CO-DESIGN FINDINGS
AND NEXT STEPS
Child and Family Support System
June – October 2019
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Note: the term “Aboriginal” in this document refers to all Aboriginal, Torres Strait Islander and First Nations people
Executive Summary

This report is based on the findings from the initial co-design process for a new Child and Family Support System in South Australia, which ran between June and October 2019.

It includes the shared directions and agreements reached between the government, non-government service providers, services users, Aboriginal leaders and the broader community.

It includes the government’s commitment towards next steps, many of which are already underway.

There is a firm consensus that more will be done to empower and work with Aboriginal cultural authorities in designing the system and services for Aboriginal families, including establishing an Aboriginal Leadership Group, adopting Aboriginal and Torres Strait Islander Design Criteria, and supporting the development of Aboriginal community-controlled organisations (ACCOs), including forming a peak body.

Trauma-responsive practice is to become embedded within services, through workforce support and recommissioning activities, and ensuring that a newly established Lived Experience Advisory Group influences our service planning.

There is an agreed need to provide families with access to early help and support pathways, well before they reach the point of statutory intervention. Ongoing co-design will explore potential new concepts and mechanisms for this, while immediate steps will include establishing better web resources and providing organisations with advice around collaborative information sharing opportunities.

The need to tailor solutions for regional and remote areas will be addressed through formal processes including using regional-level data and the voices of people with local lived experience in recommissioning processes, as well as focusing on regional needs in future workforce planning.

A comprehensive, statewide workforce development strategy will be constructed to address cultural competency, workforce skills and capacity, and attraction and retention, particularly of Aboriginal workers and in regional areas. In the immediate term, cultural competency training is being trialled with new shared approaches to practice frameworks and procedures being developed.

Improving monitoring and evaluation of services will begin with an agreed sector-wide outcomes hierarchy, co-designing new evaluation processes that include the voice of service users, improving information sharing and making better use of IT solutions.

As non-government services are recommissioned in 2020, the commissioning process will include allocating a specific portion of funding for ACCOs and working in new, more collaborative ways with the sector, focussed squarely on family outcomes.

Everyone involved in the co-design reflected on the very high level of complexity that our state’s families are living with and all parties agree we must share the risk and work together to intervene so that more of our state’s children are safe at home with family, community and culture.
Introduction

In March 2019, the South Australian Government approved a strategy for a new Child and Family Support System (CFSS) to address growing child abuse and neglect concerns, including increasing numbers of children needing to enter care.

The strategy positions South Australia as a state where the primary response to supporting families with complex needs is not only a statutory intervention, but is inclusive of an evidence-informed system of intensive, earlier supports that ensure children can be safely cared for in their homes, connected to family, community and culture.

The implementation of this strategy is being led by the Department of Human Services (DHS), with oversight from the cross-governmental Child Protection Reform Portfolio Management Board, and in partnership with the non-government sector.

The complex nature of current system challenges is outlined in the background research summary on page two of this document.

In order to create meaningful and sustainable change, it was agreed that the new system must be informed and co-designed by the people who need the services, and the people who deliver the services.

DHS considered it critical that the co-design was managed by independent design experts, with particular system and population knowledge, who sit outside of government. This report is therefore based on the findings of consultants Dana Shen and Mel Lambert, with a commitment to transparency about the outcomes and actions.

The agreed approach offers new opportunities for and commitments to collaboration between government, non-government providers and service users going forward.

It is important to note that this co-design process was primarily concerned with the over-arching system, however the findings will also inform service and practice responses. Actions and next steps are articulated throughout this report.

All parties will continue co-design work to continually refine and improve both government and non-government delivered services to ensure they are delivering optimal outcomes for families.

As part of the system reform strategy, the state government has now also undergone Machinery of Government changes to consolidate various child and family early intervention efforts, previously spread across numerous government agencies, into a single division within DHS. This means DHS has responsibility for commissioning all non-government services in the CFSS from 2020.

The whole Child and Family Support System is described diagrammatically on page 24. This illustration shows the continuum of and relationship between government and non-government services, from the universal through targeted and intensive into the statutory components. It also shows how the role of universal and adult services are critical in this system.
Background research

Underpinning the strategy released by EIRD in March 2019 was a **summary of research findings** from 2016 – 2018.

The evidence, from both empirical research and practice insights, described numerous problems with the current collection of services aimed at supporting families and reducing child abuse and neglect.

These topics were reiterated by participants in co-design discussion. They include:

- Families have more numerous and complex challenges than previously understood, and current services are targeted predominantly at a level of need that is much lower than the real level of need
- Services have historically been funded in relatively small amounts by multiple government agencies, leading to inconsistencies in service provision, integration, data quality and the ability to identify gaps or reduce service duplication
- Service provision is fragmented, with individual services and programs experiencing barriers to collaboration
- Current contract parameters make being innovative difficult and prevent services from being responsive to changing needs
- There is no coherent, overarching governance or purpose that drives activity and against which outcomes can be objectively measured at a system level
- A significant amount of effort is directed to assessment and referral activities, rather than service delivery
- Service efficiency and measuring of outcomes is impacted by poor data collection, information sharing, screening and referral processes
- Service provision is often child and incident based, without looking at the broader family context of relationships and environments over time
- There is a significant over-representation of Aboriginal children in the statutory child protection system, but the system and services are not designed with proper consideration for Aboriginal families’ needs, culture and histories
- The effects of trauma (including intergenerational trauma) are not consistently recognised and responded to
- Worker attraction and retention is an ongoing challenge, especially in remote/regional areas

These findings prompted the Machinery of Government changes that have now brought government functions of the system into a centralised DHS division.

They have also informed the priorities for the co-design process.
Co-design priorities

In developing the CFSS strategy, agreement was formed among government and non-government partners regarding the priorities for the new system. Consensus was built around the following themes, upon which this report is structured.

1. Designing the system with Aboriginal families and communities
2. Trauma-responsive practice
3. Designing early help and support
4. Regional and rural service delivery
5. Supporting and strengthening our workforce
6. Monitoring, learning and evaluation
7. Commissioning

Further, the evidence identified four priority populations where efforts will be focussed – these illustrate a commitment to working with families with multiple, complex needs who are most at risk of entering the statutory system.

Young parents: a very small number of young parents account for a very large number of child protection concerns.

Adolescents with complex trauma histories: these people are statistically at risk of having children who will go on to enter the child protection system.

Aboriginal families with multiple service needs: one third of children in care in South Australia are Aboriginal.

Families of infants at high risk: most babies with concerns raised before birth go on to have serious abuse and neglect issues again in their early years.

Methodology

The co-design process was underpinned by the following co-design principles:

Co-design is inclusive. The process has included representatives from critical stakeholder groups, from framing the issues to developing and testing solutions. It utilises feedback, advice and decisions from people with lived or work experience, and the knowledge, experience and skills of experts in the field.

Co-design is respectful. All participants are considered experts and their input is valued and has equal standing. Strategies are used to remove potential or perceived inequality. Partners manage their own and others’ feelings in the interest of the process. Co-design requires everyone to negotiate personal and practical understandings at the expense of differences.

Co-design is participative. The process is open, empathetic and responsive. It uses a series of conversations and activities where dialogue and engagement generate new, shared meanings based on expert knowledge and lived experience. Major themes can be extracted and used as the basis for co-designed solutions. All participants are responsible for the effectiveness of the process.

Co-design is iterative. Ideas and solutions are continually tested and evaluated with participants. Changes and adaptations are a natural part of the process, trialling possibilities and insights as they emerge, taking risks and allowing for failure. This process is used to fine-tune potential outcomes or solutions as they reach fruition and can be used to evaluate their effectiveness.

Co-design is outcomes focussed. The process can be used to create, redesign or evaluate services, systems or products. It is designed to achieve an outcome or series of outcomes, where the potential solutions can be rapidly tested, effectiveness measured and where the spreading or scaling of these solutions can be developed with stakeholders and in context.

(Note: these principles are adapted from the work of Ingrid Burkett (TACSI) and participants at the Fair Deal Forum, NCOSS, 2017)

The co-design process was developed by Dana Shen of DS Consultancy in partnership with Melanie Lambert of Think Human. Additional
advisory and research support was provided by Ryan Hubbard of Hinterland Innovation. The team worked collaboratively with senior DHS staff to collate, analyse and test the learnings throughout the process.

The process ran from June to October 2019 (noting that co-design activities will be ongoing). It was designed in two stages: stage one, to open the project, explore the priorities and begin thinking, and; stage two, to deepen thinking, prototype ideas and examine key questions and ideas.

Anyone impacted by the system was encouraged to participate, which led to the use of new communications technologies as well as regional visits to ensure state-wide engagement. Key people targeted for involvement were service professionals – from Chief Executives to frontline workers – plus families with lived experience and their broader communities.

Belinda Valentine and Steve Harvey acted as advisors and family advocates through the co-design, with a wider group of families becoming ‘system advisors’ for stage two of the process.

It was acknowledged that Aboriginal people (families, service users and service providers) must be engaged in a way that is authentic, equitable, safe and culturally meaningful, which was greatly assisted by Dana’s connection to culture.

In total, there were approximately 1,000 workshop attendances (noting that some people attended multiple workshops).

While this report is based on findings from this process, co-design activities will continue with guidance from new governance structures including an Aboriginal Leadership Group, a Lived Experience Group and regular meetings with non-government service Chief Executives.
Listening to families

All stakeholders agreed that families need to be at the centre of the new system design, and active partners throughout the co-design.

A set of principles was therefore developed by families and applied throughout stage two.

Family participants defined their role as that of ‘system advisors’, drawing on their lived experience to provide advice and support into the development of the system in order to improve it for other families like them.

Their input was invited at any and every stage of the co-design.

This role – as developed and implemented through the co-design project – has created a framework from which DHS is building an ongoing lived experience function into the new Child and Family Support System.

Principles for co-designing with families as system advisors:

1. The CFSS co-design project recognises and respects the diverse experiences, opinions, knowledge, expertise and voice of families and will give these voices status.

2. The CFSS co-design project recognises that we are all involved in designing the solutions and need to work together - really!

3. In order for us all to work together well, we need to understand our own biases and be constantly thinking about how others might experience the world (including services) differently.

4. In order for us all to work well together, as professionals and service providers, we need to understand and constantly reflect on our status in the system and the power we have in our roles.

This figure represents a system that is family-centric and acknowledges that all parents may need help. The seven system elements are discussed in this report.
Co-design Outcomes

Shared direction one: designing the system with Aboriginal families and communities

Vision
The system will be led by the voices, perspectives and aspirations of Aboriginal peoples and do what is required to improve the outcomes for Aboriginal families and children. This will include strengthening the Aboriginal community-controlled organisation sector (ACCOs).

Stage one insights
Participants were invited to imagine a different reality where Aboriginal cultures and knowledge were the starting point for system design.
Non- Aboriginal colleagues were invited to explore what it means to be an “ally” to Aboriginal people.
People considered each of the co-design priorities and identified what was required for Aboriginal families and communities.
Stage one learnings were brought together to inform two key outputs: the Aboriginal and Torres Strait Islander Co-design Principles, and the Aboriginal and Torres Strait Islander System Design Criteria.

Aboriginal and Torres Strait Islander Co-design Principles
1. The co-design process recognises the history and wisdom of Aboriginal peoples and will work to create Aboriginal led systems and services that supports self-determination and safeguards these approaches.

2. The co-design process will ensure and give status to the diverse voices, knowledge, experiences, skills and perspectives of Aboriginal Nations, communities, families and individuals, acknowledging the intergenerational and complex traumas experienced in the community and the hopes and strengths of communities.

3. Aboriginal people will be involved in all aspects of the co-design process from the beginning, in the middle and until the end of the process and will be involved in the evaluation of the process and the outcomes.

4. The views and perspectives of Aboriginal people will inform the broader co-design project in addition to the Aboriginal specific element.

5. In this process, Aboriginal people will be supported by co-design “allies”. Allies are non-Aboriginal people that will work alongside in the co-design process. Allies will throughout the co-design process and within their power:

   a. Work to support the self determination of Aboriginal people in the co-design process and in true partnership
   b. Ensure they deeply listen and learn and seek guidance and direction on the right protocol and ways of working
   c. Ensure they are self-reflecting and building their cultural fitness and responsiveness and practising cultural humility and respect
   d. Work with Aboriginal people to translate their vision into the systemic design and challenge the barriers to this including systemic racism and individual and organisational white privilege
Aboriginal and Torres Strait Islander System Design Criteria

1. A system where Aboriginal children are front and centre and that is family focussed

2. A system that reflects Aboriginal cultural strengths

3. A system that reflects Aboriginal peoples’ right to self-determination

4. A system that reflects the truth of our shared histories, the hurts, the strengths and the healing

(Imagine if…)

“Aboriginal people can just be who they are and don’t have to help others to ‘understand’”

Stage two insights

Both the Aboriginal and Torres Strait Islander Co-design Principles and the Aboriginal and Torres Strait Islander Design Criteria were applied to all stage two workshops to ensure cultural respect drove the process and Aboriginal families and communities were central.

The principles provided a call to reflect and act, to ensure a culturally respectful process.

The design criteria guided the design of the system at a ‘whole of system level’ and across each of the priorities.

“(We) need more Aboriginal workers who understand the different problems we have. I didn’t have parents I wanted to be like, and I hadn’t seen any other way of being a dad, so I needed help with that.”

Implementation guidance

In consultation with Aboriginal communities, adopt and apply the Aboriginal and Torres Strait Islander Co-design Principles in:

- Future co-design and service design processes, and
- Aboriginal community and organisational engagement strategies, including with the Aboriginal community-controlled sector

In a commitment to Aboriginal self-determination, support the capacity building and expansion of the Aboriginal community-controlled sector.

In on-going consultation with Aboriginal people, adopt and apply the Aboriginal and Torres Strait Islander System Design Criteria at a whole of system level and across all the co-design priorities.

Next steps

- Adopt the Aboriginal and Torres Strait Islander Design Criteria across the sector to guide all design and implementation activities, alongside our existing commitments to the Family Matters Principles and Aboriginal Child Placement Principle. This will be implemented immediately.

- Formalise ongoing relationships with the Aboriginal Leadership Governance group and other Aboriginal community groups to provide implementation advice, cultural authority for ongoing reforms, and for continuous system improvement. This will be implemented immediately.

- Support the growth and development of ACCOs through commissioning. This will happen in line with government recommissioning processes occurring in early 2020, following further discussions with the NGO and ACCO sector.

- Support ACCOs to build capacity by facilitating a peak body. This will occur concurrently with establishing the working arrangements for the Aboriginal leadership groups.
This image was developed by a group of Aboriginal women, including Sareena Saunders from Relationships Australia SA, during the co-design process. Here is Sareena’s description of the image.

“For Aboriginal people, the fire is the central, a place of gathering and it is what brings us together. This is our sacred space where our family gather, it consists of men and women, young and old, it’s where we sit in peace guided by our ancestors. Our sacred space is protected by us, we hold one another in this space, we share our own stories, we learn, we teach and we nurture each other’s spirits.

The thick black line represents our boundary of fear, we have to keep the thick black line to protect ourselves as we are targets. Because Aboriginal people wear the brunt of invasion and the past government policies, this is why we are so disadvantaged, we must protect ourselves. There is big money to be made off of Aboriginal disadvantage, it is its own industry.

The red targets represent the services who have been told to “help us”, “rescue us”, “support us”. The red targets sit around us always, for they too carry the burden of the past government policies. Services must be invited in and build trust and security with us but most of all they must be able to share with us as well.

The thick black clouds represent our journeys out of our sacred space, it’s a windy road with lots of obstacles, and it’s not a straight road in and out. If services become involved with us they too have to remember that they are a part of our story, they will leave a legacy with us, and it’s how they want to be remembered by us, for we have to navigate a world that was not designed for us. We come out of the sacred space and sometimes we can be broken but no matter what we always return to the fire, it’s family, it’s the earth, it’s our air, our sun, our land, it’s our culture.”
Shared direction two: embedding trauma-responsive practice to create a healing system

Vision
The system will be focussed on the creation of safety and healing, with trauma-responsive practice visible in all aspects of our work and process. This will be underpinned by a deep respect for families and their voices.

Stage one insights
It will be important to have relevant trauma-responsive training for all roles and across all levels of the system.

There should be consistent training, consistently implemented and potentially shared across the system, to ensure a common language and approach. This must be supported by methods including supervision and reflective practice, communities of practice and peer-to-peer support.

Time and space are essential for building trauma-responsive services. It is important to provide the right conditions for service users to tell their story without being re-traumatised.

“Things are traumatic; it’s good to have the knowledge that this happened but not have to explain all the detail again… there is more to a story than in case notes”

Stage two insights
There needs to be a set of shared definitions and frameworks that meets the needs of clinicians, practitioners and families.

We must build knowledge with a sharp focus on developing adaptable practice.

Building the workforce's knowledge of trauma-responsive practice is essential, but this must be implemented in a way that ensures staff know how to apply it in different contexts and with different families and experiences.

At every point of a service journey, focus on creating safety.

In working with Aboriginal communities, recognise and respond to intergenerational trauma, complexity and diversity.

In working with culturally and linguistically diverse (CALD) communities, recognise and respond to the unique needs and experiences of trauma many families carry in their lives that are historically and culturally relevant.

“Some people, including Australian people, have not been exposed to conversations about trauma, mental health etc. I have started using 'suffering' or 'hardship' to help people understand the concept. Refugee families have had to tell their story many times, with fear of deportation looming over them. It adds different dimension to the re-traumatising impact of storytelling.”

(culturally and linguistically diverse participant)

Implementation guidance
Ensure the voice of lived experience is embedded in the design and continuous improvement of trauma-responsive practices and workforce development.

Using the co-design insights:
• Implement a sector-wide practice forum focussed on developing a shared trauma-responsive practice framework (including a process for continuous improvement)
• Define the training approach and requirements for all levels of the sector
• Ensure these insights are used to guide each point of service design
• Have a specific and separate focus on working with Aboriginal people and with intergenerational trauma
• Have a dedicated focus on the unique needs of culturally and linguistically diverse communities

Dedicate resources to identify and, where required, develop relevant, high-quality training with and for the sector.

Next steps
• Embed lived experience insights in the design and continuous improvement of trauma-responsive practices through formal structures and working arrangements. *This is to commence immediately.*

• Include principles and standards for trauma-responsive practice to government delivered services and in the commissioning framework for NGO services. We will transition to these in a non-punitive manner, and will seek organisational commitment to:
  ▪ improve organisational polices and supervision
  ▪ undertake relevant levels of training for roles within organisations
  ▪ actively assess, set goals and report on progress
  ▪ contribute to the local body of knowledge around trauma-responsive initiatives and evidence
  ▪ recognise and respond (by treatment or referral) to trauma requiring therapeutic interventions

  *This will occur in line with government recommissioning processes occurring in early 2020, following further discussions with the NGO sector.*

• Support the sector to implement and strengthen trauma-responsive practices that are contextualised and relevant to specific components of the system. This will include:
  ▪ funding a role dedicated to assisting organisations in their trauma-responsive practice improvement and coordinated training
  ▪ ensuring adequate training is available in the market (through acquisition or internal development)
  ▪ building on the work already occurring in the sector with NGOs and government delivered services
  ▪ organising practice forums for the sector to share and receive knowledge
  ▪ developing and sharing tools to assist organisations to continuously improve
  ▪ ensuring pathways for therapeutic responses to trauma where required
  ▪ promoting consistency across the sector through the development of a cross-agency strategy

  *Development of a plan to implement this support will occur by February 2020.*

• Ensure new or revised service model designs incorporate trauma-responsive practices. *This will occur in line with government recommissioning processes occurring in early 2020, following further discussions with the NGO sector.*

• Ensure there are sufficient services to provide evidence-informed supports specifically focussed on therapeutically addressing trauma. *This will occur in line with government recommissioning processes occurring in early 2020, following further discussions with the NGO sector.*
Shared direction three: establishing mechanisms for early help and support

Vision
The system will ensure all families can ask for help when they need it, where they need it and where they feel they can safely return.

Stage one insights
The following themes were discussed, based on the original CFSS strategy:

A proposed common screening tool
A common screening tool and other tools (such as risk assessment frameworks) could be shared across services and the system.

This raised issues about how families would best access services, including the concept of a one-stop shop, no “wrong door”, a single referral point and assertive engagement with families.

Stakeholders highlighted the need for a system where self-referral for families is also possible.

Pathways for priority populations
Feedback under this topic was far ranging, exploring issues including eligibility criteria for access to services and views of parenting.

It is important to expand Aboriginal agencies doing this work and increase Aboriginal staff in general.

Participants commented on how important it is to have a deep cultural understanding of what ‘parenting’ and ‘family’ means across different cultures.

Family members with disabilities and those experiencing domestic and family violence are important to consider.

Warm referrals
Participants highlighted the concept of the key worker for families (with access to brokerage), or a cross-system worker, referred to as a “no wrong door worker”. This could be another family with lived experience.

Information Sharing
Participants believed there are varying levels of understanding about how we should be sharing information and the relevant guidelines and legislation. There is a need for shared understandings and shared protocols across the system.

“[We need] something that explains what’s available to help people like me, but also helps you to know what you might need because I didn’t know what help I needed”

Stage two insights
Discussion of themes in stage one led to developing the notion of an ‘early help and support’ mechanism in stage two. This included the following points.

Families seeking help face numerous barriers to accessing help. These include a lack of knowledge of what is available and a fear of seeking help, particularly the fear of their children being removed.

Families wanting help need to be able to access it when they need it, on their own terms. The access point to help needs to be easy to find and use.

Professionals spoke about the importance of reframing parenting as a human challenge, and normalising the idea of parents asking for help. This includes recognising that a parent will likely be feeling vulnerable when identifying they need help.

There needs to be multiple safe ways for families to seek help. This includes the ability for people to feel able to self-refer, whether this is in paper-based form or using technology-based solution. Families need to
have accurate information and the point of contact needs to be user-friendly and responsive.

It is critical to have workers who really understand the system, the services and their own strengths. Staff in this area need to be multi-skilled and strongly supported in their practice. Staff will require high level skills in family engagement, system and service navigation, negotiation and strong service level partnerships.

An Aboriginal specific response that is closely connected with Aboriginal communities and organisations is required.

Additionally, a response is required that recognises the varying needs of culturally and linguistically diverse communities, their unique differences and experiences and therefore the multiple ways they will choose to seek and access help.

Implementation guidance

Work with organisations and staff on any perceived barriers or concerns regarding information sharing.

Using the co-design insights, work in consultation with the sector and those with lived experience to develop a service level blueprint, and:

- Apply this in the development of an early help and support mechanism, including in the branding and communication of the service
- Ensure a specific response for Aboriginal people
- Ensure a specific set of responses for culturally and linguistically diverse communities, and
- Prototype elements of the service before wide-scale implementation

Ensure that the workforce that has a primary role in this part of the system is experienced, supported to develop and provided with consistent supervision and reflective practice opportunities.

Next steps

- Continue co-designing a conceptual mechanism of early help and support, based on the following considerations:
  - provide differential responses to families seeking help and support that are coordinated across government and non-government services, with a specific focus on priority populations
  - deliver locally based and coordinated service responses with consideration of various modes of supporting families seeking help such as phone, website, apps or face-to-face
  - provide a safe space for children and families to seek help and address perceived stigma or shame of seeking support
  - connect families to services that best match their needs by implementing consistent needs assessment and screening processes that are based on a shared understanding of risk.
  - effectively identify and rapidly coordinate responses for children and families with multiple and complex needs
  - create a culturally responsive and safe service that enables Aboriginal families, children and young people to access help in culturally safe ways
  - include an assertive outreach component and a proactive approach to delivering support
  - build clear relationships with statutory pathways to ensure children are safe in families, community and culture

“...something easy that I don’t have to think too hard and I can do at home. At first, I wasn’t ready to talk, I just need information. I know I didn’t bother to get help when it was too hard.”
This has already commenced: DHS is leading a cross-sector multidisciplinary group, including people with lived experience, to inform further development of potential models. Cross-sector endorsement of the concept will be sought in early to mid 2020.

- Seek to establish Local Partner Groups in rural and regional areas to support collaboration and service referral. This will occur under the recommissioning activity occurring throughout 2020.

- Rapidly establish better digital resources to assist people seeking support to more easily self-refer to services. This will commence immediately in partnership with system advisors and other government agencies.

- If approved, develop a regional trial to test and validate the operations of a sector-endorsed early help and support model. This is expected to occur early/mid 2020.

- Provide advice and training to organisations on the use of any information sharing provisions to support coordinated service delivery. This will commence in 2020.
Shared direction four: ensuring equitable access to help for regional and rural families

Vision

The system will listen and respond to the diverse and unique voices and needs of rural and regional families, recognising the strengths of local service providers and opportunities for the whole service system to learn from them.

Stage one insights

A joined-up approach to service coordination and service planning is critical, to make best use of the multi-agency staff in regional and rural areas.

There is potential to use technology to greater effect, to link roving workers with geographically disparate families.

There is a pressing need in regional and rural areas to increase Aboriginal employment, with Aboriginal staff committed to local communities and a system that acknowledges and values cultural and community knowledge.

Regionally there is a significant challenge in attracting qualified staff, especially social workers.

There were many conversations about data on regional and rural needs and service delivery, with a concern that most service planning is based on Adelaide-centric data.

“Every community is different with its own trends, needs and gaps”

Stage two insights

We need localised responses that are rapid and enable face-to-face connection. We must maximise local channels to reach families where they are, with plain language and non-threatening information that resonates with their own circumstances.

It is important to build on the strengths of regional and rural communities – the shared knowledge, relationships and community connections.

This means responding to the unique character of each region, location and nation so that each locality is supported to tailor services to their local context.

In consideration of remote and traditional communities, in particular Anangu of the Anangu Pitjantjatjara Yunkunytjatjara Nations and Lands, it is important to consider the movement of communities in thinking about access to help (for example, many Anangu travel to regional communities including Port Augusta, Port Pirie and Whyalla).

Attention must be paid to the higher costs required to deliver services in regional and rural areas; contract values and caseloads need to be tailored to the specific demands of regional and rural locations rather than based on metropolitan cost-modelling.

We must create the conditions to enable joined-up and potentially cross-border responses, particularly in consideration of remote and traditional communities such as Anangu of the Anangu Pitjantjatjara Yunkunytjatjara Nations and Lands.

We must also take a broader view of who is suitable to work in regional and rural areas – look to recruit and train staff with the right community values and local commitment. Explore opportunities to employ local people into non-clinical and system advisor roles.

“Regional areas are where families come to hide”
Implementation guidance

Make a genuine commitment to keeping regional and rural voices at the table and continue with collaborative approaches to the design and implementation of the new system.

Elements of a metropolitan-designed system will not work in regional and rural contexts without a concerted determination to test and refine with and in the regions, on an ongoing basis, as well as evaluating impact and adapting to the range of regional and rural settings, in real-time.

Consider creating regional ‘test sites’ and prototype experiments. While regional and rural contexts face multiple challenges to effective and efficient service delivery, they also present some unique opportunities to test new concepts and ideas.

Ideas with potential to deliver better outcomes arising from the co-design could be trialled and explored in regional areas, with smaller populations and smaller workforces, for example, the concept of collaborative tendering approaches or the detailed design of an early help and support mechanism.

Undertake more research and modelling about how to build a stable and fit-for-purpose regional and rural workforce. The unique challenges of a regional and rural context are ideally suited to test out new workforce models with a mixture of professional, cultural, community and lived experience.

There is a need to explore existing research (and possibly undertake new research) to build an evidence base that describes what it actually takes to build a resilient and steady regional and rural workforce that works in the Australian context.

Next steps

- Ensure formal processes and working arrangements to embed lived experience insights include adequate representation from rural and regional areas. This will occur immediately with the establishment of a Lived Experience Advisory Group.

- Through the recommissioning process:
  - develop regional-level needs profiles and partner with local agencies to configure local services and outcomes accordingly
  - establish local partner groups to ensure children and families are supported to access the range of services they need

  *This is being implemented through the recommissioning process occurring in 2020.*

- Going forward:
  - ensure workforce development planning for the sector includes strategies to address regional level workforce needs, including recruitment and retention issues over the longer term
  - trial new forms of remote supervision and clinical governance
  - consider a plan for cross-sector collaboration in regional areas to inform ongoing system and service redesign

*These points will be further developed moving into system and service redesign implementation.*
Shared direction five: supporting and strengthening our workforce

Vision
Responsive child and family support services require a workforce with the knowledge, skills and practice to fulfil their role confidently and effectively across all components of the system. The system will have a purposeful and unwavering focus on building the Aboriginal workforce and supporting non-Aboriginal staff to work well with Aboriginal communities. We will develop shared tools and approaches to support our workers and embed our goals at all levels and all steps of the service journey.

Stage one insights
Given families’ complex needs, expertise must be embedded in teams with a unified purpose around the work being carried out. This includes having a common understanding of a family’s concerns and history.

A great breadth of knowledge and skills are required, including how to manage risk, understanding the diversity and depth of families’ needs, and applying assertive engagement strategies.

To support this, a strong clinical governance framework with broad training is required, along with formal supervision, peer support and reflective practice.

Developing cultural competency among staff is a well-established priority. This must sit alongside an acknowledgement of the expectations on Aboriginal staff to be, do and know all regarding Aboriginal families. Service professionals highlighted the importance of including Elders, Aboriginal staff and Cultural Advisors to support this work.

Longer commitments to programs enable providers to retain staff who can build capacity to develop and refine services.

In developing the capacity of staff to do this, it was noted that there needed to be a reasonable length of commitment to a program in order for this to occur. This needs to occur in an authorising environment that allows for prototyping and the testing of new models.

It is critical to identify gaps, needs and priorities in the future workforce. Participants suggested more cross-discipline placements, scholarships and traineeships, and the building of partnerships with universities and training programs.

In country areas, local capacity needs to be built through local recruitment with the appropriate skill set, not only ‘fly in and fly out’ workers.

Learning and development needs to be evidence-informed using adult competency-based training. Learning about Aboriginal families and communities needs to be Aboriginal led.

Learning and development also needs to be tied with consistent outcomes-based supervision and given enough time to be effective.

"[She was] really supportive and thoughtful – she didn’t express this in many words. I’ve not had a lot of support in my whole life and she brought over things for my daughter’s birthday. It wasn’t always about giving stuff. I could tell [her] confidential info and be open about things – I was open about my issues.”
Stage two insights

This system needs adaptable workers who build strong relationships.

Families shared the kinds of characteristics that they want in a worker, highlighting those who are passionate, committed and able to genuinely listen.

Families greatly value workers with lived experience, as they can share empathy and an understanding that “life is not always perfect”. That said, workers without lived experience are appreciated when they listen, care and support families to connect with those with lived experience when needed.

Playfulness and a sense of humour are important considerations, particularly in working with children and young people.

Working with families with complex needs is not easy and this needs to be recognised and supported across the service system. While much emphasis can be given to the kinds of training and workforce development required to do this work, there are further points to consider:

- **Not always knowing the answers is OK.** There are high expectations of the workforce but we need to work with ‘not knowing’ to enable the best support for families and staff. Boundary setting is also essential to ensure staff are clear about their roles and what they can offer families.
- **Connection and basic needs are important.** Workers building expertise in areas of specialisation is vital, but so is connecting well and being genuinely helpful.
- **Staff need real systems of support.** This commitment needs to be embedded across the service journey, at all levels, through the values that are held by organisations and within policies and procedures.

*Informed by Price-Robertson, R. et al (2019)*  
Supporting staff to work with children and families with complex needs: A checklist for organisations and Price-Robertson & Schuurman (2019)  
Supporting children in families with complex needs:

*Nine tips for practitioners who feel out of their depth online at Emerging Minds, Australia.*

In considering this topic and improving service system responses, it is important for the sector to engage with and better understand the diversity of Aboriginal families and communities. This diversity includes Aboriginal people’s languages, land and the different experiences of colonisation and its impacts.

The process of exploring and learning about these issues should include developing cultural frameworks, helping staff to learn through multiple modes with proper time and space. It should also involve developing the role of cultural champions (including Elders and Aboriginal staff) and “allies” (non-Aboriginal staff that walk alongside Aboriginal people).

"They didn’t stereotype me – when I was struggling, they didn’t assume I was on drugs, instead they tried to help out."

**Implementation guidance**

Sector-wide, develop the cultural competency of the workforce by supporting Aboriginal cultural champions and the “allies” that walk beside them.

Develop a systemic response to working with families with complex needs that includes:

- building a shared set of values and approaches to working together
- practice frameworks and policies and procedures to support this approach

Informed by the co-design learnings, develop a workforce strategy that includes:

- increasing the numbers of Aboriginal staff at all levels across the child and family support system
- developing the knowledge, skills and capacity of non-Aboriginal staff in working with Aboriginal people (as allies)
• consideration of what will be needed to best work with young people and young adults who are parents and require support
• building the capacity of the workforce to respond to trauma, including intergenerational trauma-responsive practice
• supporting the workforce attraction and retention of staff in rural and regional areas.

Next steps
• Complete development of cultural competency and intergenerational trauma-responsive practice training designed for the South Australian context, in partnership with SNAICC and Aboriginal Family Support Services. This has commenced and will be complete March 2020.

• Work with AFSS to implement Aboriginal-led delivery of cultural competency and intergenerational trauma-responsive practice training ongoing. This will commence immediately.

• Ensure contracting arrangements that support ongoing development of workforce competencies to ensure new evidence-based practices can be adopted as they emerge over the life of a contract. This will occur in line with the development of the recommissioning plan in early 2020.

• Establish a cultural practice and learning framework, for government delivered services and in commissioning, to support cultural champions in organisations who can walk alongside staff in their learning and development. This will occur in line with the development of the recommissioning plan in early 2020.

• Work collaboratively with other government agencies and non-government service providers to produce a CFSS workforce development strategy to support ongoing practice improvement across the sector, including:
  ▪ a capability framework addressing working with families with complex needs; working to new evidence-based practices and pilot service models, and; trauma and cultural competencies
  ▪ increasing the Aboriginal workforce
  ▪ a transition plan for the new workforce configuration including pathways for increasing the workforce and new skills development
  ▪ working to evidence-informed practice
  ▪ an emphasis on supervision to support staff wellbeing and vicarious trauma

This will commence from February 2020, given timings of inter-dependencies.

• Collaborate across agencies to ensure South Australia’s workforce has the right scale and composition to meet the community’s needs, including:
  ▪ attraction and retention of workers in intensive family support services, particularly in rural/remote regions
  ▪ alignment of trauma-responsive practice approaches across sectors
  ▪ increasing Aboriginal workers across all levels in the broader family support services workforce
  ▪ working with educational institutions to embed trauma-responsive practice and cultural competencies as core knowledge in graduates
  ▪ exploring graduate programs targeted at this workforce

This will commence immediately, with the establishment of a cross-sector working group.
Shared direction six: monitoring and evaluation

Vision
The system will focus on achieving the best outcomes for children and families. As part of a continuously improving system, funders, service providers and practitioners will have access to information that enables them to continually improve their work.

Stage one insights
There is great opportunity to enhance data sharing across the sector, maximising the potential of the information sharing guidelines to enable this.

Participants called for a greater focus on outcomes-driven and strengths-based measures across a shared data set. Aboriginal service professionals wish to see specific KPIs relevant to Aboriginal families, as identified by Aboriginal communities.

The inclusion of family voices in monitoring and evaluation was emphasised, particularly by Aboriginal stakeholders. In this context, family voice extends to community voice, with Aboriginal people wanting to tell their own stories of what’s working and what’s not working.

Participants want more robust feedback loops with consistent and timely feedback that can impact outcomes across service partners, prioritising real-time communication and continuous improvement.

There also needs to be greater access to training in evaluation methods, particularly for organisations that are less established or well resourced.

Evaluation methods should be co-designed and incorporate qualitative and quantitative methods.

Stage two insights
A monitoring, learning and evaluation system needs to be able to measure progress against family-determined priorities, as much as it does against system priorities, and enable family awareness of progress they’re making in real-time.

A collective outcomes and accountability framework would enable multi-agency responses for families with the greatest needs, working collectively with the family towards positive outcomes.

The system needs to build evaluation into service design from the beginning, drawing on lived experience including the Aboriginal cultural practice of yarning.

Participants supported real-time, dialogue-based monitoring systems in which service providers and families can ‘check in’, mirrored by a similar ongoing check in process between non-government providers and government contract managers.

“Families aren’t held in a manila folder - they are held in a relationship”

Implementation guidance
Develop agreed outcomes across the system, including an outcomes framework with clearly articulated roles and responsibilities. Family voices must shape its development and implementation.

Develop a relational approach to monitoring, learning and evaluation. An outcomes approach will be most successful when underpinned by strong and positive relationships of trust.

“How we felt and how we were growing and what we were learning... I was able to see what [my child] was getting out of it. To this day, we are learning and it’s made life so much better for us.”
Continue to build local evidence. As the system learns and adapts to what is happening on the ground, there is the opportunity to create new evidence-informed models of practice that are uniquely suited to the local context.

From the perspective of families with lived experience, if data is shared, it needs to be done on the condition that it used to ensure better outcomes.

Acknowledge that robust monitoring, learning and evaluation needs to be resourced.

Next steps

- Co-design evaluation methodologies and outcomes monitoring with Aboriginal leadership groups to establish relevant measures. These processes will be utilised to build the evidence base of what works for South Australian Aboriginal children and families. This will over time reduce the reliance on research conducted in other locations (interstate and overseas). *This will commence immediately as part of systematising Aboriginal governance and leadership work, in conjunction with recommissioning activities.*

- Complete a whole-of-system Outcomes Hierarchy in partnership with key stakeholders and system advisors and operationalise this through commissioning processes. This will include short, medium and long-term outcome measures across the system. *This work has already commenced and will be finalised in line with the government’s recommissioning processes occurring in early 2020, following further discussions with service providers.*

- Build capability to share information more effectively between funders and service providers to support monitoring and evaluation processes. *Immediately commence activities to build and enable infrastructure and capabilities to support information sharing, leveraging existing systems where possible and establishing an authorising environment.*

- Improve IT systems to enable more effective, timely and accurate monitoring and evaluation. *Development of reporting and outcomes monitoring systems is already underway with initial functionality to be ready in December 2020.*

- Embed feedback loops on family outcomes that ensure all stakeholders are informed about their impact. This will draw on insights from the family voice stream of co-design regarding respectful use of clients’ information and data. *This process will be co-designed as part of the early help and support concept model and embedded through continuous practice improvement.*
Shared direction seven: commissioning for outcomes

Vision
Across all commissioning, we will work in the spirit of collaboration with a focus on sector capacity building and keeping the voices of family central. The system will be committed to building Aboriginal services with Aboriginal people.

Stage one insights
Simplify and streamline the tendering and procurement process and increase the transparency of decision-making.
Contracts need to be flexible to respond to changing needs, or to ‘course-correct’ if outcomes are not as expected.
Work towards a commissioning process that encourages partnerships and collaboration rather than competition.
Develop outcomes-driven commissioning, overlaying regional trends and place-based data to inform service commissioning, with a longer-term vision for commissioning for outcomes.
Aboriginal engagement in commissioning must be underpinned by cultural respect and the principle of self-determination.

“*We went to services because we were told to, but they weren’t right for us*”

Stage two insights
We need an aligned and unified commissioning system that enables flexibility in service models.
An agreed outcomes hierarchy embedded with integrated data systems would allow services to be responsive to community and family needs.

An equitable commissioning system will require capacity-building within the sector – covering procurement, building partnerships, co-design with families, reporting and collecting, using and sharing data.
A transparent and trustworthy commissioning system would mean contracted organisations are accountable through contractual arrangements that encourage openness and honesty. Risks would be clearly defined during the commissioning processes and all parties would have a shared understanding with funding proportionate to agreed risks.
Commissioning decisions should ensure that local communities have an early help point of contact, and that commissioned services working with Aboriginal families have shared outcomes with Aboriginal cultures at the centre. Cultural advisors and subject matter experts should be engaged within procurement and contract management roles.

To develop an outcomes-driven commissioning system, a range of voices must be heard on commissioning and procurement decision-making panels. This includes operational staff, community and cultural leaders, families and others with lived experience. Evaluation methods that include the family voice must be embedded from the outset.

“A good relationship will lead to increasingly open and honest conversations about what is and isn’t working and shared decisions about what to do as a result”

Implementation guidance
Commit to building a system where Aboriginal people and services are at the centre.
Use the Aboriginal System and Torres Strait Islander Design Criteria (page 6) as an accompanying document to the government’s
SANFRAG principles, as an additional but critical lens for interpreting the rules and guidelines.

Consideration should be given to how commissioning processes can build the capacity of Aboriginal community and service providers to deliver more Aboriginal services. This includes having strong Aboriginal representation on all tender panels.

Commit to developing a relational approach to contract management. There needs to be explicit agreement about the relationship, roles and responsibilities of each party, and acknowledgment that services may change as circumstances and needs change.

Work towards an integrated system where each referral for or action with a family has a systems-level response that feeds into a ‘commissioning knowledge bank’.

Integrate mechanisms to actively listen to the family voice in commissioning practices and decision-making processes.

Next steps

- Embed Aboriginal and Torres Strait Islander Design Criteria across the commissioning process and in service design. This will commence immediately and occur in line with recommissioning processes.

- Propose allocation of a specific portion of commissioned funding for Aboriginal-led service delivery, including better supports for Aboriginal service providers to deliver Aboriginal services. This will occur in line with the development of the recommissioning plan in early 2020.

- Work collaboratively with the sector to design a new cross-government commissioning approach for family support services that:
  - is outcomes-focussed and works towards an agreed outcomes hierarchy, including outcomes specifically design for Aboriginal children and families
  - clearly defines how resources will be allocated
  - supports local area service coordination
  - ensures collaboration between service providers and government throughout the system, particularly in the management of complex needs and risk
  - is founded on a relational contract management approach
  - implements minimum standards for cultural competency, trauma-responsive practice, and core competencies
  - includes transitional support for the non-government sector
  - ensures evidence informed practices are implemented in a way that drives continuous improvement

*Development of a cross-government service commissioning approach is on track to be completed by the end of December 2019.*

- Develop reporting arrangements and systems that provide accurate data on service performance and outcomes. *This work is already underway. New reporting arrangements will commence in line with new contracts from December 2020.*

- Undertake procurement processes and execute new contractual arrangements by November 2020. *Following authorisation of the plan by government, the market approach will commence from April 2020.*
Managing complexity together

The co-design process continually reinforced the importance of adopting a shared approach between all parties in everything we do.

Children’s rights, safety and wellbeing are paramount and so we, as a sector, have a responsibility to assertively engage with the most vulnerable children and families in our communities.

We must find ways to intervene safely and effectively – acting to protect children is not optional, despite the risks this sometimes poses.

The co-design process reached agreement that we must take a shared approach to managing risk in the context of supporting families with complex needs.

Discussions about managing risk were driven by an understanding that, in order to meet the needs of our state’s families, the sector – government and non-government – will need to:

- **Understand the risk.** For professional stakeholders, this was a far-ranging discussion that explored the kinds of risks we carry and “to who”. There are risks to individuals, organisational risks and community risks, raising the question of how best to manage risk working with families and within the broader system.

- **Share the risk.** This discussion considered how staff work together, how we work together with families and how we share information to reduce the risks to children and families.

- **Accept the risk.** A commitment to this needs to be explicit in how services are designed, commissioned and agreements around how parties will work together.

- **Work with the risk.** This acknowledges that DHS is asking service providers – government and non-government – to engage with more risk and commits that DHS will support them in carrying this risk.

Agreement was reached on how we will work together across the sector to keep children safe at home, in community and culture.

This is however not a one-off conversation; an on-going dialogue about managing risk will be required to provide coordinated and effective services for the families that need them.
Conclusion

Through this co-design process, significant agreement has been reached between government and non-government service providers, service users, Aboriginal leaders and the broader community about how we will work together to better support our state’s families.

The shared vision – that we will ensure children are safe at home in family, community and culture – has remained central to all activities and will continue to be the focus of ongoing work.

The environment of collaboration, respect and authorisation established in the process will continue as we collectively move deeper into system implementation.

The next steps outlined in this document have been agreed across government and will delivered in line with the commitments made to all co-design participants.

Prioritisation of actions, ongoing system and service co-design and practice development will continue under guidance from the Aboriginal Leadership Group, a Lived Experience Group and regular meetings with non-government service Chief Executives.

DHS will seek endorsement of the next steps outlined in this report from the above groups.

It is now incumbent upon all services in the system – from universal to statutory, including key adult services – to work together to achieve real change for our state’s families.

The extensive qualitative data on which this report is based will be publicly released in full shortly.
Child and Family Support System Continuum

SA Government delivered:
- Child and Family Health service (CaFHS)
- Acute Paediatric services
- Parenting SA
- Parenting Helpline
- Child Youth Health website
- GP Services
- Children’s centres
- Learning Together
- Parenting & Family Support Programs
- Birthing Hospitals
- Community Services Program (CSSP)
  – DHS

Targeted Intensive Intervention
- CaFHS
- Yarrow Place
- Birthing Hospitals – Vulnerable Infant Pathways
- Children’s centres – Family Practitioners
- Learning Together at Home
- Women’s Safety Services South Australia (WSSSA)
- Nunga Miminar
- Regional DV & FV Services
- Child development assessment units
- DHS funded sexual abuse counselling services
- SA Health Child Protection Services

Statutory
- DCP Child Protection Services
- CaFHS – statutory care service
- Yarrow Place
- Children’s Centres Education and care
- Assistance to Care Leavers (post 18)
- SA Health Child Protection Services
- Long-term Guardianship/In Home care
- SA Infant Therapeutic Reunification programs

NGO delivered:
- Community development & support services
- Targeted intervention & family preservation services
- Intensive family support pilots
- Family reunification services
- In Home Care