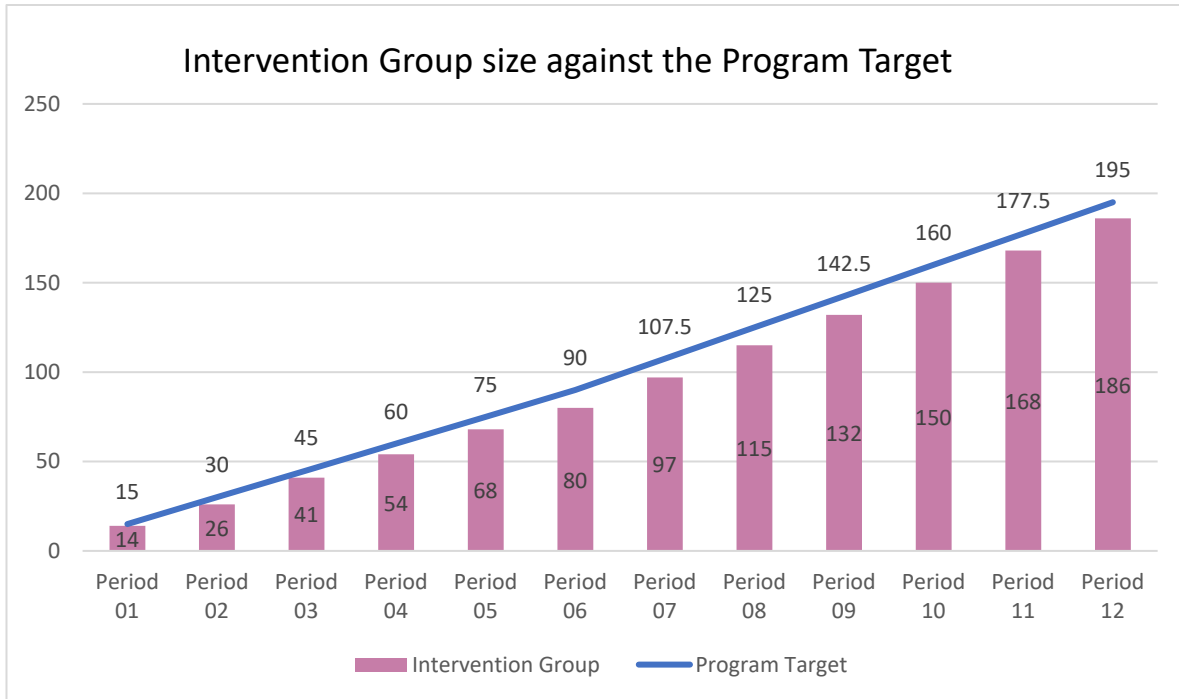
Staffing throughout the reporting period has remained relatively stable. Currently TBS has an excellent team of staff, who are exceptionally skilled and experienced in working within the child protection space and engaging with vulnerable families. Professional development offered both internally and externally together with reflective supervision supports current practice and effectiveness of the Resilient Families framework. The expansion of TBS disability services into the Murraylands will continue to have an impact on the outcomes for families within the region and enable RF families to access seamless and timely supports from disability services and colleagues as required.

Resilient Families staffing comprises of 1 manager, 2 team leaders, and 8 child and family practitioners.

# Intervention Group

This section summarises the Resilient Families intervention group by referral periods, referring DCP office, and family demographics. The intervention group size is estimated at 300 eligible children with intake between 1 January 2021 to 31 December 2025.

The Intervention Group size is shown in Figure 3. As of 30 June 2024, there were a total of 186 children in the Intervention Group, slightly below the program target of 195 index children.



**Figure 3: Intervention Group against the Program Target**

Between 1 July 2023 and 30 June 2024, 101 referrals were made to the program with 90 accepted referrals. Of these 71 became part of the Intervention Group and 19 families were excluded from the program.

Families may be excluded from the Intervention Group, due to a variety of reasons set out in the Deed. Further information about the intervention group is available in [Attachment 1: Intervention Group](#).

## DCP Referral Pathway

Program referrals are from nominated DCP Offices inclusive of Noarlunga, Inner South, St Marys and Murraylands.

TBS and DCP work closely together to identify suitable families for the program aligned with program eligibility criteria. The collaborative partnership between DCP and Resilient Families practitioners and management supports families with a high level of complexity and risk.

The referrals distribution by referring DCP offices for 2023–24 is shown in Figure 4: Referrals by DCP Referring Office.

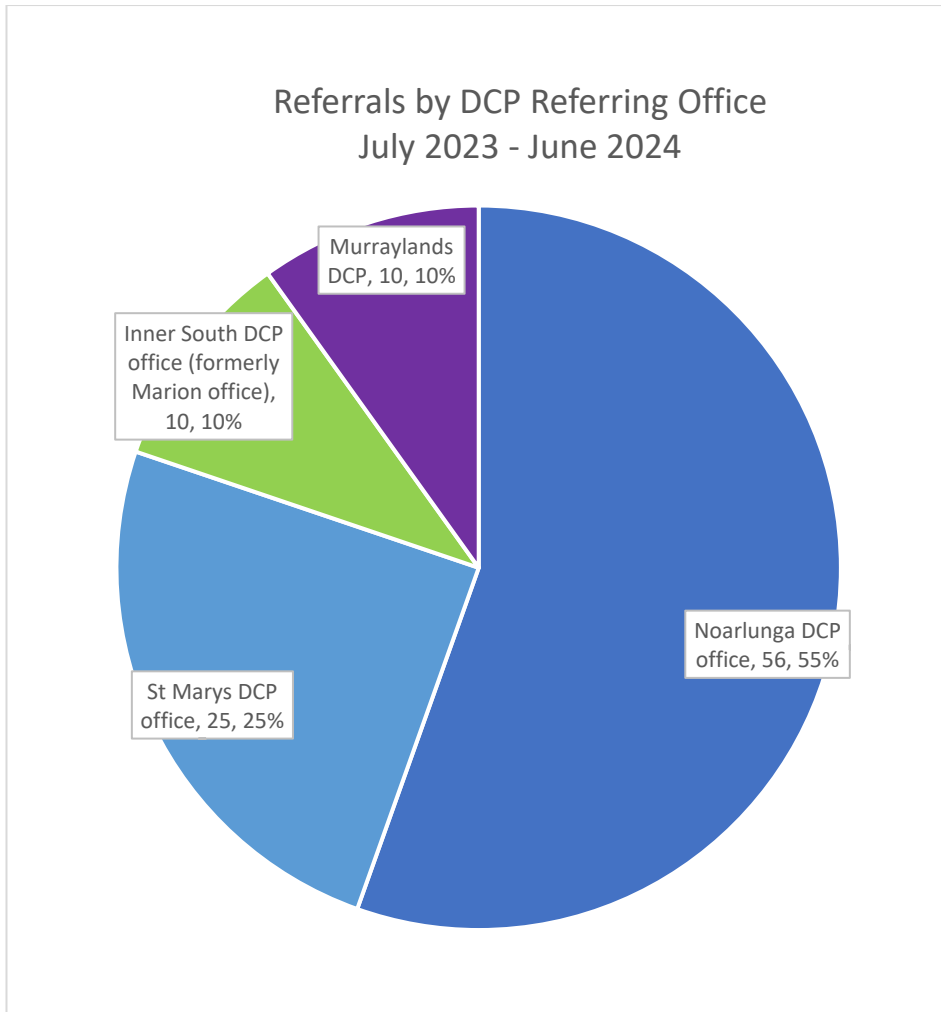
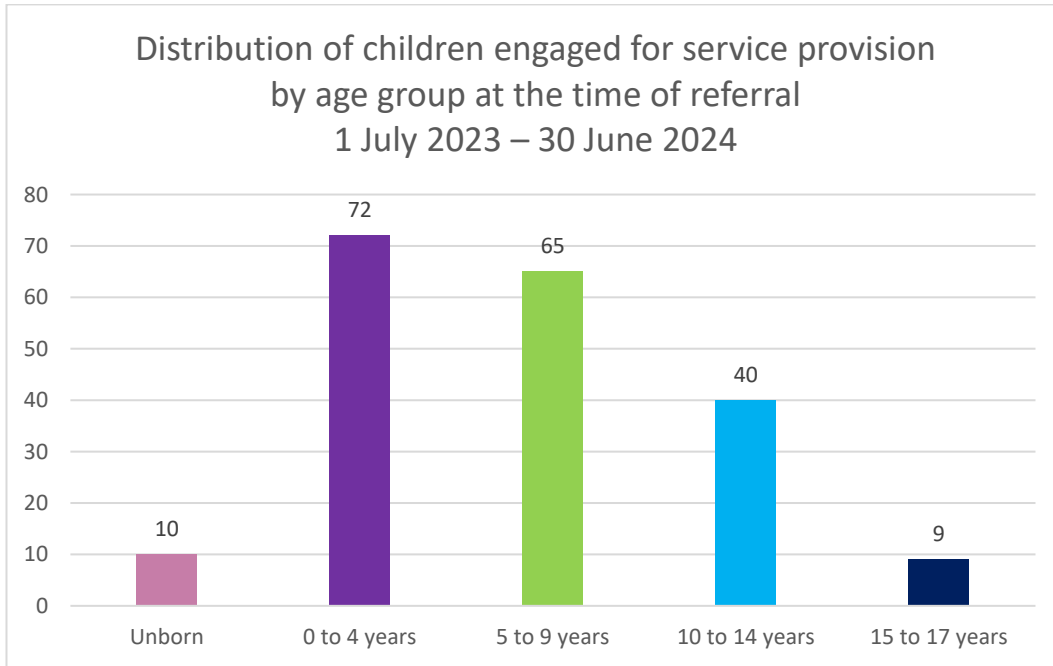


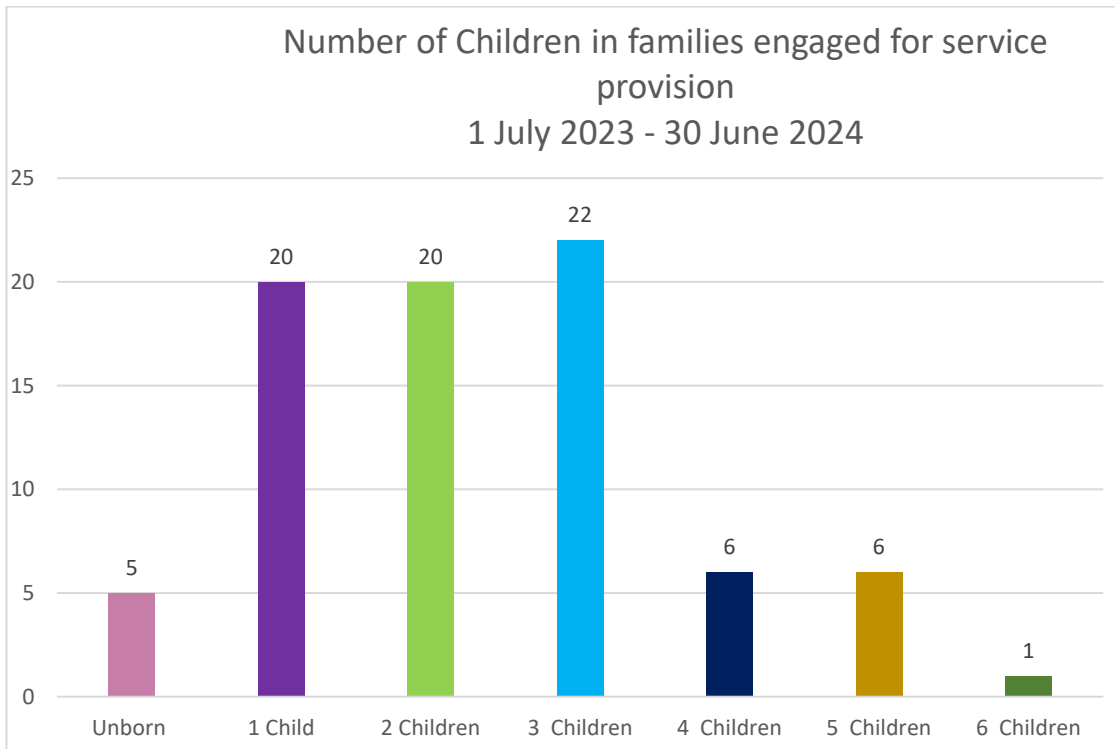
Figure 4: Referrals by DCP Referring Office

## Family Demographics

Resilient Families works with children of all ages, but the Index Child must be less than 9 years of age. Figures 5 and 6 represent the ages and number of children in the 80 families recorded as engaged for service provision, some of these families were later excluded from the intervention group.



**Figure 5: Distribution of children engaged for service provision by age group at the time of referral**



**Figure 6: Number of children in families engaged for service provision 2023/24**

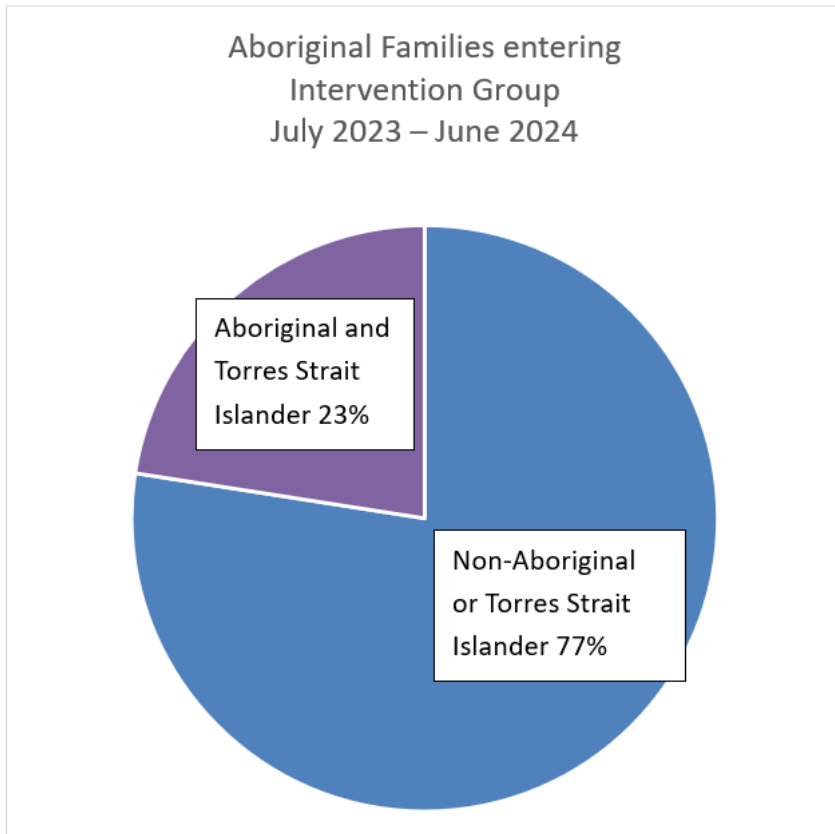


Figure 7: Aboriginal Families entering Intervention Group July 2023 – June 2024

## Successful Program Exits

Families successfully exit Resilient Families Program when TBS determines safety has been achieved and the high level of support is no longer required.

Between 1 July 2023 to 30 June 2024, 46 families successfully exited the program achieving safety goals. These families were supported for an average of 46 weeks. Nine of these families included an unborn child at the time of referral.

## Unsuccessful exits

Families unsuccessfully exit RF when the safety concerns for the child/ren are too high and a formal alternative arrangement is implemented, or the family disengages. In the reporting period 1 July 2023 to 30 June 2024, 3 of the families engaged with RF had a child placed in care.

Non-Participant Families are families that have participated in the program for longer than 4 weeks, and the family subsequently stops engagement and thereby withdraws consent.

All non-participant families are shared with DCP so appropriate escalation or services can be considered to support the family. A total of 14 non-participant families remains in the intervention group as of 30 June 2024, with 5 recorded during the 2023–24 reporting period.

# Family outcomes

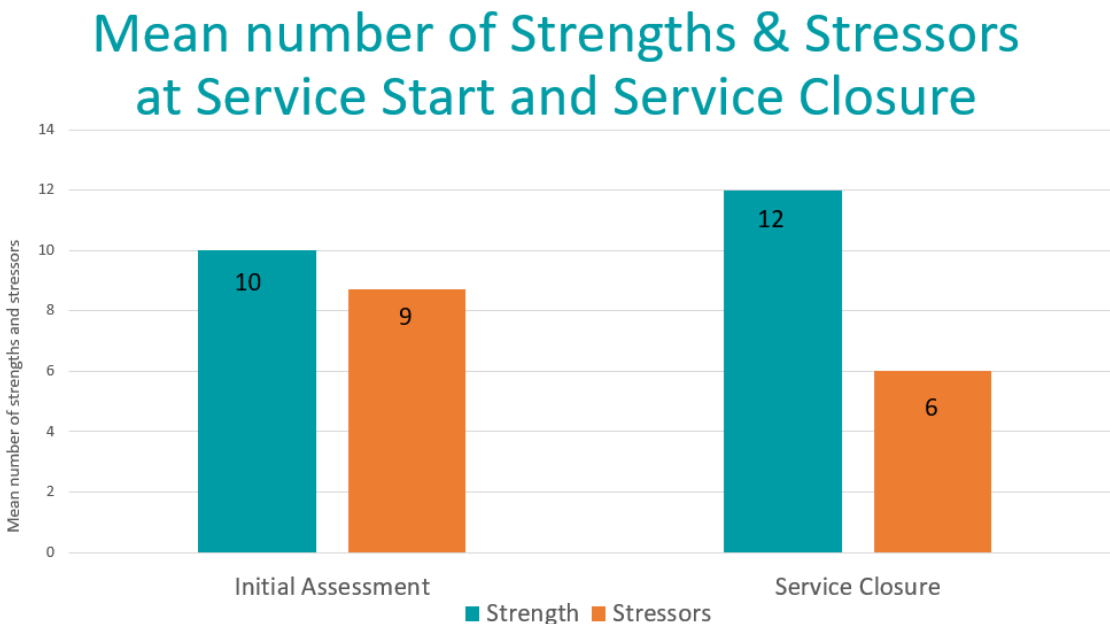
Family Outcomes are measured utilising different tools and assessments as part of the Child and Family Support System and The Benevolent Society’s Family Outcome Tool. As part of system and population data capture, the program commenced reporting in the CFSS Referral Outcomes Monitoring Systems as of 1 of July 2023.

## CFSS Family Snapshot

Family Snapshot is the primary measure to monitor service effectiveness and outcomes for families in CFSS programs. Through the lens of practitioners, it captures the breadth of a child's lived experience at the start of engagement and at service closure.

Items in the Snapshot have been adapted by the CFSS Lived Experience Network (LEN) and Aboriginal social work practitioners to make items relevant and reflect culture and policy. The Snapshot provides a system level view of child wellbeing and family functioning at two time points and validated as a change measurement tool in the South Australian (SA) context. The Family Snapshot captures social and ecological factors which the literature describes as important to the safety and wellbeing of children and families. It is primarily a practitioner-completed, population assessment of ‘strengths and stressors’ present in a child's life at service start and service closure. Reporting of Snapshot is to show changes in mean scores or proportions reported as a strength from service start to service closure.

Figure 8 ‘Mean number of Strengths & Stressors at Service Start and Service Closure’ shows the mean number of strengths and stressors reported at service start and closure. By closure, the mean number of strengths had increased, and the mean number of stressors reported had decreased.

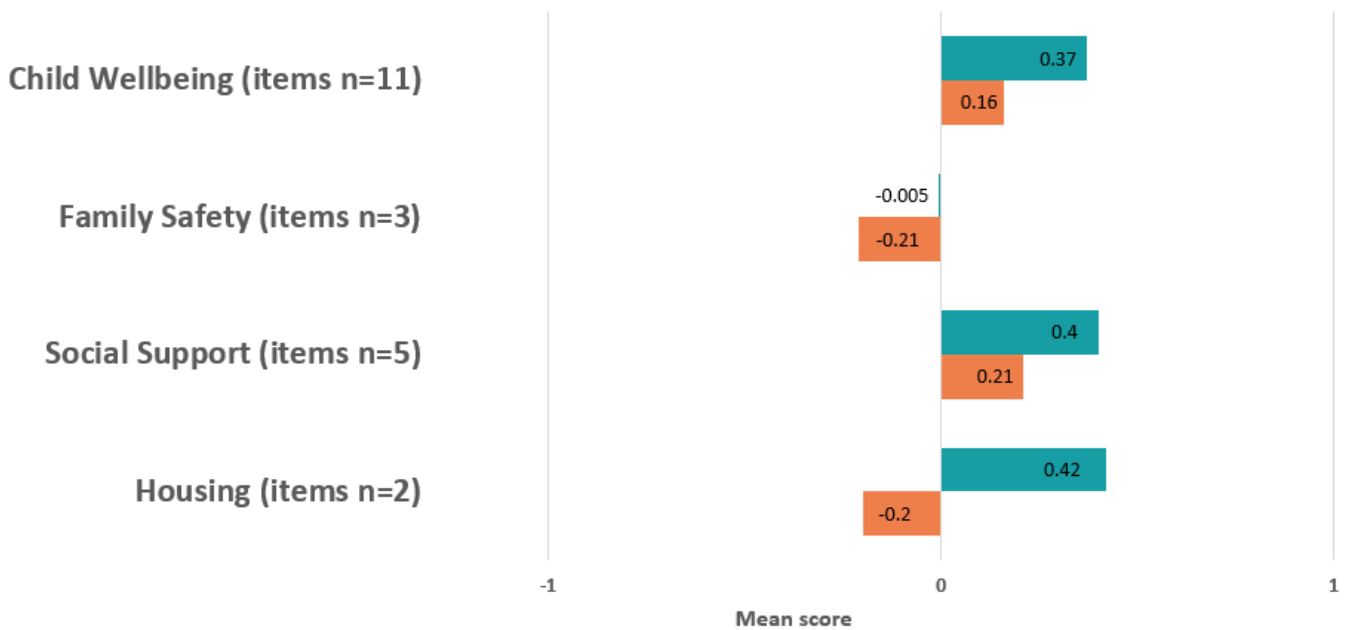


Source : Matched TBS Family Snapshot data Q1-Q12. N=50. Prepared by Dr Kelly Jones, EIRD

**Figure 8: Mean number of Strengths and Stressors at Service Start and Service Closure**

Figure 9 ‘Family Snapshot sub-scale mean scores’ shows each subscale mean score at service start and closure. Items determined to be a stressor are rated as -1 (lowest degree of stress) to -3 (highest degree of stress), while items determined to be a strength are rated as 0 (neutral) to 2 (highest degree of strength). All scores are lower at service start and the subscale with the highest magnitude of change by mean score is the housing subscale.

# Family Snapshot sub-scale mean scores



Source : Matched TBS Family Snapshot data Q1-Q12. N=50. Prepared by Dr Kelly Jones, EIRD

**Figure 9: Family Snapshot sub-scale mean scores**

Taken together, the above data demonstrates that families engaged in the program are being assessed by practitioners as improving on their overall level of family functioning and child wellbeing at the end of service relative to the beginning with levels of change being reported for different subscales.

## CFSS Family Complexity

At time of referral to family supports, the CFSS Pathways Service records the presence or absence of 44 concerns/risk factors (Family Complexity). Table 1 reports summary statistics of the risks at referral and the prevalence of the key social ecological concerns for families engaged in the Resilient Families program and families engaged by other family support providers.

Overall, families engaged in Resilient Families had 17.6 risk factors at time of referral, nearly a quarter (23.3%) of families were in the highest risk quintile. This level of complexity was similar to families engaged in other CFSS Intensive Family Support (IFS) programs. However, Resilient Families had a slightly higher proportion (42.2%) of families with all three of the key social ecological concerns (Current domestic and family violence; Current mental illness/mental health impacting parenting; Current drug and alcohol misuse) compared to families engaged with other providers (35.6%).

Table 1: Family complexity at time of referral by provider group, 2023/24

	Resilient Families		CFSS IFS (Tier 2)		
Mean number of risk factors recorded at referral	17.6		17.5		
<b>Risk factor count quintile</b>	Count	Column %	Count	Column %	
Lowest risk quintile	10	11.1	115	11.6	
Second	9	10.0	154	15.6	
Third	23	25.6	215	21.8	
Fourth	27	30.0	233	23.6	
Highest risk quintile	21	23.3	271	27.4	
Total	90	100.0	988	100.0	
<b>Key social-ecological risk factors</b>					
Domestic and family violence (current)	No	34	37.8	368	37.2
	Yes	56	62.2	620	62.8
Mental illness/Mental health impacting parenting (current)	No	6	6.7	180	18.2
	Yes	84	93.3	808	81.8
Drug and alcohol misuse (Current)	No	33	36.7	449	45.4
	Yes	57	6.3	539	54.6
Number of key social ecological concerns at time or referral	Nil	3	3.3	73	7.4
	One	15	16.7	215	21.8
	Two	34	37.8	348	35.2
	Three	38	42.2	352	35.6
Total		90	100.0	988	100.0

Data source: CFSS Data 2023/24 as at August 2024. Excluded records with incomplete family complexity.



## Resilient Families Family Outcomes Tool: Methodology

In Resilient Families, family outcomes are assessed using standardised measures, which are embedded into practice as families progress through the program. Families complete an initial assessment tool within 30 days of referral, followed by review tools at four monthly intervals during service delivery. Closure tools are completed when families achieve safety, or when they otherwise exit the program, where possible. These measures, known collectively at TBS as the Family Outcomes Tool (FOT), include the parent-focused Personal Wellbeing Index (PWI), Parent Empowerment and Efficacy Measure (PEEM), Kessler Psychological Distress Scale (K10 or K5), and the child-focused Strengths and Difficulties Questionnaire (SDQ).

In 2023–24, 90 families completed relevant measures within the FOT at least once, including 57 families who entered the RF program in 2023–24. The remainder entered in prior years but were active participants in 2023–24. Unless otherwise stated, the following sections summarise the outcomes of families who exited the program with safety achieved in 2023–24 and had matched data available. Matched data (i.e. an initial assessment and at least one follow-up response) is necessary to understand a family’s progress over service delivery, as well as the effectiveness of the service overall. The number of families who exited for other reasons in 2023–24 with matched data is too small to report separately.

### Parent/carer wellbeing, psychological distress and empowerment

On average, parents/carers’ subjective wellbeing, measured using the PWI, increased over the assessment period. At initial assessment, the average PWI score was 66.3 (n = 39), and subsequently increased to 68.5 (n = 62) at review, and to 74.7 (n = 26) at closure. At closure, the average PWI score was within the normative range for the Australian population (74.1 to 76.8)<sup>1</sup>. At closure, 62% of clients were experiencing a typical level of wellbeing (≥70 pts), an increase from 46% at initial assessment.

Satisfaction increased across the assessment period in six of the seven wellbeing domains. Satisfaction with ‘personal relationships’ and ‘future security’ showed the largest increase, and at closure, ‘safety’ and ‘future security’ had the highest reported satisfaction (88.8 and 81.5 respectively). Parents/carers were least satisfied with the ‘community connectedness’ domain at closure (63.8 pts), suggesting a potential opportunity to support families to better connect with their communities.

Parents/carers who were experiencing lower than typical wellbeing at initial assessment (<70 pts) more frequently exited the program without safety achieved (26%), compared to parents/carers who enter the program with typical wellbeing (5%). Where they did achieve safety, parents/carers with lower-than-typical wellbeing at initial assessment spent longer in the program (8.7 months) compared to parents/carers who entered the program with typical wellbeing (6.9 months).

Mental health concerns are a common risk factor amongst families in RF and co-exist with other risk factors such as domestic and family violence, substance misuse, trauma and homelessness. Measured using the K10, psychological distress decreased for non-Indigenous parents/carers from an average of 24.8 (n = 31) at initial assessment to 23.8 (n = 47) at review and again to 20.3 (n = 20) at closure. This indicates a reduction from high levels of psychological distress to moderate levels over the assessment period.<sup>2</sup> For Indigenous parents/carers,

<sup>1</sup> International Wellbeing Group (2024) Personal Wellbeing Index Manual: 6th Edition, Version 2, 190624, pp. 155. Cummins, R. A. (Ed.). Geelong: Australian Centre on Quality of Life, School of Psychology, Deakin University – Melbourne Campus. <http://www.acqol.com.au/publications#Open-access>

<sup>2</sup> Groupings adopted from ABS - 4817.0.55.001 - Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007–08

psychological distress was at moderate levels<sup>3</sup> across the assessment period, being 10.0 (n = 8) at initial assessment 10.1 (n = 8) and 10.5 (n = 6) at closure, noting the small response numbers for this cohort.

In addition to the measures of subjective wellbeing and psychological distress, parents/carers complete the PEEM to better understand their strengths as a parent and their capacity to engage with parenting challenges. Total empowerment, an indicator of their overall feelings of efficacy, increased from 148 at initial assessment (n = 37) to 154 at review (n = 62), and 166 at closure (n = 26). At closure, parental empowerment was 12 points above the population average.<sup>4</sup>

The PEEM subscales measure 'Efficacy to parent', which indicates parental confidence and positive feelings, and 'Efficacy to connect', which is "the degree to which parents feel empowered to access support and to participate in social or other activities that promote positive parenting".<sup>5</sup> At initial assessment, the former sat below average, while the latter was slightly above average. At closure, both sub-scales exceeded the population averages.

## Child wellbeing

The SDQ assesses observable behaviours relating to a child's socio-emotional functioning. In RF, parents/carers of children aged at least 2 years complete the SDQ. The average total difficulty score at initial assessment was 11.8 (n = 22), which increased to 12.6 (n = 39) at review before reducing to 10.9 (n = 13) at closure, indicating a reduction in difficulties over the assessment period. The average score at closure is considered in the "close to average" range.<sup>vi</sup> Children aged 2–4 years had, on average, lower scores at closure compared to older children (9.8 and 11.4, respectively). While based on relatively small sample sizes, this may indicate that younger children demonstrate fewer socio-emotional difficulties at program exit, compared to those in the older age cohort.

A reduction in difficulties was seen across 3 of the 4 difficulties subscales over the assessment period: emotional symptoms, conduct problems and peer relationship problems. Hyperactivity increased slightly over the assessment period, from 4.6 to 5.7, both for younger (2–4 years) and older (5+ years) children.

## What changes have been most significant to parents/carers?

Families are asked at review and closure to reflect on what has been the most significant change for them over the assessment period. The three most common themes are that they feel supported and reassured, can better access and navigate other services, and feel more confident in their parenting.

*'Organising supports such as the NDIS to help with the cleaning knowing this was a child protection concern.'*

*'There has been big changes with my children they are now receiving supports that they need.'*

*'I feel like I am kinder to myself as a mum and I know I'm doing a good job as a parent.'*

*'Having support and encouragement to go to counselling. It has been positive to have some validat[ed] feelings and have an outlet.'*

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<sup>3</sup> AIHW (2009) Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Canberra: Australian Institute of Health and Wellbeing.

<sup>4</sup> Freiberg, K., Homel, R., & Branch, S. (2014). The Parent Empowerment and Efficacy Measure (PEEM): A tool for strengthening the accountability and effectiveness of family support services. *Australian Social Work*, 67, 405-418.

<sup>5</sup> <https://www.realwell.org.au/peem/>

## Resilient Families Case Study

The Benevolent Society received a referral from DCP for an unborn child. The referral concerns were for the unborn child and the mother's chronic mental health, previous trauma and previous substance misuse, domestic violence and the mother being of a young age. TBS worked intensively with the mother prior to the birth and then following. A short time following the birth the mother experienced significant mental health concerns, TBS advocated for the mother to keep the baby in her care and be placed with family support until a space became available within a supported facility, as per the Family Group Conference (FGC) plan.

TBS has worked closely with the family for 12 months. During this time, the mother has developed a strong attachment with her child, is able to continue to prioritise the child's needs whilst maintaining safety and increasing parental capacity. The mother has been linked into other support services and has developed coping and self-regulation skills which have supported her to be reflective and seek out support when required. The mother and child have recently moved into a private rental property in which they both continue to thrive.

## PhD Research – Dr Sarah Seekamp

The Resilient Families team at Melrose Park participated in research led by Dr Sarah Seekamp from the University of South Australia. This research highlights the importance of interprofessional collaboration to effectively support the diverse needs of children and families known to child protection and explored collaboration between:

- practitioners involved with families known to child protection and
- practitioners and parents from these families.

Perspectives were gathered from professionals with extensive experience in the fields of family support and child protection and parents/caregivers involved with The Resilient Families Program Melrose Park.

Results identified several strengths of the Resilient Families Program offering guidance for practitioners and policy makers to support families who become known to child protection.

### Partnering with parents

**Family-centered practice approaches** were affirmed as fundamental to effective work with families. Parents and practitioners identified that establishing trusting practitioner-family relationships are critical to engaging families and attempts to engage families should consider their previous (often negative) experiences with services. Listening to families, and conveying genuine care were identified by parents as important for building relationships. Parents reported that service responses that were tailored to their family's unique situation contributed to them feeling understood and their propensity to engage with support.

**Flexible service models** enable practitioners to place clients' needs as the strongest driver of their practice and offer tailored responses. The length of service of RF was identified as a strength, allowing time for practitioner-parent relationships to be established and families' unique and complex needs to be understood and supported.

Parents involvement in explicit goal setting is an area that requires further exploration as part of supporting involvement of parents in setting the agenda for service responses.

Opportunities for families to contribute to service evaluation and design were recognised as important by professionals and parents.

### Collaboration across service providers

**Lead case management** as offered by RF was identified by parents as critical to facilitating collaboration across services to meet the unique needs of their family. Families identified that without this assertive coordination and advocacy their needs may remain unmet.

Practitioners affirmed that assertive lead case-management is required to procure needed support from other services/sectors and engage families in service responses.

**Systems and processes** were identified as helpful for effective cross service collaboration, including shared training and development, common practice models, flexible use of resources to enable innovation, mechanisms to support information sharing and a shared focus on the best interests of the child.

Parents value collaboration between services and would like it to occur more frequently. Collaboration across services and active participation of parents in service responses was found to be largely dependent upon family support practitioners' facilitation.

# Conclusion

In summary, the Resilient Families program has demonstrated significant impact on the lives of families facing complex social ecological concerns and challenges. The program has supported 186 index children and their families with a target of 300 and while it has not yet reached its full target, the strong engagement and positive outcomes highlight its effectiveness in promoting safety and wellbeing.

Data collected from the Family Snapshot reveals notable improvements in family functioning, with increased strengths and reduced stressors reported at service closure. This indicates that the program is not only addressing immediate risks but also fostering long-term resilience among participants.

The collaboration between Commonwealth Department of Social Services, South Australian State Government agencies and The Benevolent Society in delivering this program provides key learnings and insights to partnerships and collaboration in the Child and Family Support Systems development. As we move forward, it will be essential to continue strengthening inter-agency collaboration in supporting vulnerable families.

# Attachment 1: Intervention Group

## Referrals and Commencements

The Intervention Group is currently 9 lower than the target of 195. Resilient Families Operational Group will collaborate to reduce the shortfall over the remainder of the program.

The referrals and Intervention Group size for the program at the end of the third year is summarised in Table 2 Referrals and commencement 2023–24.

**Table 2: Referrals and commencements 2023–24**

Period	Referrals <sup>6</sup>	Accepted Referrals <sup>7</sup>	Excluded <sup>8</sup>	Intervention Group <sup>9</sup>
9: July – Sept 23	24	21	4	17
10: Oct – Dec 23	25	22	4	18
11: Jan – Mar 24	26	25	7	18
12: Apr – Jun 24	26	22	4	18
<b>Total</b>	<b>101</b>	<b>90</b>	<b>19</b>	<b>71</b>

## Exclusions

Some families are excluded from the Intervention Group, due to a variety of reasons set out in the program deed. In some circumstances, a replacement referral may be sought. This ensures that the program continues to operate in-line with the target of 300 families in the intervention group.

Table 3 Program Exclusion 2023–24 presents the various reasons and number of families excluded for each reason during the reporting period. When a family is excluded, a replacement referral may be requested for an alternative family, as per the rules within the Operations Manual.

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<sup>6</sup> Fulfilled Referrals = a referral provided by DCP for TBS

<sup>7</sup> Accepted Referrals = a referral which TBS has agreed to attempt engagement

<sup>8</sup> Excluded = a family who have ceased services due to specific reasons identified within the Operations Manual for the program

<sup>9</sup> Intervention Group = a family who will be included in the calculations of the performance percentage

**Table 3: Program Exclusions 2023–24**

Exclusion Code and Reason	Count of Families	Time Period
5.5.1 Ineligible	10	Within 4 weeks
5.5.2 Unsafe – initial Safety Assessment decision revised	1	15 – 30 business days
5.5.3 Child placed in to care before engagement	0	Within 3 weeks
5.5.4 Relocation of family	1	Within 3 months
5.5.6 Lack of family engagement	6	Within 4 weeks
5.5.8 Services cannot be delivered	1	At any time
<b>Total</b>	<b>19</b>	

A total of 48 families have been excluded from the RF program since commencement, with 19 recorded during the 2023–24 reporting period.

**Non-Participant Families** are families that have participated in the program for longer than 4 weeks, and the Family subsequently stops involvement and thereby withdraws consent.

All non-participant families are communicated to DCP so appropriate escalation or other services can be considered to support the family. A total of 14 non-participant families remains in the intervention group, with 5 recorded during the 2023–24 reporting period.

## Attachment 2: CFSS Family Snapshot Data

Previous reporting on the TBS Family Snapshots has been on unmatched cohort data; unique referral level matching was not done due to low sampling at each phase of data collection and all response types were accepted for inclusion in analysis due to low numbers. Subsequently, results may look considerably different from earlier reporting. Additionally, as the Family Snapshot tool has since been validated in the Australian context, reporting is now done for four subscales, a global overall score and reporting of change for 5 key questions.

Table 4 shows the total number of Family Snapshots collected and provided to EIRD for analysis by assessment types (Aug 1 2021 to July 30 2024).

**Table 4: Total Family Snapshot Submissions**

Assessment Occasion	N	%
Initial assessment	181	41
Review 1	117	26
Review 2	54	12
Review 3	18	4
Review 5	2	0.5
Closure	71	16
<b>Total</b>	<b>443</b>	<b>100.0</b>

After removing duplicate responses for assessment occasion (electing the most recent assessment occasion for inclusion) and selecting 'Practitioner only' responses where available, Initial Assessment Snapshots were then matched with Closure Snapshot data. A final matched sample of Initial Assessment and Closure data resulted in 50 paired samples for analysis. Where Practitioner only responses were not available, family completed Snapshots were used. As the scoring for family-led Snapshot responses are consistently higher than those completed by practitioners, there will be some impact on the magnitude of change scores reported.



# Acronyms

## **AEDC**

Australian Early Development Census

## **ADD**

Attention deficit disorder

## **ADHD**

Attention deficit hyperactivity disorder

## **CFSS**

Child and Family Support System

## **CPS**

Child Protection Services

## **DCP**

Department for Child Protection (SA)

## **DHS**

Department of Human Services (SA)

## **DSS**

Department of Social Services (Commonwealth)

## **DTF**

Department of Treasury and Finance

## **EIP**

Evidence Informed Practices

## **EIRD**

Early Intervention Research Directorate

## **K10, K5**

Kessler Psychological Distress Scale

## **NDIS**

National Disability Insurance Scheme

## **PEEM**

Parent Empowerment and Efficacy Measure

## **PhD**

A Doctor of Philosophy — the most common degree at the highest academic level, awarded following a course of study and research.

## **PWI**

Personal Wellbeing Index

## **RF**

Resilient Families

## **RPF**

Resilience Practice Framework

## **RSA**

Refer State Authority

## **SAPOL**

South Australia Police

## **SDQ**

Strengths and Difficulties Questionnaire

## **TBS**

The Benevolent Society