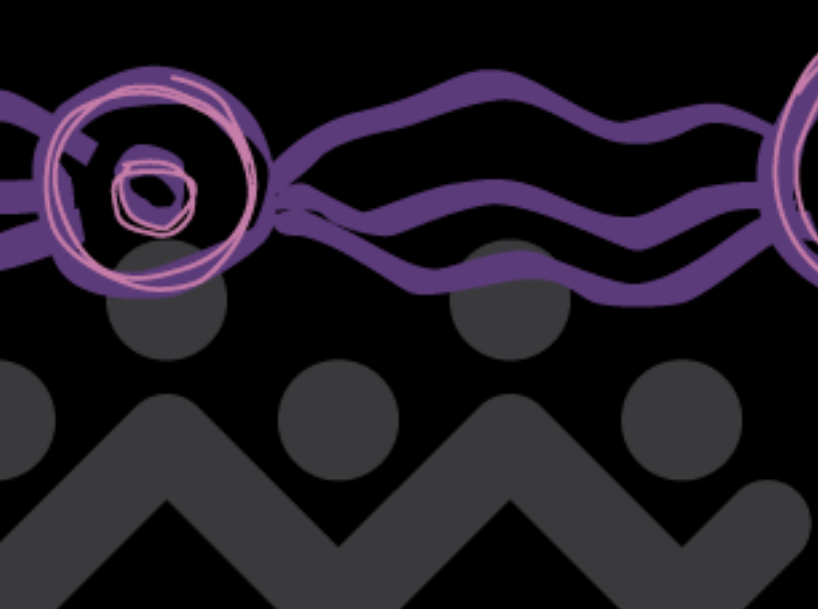
Resilient Families Annual Report

Reporting Period: July 2021 to June 2022

Date Issued:



Government of South Australia

human services

Contents

Foreword

The Benevolent Society is pleased to have been selected to bring its Resilient Families program from New South Wales (NSW) into South Australia with support from the Department of Human Services (DHS) and the Department for Child Protection (DCP). This intensive family support program has had proven outcomes in family preservation and wellbeing for NSW children and families for the past 6 years. This annual report indicates after its first year in South Australia, the Resilient Families program is now demonstrating success in family preservation rates and also in engagement with families in regard to increasing safety for their children in the program. We have been pleased with the true partnership approach by both DHS and DCP at all levels of the program to ensure success in its implementation and alignment with the wider Child and Family Support System (CFSS) reform agenda to support families in southern Adelaide who are dealing with complex issues leading to increased safeguarding approach for their children.

Josie Kitch, Director Operations – South Australia (Disability and Child and Family), The Benevolent Society

The Resilient Families program provides the South Australian Government with an opportunity to test an alternative service model, with a higher level of support at initial engagement and longer duration of service. With success in achieving family preservation outcomes in NSW, the Resilient Families program aligns strongly with Our Healing Approach to provide a trauma-responsive approach to engagement, reflection, and family functioning.

In first year of the program, we can already see that a longer duration of service and provision of intense support is improving engagement with families and achievement of their safety goals. This will continue to be strengthened as practitioners participate in activities to build the Trauma-Responsive System Framework, sharing and increasing their individual and collective knowledge about principles and practices that support families.

Dr Alisa Willis, Director, Early Intervention Research Directorate, Department of Human Services

The provision of timely, evidence-informed support for vulnerable families is critical to ensuring children and young people can remain safely in the care of their family.

DCP is pleased to partner with DHS and The Benevolent Society (TBS) to support the Resilient Families program to deliver an intensive wrap around therapeutic support service to highly complex families who have had contact with the child protection system.

DCP has welcomed, the opportunity to further develop service delivery partnerships and to contribute to the implementation of a new contemporary approach to safeguarding South Australia's most vulnerable children and young people via social impact investment.

DCP looks forward to continuing to work together with other agencies to support families, children and young people to grow up safe, happy, healthy and nurtured to reach their full potential.

Kitty McLean, Director, Quality and Practice, Department for Child Protection

Resilient Families demonstrates the South Australian and Commonwealth Government's commitment to improving social outcomes for vulnerable families and their children. Early investment in keeping families connected can have long-term implications for future welfare costs. Support and intervention that keeps families together provides an opportunity for improved long-term outcomes in areas such as education and employment. Resilient Families is an example of what can be achieved by bringing together federal and state governments with service providers to deliver collaborative projects to tackle ingrained social disadvantage.

Michelle Fisher / Barbara Whitlock, Assistant Director, Social Impact Investing Unit, Community Cohesion Branch, Department of Social Services

Program Overview

Resilient Families Program

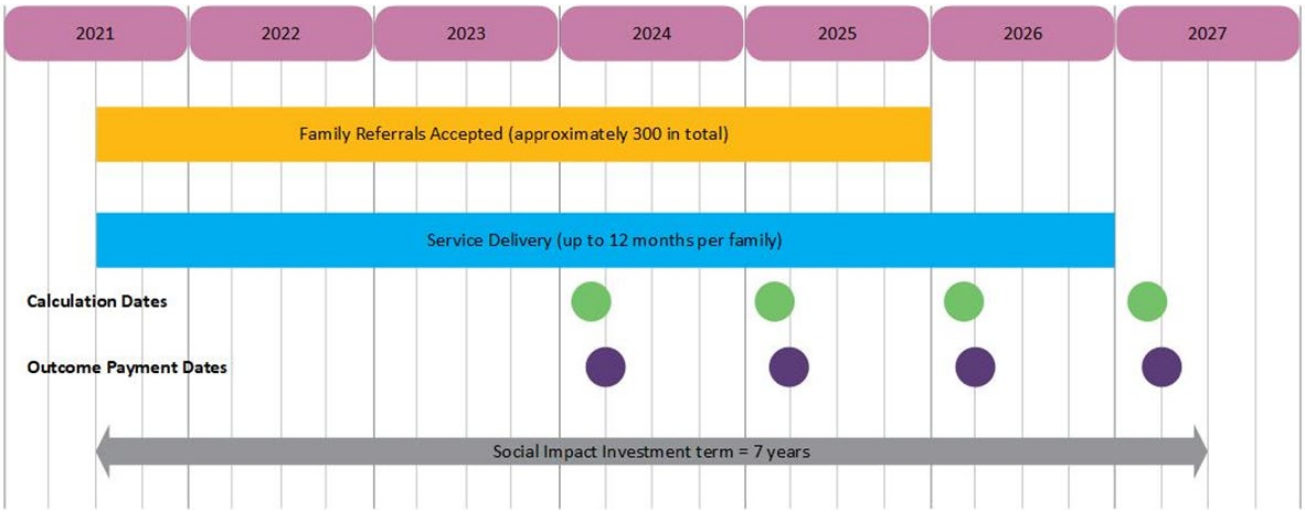
Resilient Families (RF) is an evidence-informed, therapeutic service that delivers outcomes for vulnerable children through intensive, long-term, in-home support. RF takes a whole-of-family approach to building safety, resilience and stability for families where the presence of risk factors indicates the need for intervention to reduce risk and prevent harm to the child or young person.

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

DCP refer eligible children to RF following an investigation. Over time, the counterparties (TBS, DHS, DCP) will explore the feasibility of DHS' Child and Family Support System Pathways Service (centralised referral management for intensive family services) to refer to the RF.

The South Australian Government (through DHS) engaged TBS to deliver its RF in accordance with the terms set out in the Resilient Families Social Impact Investment Program Deed dated 21 January 2021 to 30 June 2027 between the Minister for Human Services and TBS. Figure 1: RF timeline presents the implementation timeline for RF.

Figure 1: RF timeline



Social Impact Investment

In South Australia, RF is a social impact investment, transacted as a 'pay by results' contract. The counterparties (TBS, DHS, DCP) share contract management, and have agreed to work together to achieve a shared outcome, of preservation within the family home (and in community and culture) of a child under 9 years of age, or is unborn, where they might otherwise be removed to out of home care.

Governments and not for profit organisations collaborate in social impact investments to test innovative solutions to public policy challenges, such as the growth of children and young people in out of home care. Social impact investments prioritise robust measurement, typically combining government administrative data and repeated program level wellbeing measures. Social impact investments are underpinned by 4 core principles:

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

'Pay by results' contracts combine 'traditional' contract payment, with additional payments for higher levels of performance when achieving greater than expected results. In addition to a contracted outcome, the other distinctive feature of a 'pay by results' contract is that the South Australian government's counterparty (TBS) has agreed to bear some financial risk if the outcomes fall below an agreed rate. To maximise transparency, this expected outcomes rate is specified in the contract. Equally, TBS, as the counterparty to a 'pay by results' contract receives a financial return should the outcomes be greater than the expected rate. In RF, this is defined as *preservation of children in their homes at a greater rate than expected.*

South Australian and Commonwealth Governments

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

The Child and Family Support System (CFSS)

One in 4 children born in South Australia are reported to DCP by age 10[1]. These children come from families with multiple and complex needs that can impact on parenting, including:

- domestic and family violence
- parental alcohol and other drug misuse
- unaddressed or poorly managed mental health needs
- homelessness
- financial stress and long-term unemployment.

When children are removed from their families and placed in care, this is a traumatic experience that can continue to impact health and wellbeing throughout their lives and across generations. For Aboriginal families, this is made worse by the intergenerational trauma from children being forcefully taken from their communities and culture.

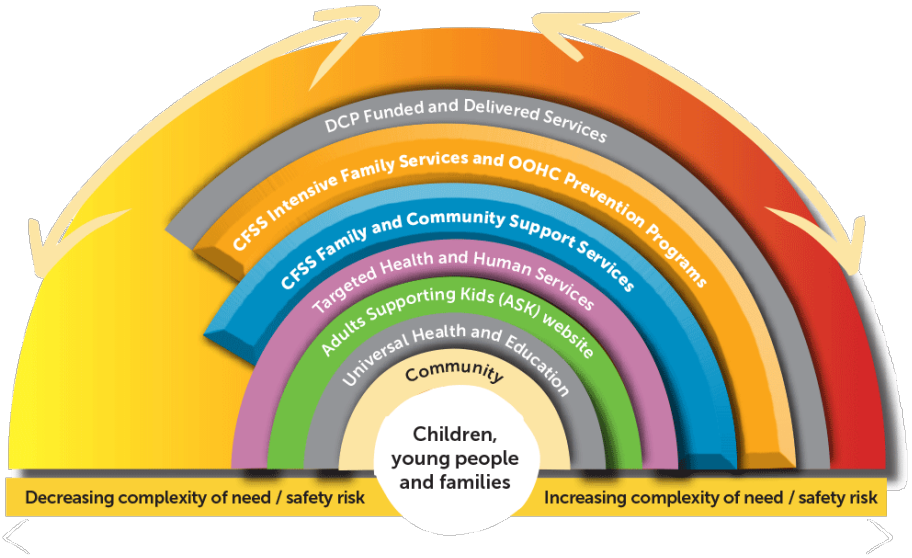
The South Australian Government has committed to the whole of government strategy, *Safe and well: Supporting families and protecting children* to reform the child protection system. The strategy recognises that child protection is a whole of government system, and outlines the extensive efforts across government to implement system level reform across three focus areas: Supporting, Investing, and Protecting. DHS is responsible for leading reforms and earlier intervention services within the Supporting focus area. The DHS *Roadmap for reforming the Child and Family Support System (CFSS) 2021–2023* outlines the steps to improve early intervention services for children and families with complex needs.

[1] Child Protection in South Australia, Research Report, *BetterStart*, October 2017

Figure 2: The CFSS spectrum shows where different services sit across a spectrum of complex needs and safety risks experience by children, young people, and families. Some services provide support to a child in their first 5 years of life, while others provide support at different stages throughout the life course of a child, young person, or family.

A child, young person, or family can move across the continuum as their circumstances change to receive the right service at the right time to address their needs. The CFSS reforms focus on services depicted in the coloured bands between Universal Health and Education (sixth last grey band) and DCP Funded and Delivered Services (first grey ban). RF sits within the orange band of the spectrum and works with families at imminent risk of having their children placed in care. Intensive Family Services and out of home care prevention programs provide a very high level of intensive family support initially to address immediate safety, then high intensity support to improve family functioning.

Figure 2: The CFSS spectrum



Program establishment

The catchment area for RF was determined through analysis of child protection data and consideration of the age range of children most likely to positively respond to the program. An out of home care (OOHC) prevention pilot program was already underway in northern Adelaide (Safe Kids Families Together), and the Taikurtirna Tirra-apinthi OOHC pilot program was due to commence in western Adelaide at the same time of RF. An alternative geographic location was therefore sought to expand the coverage of intensive family services across metropolitan Adelaide.

BetterStart Health and Development Research (Adelaide University) produced the *Eligibility for a Preservation Program Supporting Social Impact Investment in South Australia* report. The report considered eligible children across the western, northern and southern Adelaide regions over the previous 6 financial years to identify the size of the potential cohort, as show in **Table 1: Cohort size comparison**.

Table 1: Cohort size comparison

Year	Western Adelaide Unborn Child Concerns	Western Adelaide At least one investigation	Northern Adelaide Unborn Child Concerns	Northern Adelaide At least one investigation	Southern Adelaide Unborn Child Concerns	Southern Adelaide At least one investigation	Total Unborn Child Concerns	Total At least one investigation
2013/14	83	312	143	446	163	681	389	1439
2014/15	93	173	181	285	184	468	458	926
2015/16	114	139	227	252	166	393	507	784
2016/17	116	143	259	218	159	344	534	705
2017/18	136	143	301	314	164	334	601	791
2018/19	144	180	333	337	207	344	684	861

Other key findings from the BetterStart report are discussed in the Other system indicators section.

The report focused on southern Adelaide to understand how many children would be eligible for RF. Of note was the proportion of all children aged 0 to 9 years living in the Murray Bridge and Mid Murray Local Government Areas (LGAs) who were eligible for the preservation cohort in 2016/17, as per . This informed the decision to include the Murray Bridge DCP office as a referrer for RF.

TBS, DCP and DHS agreed it would be appropriate to operate the RF program in the Marion, Onkaparinga, Murray Bridge and Mid Murray LGAs due these containing the highest proportion of eligible children for the program.

Table 2: Preservation cohort by LGA within the southern Adelaide region

Eligible for preservation cohort	Number of children aged 0 to 9 years living in LGA at ABS 2016 Census	Number of children eligible for preservation cohort	% of the total population in these regions that are eligible in these LGAs
Mitcham LGA	7471	52	0.7%
Holdfast Bay LGA	3144	29	0.9%
Marion LGA	10050	205	2.0%
Onkaparinga LGA	21036	618	2.9%
Mount Barker LGA	4515	55	1.2%
Murray Bridge LGA	2443	155	6.3%
Mid Murray LGA	730	34	4.7%
Total	**49389**	**1148**	**2.3%**

Preliminary meetings between TBS, DCP and DHS to guide program development commenced in December 2020. In addition to formalising the commercial and operational terms, the planning meetings helped build an understanding of the eligibility criteria and service model across agencies to support referrals from the DCP offices in Noarlunga and St Marys.

Referrals to RF started in July 2021. DCP referred 15 families in the initial quarter to allow for RF caseworkers to engage with them as quickly as possible, and fill individual caseloads. This was met with some initial challenges in identifying families with the appropriate complexity level and within the identified regional boundaries.

Over the three subsequent referral quarters, referrals were provided as caseworker capacity became available for the high intensity engagement period. TBS and DCP worked together to identify eligible families of the appropriate complexity level.

Program development and learnings

Governance

Two governance groups were established to support the implementation of RF:

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

Referral partnerships

There were some initial challenges regarding eligibility of referred families. This included the age of the children being referred, the location of families being referred, and the level of family complexity. Identification of appropriate families greatly improved over the first year of the program. This is reflected in the data presented in the Family Complexity section.

DCP and TBS identified several ways to support informal and formal communication about potential referrals. Ongoing communication increased the understanding of RF within DCP. These relationships were crucial to support appropriate referrals and case handover, to enable DCP to confidently withdraw themselves from a case.

Identification of appropriate referrals also occurred with other the CFSS service providers. The established relationships between DHS, DCP and TBS allowed for smooth transitions of families to the RF program.

Catchment area expansion to Murray Bridge

As part of the contract negotiations, it was identified that referrals would also be accepted from the Murray Bridge area into the RF program. It was agreed that this would commence towards the end of the first year of program, to allow sufficient time for recruitment and infrastructure to be established in the area.

A new caseworker commenced with TBS in early 2022 to support families in the Murray Bridge area. TBS faced challenges in recruiting a suitable caseworker to be based in Murray Bridge to undertake the complex, intensive support for families required for RF.

TBS were able to accept referrals from DCP's Murray Bridge office from June 2022, despite not having an operational office for the caseworker. With delays to TBS' office the fit-out activities, DCP provided a temporary desk for the TBS caseworker, which further enabled relationship building and opportunities to understand the local context for families and the community.

Collaboration

Throughout the past 12 months TBS has developed relationships with both government and non-government providers seeking collaboration, information sharing, advice and referral points. TBS became a member of the Southern RAM (Regional Allocation Meeting), where cases are allocated to services across the region. Strong relationships with the staff and leadership within the referring DCP offices have support the referral and engagement processes to work together to create safety for children. As part of the engagement process with families, TBS are working directly with the relevant schools, kindergartens and childcare centres, as well as the Department of Education's truancy team to support families with attendance at, and engagement with their education.

Where families have faced housing issues, including homelessness or unsuitable housing, TBS have advocated with the South Australian Housing Authority and housing providers to find support and accommodation. Many housing providers only commenced at the same time as RF, so the relationships were developed whilst they navigated their own contractual requirements and developed their knowledge of the region.

As many of the RF families have newborn babies, they have been in need of support from Child and Family Health Services (CaFHS). CaFHS and TBS have worked collaboratively with families to support them with the initial challenges of having a new baby. Other providers have been engaged to enable families to have access to financial support and advice, emergency relief, community centres and playgroups, and allied services. TBS is developing its relationships with the Aboriginal community within the southern metro region and connecting with ACCOs where appropriate.

Cultural

TBS employs a Cultural Engagement Practitioner. The role enhances connections between local Aboriginal communities and the families RF works with who identify as being Aboriginal. The Cultural Engagement Practitioner engages with all Aboriginal families across the program and provides practice support and wisdom to ensure RF is working with families and individuals in a culturally appropriate and safe way. More broadly this role has enabled TBS to provide multiple opportunities for staff development within TBS.

Child Protection Awards 2022

RF was nominated in the Outstanding Service Award – Non-Government Organisation category for their work in the first year of operation. In particular, the nomination celebrated that only 1 family in the program had their child placed into OOHC (who later returned to the family) and the program's assistance for families to undertake NDIS assessments and applications.

TBS' use of brokerage funding was also highlighted. The program's brokerage funding was supplemented with additional funding from DHS in the last half of the 2021-22 financial year. TBS were able to extend the list of activities to assist RF families, beyond cleaning and waste removal or the purchase of essential items such as food, utilities and clothing. This included education and sporting enrolment fees, driving lessons for parents, vouchers for whitegoods, and medical expenses.

Workforce

RF is staffed by:

- 1 Manager
- 2 Team Leaders
- 1 Senior Practitioner
- 8 Child and Family Practitioners2
- 1 Cultural Engagement Practitioner (0.4 FTE)
- 1 Practice Lead (0.4 FTE)

There has been staffing turnover, as was expected when forming a new clinical team, as roles are intensive and requires practitioners to be experienced in working within high levels of risk and managing very complex families.

Towards the end of the first year of operation, the team had stabilised. All staff within RF have tertiary backgrounds and a minimum of 3 years' experience within the child protection sector. TBS has provided extensive training and development opportunities to support the implementation of the Resilient Practice Framework used by the RF team and its practices. Recruitment of appropriate experience, well-qualified staff within the right cultural fit has been difficult in a market where there is high demand for staff across government and non-government sectors.

COVID-19 impacts

The impact on COVID-19 has been realised both in the workforce and in the client group. TBS has continued to provide face-to-face services throughout the period. Restrictions presented challenges for practitioners in maintaining relationships with families and other agency staff, sighting children and achieving case goals. However, working within the pandemic provided opportunities for practitioners to engage through different mediums, moving to a virtual hybrid service delivery model resulting in success with families.

Financial Statement

TBS delivered RF within the allocated budget. Set-up funds were approved for roll over for the life of the contract.

[2] One of these practitioners works in a Child and Family Practitioner role part-time and the Cultural Engagement Practitioner role part-time

Intervention Group 1 July 2021 to 30 June 2022

Families were referred to RF across the 12 months, based on the cohort size identified in the contract. In the first quarter these referrals were requested in one group so services could commence, for the remaining quarters the referrals were distributed across the months in line with capacity of Case Workers to commence working with new families.

The below tables and graphs summarise the distribution of referrals across the quarter, and from which referring office, as well as the status at the end of the 12- month period, and age groups of all children engaged in the RF program.

Eligibility Criteria

A child is eligible to be referred to TBS for the purpose of being supported by the RF if ALL the following criteria are met:

- The Index Child is aged under 9 years (up to 8 years 11 months), or is an unborn Child, at the date of referral. The Index Child is the youngest child in the family.
- The Index Child is the subject of an initial Safety Assessment that was commenced in the proceeding 30 days; or within 30 days of first contact with the family when the Index Child is an unborn child.
- The child is assessed as 'conditionally safe' and suitable for referral for protective Intervention (family preservation).
- The child resides with the primary carer in the Family and is not in Out-of-Home Care.
- The child is not the subject of current or planned proceedings for a Court Order of longer than 6 months' duration that assigns custody or guardianship to another person, where the intent of the order is to determine the viability of preservation.
- Sexual abuse is not the primary issue identified for the family.

- No resident member of the Family or household is a Person of Interest in criminal proceedings and/or a current Police investigation that relates to an allegation of abuse or neglect of a child or young person.
- The family is not currently involved with any service or program that fits the definition of 'case management' for intensive family support or other family preservation service funded by the SA Government or the Commonwealth Government.

Referrals and Commencements

The cumulative total of families in the RF program is expected to be 300, over the 4.5 years of the program. A target number of referrals for each quarter was identified, and would form the Intervention Group of families who receive services and outcomes would be calculated as part of the payment process. It was anticipated that some families would be excluded from the Intervention Group, due to a variety of reasons. These include:

- Ineligibility
- Initial safety assessment decision is revised and the child is deemed to be unsafe
- The child is removed from the family home prior to engagement with RF
- Relocation of the family
- A lack of engagement or disengagement by the family
- Services are unable to be delivered.

In some circumstances, as decided by the governance groups for the RF program, a replacement referral may be sought. This ensures that the size of the Intervention Group is as close as possible to the expected 300.

The referrals and Intervention Group size for the first 12 months of the program is summarised in Table 3: Referrals and **commencements**, and shows that the Intervention Group is currently 6 lower than the target of 60. Replacement Referral Requests will continue to be made during the subsequent referral periods to decrease this gap.

Table 3: Referrals and commencements

Quarter	Referral Requests[3]	Fulfilled Referrals[4]	Accepted Referrals[5]	Replacement Referral Requests[6]	Fulfilled Replacement Referrals[7]	Excluded[8]	Intervention Group[9]
1	15	21	17	2	1	3	14
2	15	18	16	1	0	6	12
3	15	15	15	0	0	1	15
4	15	19	18	1	0	4	13
Total	**60**	**73**	**66**	**4**	**1**	**14**	**54**

The status of each family within the Intervention Group at the end of the 12-month reporting period is shown in Figure 3: Status at 30 June 2022.

Exclusions

Families may be excluded from RF within the first 3 months of service provision. The table below presents the various reasons. When a family is excluded, a replacement referral is generated for an alternative family. In the first year, 13 families were excluded from the Resilient Families program.

[3] Referral Requests = a request for a referral from TBS to DCP

[4] Fulfilled Referrals = a referral provided by DCP for TBS

[5] Accepted Referrals = a referral which TBS has agreed to attempt engagement

[6] Replacement Referral Requests = a request for a replacement referral due to the exclusion of a previously accepted family from TBS to DCP

[7] Fulfilled Replacement Referrals = a referral provided by DCP to TBS as a replacement referral due to the exclusion of a previously accepted family

[8] Excluded = a family who have ceased services due to specific reasons identified within the Operations Manual for the program

[9] Intervention Group = a family who will be included in the calculations of the performance percentage

Table 4: Summary of excluded families

Exclusion Code and Reason	Count of Families	Time Period
5.5.1 Ineligible	1	Within 4 weeks
5.5.3 Child placed in to OOHC before engagement	4	Within 3 weeks
5.5.4 Relocation of family	1	Within 3 months
5.5.6 Lack of family engagement	2	Within 4 weeks
5.5.7 Disengagement of family	2	After 4 weeks
5.5.8 Services cannot be delivered	4	Within 4 weeks
Total	**14**	

All families excluded from the RF program are communicated to DCP so that appropriate escalation or other services can be considered to support the family.

Figure 3: Status at 30 June 2022

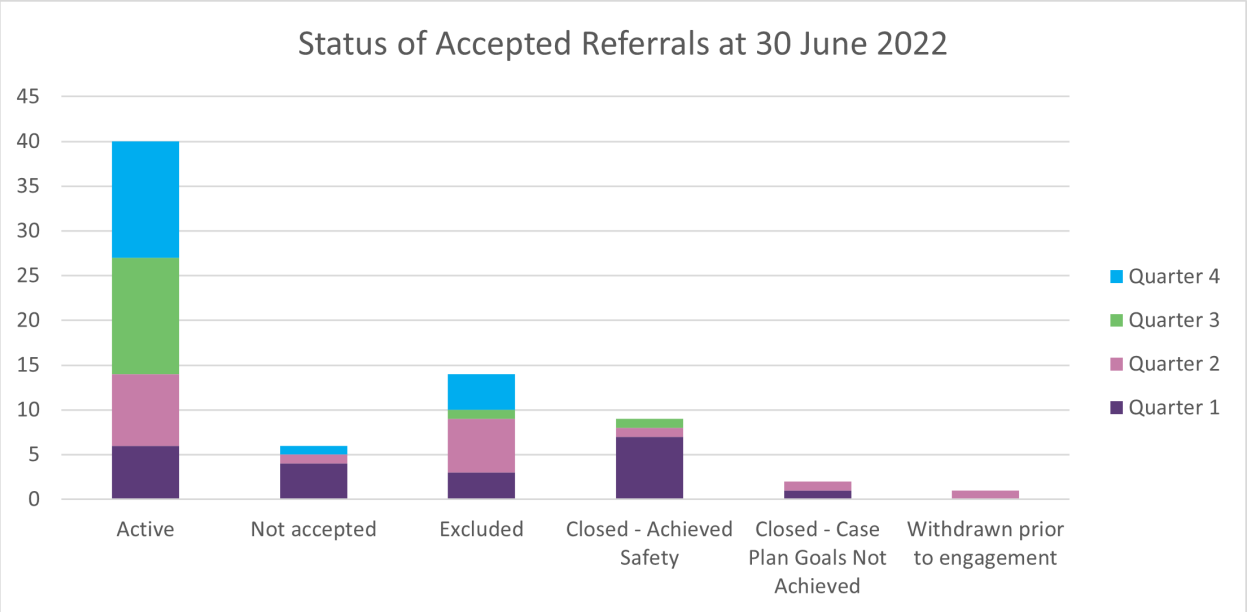
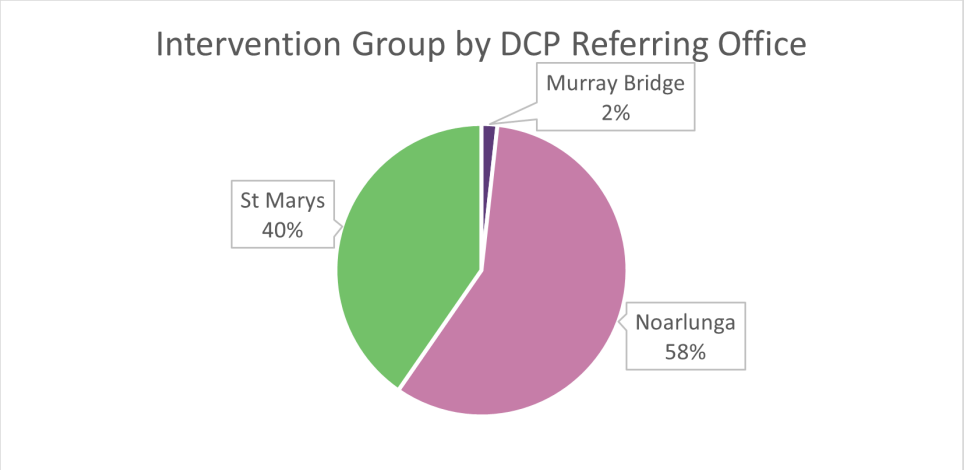


Figure 4: Intervention Group by DCP Referring Office shows the proportion of referrals from each of the referring DCP offices, noting that TBS did not request any referrals until June 2022 from Murray Bridge.

Figure 4: Intervention Group by DCP Referring Office



Family Demographics

Only a small proportion of the referrals presented with unborn child concerns at the time of the referral, as shown in **Figure 5: Unborn child concerns**, and the total number of children[10] receiving services through the RF program is shown in **Figure 6: Number children receiving services through RF program**. 42% of the children in the RF program were less than 5 years of age, including those who were not yet born.

[10] This includes the older siblings of a family also residing in the house, as they will also be recipients of the service although not included in the Intervention Group for the purposes of the outcomes payment calculation.

Figure 5: Unborn child concerns

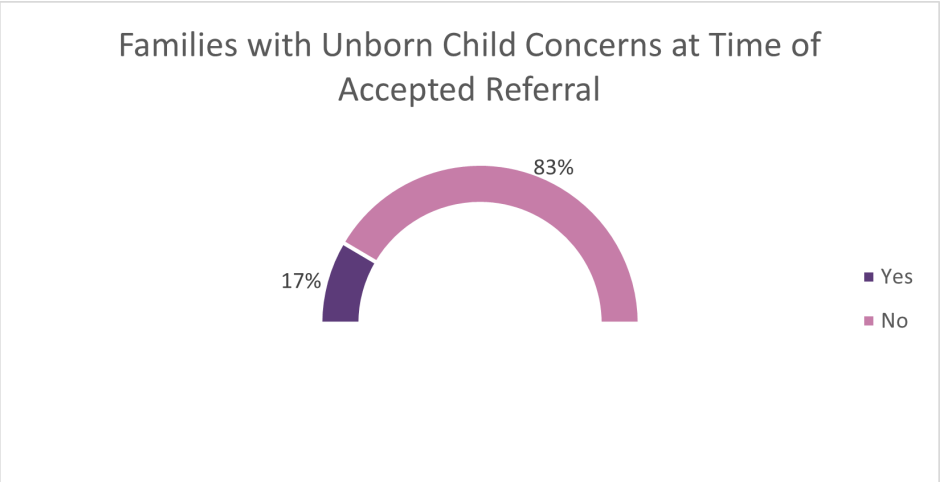
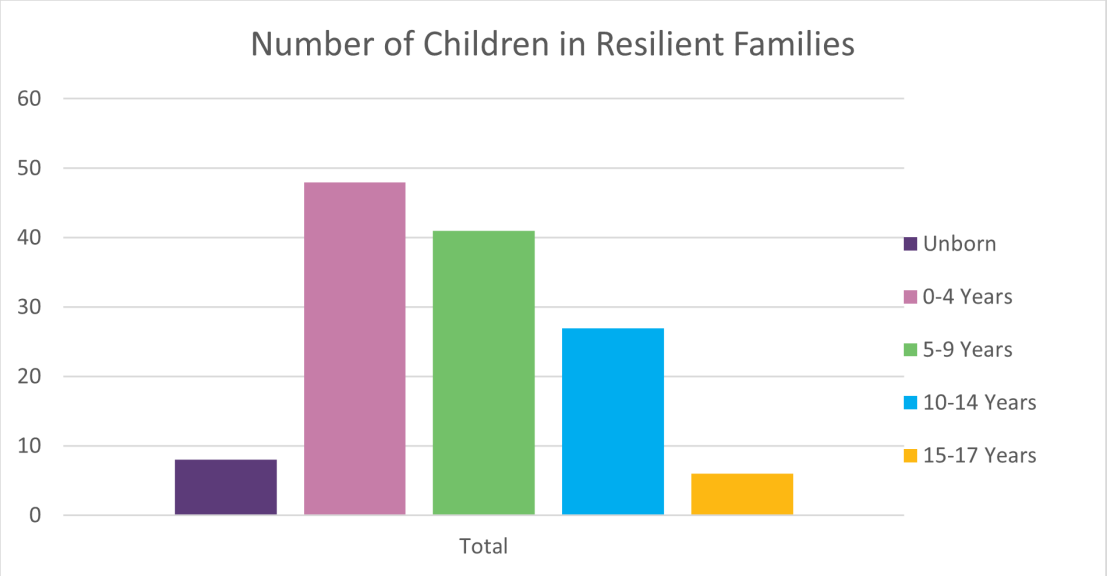
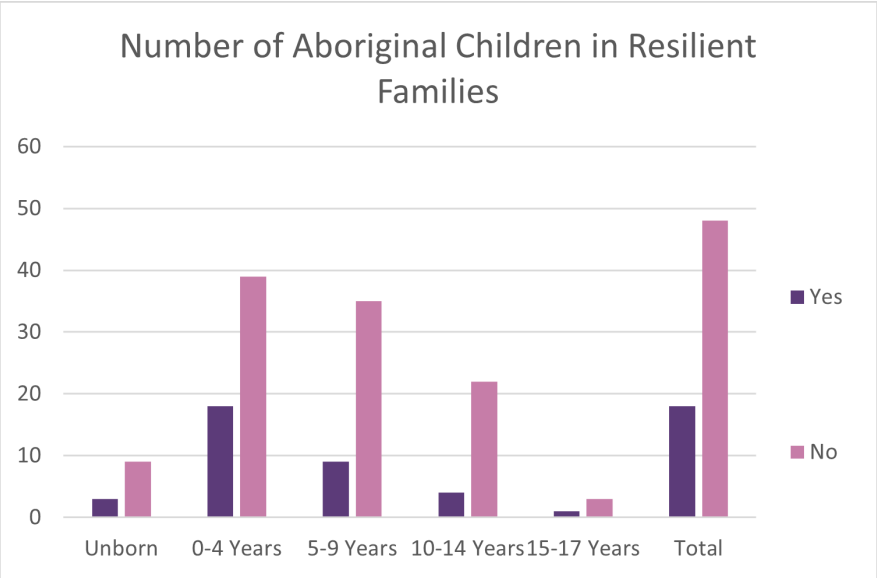


Figure 6: Number children receiving services through RF program



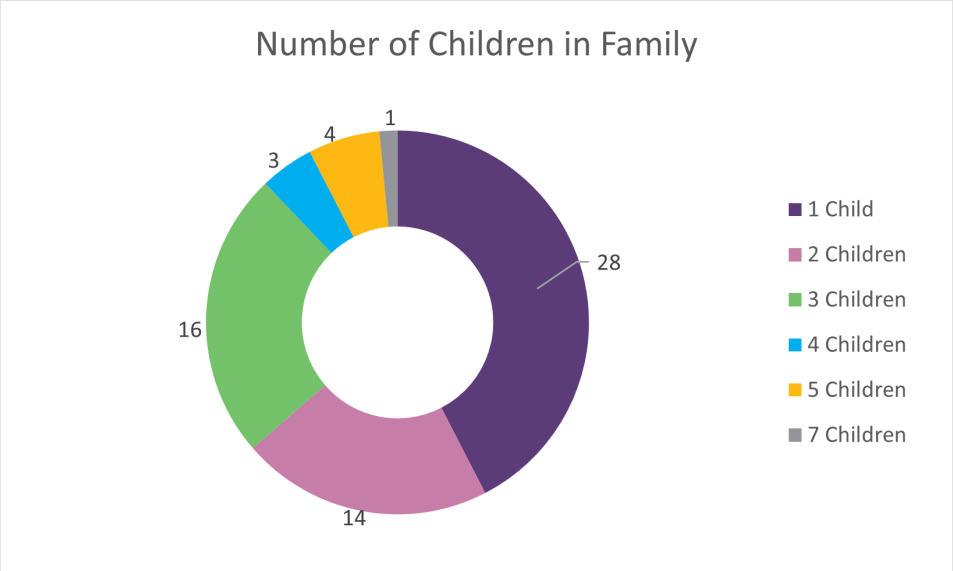
There was a higher proportion of non-Aboriginal children in the RF program, which is detailed in Figure 7: Aboriginal identity **of all children**.

Figure 7: Aboriginal identity of all children receiving Resilient Families support



Most of the families in the Intervention Group have more than one child in the family, which is shown in Figure 8: Number of children in each Intervention Group family. Only 28 families have a single child, and the remaining 38 have more than one child.

Figure 8: Number of children in each Intervention Group family



Safety achieved

Families successfully exit RF when TBS determine that safety has been achieved and the high level of support is no longer required. For the purposes of the outcomes payment, an assessment of preservation will be undertaken 12 months after their enrolment date. Refer to the Future data analysis section for more detail.

In the first year, 9 families exited RF having achieved safety. These families were supported for an average of 31 weeks, approximately 7 months. Only 1 of these families included an Unborn Child Concern at the point of referral.

For families that met their case plan goals and successfully ended their time with RF (n = 11, 39%), the average months spent in the program was 7.3 months. While noting this is drawn from a small sample, this compares favourably to the Resilient Families NSW program, which reported an average of 9.2 months for families that met their case plan goals (n = 97) (ARTD Consultants, 2020).

Unsuccessful exits

Families unsuccessfully exit RF when the safety concerns for the child/ren are too high and a formal alternative arrangement (e.g. OOHC) is implemented, or the family disengages. In the first year of the program, 1 family had their child place in OOHC[11] and 1 family disengaged from the program.

For families that disengaged from RF (n = 3, 11% - includes 2 families with an 'absence' of engagement), the average time spent in the program was 3 months. Comparatively, the NSW Resilient Families program's 'disengaged client cohort' spent an average of 7 months in the program. This shorter engagement period may allow for the identification of replacement referrals to engage families who will benefit from the program.

[11] This child was returned to the care of the family at a later date

Family Complexity

DHS CFSS Pathways Services completed a Family Complexity profile for all referrals to RF. The profile considers the presence of 46 factors, which may be a protective or risk factor for that family. DHS analyses Family Complexity data to understand the characteristics of the CFSS population, which includes families referred to RF.

Table 5 shows an increase in the average number of risk factors present for families across the referral quarters. This demonstrates how the program was embedded within DCP, and ongoing partnership between DCP and TBS to identify the most appropriate families for RF.

Most families presented with at least 2 of the main parental ecological risk factors (domestic and family violence, mental health and/or alcohol and other drugs). Refer also to the Future data analysis section for more detail on intended use of Government data.

Table 5: Family complexity at time of referral

	Quarter 1: Jul–Sep 21 RF Referrals n=16	Quarter 2: Oct–Dec 21 RF Referrals n=16	Quarter 3: Jan–Mar 22 RF Referrals n=13	Quarter 4: Apr–Jun 22 RF Referrals n=16
Number of Risk Factors Present				
Mean number	11.6	13.5	14.3	19.3
0 to <10 risk factors	44%	19%	8%	6%
10 to <15 risk factors	25%	44%	46%	0%
15 + risk factors	31%	38%	46%	94%
Presence of main parental ecological risk factors (Domestic and Family Violence, Mental Health and/or Alcohol and Other Drugs)				
Zero	12%	13%	0.0%	0%
One	25%	31%	38%	19%

	Quarter 1: Jul–Sep 21 RF Referrals n=16	Quarter 2: Oct–Dec 21 RF Referrals n=16	Quarter 3: Jan–Mar 22 RF Referrals n=13	Quarter 4: Apr–Jun 22 RF Referrals n=16
Two	44%	38%	23%	38%
Three	19%	19%	38%	44%
Number of Protective Factors				
0	0%	44%	23%	50%
1	19%	44%	46%	50%
2 or more	81%	12%	31%	0%

Data extracted and analysed 22 July 2022.

Wellbeing and outcome indicators

The Family Outcomes Tool comprises four standardised measures of wellbeing, mental health, and empowerment: Personal Wellbeing Index (PWI), Parent Empowerment and Efficacy Measure (PEEM), Kessler Psychological Distress Scale (K10, K5), and the Strengths and Difficulties Questionnaire (SDQ). The first three measures are parent-focused, and the SDQ is child-focused.

Practitioners complete the Family Outcomes Tool at various points of a family's journey within the program. At 30 June 2022, 74 Family Outcomes Tools were completed with 43 unique families receiving RF. Of the 74 outcomes tools completed:

- 44 (59%) were completed at initial assessment
- 27 (36%) were completed at review
- three (4%) were completed at closure of the program.

For this annual report, review and closure data is reported on as a collective 'follow-up assessment' period. This enables closure data to be presented and mitigates any confidentiality concerns. Where matched data is used, this is highlighted.

For the 2021-22 financial year, the following client outcomes were observed:

Adult wellbeing

Subjective adult wellbeing is measured using the PWI. When considering all the adults engaged in RF, there was a marginal decrease (-07%) over time, with an average of 71.6 (n = 44) at initial assessment to 71.1 (n = 30) at follow-up. This is below the Australian population average of 76. The responses are also considered for matched samples, which compares each individual at the measurement points to understand their change. This smaller sample showed that PWI scores did increase (5%), from 67.8 (n = 23) at initial assessment compared to 72.2 (n = 23) at follow-up.

The PWI will continue to be measured and the matched samples compared to identify any change across the broader Intervention Group. The RF empowers families to identify their strengths and goals in case plans that are supported by Child and Family Practitioners. A primary area of work is focused on the adult's wellbeing and improving their connection to family, social and community to support a more positive outlook. Families have reported through data collection measures that:

"Being listened to has been a big change and help and feel my practitioner understands what' s going on for my family. Practitioner [name omitted] wants to help us".

"The stress of not having to deal with DCP has helped. TBS has helped with being able to talk about my issues and being able to know there is someone who will listen each week."

Child wellbeing

Child wellbeing, measured by the SDQ, followed a similar trend of the parent-focused subjective wellbeing measure. Eligible children[12] engaged with the RF program experienced greater behavioural and emotional difficulties than the general Australian child population of 8. Scores increased by 26% from initial assessment (13.4, n = 17) to follow-up (16.9, n = 14). This trend was replicated in the matched sample, with an increase (21%) of behavioural and emotional concerns recorded over time (initial assessment, 14 (n = 11); follow-up, 17 (n = 11).

[12] Only children aged 8 years and 11 months at referral are included in the wellbeing and outcome indicators, which aligns with how the outcomes payment will be calculated for the Intervention Group

A similar pattern emerged across different age cohorts. Behavioural and emotional concerns for eligible children aged 2-4 years (initial assessment n = 9, follow-up n = 7) increased by 32% throughout the intervention compared to 19% for index children aged 5-9 years (initial assessment n = 8, follow-up n = 7). This finding, while based on relatively small sample sizes, may indicate that younger children referred to RF demonstrate greater social and emotional wellbeing concerns, compared to those in the older age cohort (5 years+).

It is important to note the reduced sample size for SDQ data (compared to that of the parent-focused measures) is a known limitation and has previously been reported in the Resilient Families NSW program. This is a function of the SDQ only being administered to parents/caregivers of children 2 years and above.

Empowerment

Parental empowerment, measured by the PEEM, marginally reduced, on average, from initial assessment (162.2, n = 43) to follow-up (161.5, n = 29). However, at both assessment stages, parental empowerment was higher than the population average (154), indicating empowerment may be a strength for this parent cohort. In the matched sample, average PEEM scores increased by 4.5% (initial assessment, 153.7 (n = 22); follow-up, 160.7 (n = 22).

Aboriginal parents increased their parental empowerment by 1.8% overtime, compared to non-Aboriginal parents whose PEEM scores decreased (-1.4%) during the intervention. RF utilises the Cultural Engagement Practitioner to support engagement with Aboriginal families and supporting Practitioners working with Aboriginal families to build connections with their culture and communities.

Mental health

Mental health, measured by the K10 and K5, varied between non- Aboriginal and Aboriginal parents. For non- Aboriginal parents, psychological distress (measured by the K10), decreased from an average of 20.3 (n = 33) at initial assessment to 17.9. (n = 22) at follow-up. Though this showed a marginal improvement, it is still above the Australian population average of 15. Of interest, in the matched sample, there was no difference between average scores reported at initial assessment compared to the follow-up assessment.

For Aboriginal parents, psychological distress (measured by the K5) increased by 5.1% over time (initial assessment, 11.7, n = 11; follow-up, 12.3, n = 7). These findings suggest that mental health concerns are prevalent across all of the RF adult cohort. Mental Health together with Domestic Violence are prevalent in many of the RF families and entrenched within family's trauma history. Many RF are isolated and disconnected from their communities and services, taking considerable time to build relationships and trust to address mental health issues, accessing appropriate mental health support is often delayed due to long waitlists in services.

"Mental health has improved which has affected my relationship positively with my partner [name omitted]. More patience but also more open to telling the truth"

Service Model

The RF Service Model is based on evidence provided by the evaluation of the Resilient Families (Social Benefit Bond) pilot, the Resilience Practice Framework (RPF) and Evidence Informed Practices (EIPs). TBS, in partnership with the Parenting Research Centre, has developed 42 Evidence Informed Practices (EIPs). Of which, RF practitioner's draw on the following practice guides in their work with families:

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

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

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

Future data analysis

In the future, a preservation rate of 'the number of participating families with children who have not been removed from the family home' will be measured. This preservation rate will be calculated 12 months after the family's enrolment with RF, or 12 months after the birth of any unborn children, and will inform the outcomes payments to TBS. Additional data analysis will be conducted on the complexity profiles of the participant families, as well as the wellbeing indicators, and any changes over time. Service duration, family outcomes and the sustainability of the outcomes achieved through the program and family preservation will be explored and considered for future annual reports.

Government data will be sought on other system indicators, such as hospital presentations, educational attainment and welfare participation, to contribute to an understanding of the holistic changes for families who participate in RF. The relationship of these indicators to the cohort are discussed in the BetterStart report (see 'Other system indicators' section)

Qualitative research as part of a University of South Australia PhD student program will explore "parent/caregiver goals of work with family support services and interprofessional practices to support identification and achievement of these goals". Other qualitative data including family feedback will be collected as part of general program reporting.

Case Study

Each referral and member of the Intervention Group represents a family, with their own story and experiences. The below case study is included to demonstrate the complexities families within the RF program face, and the work they undertake with their practitioner to achieve the goals for their family.

Family referred to RF which comprised a single mother with 6 children in her care ranging in age from adults to the youngest child being 8 years old. The family has a significant child protection history with multiple substantiations for neglect, state of the home, mental health and physical abuse from 2011. Three children have diagnosed disabilities including Attention deficit hyperactivity disorder (ADHD), Oppositional defiant disorder (ODD) and Autism spectrum disorder (ASD).

The family had previously engaged with a family preservation service, however had not been able to maintain the change required. The referral to RF included concerns about the state of the home, mother's mental health, poor engagement with other services and poor school attendance.

RF worked with the family for 14 months as the RF program allows flexibility to meet family needs. During this period, the family engaged well with practitioners and were able to achieve the goals as identified by the family which included:

- Maintaining the family together
- Parenting agreement with children's father to support coparenting and respite
- Regular attendance at school for all children and regular communication with the wellbeing officer
- Engagement with disability support services with support coordination, positive behaviour support and psychology services
- Home environment significantly improved. SA Housing Authority (SAHA) is supporting mother to transfer to a new home due to large maintenance on current residence and is supporting the older two children to access SAHA housing
- Routine developed for children and family
- All medical needs being met and dental checks have been completed
- Mother reports as being able to manage her relationships with service providers.

Feedback from families

RF also seeks feedback from families throughout their engagement and when the service ends. TBS use the 'Most Significant Change' measure, a part of the validated evaluation of the program to capture families' perspectives. The following comments were received as part of these processes:

"they are like a soft pillow to land on after such a struggle"

"my worker listens and respects me and has my back"

"I wish there were services like this for everyone struggling"

"my children look forward to having a visit from our worker"

"this program has changed my family's life"

Other system indicators

An important part in developing social impact investment initiatives, is understanding the wider 'system' impacts of a program for the client group. For RF, baseline research was undertaken by the University of Adelaide, BetterStart Health and Development Research Group[13]. There are some key insights from this work presented below, which was longitudinal and described the cohort at key milestones. The research will also help inform future data collection on family outcomes and wellbeing indicators and the evaluation of RF.

The research describes a cohort of 5062 children aged between birth and 9 years, living in metropolitan Adelaide's southern suburbs in 2016/17, who would likely be eligible for RF, were it available at the time. The children's families were subject to either Unborn Child Concern reports, or at least 1 investigation by DCP. The research measures preservation (defined as the absence of out of home care) over a 36-month period, and analysed interactions with state and Commonwealth services.

[13]Report available at: *https://health.adelaide.edu.au/betterstart/ua/media/91/betterstart-report-eligibility-for-a-preservation-program.pdf*

Early childhood development and educational attainment

A key indicator for the assessment of childhood development is The Australian Early Development Census (AEDC). AEDC is a comprehensive measure at age 5 of physical health and wellbeing, social competence, emotional maturity, communication and general knowledge, and language and cognitive skills. AEDC measures developmental vulnerability when a child scores in the lowest 10% of the national population on any of these domains.

Developmental vulnerability for children in the family preservation cohort was greater than 50%, more than double the South Australian average of 22%. However, developmental vulnerability for those not preserved is higher still at 61%.

Children with developmental vulnerability at age 5 are less likely to reach minimum standards in NAPLAN assessment (at ages 8, 10, 12 and 14). Children who are not preserved with their families (i.e. that enter out-of-home care) have more AEDC vulnerability than those that are, and poorer educational attainment.

The research states (p81-86) that if an intervention like Resilient Families were able to help a vulnerable child shift from *not preserved & vulnerable* to *preserved & not vulnerable*, there is a clear subsequent benefit to that child relative to NAPLAN national minimum standards in year 3 of schooling. Furthermore, transitions from years 5 to 9 NAPLAN suggest that the starting point of academic achievement in year 3 is important in terms of subsequent years NAPLAN attainment.

Hospital emergency department presentations and impatient admissions

The research analysed hospital use for children and mothers over a 2 year period. The results show that the clients of a Resilient Families Program are likely to be high users of allied services, such as health, and have complex needs.

For children in 2016-17, in the period of 12-24 months following the first investigation:

- 35% of children in the cohort presented to the emergency department once or more, including 18% who presented two or more times.

For mothers of children in the preservation cohort in 2016-17:

- 59% presented to the emergency department at least once.
- 38% were admitted to hospital at least once.
- 10% experienced drug or alcohol admissions (including primary and secondary diagnosis).
- 13% of mothers experienced mental health admissions.

Commonwealth welfare outcomes

The impacts of preservation continue at older ages in relation to Commonwealth welfare consumption. The report analyses a range of income support payments where the payment is typically the main source of income for the family e.g. Youth Allowance (the unemployment benefit for people who are not old enough to be eligible for Newstart or JobSeeker), Austudy and Abstudy, Disability Support and Parenting payments (excluding payments that supplement the main income, such as Family Tax Benefit).

For young people that would have been eligible for Resilient Families, the proportion receiving benefits before the age of 18 was higher for those who were removed to care (not preserved), at 84%, than those who had been preserved (67%). The proportion of young people who received a parenting payment before age 18 was 9%.

Families within the CFSS face many complexities, which cannot be addressed through family preservation services only. Understanding how these families interact with other Commonwealth and state services can be used to inform future decision-making about services, or how agencies can work together to achieve better outcomes for families.