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The Family Snapshot

Tracking change | Strengthening families

Measuring change in family functioning in South Australia's
Child and Family Support System (CFSS)



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Acknowledgement

We in Safer Family Services (SFS) acknowledge and respect Aboriginal people as the first people of this country and recognise the traditional custodians of the lands in South Australia, the lands on which we practice.

We acknowledge that the cultural, spiritual, social, economic, and parenting practices of Aboriginal and Torres Strait Islander people come from traditional lands, waters and skies, and that the cultural and heritage beliefs, languages and lore are still living and of great importance today.

We acknowledge Elders past, present and those emerging, which of course is the children. We further acknowledge Aboriginal staff, families and community working to keep children safe in the protective strengths of culture, with a strong sense of self and identity.

We are committed to voice and truth telling, ensuring that the needs and aspirations of Aboriginal and Torres Strait Islander people are incorporated in the design, development, monitoring and evaluation of deliverable actions.

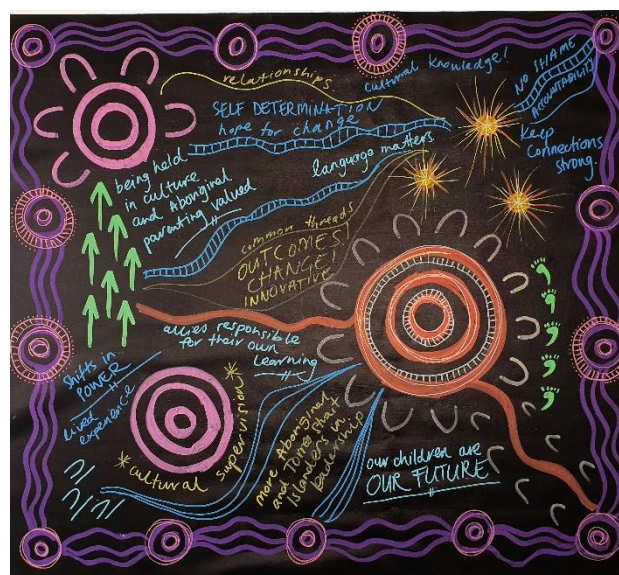
Artist acknowledgement

The *Aboriginal Cultural Lenses of Practice* artwork was created in 2020 as a visual statement piece by Sasha Houthuysen/Hill, a Yamatji/Noongar woman, in partnership with the Department of Human Services (DHS) Safer Family Services, Aboriginal staff and allies.

It gives a voice to Aboriginal ways of knowing, being, doing and guidance in supporting a culturally safe workforce.

The artwork is used throughout the department's Child and Family Support System (CFSS) policy and practice resources. It incorporates the symbols representing the cultural lenses journey: allies walking alongside Aboriginal staff, families and communities, and meeting and learning places supporting Aboriginal best practice.

This ensures that we are always keeping children front and centre and working from a culturally safe lens.



Executive Summary

The Family Snapshot is an assessment tool used across South Australia's Child and Family Support System (CFSS) to measure changes in family functioning and child wellbeing for families receiving Intensive Family Services. Grounded in a social-ecological framework, it captures practitioner perceptions of families' experience of individual, family, household and community factors that influence child safety and wellbeing. Data is collected at service commencement and service closure with the aim to measure the prevalence, intensity and extent of change achieved through service delivery.

A rigorous validation process, using more than 1,100 Baseline and 569 matched Baseline–Service Closure Snapshots (Oct 2021 – Jun 2023), confirmed four core domains—Housing, Social Support, Family Safety and Child Wellbeing. Reliability was high, and the tool demonstrated dimensional stability and external validity through alignment with independent Family Complexity data. Predictive models further showed the tool can distinguish between current neglect and current abuse. A validated 22-item scale was established, with five additional clinical items retained for practice use but excluded from the statistical domain structure due to inconsistent loadings.

The validated tool strengthens the CFSS evidence base by enabling population-level insights, supporting service planning and continuous improvement. Next steps include further external validation using linked datasets, subgroup testing (e.g., Aboriginal families, pregnant parents), periodic re-testing of item loadings as the dataset grows, and exploring a shortened version.

The Family Snapshot

The Family Snapshot tool is assisting the Department of Human Services and the CFSS to understand the impact of Intensive Family Services (IFS) that aim to keep children safe and well in their family, community and culture. The Family Snapshot captures data on indicators of important factors known to influence family wellbeing and functioning. Importantly, it is informed by the ecological approach for understanding child wellbeing and development.^{1,2} The Family Snapshot is designed to measure key individual, household and community level family risk and protective factors shaping family functioning and wellbeing that also contribute to child wellbeing and development. Data collection on a broad range of factors, at service commencement and service closure, enables the tool to inform our understanding of the extent and magnitude of changes in family functioning and child wellbeing that are possible through the delivery of IFS. The Family Snapshot tool is an adaptation of the Family 'Strengths and Stressors' tool developed by Berry et.al.³ The Family Snapshot adaptation was conducted in consultation with community leaders, social epidemiologists, practitioners working in IFS and in Aboriginal Community Controlled and other non-government organisations, administrative officers from the Department for Human Services, as well as members of the CFSS Lived Experience Network (LEN) (the 'expert' group).

This report summarises the validity assessment of the Family Snapshot tool to assess change in risk and protective factors in South Australian families receiving CFSS IFS.

Background

Purpose and definition

The Family Snapshot was developed as an evidenced-informed tool for reporting the social and ecological environment experienced by families in need of support from the CFSS. The Family Snapshot aims to provide a description of select social and ecological factors which

¹ Molloy C, Moore T, O'Connor M, Villanueva K, West S, Goldfield S. A Novel 3-Part Approach to Tackle the Problem of Health Inequities in Early Childhood. *Academic Paediatrics*. 2021; 21(2): 236-243.

² M Berry. (1994). *Keeping families together*. New York: Garland Press

³ M. Berry, S Cash, S Mathieson, (2003). Validation of the Strengths and Stressors Tracking Device with a child welfare population. *May, Child Welfare* 82(3):293-318.

are known to contribute to family wellbeing and family functioning. These factors are measured at service commencement and service closure.

Assessing the safety and wellbeing of children and their families is crucial to inform case planning and to measure the outcomes that have been achieved through the provision of support to children and their families. Hence, a validated tool to assess and evaluate family safety and wellbeing for children which is informed by a valid ecological perspective, and which enables data collection on relevant family and child wellbeing shapers, is important.

"The ecological approach to child abuse and neglect looks beyond personal and 'intrapsychic' determinants of abuse, and recognizes the effect the of environment, both within the family and within the larger political, economic, and social spheres, has on behaviour" (Berry, 1994, p. 29).²

Tool development

This tool was developed by the developed by the Early Intervention, Research and Data (EIRD) unit, within the Child and Family Support division of the Department of Human Services. The EIRD team used the 'Strengths and Stressor' family functioning questionnaire developed by Berry *et al*, as a starting point for the development of the Family Snapshot³. Items in the Berry questionnaire were adjusted where necessary, with input from the expert group, to align with local cultural protocols and the social context of families and children living in South Australia. Findings from implementation of the Family Snapshot tool can

- inform a system-level view of issues experienced by families to enable better support service planning
- inform our understanding about change achieved for families receiving CFSS IFS.

Thus, the Family Snapshot is an important data tool to support CFSS system monitoring, evaluation and development and thereby contribute to keeping children safe and well in family and community.

Why validate the tool?

The Family Snapshot was implemented in the CFSS with the understanding that assessing the validity of the tool was a key condition of its continued implementation.

Validation, or the validity of a tool, refers to the process of determining the extent to which an instrument measures what it intends to measure. When previously validated tools are adjusted or modified in any way, they need to be re-validated to ensure the instrument is still measuring what it was originally built to measure. Tool validation is a series of technical processes performed according to pre- specified criteria to verify that a tool meets the

expected scientific standards. This is usually begun using exploratory factor analysis -, a technique for data reduction and validation.

Implementation of the tool

The Family Snapshot is designed to be used with families receiving case management. It is filled out by the IFS practitioner as early as possible but independently from the family—after initial safety planning and early engagement has occurred. It is then completed a second time at the point of service closure. Completing the tool at these two points helps show how family circumstances and social-ecological conditions change over the course of CFSS support.

The intent is that widespread use of the validated Family Snapshot will support the development of a population-level picture of family and child wellbeing and functioning in the CFSS target population. Further, that use of the data collected, together with other administrative data, will generate key new understandings about local level risk and protective factors associated with child maltreatment and child development.

The Family Snapshot items

The Family Snapshot comprises 27 items (See Table 1). Items are scored using a Likert-type scale ranging from -3 to +2 (see Table 2 for scale definitions). Data for validating the Family Snapshot was drawn from a sample of paired Family Snapshots but utilised only the Baseline data for reliability testing.

Table 1: The Family Snapshot items

1. Is paying the rent/mortgage on time, insecure tenancy/homelessness, housing related debt a...
2. Is the suitability of your house to meet the needs of your family a...
3. Is your connection and engagement with a supportive community a...
4. Is your sense of belonging or connectedness with culture, country, or community a..
5. Is paying attention to your child's developmental needs a...
6. Is maintaining attendance at school or accessing childcare/kindy or school a...
7. Is accessing services such as, health and medical services, counselling, educational, domestic and family violence services, drug and alcohol, disability, and other services a...
8. Is contact with friends/family who can provide you with support or advice when needed a...
9. Is having friends/family you can trust to look after children at short notice or in an emergency a...
10. Is providing basic needs for your family (eg adequate food, clothing, school needs, health care etc) a...
11. Managing routines, setting boundaries, managing conflict or power struggles with children?
12. Is coping with emotional distress, anxiety, diagnosed mental health conditions a...
13. Is coping with health and medical problems, dental health, chronic illness, or disability a...
14. Is coping with alcohol or drug problems a...
15. Parents/caregivers not living together. You and your partner/other care-givers ability to generally agree and make decisions together regarding children is an...
16. Parents/caregivers not living together. You and your partner/other care-givers ability to generally agree and make decisions together regarding children is an...
17. In general, extended family relationships are an ... [insert response] in the life of the family.
18. Siblings/children/s ability to get along and generally look after each other is...
19. Is the physical safety of the child(ren) a...
20. Is the sexual safety of the child(ren) a...
21. Is the emotional safety of the child(ren) a...
22. Is neglect experienced by the child(ren) a...
23. Is neglect experienced by the child(ren) a...
24. Is parental ability to understand the issues identified in the risk and safety plan a...
25. Is the child/ren's emotional stability, anger, ability to cope or mental health a...
26. Are the child/ren's general health, dental health conditions, chronic illness, development issues or disability a...
27. Is the child/ren having friends, social connections, engaging in sport, community activities or accessing support from other friends and family a...

**Table 2: Family Snapshot scoring definitions****-3 (Extreme Stressor):**

Severe or serious, intense, enormous, or high-level of anxiety, worry, mental, emotional stress or physical strain. The issues and challenges facing the family reflect a serious child safety concern.

-2 (Large Stressor):

An area of stress or concern, if not addressed this issue may develop into a significant child safety issue, is less extreme than the most significant issues facing the family.

-1 (Little Stressor):

Not strong, not extreme, moderate, an area that the family might work on and improve but does not represent a significant child safety issue.

0 (Adequate):

Selecting this option reflects that this issue is neither a strength or stressor or that the issues experienced are like most families in the community, community norm.

1 (Some Strength):

Having some knowledge, skill, and confidence to address challenges which is applied sometimes.

2 (Clear Strength):

Having the knowledge, skill, and confidence to address challenges and applying these most of the time.

0 (Unknown):

Selecting this option reflects that this issue is not applicable or not indicated for the family.

Validation of the Family Snapshot

Tools like the Family Snapshot that measure ‘latent constructs’, such as the underlying influences associated with child safety and family wellbeing, require several validation steps. The validation framework utilised in this report is described in the review article ‘Best Practices for Developing and Validating Scales for Health, Social, and Behavioural Research: A Primer’ by Boateng *et al.*⁴

Tools such as the Family Snapshot are

“...a manifestation of latent constructs; they measure behaviours, attitudes, and hypothetical scenarios we expect to exist as a result of our theoretical understanding of the world but cannot assess directly.”⁵

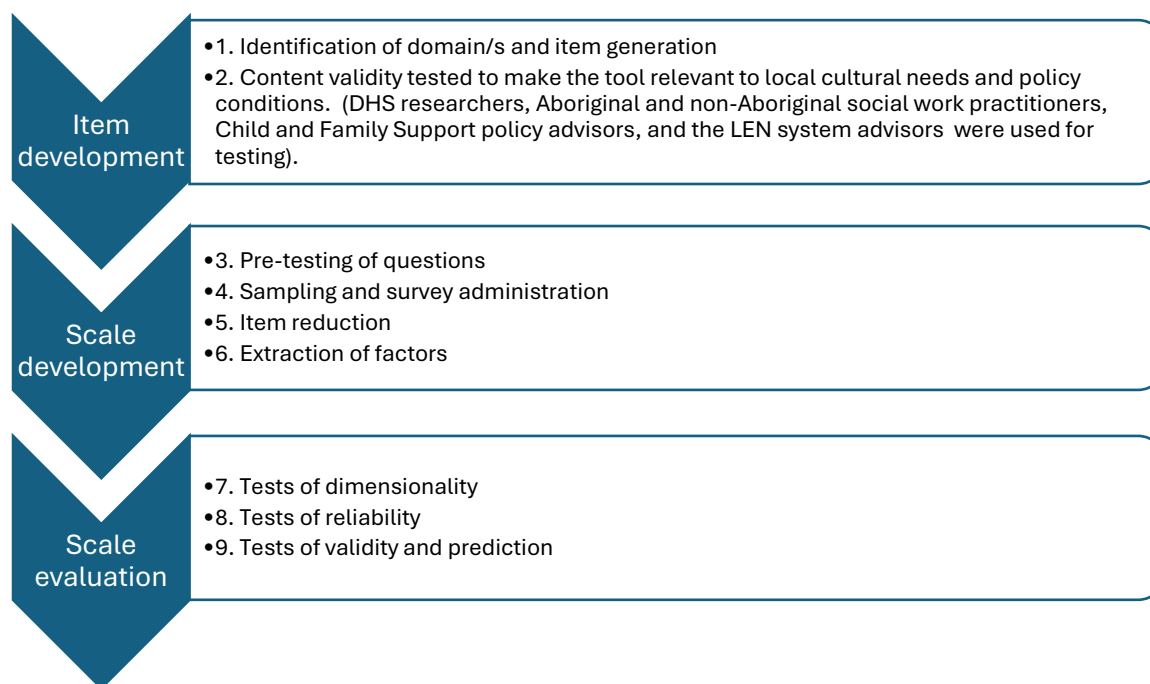
There are three broad phases to developing and validating a tool that is designed to measure latent constructs and generally involves nine steps of data gathering and/or analysis.

Many of the steps of item and scale development and evaluation overlap. Steps 1 to 4 are done using deductive and inductive reasoning, steps 5 to 9 involve statistical computation. The phases and steps are described in Figure 1.

⁴ Boateng GO, Neilands TB, Frongillo EA, Melgar-Quiñonez HR, Young SL. Best Practices for Developing and Validating Scales for Health, Social, and Behavioural Research: A Primer. *Front Public Health*. 2018 Jun 11; 6:149.

⁵ DeVellis RF. *Scale Development: Theory and Application*. Los Angeles, CA: Sage Publications (2012).

Figure 1: Overview of the three phases and nine steps of scale development and validation



Phase 1. Item development

1. Domain identification and item generation

Domain and item identification was undertaken by DHS researchers. The starting point for the list of items was the ‘Strengths and Stressors’ tool developed by Berry *et al.*⁶ This was done with the approval of the author. Whilst all the domains (the literature also refers to domains in such tools as subscales) and their items from the Berry tool were selected, some item words were modified. Two additional items were generated relating to community connections and were included in the ‘child wellbeing’ domain. This tailoring of the original Berry tool was informed by expert epidemiological, family support practitioner and Aboriginal cultural input and the LEN.

2. Content validity

Content validation was undertaken to ensure that the items in the tool are appropriate, measure what they are intended to measure, and reflect the theoretical principles of causal impacts associated with each domain. Content validation was conducted with input from the expert group. The suggestions for improvements to items were workshopped for consensus.

⁶ Berry M, Cash SJ, Mathiesen SG. Validation of the Strengths and Stressors Tracking Device with a child welfare population. May 2003 *Child Welfare* 82(3):293-318, 82(3):293-318.

Phase 2: Scale development

3. Pre-testing of questions

All items in the Family Snapshot were assessed as described above in Section 2 of Phase 1. Content validity (which relates to the representativeness of items), content relevance and technical quality was confirmed by expert group consensus, including the LEN system advisors, prior to implementation.

4. Sampling and survey administration

The Family Snapshot was implemented by IFS providers, including those working for Safer Family Services (SFS) and Non-Government Organisations (NGOs) over the period October 2021 to June 2023. A total of 1,145 Baseline and 623 Service Closure Family Snapshots respectively were collected in this period. For item analysis, data was restricted to completed Baseline Family Snapshots where a matched completed Service Closure Family Snapshot was also available. This resulted in a sample of 569 paired Family Snapshots. This number well exceeds recommendations for sample size for factor analysis.⁷

5. Item reduction analysis

Missing cases in the data were managed using the technique of multiple imputation, prior to conducting scale reduction analysis. Missing values were below the threshold of concern of five percent. The four steps of item reduction analysis were carried out as per the technical norm, to ensure that only parsimonious (i.e. functional and internally consistent items) are retained in the Family Snapshot tool. First, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was calculated. The KMO is a statistic used to examine the appropriateness of performing a factor analysis based on the sample. A high value of statistic ($\geq 0.5 - 1$) indicates the appropriateness of factor analysis for the data, whereas a low value of statistic (< 0.5) indicates the inappropriateness of performing a factor analysis, i.e. the sample is not enough for EFA. The Family Snapshot tool validation showed a KMO value of .941 (0.90 to 1.00 rates as marvellous), indicating the appropriateness of performing factor analysis with the data. See Table 3.

⁷ DeVellis RF. Scale Development: Theory and Application. Los Angeles, CA: Sage Publications (2012)

Table 3: Validation statistics for exploratory factor analysis – Baseline data

Family Snapshot items	Mean	Alpha if deleted	CITC	Single factor loading	Rotated Promax pattern loadings from the 4 factor solution			
					Factor 1 (Child wellbeing)	Factor 2 (Social support)	Factor 3 (Family Safety)	Factor 4 (Housing)
1	-.09	.943	.467	.549	-0.171	0.002	0.119	0.782
2	-.15	.943	.478	.547	-0.048	-0.014	0.016	0.768
3	-.20	.940	.655	.603	0.036	0.644	0.006	0.167
4	-.09	.941	.572	.494	-0.053	0.644	0.057	0.108
5	-.27	.939	.745	.666	0.751	0.065	-0.11	0.14
6	-.15	.942	.543	.439	0.675	-0.056	-0.236	0.226
7	-.36	.940	.663	.478	0.285	0.24	0.062	0.237
8	-.08	.940	.677	.708	0.12	0.799	-0.022	-0.053
9	-.23	.940	.648	.739	0.037	0.888	-0.001	-0.102
10	.13	.940	.711	.639	0.317	0.038	0.047	0.519
11	-.56	.940	.670	.605	0.869	0.006	-0.086	-0.077
12	-.98	.940	.678	.487	0.357	0.212	0.202	0.045
13	-.39	.940	.681	.530	0.463	0.142	-0.045	0.265
14	-.15	.944	.345	.204	-0.065	-0.077	0.362	0.285
15	-.18	.942	.469	.345	-0.119	0.123	0.556	0.088
16	-.50	.943	.387	.256	-0.141	0.284	0.435	-0.052
17	-.33	.941	.583	.486	-0.018	0.637	0.164	-0.039
18	.02	.942	.462	.287	0.511	0.153	0.007	-0.183
19	-.20	.940	.705	.637	0.395	-0.066	0.497	0.048
20	.42	.941	.567	.411	0.312	-0.075	0.408	0.054
21	-.56	.940	.713	.766	0.497	-0.015	0.568	-0.199
22	.03	.939	.725	.599	0.502	-0.074	0.249	0.207
23	-.65	.943	.471	.529	-0.228	0.024	0.821	0.076
24	-.16	.940	.667	.511	0.36	0.002	0.356	0.108
25	-.64	.940	.578	.572	0.787	-0.078	0.196	-0.306
26	-.17	.940	.688	.619	0.844	-0.054	-0.086	0.052
27	-.16	.940	.659	.543	0.658	0.271	-0.141	-0.065
Kaiser-Meyer-Olkin's test:								.941
Bartlett's test of sphericity								<.001
Eigenvalue variance (%)					41.4%	6.8%	5.8%	5.7%
Cumulative variance (%)					41.4%	48.2%	54.1%	59.9%
Cronbach's α			.943		.899	.880	.856	.795

The second step in item reduction analysis was to identify items that are not related to any domain and can therefore be deleted. This was done using statistical testing and thresholds specific to scale development. Assessing corrected-item-total correlation (CITC) scores confirmed the internal reliability of all the items. CITC scores indicate whether an item reliably contributes to the scale. The CITC will be zero if it has no scale value, while scores close to 1 indicate high correlations with scale items. No CITC scores for the items in the Family Snapshot tool returned a value close to 0, therefore indicating that all the items in the scale were contributing meaningfully and could be included ready for factor extraction (See Table 3).

Bartlett's test of sphericity was the last step in item reduction. This test statistic is used to examine the hypothesis that the variables are *uncorrelated* in the population. In other words, each variable correlates perfectly with itself ($r = 1$) and has no correlation with the other variables ($r = 0$). A value less than 0.05 indicate that the data in hand do not produce an identity matrix; an identity matrix renders factor analysis meaningless. This means that there exists a significant relationship among the variables. A significant result was achieved for the data items in the factor analysis (Sig. < 0.05) indicating the relationship among variables is adequate (See Table 3). This result confirmed the appropriateness of a meaningful EFA, the final step in scale development.

6. Extraction of factors

Factor extraction refers to the phase in scale development where the optimal number of domains that fit a set of items are determined. This process of factor analysis regresses observed standardized variables on unobserved (i.e. latent) factors. Items with factor loadings below 0.30 are considered inadequate as they contribute <10% variation of the latent construct measured. Items that do not load uniquely on individual factors can be deleted. Essentially, it identifies and groups together items that are associated with broad factors related to child and family safety and wellbeing.

Table 2 also shows the results of exploratory factor analysis on the Family Snapshot items for the data collected at Baseline.

The factor extraction method used was Principal Axis factoring using a forced four factor rotated solution. Promax factor rotation was selected as the items were highly correlated.

The four factors (domains) extracted broadly reflect those produced both for the North Carolina Family Assessment Survey and The Strengths and Stressors tool: Housing, Family Safety, Social Support and Child Wellbeing domains. Items loading in each factor are reported in Table 3.

The extraction statistics indicated that each factor can be confidently reported as discrete domains, knowing that the *Overall* scale has internal fidelity.

Only one item in the Family Snapshot '7 Accessing Services' did not reach the threshold of 0.3 for any factor but is maintained in the factor due to results of dimensionality testing, reported below.

Five items did not load in the factor extraction process and therefore are not included in the following discussion of steps 7-9 of scale evaluation. The five independent items' utility and predictive ability are reported in the section titled: Non-loading Family Snapshot data items.

Phase 3: Scale evaluation

7. Tests of dimensionality

Tests of dimensionality determine whether the measurement of items, their factors, and function are the same across two independent samples or within the same sample at different time points. Confirmatory factor analysis maximum likelihood testing, and the resulting Chi square test of exact fit was used to determine dimensionality using Service Closure Family Snapshot data that had a paired Baseline Family Snapshot. Chi square testing confirmed the four-factor rotation ($P < .001$) and confirmed item '7 Accessing Services' to be maintained in the scale. This process evaluates a scale that has been developed through exploratory factor analysis.

Of the 27 items, five items did not load consistently when tested on the Family Snapshot Service Closure data compared to Baseline loadings. These five items (10, 14, 19, 20, 21) loaded onto the 'Family Wellbeing' factor when calculated on Baseline data but did not load on the same factor when testing dimensionality on the Service Closure data. All five items moved from the conceptual domain of 'Family Safety' to 'Child Wellbeing'. Retaining them in the scale is therefore not recommended.

Re-testing of the scale (with items 10, 14, 19, 20 and 21 removed and kept as independent factors) using confirmatory factor analysis statistics was done and Steps 5-9 for this *confirmatory* analysis are presented in Table 4. All test statistics are confirmed.

8. Tests of reliability

Reliability is the degree of consistency exhibited when a measurement is repeated under identical conditions. As the Family Snapshot is collected at two measurement points (Baseline and Service Closure) the tool was assessed for internal consistency to determine reliability at both points in time. Several standard statistics are utilised to assess the reliability of a scale, including Cronbach's alpha (α). Cronbach's α assesses the internal consistency of the scale items, i.e., the degree to which the set of items in the scale co-vary. An α coefficient of 0.70 is often regarded as an acceptable threshold. Thresholds of 0.81-0.90 are regarded as 'Good' and threshold 0.91 - 0.95 considered as 'Excellent'. All Cronbach's α for each domain in the exploratory factor analysis exceeded the 0.70 threshold.⁸ Confirmatory factor analysis also reported acceptable Cronbach's α with domain scores ranging from 0.795 to 0.899 and an overall score of 0.943 (See Table 3). This confirms the utility and stability of the Family Snapshot in measuring change over time for families receiving an intensive family service from DHS.

⁸ George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference 11.0 update* (4th ed.). Boston: Allyn & Bacon

Table 4: Dimensionality reduced confirmatory factor analysis on a 22-item solution

Family Snapshot items	Mean	Alpha if deleted	CITC	Single factor loading	Rotated Promax pattern loadings from the 4 factor solution			
					Child wellbeing	Social support	Family Safety	Housing
1	-.09	.93	.46	.612	-0.091	-0.028	0.125	0.798
2	-.15	.93	.48	.607	0.012	-0.022	0.014	0.780
3	-.20	.93	.67	.640	0.025	0.751	-0.08	0.122
4	-.09	.93	.58	.526	-0.056	0.738	-0.031	0.074
5	-.27	.92	.75	.676	0.762	0.079	-0.112	0.106
6	-.15	.93	.55	.440	0.672	-0.023	-0.218	0.167
7	-.36	.93	.66	.477	0.336	0.260	0.029	0.190
8	-.08	.93	.69	.703	0.073	0.831	-0.003	-0.087
9	-.23	.93	.67	.727	-0.015	0.899	0.036	-0.117
11	-.56	.93	.67	.612	0.865	-0.038	-0.020	-0.100
12	-.98	.93	.67	.494	0.425	0.160	0.198	0.039
13	-.39	.93	.69	.525	0.501	0.122	0.015	0.193
15	-.18	.93	.45	.406	0.023	-0.016	0.598	0.091
16	-.50	.93	.39	.370	-0.088	0.098	0.600	0.006
17	-.33	.93	.60	.498	-0.008	0.544	0.285	-0.045
18	.02	.93	.46	.279	0.482	0.101	0.066	-0.157
22	.03	.93	.69	.541	0.595	-0.018	0.130	0.127
23	-.65	.93	.43	.406	0.027	-0.057	0.619	0.090
24	-.16	.93	.63	.450	0.482	0.05	0.197	0.039
25	-.64	.93	.56	.562	0.808	-0.184	0.231	-0.244
26	-.17	.93	.68	.614	0.838	-0.064	-0.054	0.032
27	-.16	.93	.67	.544	0.619	0.286	-0.117	-0.084
Kaiser-Meyer-Olkin 's test:								.922
Bartlett 's test of sphericity								<.001
Eigenvalue variance (%)					41.9	7.3	6.7	6.2
Cumulative variance (%)					41.9	49.2	56.0	62.2
Cronbach's α			.927	.915	.877	.656	.791	

9. Tests of validity and prediction

The validity of an instrument can be examined in numerous ways; the most common tests of validity are criterion, construct and content validity (described in Step 2 in Figure 1). These examinations are sometimes described as external validation of an instrument.

Criterion validity is the degree to which there is a relationship between a given test score and performance on another measure of relevance. Evidence of the **convergent** validity of a construct can be assessed by the extent to which the newly developed scale correlates highly with other variables designed to measure the same construct.

In the absence of the availability of other validated measures which have been designed to capture the presence or absence of child and family wellbeing and safety, a decision was made to use Family Complexity summaries collected at the CFSS Pathways Service (Pathways) provided by DHS. Pathways accept referrals primarily from the Department of Child Protection (DCP) which have been assessed by DCP to not meet the statutory threshold for DCP intervention⁹. Family Complexity summaries were used to explore the association of the scale items and domains with theoretically associated variables. The Family Complexity summary is an item checklist of both historical and current social and ecological items notated using an e-Form when a referral is processed by dedicated CFSS Pathways Service senior social work practitioners using child protection case notes and referral information. The Family Complexity items (N=46) reflect the literature on complexity factors relating to child safety and wellbeing (See Appendix A. for a full list of Family Complexity items).

Family Complexity items are coded using a binary response of 'risk or need' and 'adequate' using the available cumulative history of child and family wellbeing. As the Family Complexity summaries are completed independently by different practitioners and prior to the completion of a Family Snapshot, the data within the Family Complexity summaries provide comparison measures of relevance which are objective, independent and coherent test variables against which the Family Snapshot domain scores can be tested to meet criterion of external validation of the Family Snapshot and its domains.

Table 5 shows the association of Family Snapshot mean *Overall* and domain scores with 'risk or need' measured by a selection of theoretically aligned clinical Family Complexity items.

⁹ The CFSS Pathways service is provided by DHS. Pathways practitioners receive notifications of child wellbeing concerns from the Department of Child Protection (and from some other referral pathways e.g.: Health). Pathways act as an allocation service for the placement of referrals to appropriate service providers. Pathways practitioners complete a Family Complexity summary for every referral using information contained within Child Protection case notes and in the referral.

Items from the Family Complexity summaries selected to test the factors of the Family Snapshot include the presence or absence (defined as 'risk or need' compared to 'adequate') of neglect, domestic and family violence, abuse, access to social services and drug and alcohol abuse, historical or current.

Anova testing showed significant differences ($P < 0.05$) between most of the domain mean scores and the selected Family Complexity items, suggesting a level of independent or external validation of the domains using these theoretical testing items. For example, the 'Family Safety' domain which contains questions regarding family and domestic violence is significantly associated with Family Complexity items related to 'current or historical abuse' and 'current and historical domestic and family violence'. This shows the ability of the Family Snapshot to discriminate between domains of child safety and wellbeing. The 'Child Wellbeing' domain likewise is associated significantly with Family Complexity items of 'current and historical neglect', 'historical abuse' and 'limited family access to social services.' See Table 5.

There was no significant association found for the Family Complexity items of 'current or historical drug and alcohol misuse' with any domain scores or the *Overall* Family Snapshot score suggesting that this item does not have discriminatory capacity. This may be due to the high prevalence of drug and alcohol abuse within the sample.

Table 5: Mean scores by Family Complexity item for Overall Family Snapshot and its domains (N=569 paired Family Snapshots)

Family Complexity	Overall Mean	Housing Mean	Social Support Mean	Family Safety Mean	Child Wellbeing Mean
Current Neglect					
Risk or need	-8.51*	-.16	-.26*	-.44	-.46*
Adequate	-1.71	-.04	-.04	-.44	-.01
Historical Neglect					
Risk or need	-8.60*	-.15	-.25	-.47	-.47*
Adequate	-2.54	-.06	-.09	-.40	-.07
Current DV					
Risk or need	-7.13	-.14	-.23	-.71*	-.30
Adequate	-5.22	-.09	-.14	-.10	-.34
Historical DV					
Risk or need	-6.21	-.05	-.19	-.58*	-.29
Adequate	-6.51	-.29	-.19	-.11	-.38
Current Abuse					
Risk or need	-7.05	.00*	-.19	-.56*	-.36
Adequate	-5.07	-.31	-.18	-.26	-.23
Historical Abuse					
Risk or need	-7.46*	-.04	-.22	-.52*	-.39*
Adequate	-3.97	-.27	-.13	-.28	-.16
Access to services					
Risk or need	-8.21	-.12	-.30	-.43	-.43*
Adequate	-5.23	-.12	-.12	-.45	-.25
Current D&A					
Risk or need	-5.76	-.12	-.14	-.50	-.28
Adequate	-6.86	-.12	-.24	-.39	-.35
Historic D&A					
Risk or need	-5.76	-.12	-.14	-.50	-.28
Adequate	-6.86	-.12	-.24	-.39	-.35
Current Housing Stress					
Risk or need	-9.25	-.82*	-.32	-.52	-.37
Adequate	-5.48	.07	-.15	-.42	-.30

The predictive validity of the Family Snapshot was tested by logistic regression to see if the Family Snapshot *Overall* score and any of its domains were able to correctly discriminate between 'abuse' versus 'neglect'. All solutions have been developed on Baseline data and tested on paired Service Closure data (N=569).

Each domain score was included as linear independent variables and regressed on both 'current neglect/no current neglect' and 'current abuse/no current abuse' items collected independently by the CFSS Pathways Service at the time of a family referral. *Overall* sum scores were also regressed on both 'current neglect/no current neglect' and 'current abuse/no current abuse' items.

The model for predicting 'current neglect' had an overall classification rate of 69.4 percent ($P < .001$) and two domains in the model were significant predictors of 'current neglect': the 'Family Safety' domain and the 'Child Wellbeing' domain. A higher 'Family Safety' domain mean score is predictive of being more likely to have 'current neglect' recorded on a referral in the presence of all other domains. A higher 'Child Wellbeing' score (greater strength) was significantly associated with being *less* likely to have 'current neglect' recorded at time of referral, indicating a protective effect of higher child wellbeing scores against current neglect (Table 6).

Table 6: 'Current neglect' logistic regression model

Dimensions	B	S.E.	Wald	df	Sig.	Exp(B)
Housing	.044	.035	1.620	1	.203	1.045
Social Connection	.027	.023	1.311	1	.252	1.027
Family Safety	.084	.036	5.541	1	.019	1.087
Child Wellbeing	-.064	.012	28.821	1	<.001	.938

ANOVA * $p < 0.05$

nb scoring for the Family Snapshot ranges from -3 to 2. Hence lower negative mean scores indicate more stress present relating to that item.

Predictive testing showed that the 'current abuse' model had an overall classification rate of 62.0 % ($P < .001$) (Table 7).

Table 7: 'Current abuse' logistic regression model

Dimensions	B	S.E.	Wald	df	Sig.	Exp(B)
Housing	.122	.034	13.199	1	<.001	1.130
Social Connection	.035	.023	2.314	1	.128	1.035
Family Safety	-.129	.035	13.463	1	<.001	.879
Child Wellbeing	-.021	.011	3.825	1	.051	.979

ANOVA * $p < 0.05$

nb scoring for the Family Snapshot ranges from -3 to 2. Hence lower negative mean scores indicate more stress present relating to that item.

Two domains were significant in predicting 'current abuse' at time of referral. Higher mean 'Housing' and 'Family Safety' domain scores were predictive of 'current abuse'. Higher 'Family Safety' scores were significantly associated with being significantly *less* likely to have current abuse recorded at time of referral.

Both domain models were significant in predicting type of maltreatment ('current abuse' and 'current neglect').

A univariate model testing the Family Snapshot global *Overall* item was significant in predicting 'current neglect' concerns with higher scores showing a protective effect ($P < 0.001$). The *Overall* Family Snapshot item was not significant in predicting 'current abuse'.

These results indicate the discriminative ability of the domains in measuring child and family safety and wellbeing.

Non-loading Family Snapshot data items

The five items from the Family Snapshot which did not load in dimensionality testing (See Figure 2, Step 7 Dimensionality Testing) to acceptable levels on any factor are reported in Table 8.

Table 8: Non loading items in dimensionality testing

Item 10: Is providing basic needs for your family (e.g. adequate food, clothing, school needs, health care etc) a...

Item 14: Is coping with alcohol or drug problems a...

Item 19: Is the physical safety of the child(ren) a...

Item 20: Is the sexual safety of the child(ren) a...

Item 21: Is the emotional safety of the child(ren) a...

These five items have been retained in the delivery and application of the Family Snapshot despite factor analysis excluding them. This finding from the factor analysis confirms the validation work done by Berry et.al where these five factors are also not included in the 'Strengths and Stressors' scale but are used separately as independent items or clinical outcomes of interest (personal communication).

The reasons for these items not loading consistently to a given factor are conceptually rational. Scale development is a process of identifying latent constructs inherent in a conceptual model. These data items loaded on one factor at Baseline; the 'Family Wellbeing' factor and switched to loading on the 'Child Wellbeing' factor at Service Closure, indicating practitioners are conceptualising change related to these items at the 'individual outcome' level and not as latent measures. It indicates a conceptual awareness of the

dependent nature of some elements of child wellbeing on family functioning which are not immutable and not highly correlated with more latent items.

When we use these five items as independent predictors of 'current neglect' in a logistic regression model (without the other Family Snapshot domain items), none of the five items showed a significant association. This supports the finding of the lack of each item's ability in the discrimination of child and family safety.

Table 9: Independent predictors of 'Current abuse' recorded at Pathways

Item	B	S.E.	Wald	df	Sig.	Exp(B)
10 Basic needs	-0.088	0.11	0.633	1	0.426	0.916
14 Drug & Alcohol	-0.056	0.103	0.298	1	0.585	0.945
19 Physical safety	0.091	0.124	0.536	1	0.464	1.095
20 Sexual safety	-0.002	0.11	0	1	0.985	0.998
21 Emotional safety	0.272	0.116	5.461	1	0.019	1.313

Using and reporting on the Family Snapshot

The Family Snapshot is administered electronically and completed by practitioners. The Family Snapshot includes the five independent items (Table 8) which have been removed from the Family Snapshot scale but have not been removed from the Family Snapshot delivery. This does not impact the delivery or completion of the Family Snapshot as scale factors and items are selected during analysis.

Table 10 shows the final items for the validated Family Snapshot scale and their grouping by associated domains and item wording as it reads in the tool.

Table 10: Validated Family Snapshot items and domains

Domain	Original Item No.	Items recorded on a scale ranging from Extreme Stressor (-3) to Some Strength (+2)	
Housing			
H1	1	Is paying the rent/mortgage on time, insecure tenancy/homelessness, housing related debt a...	
H2	2	Is the suitability of your house to meet the needs of your family a...	
Child Wellbeing			
CW1	5	Is paying attention to your child's developmental needs a...	
CW2	6	Is maintaining attendance at school or accessing childcare/kindy or school a...	
CW3	7	Is accessing services such as, health and medical services, counselling, educational, domestic and family violence services, drug and alcohol, disability, and other services a...	
CW4	11	Managing routines, setting boundaries, managing conflict or power struggles with children?	
CW5	12	Is coping with emotional distress, anxiety, diagnosed mental health conditions a...	
CW6	13	Is coping with health and medical problems, dental health, chronic illness, or disability a...	
CW7	18	Siblings/children/s ability to get along and generally look after each other is...	
CW8	22	Is neglect experienced by the child(ren) a...	
CW9	24	Is parental ability to understand the issues identified in the risk and safety plan a...	
CW10	25	Is the child/ren's emotional stability, anger, ability to cope or mental health a...	
CW11	26	Are the child/ren's general health, dental health conditions, chronic illness, development issues or disability a...	
CW12	27	Is the child/ren having friends, social connections, engaging in sport, community activities or accessing support from other friends and family a...	
Social Support			
D3	SS1	3	Is your connection and engagement with a supportive community a...
	SS2	4	Is your sense of belonging or connectedness with culture, country, or community a...
	SS3	8	Is contact with friends/family who can provide you with support or advice when needed a...
	SS4	9	Is having friends/family you can trust to look after children at short notice or in an emergency a...
	SS5	17	In general, extended family relationships are an ... [insert response] in the life of the family.
Family Safety			
D4	FS1	15	Parents/caregivers living together. You and your partner/other caregivers' ability to generally agree and make decisions together regarding children is an...
	FS2	16	Parents/caregivers not living together. You and your partner/other caregivers' ability to generally agree and make decisions together regarding children is an...
	FS3	23	Is family and domestic violence and its impact on the family a...

*4 domains : Housing , Child Wellbeing, Social Support, Family Safety.

The Family Snapshot can be reported in several ways depending on the needs of the user or audience (Table 11).

Table 11: Family Snapshot scale scoring

Item scoring						
Text value	Extreme stressor	Large stressor	Little stressor	Adequate/unknown	Some strength	Clear strength
Numeric value	-3	-2	-1	0	1	2
Binary Score – item level (Stressor/Strength)	0	0	0	1	1	1
Rescaled value	1	2	3	4	5	6
Mean item and domain scores	Mean scores generated at the item and domain level					
<i>Overall</i> Family Snapshot score	Mean score for all domain items (excluding independent items)					
Magnitude of change scores	Rescaled service closure scores for each item are subtracted from service start scores and divided by 5 $(V2-V1) / 5 * 100$. To generate domain level change scores all item level change scores in the domain are summed and divided by the number of items in the domain. To generate an Overall change score, all item level change scores comprising the domains are summed and divided by 22. Magnitude of change is represented as a percentage.					

Data items were originally recorded as a numeric score (range -3 to +2) as per Berry’s ‘Strengths and Stressors’ tool and as such can be reported as crude means and/or change scores.

Using mean scores can be done at the item, domain and *Overall* level. Means scores can be reported using the original numeric value as indicated in Table 10 or using the rescaled mean score option. As the primary intention of the Family Snapshot is as a change measurement tool, data items are reported primarily as the difference in domain scores from Baseline to Service Closure and the magnitude of change. Using the rescaled value option allows for the reporting of the absolute mean proportion change. Calculating mean proportion change (which is our primary proximal outcome used to assess effectiveness) requires all values to be greater than zero.

Alternatively, sum scores can be coded as a proportion of the respondents having a reported ‘Strength’ (binary) in any domain or *Overall* global score. Binary outcomes can also be calculated and reported on as a proportion of respondents having a reported ‘Stressor’ *Overall*, or for any domain.

Item and domain prevalence reporting at service commencement (Baseline) as well as pre - post change comparing Baseline to Service Closure scores and proportions can be done. While item level scores can be reported, the scale is intended to work as summary measures and the most accurate reporting is done at this domain level. Item scores may be most useful in clinical decision making or policy considerations.

Additionally, reporting the *Overall* Family Snapshot score pre- to post-program delivery or a proportion change score from program enrolment to completion is possible. If the *Overall* global score is reported without the domain scores (change, baseline or post program delivery), important information about differential performance across socio-ecological domains may be lost, thereby preventing the identification of clinical pathways for the provision of effective and tailored family supports or areas for policy development.

Current reporting in DHS of the Family Snapshot is being done using mean domain and an *Overall* scale score and mean key independent scores. Change in scores from Baseline to Service Closure is being reported using the absolute mean proportion change (using the rescaled score option) for *Overall* change, domain level change and individual item change.

Using the Family Snapshot for clinical guidance

The Family Snapshot was based on a clinical tool developed by Berry et al, the ‘Strengths and Stressors’ which was designed to assess service impacts in addition to being a clinical framework guidance tool that could support consistency in social work decision making and case planning with clients.

While the Family Snapshot can support practitioners as described by Berry, this is currently not the application within the CFSS. CFSS practitioners complete the Family Snapshot primarily to support population data collection.

The CFSS has implemented clinical governance and practice guides to support use of the Family Snapshot which have been culturally informed and with input from LEN system advisors.

Next steps

There are numerous additional assessments that can be conducted to increase the understanding of the ongoing viability of Family Snapshot to measure change in families who are supported by intensives services. Some proposed approaches to ongoing monitoring of the appropriateness of the Family Snapshot include:

- To complete external validation assessments. This will involve assessing whether change measured by the Family Snapshot correlates with other intermediate and long-term outcomes which reflect safety and wellbeing. These types of analysis are critical for providing clinical significance around the level of change observed and help to explain if measurements recorded at service closure reflect longer term

family outcomes. For example, it may be possible to understand what amount of average change in Family Snapshot scores needs to be observed before a change in family preservation is likely.

- Assess the external validity of the Family Snapshot for different subgroups and different types of families. This analysis will help understand if the Family Snapshot is appropriate for all CFSS families.
- To conduct test- retest assessments to understand reliability of the tool; these assessments could potentially inform calibration and training for practitioners.
- Assessing correlations between the Family Snapshot and other safety and wellbeing outcomes is another external validity assessment that can provide a better understanding of the accuracy of the Family Snapshot. These assessments will need to be ongoing and conducted for subgroups of different family types.

Conclusion

The Family Snapshot has been validated for use in child and family intensive family support settings and provides social services and clinical providers with a tool that can reliably measure change and assess family functioning in the context of child safety and wellbeing.

Contact the authors

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Figure 1: Overview of the three phases and nine steps of scale development and validation

Appendix

Family Complexity collected at time of referral CFSS Intensive Family Services (April 2024)

Definitions

Risk or need: Substantial risk or concern, area of service need, lack of skill/resources to address challenge.

Protective: Protective factor or area of strength, family has engaged/accessed relevant resources, demonstrated skill to address challenges.

Unknown or Norm: Not relevant or not indicated for this family, presents as per community norms, status not known, information unreliable.

Current: Complexity factors experienced within the last 12 months, therefore current

Historical: Complexity factors experienced more than 12 months ago and prior, therefore historical.

DVIO Domestic Violence Intervention Order.

Factors relate to parent/caregiver unless stated otherwise (ICYP)

At-Birth characteristics

Mother's age at birth of first child

Mother's age at birth of first (eldest) child, only relevant for biological parents who are the subject of the referral.

Father's age at birth of first child

Father's age at birth of the first (eldest) child, only relevant for biological parents who are the subject of the referral.

Mother smoking in pregnancy/ smoked during pregnancy

Recorded in perinatal data, may be known for mothers who are pregnant at time of referral. Record only tobacco smoking. Smoking other substances is recorded under drug and alcohol if it is impacting parenting.

Parent has own previous foster care history

Either mother, father or caregiver has their own history of out-of-home care (includes biological or non-biological parents). Also include adults in the household who are involved in family life/caregiving. Include any type of OOHC, kinship care, emergency etc.

Parental employment at birth (eldest)

Either the biological mother or biological father were employed/studying at the birth of first/eldest child.

Attendance at antenatal visits

Health report in referral that mother is irregular or attending less than 7 antenatal care visits.

One or more UCCs reported

Any children related to the referral whereby one or more children in the family have ever been the subject of an Unborn Care Concern

Safety and maltreatment**Physical/sexual/emotional abuse**

(Current <12 months) Current allegations or substantiations of physical/emotional/sexual abuse. Any relevant screening grounds used within in DCP Structured Decision Making Tool. Concerns may relate to one or more children in the household.

Please note: Does the risk of physical, sexual or emotional abuse relate to the presence of DV? If so, do not tick this current item, use the DV risk factor checkbox below instead.

Physical/sexual/emotional abuse

(Historical >12 months ago) Historical allegations or substantiations of physical/emotional/sexual abuse. Any relevant screening grounds used within in DCP Structured Decision-Making Tool. Concerns may relate to one or more children in the household.

Please note: Does the risk of physical, sexual or emotional abuse relate to the presence of DV? If so, do not tick this current item, use the DV risk factor checkbox below instead.

Age of eldest child within household at first notification

Eldest child in household was first notified at age less than 2. Include any type of notification i.e. screened-out notifications, NOC, Extra-familial etc.

Neglect concerns**Neglect/maltreatment (Current <12 months)**

Current notifications related to risk within the last 12 months; include screened-out notifications.

Example (Risk): Serious injury/illness/emotional/psychological impact due to neglect, inadequate supervision, failure to protect or provide ongoing care.

Example (Protective): Parent demonstrates the ability to protect the child from risk from others (does not include exposure to DV).

Please note: Does the risk of neglect relate to the presence of DV? If so, do not tick this current item, use the DV risk factor checkbox below instead.

Neglect/maltreatment (Historical >12 months ago) Historical notifications related to risk that are older than 12 months; include screened-out notifications.

Example (Risk): Serious injury/illness/emotional/psychological impact due to neglect, inadequate supervision, failure to protect or provide ongoing care.

Example (Protective): Parent demonstrates the ability to protect the child from risk from others (Does not include exposure to DV).

Please note: Does the risk of neglect relate to the presence of DV? If so, do not tick this current item, use the DV risk factor checklist below instead.

Neglect – further detail (Please select the relevant items related to neglect concerns)

- Inadequate/inappropriate developmental/emotional support
- Serious illness/injury due to neglect
- Not accessing allied health services
- Significant risk of neglect – other
- Environmental/squalor/hoarding
- Medical/health/dental neglect
- Inadequate supervision
- Basic material needs
- Unable to protect
- Poor nutrition
- Other (Please specify)

Domestic and family violence

Domestic and family violence

(Current <12 months)

[DVRA accessed here](#) D&FV including parent to parent, child to parent, or perpetrator no longer living in the household. Includes coercive control, physical, sexual, emotional, financial, social or religious issues.

Example (Risk): DV is not currently indicated, but parent/caregiver has re-partnered with a known perpetrator who has been charged with physical assault of a previous partner.

Example (Protective): parent/caregiver has a current DVIO against a former partner no longer in the household, they successfully engaged with support services and extracted themselves from an abusive relationship.

Domestic and family violence

(Historical >12 months ago) DFV including parent to parent, child to parent or perpetrator not living in the household. Includes coercive control, physical, sexual, emotional, financial, social or religious issues.

Parental health and wellbeing factors**Parental disability or medical condition**

(Current <12 months) Parent has current or ongoing impairment or chronic health condition lasting longer than 6+ months impacting family care or self-care capacity

Parental disability or medical condition

(Historical >12 months ago) Parent has historical impairment or chronic health condition lasting longer than 6+ months impacting family care or self-care capacity.

General mental/emotional health/trauma

(Current <12 months) Parent/caregiver has current or ongoing psychological distress/trauma/undiagnosed mental health condition.

- Record parental mental health issues regardless of whether there is serious harm or impact on parenting.
- Does not include a clinically diagnosed mental illness or DV perpetration (record clinical illness below).

Example (Risk): Parent is unable to adequately care for the children due to general mental/emotional health/trauma.

Example (Protective): parent demonstrates the capacity to manage health issues, suffers episodes of poor mental health but is accessing health services.

General mental/emotional health/trauma

(Historical >12 months ago) Parent/caregiver has, more than 12 months ago and not ongoing, experienced psychological distress/trauma/undiagnosed mental health condition.

- Record parental mental health issues regardless of whether there is serious harm or impact on parenting.
- Does not include a clinically diagnosed mental illness or DV perpetration (record clinical illness below).

Example (Risk): Parent is neglecting the care of children due to trauma-related stress.

Example (Protective) parent demonstrates the capacity to manage health issues, suffers episodes of poor mental health but is accessing health services.

Mental illness

(Current <12 months) Parent/caregiver has a recent formal diagnosis of a chronic mental health condition lasting 6+ months or longer, substantial and evident mental illness, psychosis, mania, schizophrenia, serious depressive illness.

Mental illness

(Historical >12 months ago) Parent has a historical formal diagnosis of a chronic mental health condition lasting 6+ months or longer, substantial and evident mental illness, psychosis, mania, schizophrenia, serious depressive illness.

(Please select the relevant items related to mental health concerns)

- Concerns impacting parenting
- Mental illness is managed
- Parent/caregiver accesses mental illness support or services (e.g. psychiatric care, mental health plan, psychologist)
- Self-harming/threatens to self-harm, or has attempted suicide
- Violence or threats to others
- Ambulance attendance or Emergency Department or hospital presentation due to mental illness
- Has accessed emergency mental health support service
- Other

Parental alcohol and substance use**Alcohol/Substance use issues (Current <12 months)**

Parent/caregivers use alcohol or other substances that impact parenting

Example (Risk): Use impacting on family function, parenting capacity, child wellbeing or safety, financial stability.

Example (Protective): manages addiction, seeks help, engaged with services, has supports

Alcohol/Substance use issues

(Historical >12 months ago) Parent/caregivers use alcohol or other substances.

Alcohol and Substance Use – further detail

(Please select the relevant items related to alcohol and substance use concerns)

- Concerns impacting parenting
- AOD Use/addiction is managed
- Parent/caregiver cases /attends relevant AOD use support services
- Medication to manage alcohol or drug use
- Engagement in detox/sobering up unit
- Ambulance/Hospital/Emergency Department presentation related to AOD misuse

- Police involvement/criminal activity/charges related to AOD misuse
- Illicit drug use
- Other

Parental capacity and family function

Capacity to resolve family function/safety concerns

At least one parent demonstrates motivation, self-efficacy, self-determination, ability to plan and make decisions related to family life.

Example (Risk): Parent does not seem able to understand the safety issues.

Example (Protective): Parent expresses concern about family safety issues and is cognisant of concerning behaviours. (Exclude if protective factors relate to DV record DV protective factors in DV factor above).

General family function/communication issues/ parenting decisions

Dysfunctional/functional relationships, excessive discipline, insufficient support/discipline/boundaries parents cannot agree on key issues regarding (Exclude if protective factors relate to DV and record DV protective factors in DV factor above).

Motivated to support engagement with school or childcare

Evidence that there is no attempt by the parent/s to support school engagement, not merely presence or absence of the referred child at school.

If poor attendance is issue but not concerns relating to parenting, then use the ICYP indicator.