



# Co-designing the Child and Family Support System: *Final qualitative report*

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# Introduction

Early in 2019, the South Australian State Government announced the consolidation of services and staff from several departments to establish a new system of intensive support services (DHS, 2019).

The new Child and Family Support System (CFSS) has been tasked to deliver and commission intensive family services that intervene early, reducing the need for children to enter out-of-home care. The reform aims to draw on evidence-informed knowledge and practice, combined with lived and professional experience, to design a system that ensures South Australia delivers the best possible outcomes for children and families.

The Child and Family Support System (CFSS) co-design project was implemented to respond to the findings of EIRD's initial research work (Early Intervention and Research Directorate *Summary Report of Research Findings*, DHS, 2019). The project aimed to engage the sector and people with lived experience in an initial program of work to create design principles and recommendations to inform the design and implementation of the new system.

In November 2019, DHS in partnership with DS Consultancy and Think Human released a summary of the co-design findings and next steps (DHS, 2019). This qualitative report provides the detailed raw data that informs the summary report and should be seen as a companion document.

## Background research

Underpinning the strategy released by DHS 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. Further it has provided an informed picture of need across the state.

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.

## The team

The Child and Family Support System (CFSS) co-design project was led by Dana Shen of DS Consultancy in partnership with Melanie Lambert of Think Human and with additional advisory and research support from Ryan Hubbard of Hinterland Innovation. This experienced team brings together knowledge and skills in co-design, complex systems change, service design, deliberative dialogue, organisational change and stakeholder management.

Dana Shen also has extensive skills and experience in working with Aboriginal communities and organisations across South Australia to develop and improve service delivery.

Whilst this was the core consultancy team, the actual project delivery team was wider, encompassing a families' advocate and Department of Human Services (DHS) staff. This breadth of experience and the different roles played made for a richer project design and experience.

The families' advocate role was fulfilled by Belinda Valentine and Steve Harvey. Both Steve and Belinda have extensive lived experience of the existing systems to support families in need through their own family's experiences. Belinda and Steve undertook extensive interviewing with other people with lived experience in stage one of the project and enabled the project to reach families who would not otherwise have engaged. They also contributed to co-design workshops. The facilitators would like to express our thanks for their valuable involvement in and support of the process.

DHS staff were actively involved throughout the process, both in providing vital administrative and logistics support and in hands-on involvement in workshops and discussions. Leadership provided active and visible sponsorship of the project, with senior representation from DHS being present at every planned activity and workshop throughout the project (with the exception of the



lived experience strand of work, where it was not appropriate for them to be present). Further, the facilitators would like to express their sincere thanks to DHS for their partnership approach to this project and their trust in the facilitators as professionals with extensive co-design expertise; the success of the project is in no small measure attributable to the strength of this relationship and their genuine commitment to the process.

## Project phases

The following stages of work were provided at the outset as the approach proposed by the project team in Table 1.

Table 1: Proposed Approach and Tasks.

Stages	Proposed Approach and Tasks		
	Professional Stakeholders	Aboriginal Stakeholders	Community/ Service Users
<b>1. Opening the CFSS Co-design Project-Sharing the Systemic Priorities and Beginning the Co-design process</b>	These will be a series of 0.5 Day workshops that will include an introduction to the overall system and elements and will provide attendees with an opportunity to <b>begin the co-design process for each element. This will include tools and methodology to rapidly ideate with</b>	Metropolitan and country based 0.5 day workshops that applies similar methodology to the previous approach with a greater focus on yarning & story telling. This could also include some individual interviews.	Group workshops or individual interviews with community and service users in both metropolitan and country sites.



<b>(June – early July 2019)</b>	<b>participants to inform stage 2.</b>		
<b>2. Deepening the Co-design Process &amp; prototyping ideas</b>	<p>This will be a series of smaller workshops and groups in face to face meetings in the metropolitan area and virtual meetings for country participants for each of the system elements. These will build onto learnings from the previous stage, look at the individual element and the interface with other elements.</p> <p>This will be followed by a prototyping phase to test particular redesign elements with key stakeholders.</p> <p>It is proposed that service users/community are also involved in some of these</p>	<p>Face to face/virtual sessions with Aboriginal stakeholders, following a similar process to the previous.</p> <p>It is proposed that service users/ community are also involved in these sessions with professional stakeholders.</p>	<p>Where required: Group workshops or individual interviews with community and service users. The aim will be to test key concepts with stakeholders.</p>

<b>(July- mid August 2019)</b>	sessions with professional stakeholders.		
<b>3. Following up on key questions, key stakeholders and documenting</b>  <b>(Mid August- September 2019)</b>	This stage will address: <ul style="list-style-type: none"> <li>• Key questions that require clarity or prototypes that require more feedback</li> <li>• Meeting with key stakeholders that may have not had an opportunity to be involved but are important to required changes</li> <li>• Is a workshop required with some key stakeholders to agree to the whole system change?</li> <li>• Documenting the information in consultation with project sponsors</li> </ul>		
<b>4. Finalising the documentation &amp; closing the project</b>  <b>(October- November 2019)</b>	This stage will address: <ul style="list-style-type: none"> <li>• Finalising documentation &amp; fulfilling any other agreed requirements</li> </ul>		

## Project methodology

The project was underpinned by co-design principles throughout.

The following description was used to describe the process:

*“Co-design is a process not an event. It is also known as generative design, co-creation, participatory design or co-operative design. [...]”*

*“Co-design originally referred to a process involving customers and users of products or services in their development. It combines generative or exploratory research, which helps to define the problem that requires a solution, with developmental design.”*

*“The community services sector has adapted co-design to combine lived experience and professional expertise to identify and create an outcome or product. It builds on engagement processes such as social democracy and community development where all critical stakeholders, from experts to end users, are encouraged to participate and are respected as equal partners sharing expertise in the design of services and products.”*

Ingrid Burkett and NSW Council of Social Services (2017).



All critical stakeholders, from sector leaders to family members to Aboriginal Elders, were encouraged to participate and were respected as equal partners sharing expertise in the design discussions and workshops. The process was highly iterative, particularly in stage two, when each workshop generated fresh insights which were then used to shape subsequent sessions.

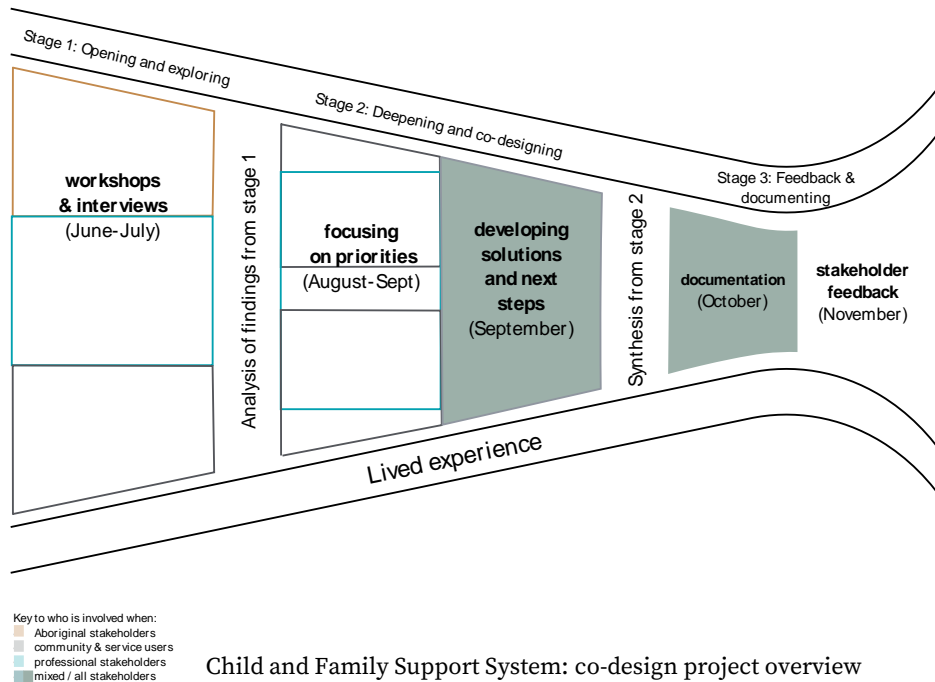
It should also be noted that the context in which this project took place was, and continues to be, rapidly changing. As such it was necessary to remain adaptive to the changing context and needs of the client, DHS. The strong relationship of trust and the open lines of communication forged between the Consultants and DHS was invaluable to make this level of adaptiveness possible.

The priority in designing the process was to create a strong sense of safety for all participants, recognising that previous experiences, for both service users and service providers, have been potentially traumatising.

It was also designed with a commitment to lived experience voices shaping every stage of the process. This approach will continue into the reforms where family voice will be at the centre.

The project flow is represented in Figure 1.

Figure 1



## Stage one: opening

Stage one was focused on getting as many relevant voices as possible around the table to explore the priority areas broadly, understand the current state and explore possibilities for the future. Given the perceived significant power imbalances and the different types of initial input, stage one was carried out in three different and distinct streams of work:

Aboriginal professional stakeholder engagement – a dedicated process to enable Aboriginal people to imagine a system to support and protect families outside the context of colonisation. What would a system look like that was shaped entirely by Aboriginal and Torres Strait Islander cultures and peoples? This process lent heavily on yarning and visual art to explore

possibilities and resulted in a draft set of design principles and design criteria to guide the detailed co-design work of stage two.

General professional stakeholder engagement - a process to engage stakeholders broadly across the sector and aligned sectors that impact on the lives of families and children. Participants undertook a range of interactive activities, mainly through small group discussion and some early prioritisation, to draw out their own knowledge, experiences and research of what works well in supporting families to find and receive help.

Family engagement – this strand was predominantly carried out through one-to-one interviews along with a few small discussion groups for families who were comfortable to meet together with others, generally through established groups where they already knew each other and were comfortable to share their stories in group settings. This strand was designed to gather a range of family experiences of accessing, receiving and leaving services, as well as understanding the experiences of families who despite need do not receive services.

See Table 2: Stage 1 attendance figures



*Work from young artist attending Family Voice workshop, 2019*



See Table 2: Stage 1 attendance figures

<b>Stage 1 attendance figures</b>	
<b>Northern Metro</b>	101
<b>Murray Bridge</b>	39
<b>Southern Metro</b>	115
<b>Metro, Aboriginal community services</b>	44
<b>Yorke Peninsula</b>	26
<b>Mt Gambier</b>	21
<b>Whyalla</b>	45
<b>Whyalla, Aboriginal community services</b>	27
<b>Family Voice interviews</b>	44 (# of families)
<b>CEO workshop</b>	12
<b>TOTAL</b>	464
<b>Please note, there were a number of people who attended more than one workshop, so this figure is total number of attendance &amp; may include some doubling up.</b>	

## Stage two: deepening

In stage two, the process was uniquely designed for each priority area. It is worth highlighting that the seven priority areas in the initial scope are **different types** of priority, and as such a different approach was taken for each described in Table 3. Also, as a result of external shifts in the landscape and insights from stage one, by stage two, some priority areas looked a little different to the initial brief. The methodology for each priority area is described in summary in the relevant chapter with detailed descriptions in Appendix 1. The table below provides an overview of changes, types of priority area, and how each one was handled.

It should also be noted that, as noted above, the external landscape was moving rapidly. During stage one, DHS was exploring the ‘Common Elements’ approach to shape and define the future service landscape. As a result, this context shaped the structure of workshops, with time being given in each session to share this concept with participants.

Further, though not specifically named as one of the key priorities, the issue of managing risk was raised early in the co-design process. It was recognised that the service system needs to have a shared approach and understanding of this concept. This issue and the stakeholder discussion exploring this topic is detailed on pg 133.

Table 3: Priority Areas & Descriptions

Stage one priority area	Stage two focus & workshops	Type of priority area	Summary of approach
<b>Commissioning</b>	Designing a Commissioning Framework:	Part of system without direct	Exploring how to design the system in the

	Planning and Procurement	family-facing function	context of SANFRAG
<b>Monitoring and Evaluation</b>	Designing a Commissioning Framework: Monitoring, learning and evaluation	Part of system with both family-facing and back-of-house function	Exploring what is needed to create an outcomes-driven approach to monitoring and evaluation with real time learning and adaptation
<b>Referrals</b>	Early Help and Support (access and assessment; referral and service pathways)	Structural part of system with direct family-facing function	Exploring the design and criteria for developing a 'Front Door' for families, community members and professionals to find help early. Replacing the MAAU.
<b>Workforce development</b>	Workforce development	Core capabilities & strategies that enable the system to work	Exploring workforce issues alongside trauma-informed practice and discussing issues about workforce coverage in rural



			and remote regions
<b>Trauma-responsive practice</b>	Trauma-responsive practice	Core capabilities & competency that enable the whole system to work well with families	Unpacking a shared definition of Trauma-responsive practice and the conditions and enablers of this in the system
<b>Designing the system with Aboriginal families</b>	Aboriginal specific workshops looking across priority areas	Whole of system context that requires cultural humility and commitment to Aboriginal self-determination	Applying the Aboriginal design principles and criteria to all aspects of the design work
<b>Rural and remote service delivery</b>	Rural and remote service delivery	A set of conditions in which the new system needs to work	Exploring each of the priority areas in the context of rural and remote communities
<b>n/a</b>	Culturally and linguistically diverse service delivery	Whole of system context that requires culturally	An additional workshop to explore the system requirements through a CALD lens, with a

		appropriate responses	particular focus on early help and support, and trauma-informed practice
<b>n/a</b>	CEO workshops	Strategic whole-of-system perspective from NGO sector leadership	An information session and workshop with sector leaders to explore initial insights from stages one & two and consider sector responses

## Stage two: Family Voice

Throughout the project people with lived experience have contributed through a Family Voice strand of work.

As described above, the Family Voice work in stage one was predominantly carried out through one-to-one interviews or small group discussions. In stage two, families who had indicated their interest to engage further with the project were invited to participate in workshops to respond to stage one insights and describe characteristics of a new system that would create a genuinely accessible and helpful support system.

This work applied the following process:

- A Family Voice workshop between families and DS Consulting/Think Human to respond to stage one insights and prepare families to participate in stage two workshops with professionals to design the Early Help and Support System.
- Participation in the Early Help and Support metropolitan workshop as ‘System Advisors’
- A follow-up Zoom debriefing session with DS Consulting
- A second Family Voice workshop, at the end of stage two, to respond to stage two insights and to inform the development of the System Outcomes Framework.
- Preparation for and participation in the final ‘Town Hall’ feedback event (that occurred in November 2019)
- Detailed outcomes from the Family Voice stream are available in the Listening to Families chapter.

See Table 4: Stage 2 attendance figures

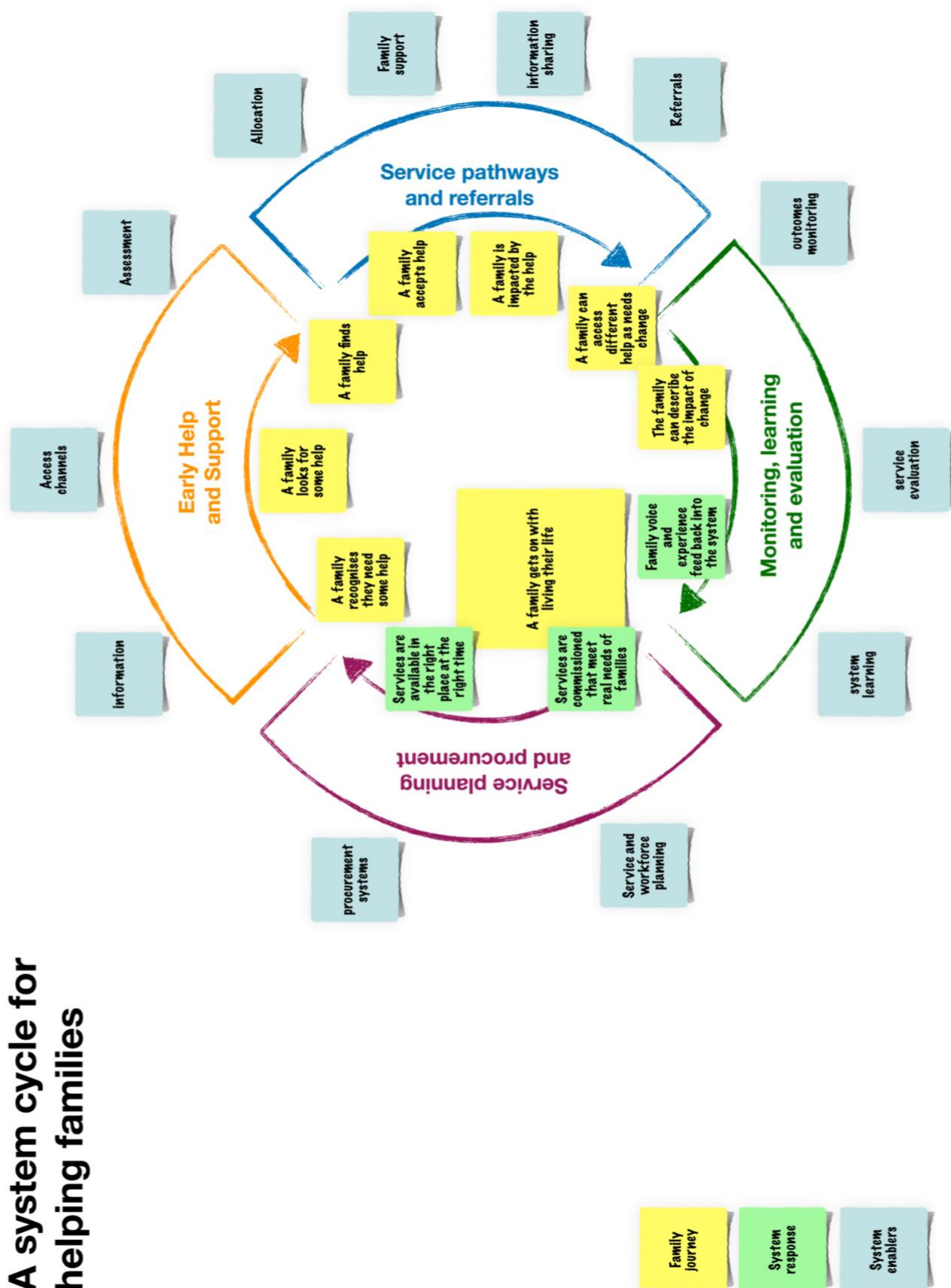
Stage 2 attendance figures	
<b>Rural &amp; regional: early help &amp; support</b>	24
<b>Rural &amp; regional service delivery</b>	22
<b>Building system with Aboriginal families #1</b>	16
<b>Building system with Aboriginal families #2</b>	51
<b>Early help &amp; support (access &amp; assessment)</b>	67

<b>Early help &amp; support (pathways and referrals)</b>	61
<b>Commissioning: planning &amp; procurement</b>	36
<b>Commissioning: monitoring &amp; evaluation</b>	39
<b>Trauma-responsive practice</b>	65
<b>Workforce development</b>	51
<b>Family Voice</b>	13 (# of families)
<b>Video conference sessions</b>	10
<b>Culturally &amp; linguistically diverse workshop</b>	20
<b>CEO workshop</b>	23
<b>Grannies' Group</b>	7
<b>TOTAL</b>	505
<b>Please note, there were a number of people who attended more than one workshop, so this figure is total number of attendance &amp; may include some doubling up.</b>	

As a result of insights gathered in stage one from both professionals and families, the facilitators developed a draft visual representation of that a new family-centric system cycle could look like, to use in workshops. Figure 2 presents this visualisation. This diagram was the framework that shaped all stage two interactions and situated participants in the point in the System cycle under consideration in each workshop.

Figure 2: A family centred cycle

## A system cycle for helping families



### ***When support doesn't help***

When a group of young families saw the System Cycle presented in Figure 2 at a Family Voice workshop, their reaction was immediate and strong.

“That would be great,” they said, “but actually you often accept help before you find it.”

The facilitators were unclear what this meant so probed for more.

“Well, say, for example, your child isn't sleeping. So in the middle of the night you google to see who can help. You find a number and when you call the next day, you get told you need a referral from someone else – CAFHs, or your GP... Then when you contact them they say you're not eligible for that service for some reason – you don't meet the criteria. Or else you do, but there's no room, so you're put on a waiting list.

“So then you have no help, but the situation is getting worse. You're not sleeping, your baby's not sleeping, and you're not coping. Then you go back to the GP and you get offered something else – it's not what you need, but it's something, and you decide that something is better than nothing, so you accept it.

“But something isn't better than nothing, because now there are professionals involved, and they see that you aren't coping (which you already know!) And then, because you're not coping, they put in reports about your family, and DCP come out to check up. But still no-one has offered you the service that you think you need...

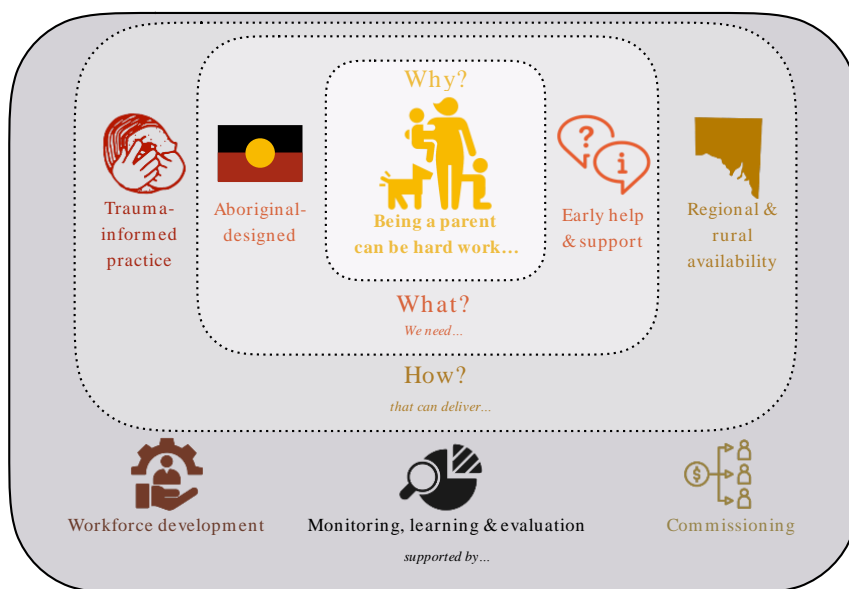
And then, eventually, things can get so bad that they take your children away. To be honest, when it reaches this point, you're coping so badly that it's probably the right decision to help you get back on your feet. But, if the services you needed were available when you needed them, maybe the story could be different...”

*(Two Parents)*



Further to the work in stage two, the authors have adapted, refined and simplified this visualisation as per figure 3. This figure represents a system that is truly family-centric, acknowledging that parenting can be hard for *all* parents, and access to early help and support can support *any* parent. An Early Help and Support system needs to offer family-facing services that are trauma-responsive, Aboriginal-centric and culturally humble and available statewide, including in regional, rural and remote locations. All of this will be enabled by a robust and appropriate workforce development strategy, monitoring, learning and evaluation framework and a tailored commissioning system.

Figure 3: a family-centred, Aboriginal-designed system



## Final comments on the report content & structure

Across the document there has been the use of photos of participants. Where this has occurred, attendees gave permission

to use these by signing talent release forms at the start of each session.

Further, there has been additional images of artwork produced by children and young people at a workshop with families. Where children and young people attended, they were invited to do a range of activities including art and craft. These were given to the Consultants, or children supported the photographing of the works with the understanding that these would be included in the final report.

Finally, a comment needs to be made on the use of language in this report. Where a swear word is included in the document, this was directly quoted from stakeholders. The reason the authors have done this is to share the genuine voice of stakeholders as they commented on particular issues and to refer to this where relevant.

# Building the system with Aboriginal families

## Introduction

Primary to the project design has been the voices of Aboriginal and Torres Strait Islander stakeholders and their influence across all co-design priorities. Further the initial brief was an exploration of:

- Principles of practice and service design for this system as developed by Aboriginal and Torres Strait Islander people (this chapter)
- An initial view on service provision in remote communities (Chapter Designing a system that works in regional and rural contexts)
- An initial perspective on therapeutic interventions for complex trauma histories (Chapters Trauma responsive practice and Workforce development)
- An initial perspective and elements towards Aboriginal workforce development (Chapter Workforce Development)
- Principles of practice in working with Aboriginal Community Controlled Organisations (this chapter)

This was done with the understanding that given both Aboriginal families and children are over-represented in the child protection

system, a large part of the response would need to be Aboriginal stakeholder led and embedded in project outcomes.

In order to achieve this, the focus of the co-design methodology was to invite a re-envisioning of the Child and Family Support System through the lens of Aboriginal and Torres Strait Islander culture, stories, metaphors and art. The aim was to awaken the broader service system to a different way of thinking about system design, the benefits Aboriginal cultural perspectives can bring to mainstream service delivery and ultimately to improve the system for Aboriginal and Torres Strait Islander communities, families and children. This work is underpinned by the 6 principles of (Family Matters, 2016):

- Applying a child-focussed approach
- Ensuring that Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect children
- Protecting Aboriginal and Torres Strait Islander children's right to live in culture
- Pursuing evidence-based responses
- Supporting, healing and strengthening families
- Challenging systemic racism and inequalities

## **Design methodology in summary**

The co-design methodology for Building the system with Aboriginal families differed to provide opportunities for Aboriginal stakeholders to reimagine the system and for non-Aboriginal stakeholders to better make sense of their role in supporting this vision.

## Stage one: design methodology

*Children have the right to feel the warmth of a campfire to warm their spirit and heart.*

*Children have the right to feel the cool water against their skin, to feel alive and awake.*

*Children have the right to hear the songs of their people and connect them to the spirit of country and stars.*

*Children have the right to stamp their feet on dirt and dance their grief.*

*We love cherish and honour our children.*

*(Sarah Decrea)*

## Roles & voices

The session/s opened with an invitation for stakeholders to see themselves in two distinct roles - Aboriginal stakeholders or Allies. Whilst the role of allies was not fully formed at this point, allies were considered to be non-Aboriginal people who were willing to walk alongside Aboriginal people in the design of the new system and were encouraged to: deeply listen; support the concepts of Aboriginal self-determination; and to work **with** Aboriginal stakeholders. This approach to voice and role was applied throughout stage one and two and has been further developed into Co-design Principles that are discussed below in further detail.

## A reimagined system

Workshop attendees were invited to close their eyes and imagine a *different reality* where Aboriginal cultures and knowledge was the *starting point* for system design through considering the following:

*This is a system that was built by us from the ground up, for our people. It closed the gap some time ago, actually the rest of the community are starting to use our models and ways of working because they know it came from 65,000 years of knowledge and strength, and has been built with deep wisdom and connection with the world. They know they are missing out on something...This is all ours.*

With this reality in mind attendees were invited to apply this lens to consider what a family support system would *look like, feel like, sound like and the role of Aboriginal individuals, family, community, leaders and organisations* in this system. In considering this, participants were invited to present this in words, stories and images in order to present in different ways, Aboriginal and Torres Strait Islander perspectives. In parallel allies were asked to consider what would need to change for mainstream individuals and organisations for this to be possible and how to create the conditions to do this.

These learnings have been used to inform the Co-design Principles and the Aboriginal and Torres Strait Islander System Design Criteria that will be discussed in detail in Findings and insights.





*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.”*

## **A First Nations stamp**

Similar to the broader co-design process attendees were asked to consider six co-design priorities as defined by DHS, with the seventh being the Aboriginal specific stream from the perspective of this being designed solely by and for Aboriginal and Torres Strait Islander people. Aboriginal stakeholders were asked to consider how the element currently works; what a new system needs to look like; and the changes it made for Aboriginal families and children. Allies were asked to think about what they could do to make the Aboriginal stakeholder vision work in the system.

These learnings have been drawn into the Aboriginal and Torres Strait Islander System Design Criteria that addresses the co-design priorities and takes a whole of system view of what would be required from an Aboriginal perspective.

## **Stage one feedback and stage two**

As referred to above, stage one learnings were brought together to inform two key outputs: Aboriginal and Torres Strait Islander Co-design Principles; and Aboriginal and Torres Strait Islander System Design Criteria.

The Co-design principles were developed in response to a stakeholder question seeking to understand what the co-design process would genuinely mean for Aboriginal stakeholders participating in terms of the process and the outcomes and to more clearly define the role of Allies in this work.

## Aboriginal and Torres Strait Islander Co-design Principles

This has been developed into five principles that have been used in all workshops in stage two to ensure that cultural respect was embedded in all parts of the project:

One.

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

Two.

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

Three.

Aboriginal and Torres Strait Islander 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.

Four.

The views and perspectives of Aboriginal and Torres Strait Islander people will inform the broader co-design project in

addition to the Aboriginal and Torres Strait Islander specific element.

Five.

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

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

As mentioned above, these principles were specifically developed to underpin the co-design process and ensure cultural respect throughout the process.

Whilst the intent of these principles needs to be maintained it will be important for these to be seen as a living document that may need to be adapted for a specific context. For example, in working directly with Aboriginal and Torres Strait Islander communities and families, the language may need to change to better connect

with the language of a family or community (See feedback from the Grannies Group in the Listening to Families section regarding language).

It is anticipated this set of principles could be used to underpin future co-design work carried about by DHS or by services and organisations commissioned by DHS. Further it is strongly suggested that these principles are used as the framework for any future engagement with the Aboriginal Community Controlled sector.

## **Aboriginal and Torres Strait Islander System Design Criteria**

The System Design Criteria has sought to take the key messages from Aboriginal stakeholders and present these as a set of guidelines to assist in defining the scope of the system design across the whole Child and Family Support System and for each of the co-design priorities. As mentioned above, this was done in recognition and response to the over representation of Aboriginal and Torres Strait Islander children in the out of home care system and the view that for this to really be changed, Aboriginal and Torres Strait Islander voices and concepts must be given the highest status in the co-design process.

It is also hoped that stakeholders may see the value of how this could benefit all systems, services and families.

This approach has led to both design criteria for a whole of system view and design criteria for each of the priorities that are represented in each chapter of this report. The following provides a summary of each set of design criteria and the full criteria as developed from the co-design process.



## Whole of System

In considering the design of the whole system with an Aboriginal and Torres Strait Islander lens, the **four areas for consideration are:**

**A system where Aboriginal and Torres Strait Islander children are front and centre and that is family focused:** building a system that ensures the rights of children to safety in protection, meeting families where they are with flexibility and choice.

**A system that reflects Aboriginal and Torres Strait Islander cultural strengths:** in all ways, whether through words or artwork, approaches to healing, being, thinking, seeing or doing (informed by IAHA, 2015).

**A system that reflects Aboriginal and Torres Strait Islanders' right to self-determination:** that supports 'our people looking after our own people' and our people supporting one another through building on Aboriginal and Torres Strait Islander strengths and leadership in all its forms

**A system that reflects the truth of our shared histories, the hurts, the strengths and the healing:** through genuinely acknowledging the ongoing consequences of colonisation and the systemic barriers placed in front of Aboriginal and Torres Strait Islander peoples in achieving true self determination with skilled allies who are committed to changing this

The full design criteria for the whole of system is:

### Whole System Design Criteria

**A system where Aboriginal and Torres Strait Islander children are front and centre and that is family focused**

- A system that ensures the protection of children and their right to safety and protection

- A system that builds the capability of Aboriginal and Torres Strait Islander families to care for and engage with children and young people
- A system that labels services in ways that families can connect with and understand
- A system that provides choices for service users (service choice, worker choice)
- A system that will go to where children and families are including through assertively engaging families

#### **A system that reflects our cultural strengths**

- A system that reflects the stories, visuals, symbols and metaphors of Aboriginal and Torres Strait Islander peoples
- A system that reflects & respects healing, self-healing and healing circles
- A system that acknowledges and respects the sacred & the lore
- A system that works towards cultural integrity, maintenance and growth
- A system that respects Aboriginal and Torres Strait Islander ways of being, thinking and seeing
- A system that has at the centre, reflects and is guided by Aboriginal and Torres Strait Islander, families, communities and individuals in all their diversity

#### **A system that reflects Aboriginal and Torres Strait Islanders' right to self-determination**

- A system that supports Aboriginal led approaches and growing the strengths and pride of community
- A system that supports Aboriginal and Torres Strait Islander Eldership and leadership in all forms
- A system that supports 'our people looking after our own people' and our people supporting one another; this includes building the capacity of Aboriginal community- controlled services and creating more Aboriginal services

#### **A system that reflects the truth of our shared histories, the hurts, the strengths and the healing**

- A system that acknowledges and can work well with the ongoing consequences of colonisation and intergenerational trauma and

recognises the wisdom and strengths of Aboriginal and Torres Strait Islander peoples

- A system that understands and acknowledges on an on-going basis its racism, the dominant culture and how this can operate to undermine Aboriginal and Torres Strait Islander people and challenges this
- A system that is committed to Aboriginal and Torres Strait Islander people and allies walking alongside and learning from one another

## Trauma responsive practice

Stakeholders put forward a range of criteria that can be summarised into **three key aspirations** for the design:

**A system that heals in a culturally appropriate way:** with the community, incorporating cultural methods and approaches that ensure healing and not re-traumatisation

**A system that has intergenerational trauma responsive practice embedded across all levels:** with a particular emphasis on understanding and responding skilfully to intergenerational trauma

A system that supports culturally competent and responsive trauma responsive practice across all levels: through appropriate training, cultural tools and approaches

The full design criteria for Trauma responsive Practice is:

### Trauma responsive Design Criteria

#### **A system that heals in a culturally appropriate way**

- A system that does not create further trauma for service users
- Systems that pro-actively look for strengths and at the 'whole picture' that is the lives of families

- A system that has responses that go beyond the urgent & visible symptoms
- A system that incorporates Cultural healing practices including traditional healing
- A system that supports leaders, cultural navigators and community responders to respond to family crisis and support their communities
- A system that allows for individuals to 'resolve' or 'manage' trauma in different ways

**A system that has intergenerational trauma responsive practice embedded across all levels**

- Trauma responsive practices are consistently applied across services and with families
- Intergenerational trauma must be considered in any approach to this to ensure an understanding of how this really impacts people. This needs to include how providers can contribute to preventing the on-going transmission of trauma.

**A system that supports culturally competent and trauma responsive practice across all levels**

- More training in complex trauma & understanding the different layers of this
- Culturally appropriate & sensitive trauma responsive training (narrative approaches could be implemented more broadly)
- A system that focuses on the impact of trauma and intergenerational trauma and provides education on this that includes reflective practice & self-care with the resources required to do this
- A system that supports community and peer to peer learning
- The use of cultural tools and approaches. The cultural toolbox includes:
  - Connections in community
  - Competent services
  - Cultural credentials
  - Workers to be vouched for by Elders or/and community

## Early Help and Support

In considering what was required for Aboriginal and Torres Strait Islander in building stronger levels of support earlier, stakeholders highlighted **two key aspirations**:

**A service that is easy to understand, reach & reaches out:** that supports choice and multiple points of access with tools and approaches that truly recognise the diversity of Aboriginal and Torres Strait Islander peoples

**A service that supports healing:** that is strength and culturally strength based and minimises further trauma

The full design criteria for Early Help and Support is:

### Early Help and Support Design Criteria

#### **A service that is easy to understand, reach & reaches out**

- It is easy for community or individuals to self-refer
- Finding ways to reach individuals and families and communicating what is available including through assertively engaging with families
- Tools can be used effectively with a diversity of Aboriginal and Torres Strait Islander people and are easy to understand by Aboriginal and Torres Strait Islander peoples. This must include considerations of those with intellectual disabilities and with low literacy- how can visual tools be used most effectively.
- A system and services that will reach out to community, in addition to being a place that families can come to that is resourced appropriately. This includes reaching out to more isolated towns and communities and building a relationship with them
- Services will support the choices of Aboriginal and Torres Strait Islander families in what they need
- Services will walk alongside & work with families, empowering them with knowledge about services and systems

- A system that is flexible in its criteria and service response
- The use of technology that supports families navigating the service system
- A system that seeks to build trust where people feel comfortable about seeking help, including in the places where services connect with families
- Wherever possible, having Aboriginal Health Workers and other Aboriginal workers walking alongside families in the referral process

#### **A service that supports healing**

- A system that is strengths based
- Tools (like referral forms) seek to minimise re-traumatisation in the questions that are asked and the ways in which they are used

## **Rural and Regional Service Delivery**

In considering rural and regional service delivery stakeholders highlighted **two key design aspirations**:

**A system that supports locally based, flexible and responsive approaches:** that reflect multiple ways and multiple modes of working that genuinely speak to and listen to local communities

A system that supports local partnerships & collaboration with two-way learning and a shared language

The full design criteria for Rural and Regional Service Delivery is:

### **Rural and Regional Design Criteria**

**A system that supports locally based, flexible and responsive approaches**



- Access to services, 'take it out of the office' have flexibility in where and how we meet with service users
- Multiple modes of service delivery, face to face, videoconferencing...other?
- Local Aboriginal people staying closer to home, now often fly in and fly out services
- Greater funding to locally based Aboriginal services
- An understanding of language, culture and community context that is reflected in service delivery
- There is mutual respect between workers, families & community
- Acknowledgement of the costs and resources required to deliver in rural areas

#### **A system that supports local partnerships & collaboration**

- Local community solutions designed in collaboration with local peoples with consultation prior to decision making; a two-way learning and investment in co-design
- Partnerships: collaboration between services that respectfully engage with families for outcomes
- Workforce is joined up and speaking the same language, helping the family to achieve their outcomes with a family led approach

## **Workforce Development**

Stakeholders highlighted **three key design aspirations** in considering workforce development in the Child and Family Support System:

**A system that gives status to cultural and community knowledge in the workplace and in its workforce:** through the creation and recognition of Aboriginal specific roles, how Aboriginal cultural

knowledge is unique and can be complemented by formal qualifications and valuing lived experience

**A system that develops leadership:** in all forms with a specific and concentrated focus on supporting young leaders

**A system that supports the workforce:** in multiple ways, supporting the cultural safety of Aboriginal and Torres Strait Islander people and the cultural humility, competence and responsiveness of non-Aboriginal staff.

The full design criteria for Workforce Development is:

#### **Workforce Development Design Criteria**

##### **A system that gives status to cultural and community knowledge in the workplace and in its workforce**

- Cultural and community knowledge is seen as being as important as a formal qualification
- Aboriginal specific roles are recognised and given status in services & systems, through various ways including remuneration
- We would like clear employment pathways and training that begins from the school system
- Service users will be able to choose the worker they want, Aboriginal or non-Aboriginal
- There needs to be more cultural understandings and knowledge of community and family systems in the workforce
- Formal qualifications should be recognised as important to complementing cultural & community knowledge
- Valuing lived experience & creating opportunities for it to inform service design

##### **A system that develops leadership**

- There will be a focus on supporting more young people into the workforce

- There should be increased Aboriginal specific positions at all levels of the systems and services including in executive positions

#### **A system that supports the workforce**

- Building a system that supports the cultural safety of Aboriginal & Torres Strait Islander workers through approaches including cultural supervision
- There should be formal and informal peer support mechanisms and models of support that include mentoring and cultural supervision
- Acknowledgement & realistic expectations about Aboriginal staff in their role at work within family and community settings
- Building the capability of non-Aboriginal & Torres Strait Islander allies in the workplace to be highly skilled in their practice and supported to improve when they are not
- The opportunity to build the skills of Aboriginal employees that are in place & potential new workers
- Investment in traineeships and cadetships

## **Monitoring, Learning and Evaluation**

In considering the monitoring and evaluation of services stakeholders highlighted **three key design aspirations:**

**A system that supports Aboriginal identified and led approaches;** including in the development of tools and measures.

**A system that supports a deep listening to Aboriginal voices, meaning, measures and story-telling;** where the aspirations of community are reflected and the interpretation of data and learning is through an Aboriginal lens

**A system that supports building an evidence base led by Aboriginal and Torres Strait Islander people:** including the

Aboriginal and Torres Strait Islander workforce, giving enough time to incorporate learnings

The full design criteria for Monitoring, Learning and Evaluation is:

#### **Monitoring, Learning and Evaluation Design Criteria**

##### **A system that supports Aboriginal identified and led approaches**

- Aboriginal specific measures and KPIs
- Aboriginal community identified KPIs
- Strong Aboriginal governance and Aboriginal led decision making
- Aboriginal led research, Aboriginal evaluators and researchers, including consumer groups and community members
- Aboriginal specific assessment tools in practice and in evaluation
- Better training and tools to support evaluation methods for Aboriginal organisations and staff
- Types of measures (that are Aboriginal developed)
  - Reflective practice & attitudes
  - Pre & post
  - Indigenous risk screening (mental health & AOD)

##### **A system that supports a deep listening to Aboriginal voices, meaning, measures and story telling**

- Listening & learning from Aboriginal people and communities about different models of evaluation to shift the power balance
- Co-designed monitoring and evaluation approaches
- 'The people we work with in the community are the true evaluators, the people who deliver the services are the monitors'
- Measures that reflect the aspirations of the community
- Interpreting data with an Aboriginal lens and advise accordingly

- Aboriginal people being upskilled in monitoring and evaluation
- Story-telling as part of the evaluation – seek new and innovative ways of doing evaluation
- Presenting findings in interesting and engaging ways

**A system that supports building an evidence base led by Aboriginal and Torres Strait Islander people**

- Rigorous evaluation processes
- Aboriginal workforce and their views are captured as part of the evaluation
- Principles of Aboriginal research (NB this is referring to Wardliparingga: Aboriginal Research in Aboriginal Hands, Morey, 2017) to be of benefit to Aboriginal people
- Aboriginal people have a say in what the evaluation will be
- Evaluation is considered at the start
- Evaluation to capture the different perspectives of a service
- Incorporating the recommendations and learnings from the evaluation, with realistic time to incorporate the change
- Capturing qualitative and quantitative information
- Working alongside services to ensure they have the capability and resources to evaluate

## Commissioning

In considering the commissioning of services, stakeholders highlighted two key design aspirations:

**An approach that reflects Aboriginal and Torres Strait Islanders' right to self-determination:** that builds policy and processes led

by Aboriginal and Torres Strait Islander peoples always in connection with community

**An approach that supports collaboration, flexibility and evidence:** that meaningfully engages allies and is Aboriginal and Torres Strait Islander evidence-based

The full design criteria for Commissioning is:

#### Commissioning Design Criteria

**An approach that reflects Aboriginal and Torres Strait Islanders' right to self-determination**

- 'For us, by us'
- Building capacity of Aboriginal and Torres Strait Islander communities and organisations- ensure these are well funded to be competitive and have the highest standards and workforce excellence (mainstream services poach staff from the community organisations)
- Aboriginal governance and leadership including in community (and supported by training)
- Aboriginal workforce at all levels that is sustainable
- 'Let community make the decisions on what services they need' with ongoing consultation and feedback to ensure services are meeting the needs of the community, ensuring this information gets back to the people commissioning services
- Aboriginal self-determination needs to be appropriately resourced and:
  - There needs to be an Aboriginal services funding policy and plan
  - Direct negotiations with Aboriginal service providers to deliver
  - Legislation needs to recognise Aboriginal cultural considerations & Aboriginal self-determination in service delivery

- The right cohort of people supporting tendering processes re: cultural capabilities and culturally specific knowledge and a majority of panel members should be Aboriginal
- Aboriginal led businesses & processes
- Includes training and education to support and strengthen the Aboriginal workforce
- Specific/set funding that is quarantined for criteria that is culturally based and responsive
- 'Services are real & meaningful' – achieving this by sitting down with different community groups & co-designing
- 'Weight' principles of practice (Co-design principles) as part of commissioning

#### **An approach that supports collaboration, flexibility and evidence**

- Flexible contracts that allow diverse delivery in different areas
- Partnerships & collaborations that include allies
- Knowing what evidence is out there in re-commissioning services
- Funding agreements are developed collaboratively- targeted KPIs are discussed with community

## **What are we really trying to achieve for who?**

### **Towards an approach to discussing diversity and building cultural strengths**

Whilst the following discussion requires far more work and consultation with Aboriginal and Torres Strait Islander stakeholders, the author would like to address two areas that were raised in the Aboriginal and Torres Strait Islander stream of the process, (metropolitan Aboriginal workshop) the diversity of



Aboriginal and Torres Strait Islander people and cultural strengths as outcomes.

## **The diversity of Aboriginal and Torres Strait Islander people**

This topic arose in the context of wanting to understand how best the Child and Family Support System can respond to the vast differences in Aboriginal and Torres Strait Islander individuals, families and communities. These differences include the difference in Nations and Lands; the different experiences of colonisation and its impacts; and social and economic differences to name a few.

An important consideration for the service system is to explore and learn from Aboriginal and Torres Strait Islander people about what this means to them and consider how this can enhance the service response.

## **Building cultural strengths**

In a similar vein, the question was raised to explore the meaning of cultural strengths with the diversity of those in the metropolitan Aboriginal and Torres Strait Islander professional workshop. It will be important to consider what this means in design of the new Child and Family Support System and in the outcomes to be achieved. Participants put forward comments including:

- Wellbeing and self esteem
- Being on Country
- Pride in who you are, your identity is recognised and acknowledged

- The presence of heritage and way of life that allow perpetual resilience to adversity

Please also refer to the design criteria for further information.

## Implementation advice

### **Designing a system with Aboriginal families**

**The system will be led by the voices, perspectives and aspirations of Aboriginal and Torres Strait Islander peoples and do what is required to improve the outcomes for Aboriginal families and children. This will include strengthening the Aboriginal Community Controlled sector.**

### **To implement the system, we advise:**

In consultation with Aboriginal and Torres Strait Islander 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.

# Listening to families

## Introduction

Whilst all co-design projects should enable all impacted stakeholders to participate equitably and safely, it is often the case that this does not happen in practice. This can be due to time and budgetary constraints as well as political pressures or a lack of willingness from a client to genuinely embrace co-design principles. DS Consulting and Think Human would like to commend DHS leadership and staff for enabling and encouraging full and active participation of families and people with lived experience throughout the project and their commitment to building a central role for lived experience expertise in the final design and implementation of the Child and Family Support System.

## Design methodology in summary

The Family Voice strand of the co-design project followed a different methodology to the rest of the workshops to suit the different perspectives, experiences and needs of this cohort.

## Family Voice

Throughout the project, people with lived experience have contributed through a Family Voice strand of work. Their input was sought at every stage of the co-design project.

Stage one was predominantly carried out through one-to-one interviews or small group discussions, either in people's homes or at an agreed location.

In stage two a number of families who had indicated their interest to engage further with the project were invited to participate in workshops to respond to stage one insights and describe characteristics of a new system that would create a genuinely accessible and helpful support system. The following table describes each component of stage two involvement in detail.

Table 5: Family Voice

What	Who	Outcomes
<b>Family Voice workshop #1</b>	Young parents, Dana Shen, Melanie Lambert	<p>Creation of System Advisor role and principles</p> <p>Confidence amongst young parents to participate in a co-design workshop with professionals</p> <p>A set of System Advisor prompt cards to support them in their interactions with professionals as required</p>
<b>Participation in the Early Help and Support metropolitan workshop as ‘System Advisors’</b>	Young parents (with Dana Shen & Melanie Lambert supporting as required)	<p>Refinement of concepts and proposals from professionals through the eyes of lived experience</p> <p>Exposure of system professionals to the concept and reality of a lived experience</p>

		<p>stakeholder involvement in system design processes</p> <p>Prompt cards for families where required (Figure 4)</p>
<b>Debriefing session (Zoom)</b>	Young parents, Dana Shen	n/a
<b>Family Voice workshop #2</b>	Parents, grandparents, children, Dana Shen, Melanie Lambert	<p>Lived experience commentary on the draft outcomes framework</p> <p>Lived experience perspectives on trauma-responsive practice and workforce (see relevant chapters for details)</p>

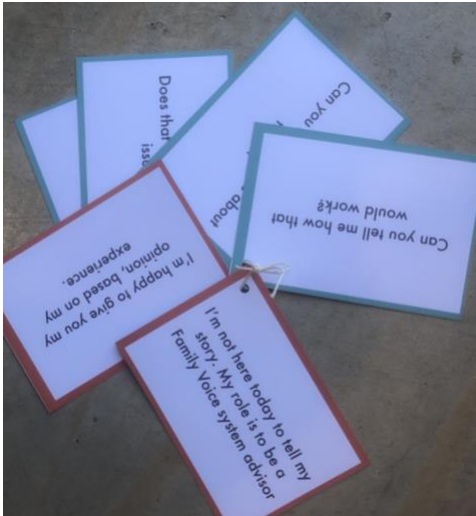


Figure 4: system advisor prompt cards to support them in their interactions with professional stakeholders

## Findings and insights

### Stage one insights

#### Seeking help

Families generally do not know where to start when looking for services and are often unaware that they need help and support until things reach crisis point and a statutory response is required. As a result, many people for whom early help and support would be developed are not actively looking for help. This poses a challenge to the new system that will need to be addressed in its front-end design.

Those families who had sought 'early help' of some sort, for example some respite help, parenting support or mental health

support, often reported that the support they sought was not forthcoming.

Families report that it can be hard to know what certain services do, so even if they do find out about them, they don't know if they are for them or not. Acronyms are a particularly significant barrier to accessing the help that families need; families reported that the widespread use of acronyms makes them feel stupid and reinforces the unhelpful power inequity between 'the system' and the family.

*“[We need] something to explain the abbreviations that a lot of services use. You know it makes you feel stupid when you don't know what they mean and I didn't want to look more stupid by asking what those letters meant.”*

Many families do not seek out early help and support because they are afraid that if they make themselves visible to 'the system' then it will work against them. One young parent told us that his friends come to him rather than reach out to formal services, as they trust his advice and experience and know he cares about them.

The language of 'the system' was raised by the Grannies Group (a key group of Aboriginal Elders and leaders) in a similar way as a term that needs to be changed because of its negative connotations for families. For example, families who have 'been in the system' or 'cannot get out of the system' may have experienced this in a negative or traumatising way. Similarly, the Grannies raised concern about the term 'support' because there have been experiences where this has not been followed through, and they



felt it perpetuates a power inequality. Instead they felt that the relationship needs to be equal where services walk alongside Aboriginal and Torres Strait Islander families.

If the aim is to consider non-traumatising and healing approaches across all services, language will need to be part of all considerations in service design.

### **Accessing help**

Families want to be able to find information on their own terms. Most do not want to have to make a phone call and many want to be able to find out as much as they can online about what help is available that meets their needs before approaching an agency.

*“Not just phone numbers. My orange book is full of phone numbers. I wouldn’t call them. Most young people have had to deal with Centrelink at some stage - talk to machine, wait - I just want to get in and speak to someone and get out. I’m not good with phone calls - I only do them if it’s too long to write in message.”*

Some families expressed a desire to be able to ‘reach out’ for help 24/7, highlighting that it is often at night that they feel most vulnerable or where they have a moment of insight that they need some help.

Families are put off by systems where you have to make an appointment to have a first conversation about getting help. Planning ahead can be hard and families want to be able to seek help on a walk-in basis. Services where families could “just turn up and someone listens” were highly valued.

*“[They are] welcoming, they give you help, you just turn up and someone listens”*

The first contact with potential help is critical. Families need to feel listened to, trusted and understood. A number of women described wanting staff who meet them to pick up the non-verbal ‘cries for help’, for example, use of drug-related language or drug-related equipment visible in the home, non-verbal cues about domestic violence etc. Likewise, some fathers felt that there was automatic doubt about them and that it was harder for dads to be heard and believed when they asked for help.

*“I feel [the counsellor] should have picked up about DV and was instead supporting the relationship [...] I realised nothing was going to change.”*

When families did find services that matched their needs to some degree, numerous families told us that once they actually tried to access it, it was not available. Some services no longer existed, despite being signposted there by a social worker; other services had long waiting lists; others had complex referral pathways that either disqualified the family or left them in what they described as a ‘referral loop’ and many families were told that they did not need help after all.

*“Anyone who has been a child under GOM and is asking for help - services should be offered to them.”*

## Building trust

Most families the facilitators spoke to could describe individual workers in the support services they had used who they trusted; invariably, these workers trusted the families in return. These individuals were people the families returned to in the future, or felt they could return to if they needed information, reassurance or guidance on where to turn for help. Good workers were described as having an open mind and being able to have empathy and insight about what someone is dealing with, rather than judgement.

*“They didn’t stereotype me. When I was struggling they didn’t assume I was on drugs, instead they tried to help out.”*

Likewise, families build trust in workers who are honest with them, who can tell them the risks and needs they see and how the family might consider addressing these. Workers who are not shocked by anything but who can offer consistent and reliable support alongside families are highly valued.

*"No sugar-coating - they can tell you where you're going wrong. And they need to be able to put up with my bullshit!"*

Critical to families is being able to trust that workers will hold their story in trust and not misuse or take elements of their experiences out of context to ‘use against them’. Families often

feel that the information that is retained is what they have done wrong, rather than their strengths.

## **Building on strengths while understanding challenges**

Families want to work with a system that helps them identify their strengths and builds on those, rather than only highlighting deficits to be overcome. Families find asking for help hard and want to be recognised for the huge step this is, rather than feel punished or shamed for their circumstances or history. Families want to be given choices and ideas, not demands.

*“They don’t want to give positive input- about child development - they only talk about the problems.”*

Families know when workers do not attempt to understand their experience and whilst they do not expect every worker to have a first-hand experience of trauma, they do value the staff who can empathise and relate from their own experience. However, this also led some families to comment that they felt at times that some staff were ‘triggered’ by their family circumstances, perhaps bringing up unresolved issues from their own past.

Feeling judged closed families off and had lasting negative impact on the relationship they had with these workers.

## Decision-making and accountability

Families who had had previous contact with the family support or the child protection system, including in their own childhood, were concerned about facing ongoing stigma and judgement.

*“There were case workers I encountered who knew me as a kid in care. So, they saw this wild horrible kid in care - they didn’t see the adult I’d grown into.”*

Families feel there can be a lack of accountability for decision-makers who have the power to dramatically change the course of their family’s life. Likewise, decision-making is seen as slow and opaque, leading to additional trauma.

Whilst early help and support is focused on pre-statutory services, previous experiences and fears of revealing vulnerability impact on families’ ability to trust the system.

Families do not want someone else to make decisions for them, or to be told what they have to do, without any space for choice and self-determination. Many families have felt compelled into services in the past that they do not feel met their most critical needs; their compliance is often driven by fear or desperation.

*“There was ‘one set thing’- without choice.”*

## Stage two insights

Stage two of the co-design project with families acknowledged the honesty and vulnerability that families had shown in stage one, sharing often traumatising and difficult stories and experiences. In stage two the facilitators invited families to draw from their lived experience and ‘look from above’ at the system and to provide input to shape how they would like to see the system improved for other families like them.

### The role of Family Voice in shaping the system

Families want their voice to be heard, not only in shaping their own service journey but in shaping a system that works effectively for and with families, protects from re-traumatisation, offers healing and builds self-determination.

In shaping their own role in the co-design process, they have also created a strong starting point to design an ongoing ‘lived experience’ approach within the design, implementation and evaluation of the new system.

The ‘System Advisor’ role was defined by a small group of young parents and put into practice in the Early Help and Support workshop and in the final Town Hall feedback session. The following principles were developed from their feedback on what was required for a positive and safe process for them:

## **Principles for co-designing with families, the 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.

## **Key messages from families**

### **Pay attention to the basics**

The families who were interviewed in stage one talked about the need for services to respond to their urgent, practical, everyday needs, and this was reiterated in stage two when participants were asked to share key messages for the system. Parents spoke of the need ‘just to get food for the week’, or to have somewhere to put a child’s clothes, or the ability to buy a new pair of sneakers for a child to go to school with dry feet. In many cases, this seems to lead families to go to non-government or service sector agencies, such as churches, mosques and community groups, where they feel safer and where they are less afraid that they will be reported or scrutinised.



Families of all backgrounds were open to seeking help from churches regardless of their own cultural or religious affiliation, although the few LGBTIQ families involved in the project expressed reluctance. This represents an opportunity for the system to build strong alliances with sources of support that already exist and where families already go for safety and help, but this must be undertaken sensitively and in order to offer support, not judgement. There is a risk that an insensitive approach could in fact have the adverse outcome of driving families away and making these informal offers of help less accessible.

## **Help us to trust formal help**

As described above, families tend to be more willing to accept help from non-statutory and non-government services. Families spoke of the fear of reprimand or judgement from formal, statutory bodies; some spoke of fear of going to a GP or dentist in case they were doing something wrong and 'got reported'. The pre-statutory nature of the Early Help and Support function is paramount and should come across clearly in all aspects of design, from structural considerations to professional practice to physical branding. Families favour community-driven responses with genuine choice about whether or not to engage.

## **Meet us where we are & help us know what else there is**

The facilitators were surprised about how few families knew about children's centres and the services they offer. What was noticeable

however was how many families turn to libraries, community centres and other neighbourhood organisations for help, in a similar way as described above in the comments about faith-based communities. The new system needs to pay attention to where people are and reach out to them, offering support and services there rather than assuming they should be diverted to another place or source of help. The interagency relationships that will enable this are critical, and the formation of new partnerships, such as with local government, will also be an important enabler. Indeed, it seems that families view local government differently and more positively and this could pose a real opportunity for State Government to build creative and cooperative partnerships. Opening hours and local sites are important, and again, a lot could be gained from working with local agencies and councils to enable this.

In meeting families where they are, the help that is offered to them needs to feel relevant to them and meet their immediate needs. This means responding to the needs that *they* have identified, and respecting their insights into their own situation, rather than offering them unrelated help that is either what a service provider had decided they need or worse, simply what is available, whether or not it meets their needs.

## **Share information when it helps us**

Families are cautious about giving their information to agencies up-front, especially before they know if a service is suitable for them or not. It is important that families have the opportunity to do their own research and understand what is available, when and how, before being required to hand over their information. This is something that is a normal expectation of adult life and should

apply to families in need of help as much as it does to other parents seeking information and advice.

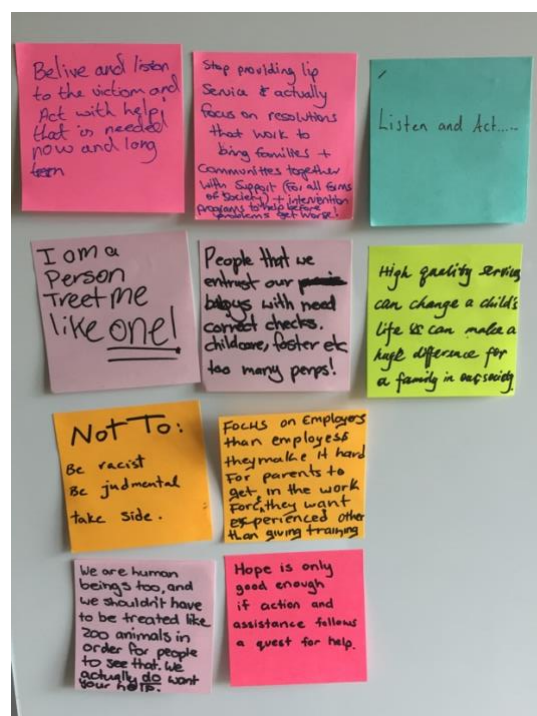
Having said that, once families are receiving services, they are generally happy for information to be shared between agencies, so long as they know it is being shared, for what purpose and with a tangible positive outcome. Families are frustrated when they find their information has been shared between agencies, but nothing changes or improves as result; that feels like gratuitous sharing and systemic gossip rather than information sharing that is undertaken to genuinely support them and their family.

*“If data is shared, something has to happen that’s good.”*

Finally, families expressed deep concern that service providers take old information and assume it is still current. They feel that this can lead to old information being used against them or leading to the wrong response because it is not the current context.

## Developing an Outcomes Framework

In considering the draft Outcomes Framework proposed by DHS, families gave the following general feedback.



Final ‘messages’ to the system, as captured in Family Workshop # 2.

## **Only measure outcomes that you are making tangible investment to deliver.**

This comment related specifically to the ‘financially resilient’ draft outcome, which families felt was an insult in their current context and experience, where they felt that no support was given, only pressure. Families highlighted under this outcome the need to work proactively with the employment sector as well as the service sector, to ensure that families who have faced hard times are given a chance and that employers are supported to offer genuinely family-friendly opportunities.

## **Address regional and geographic variations in service availability.**

As a general comment, families felt that services to deliver to all of the outcomes were not available equitably but rather were dependent on where you lived. A commitment to developing an outcomes framework should include a commitment to supporting equitable access to services that enable all families, wherever they live, to reach these outcomes.

## **Address variations of what is available through universal services**

As with the point above, families felt that support services through schools and other universal services were not equitable. In particular, they asked that all schools have wellbeing practitioners to support families wherever they lived and whatever school they attended.

## **Building knowledge and information about services.**

As came out throughout the co-design work with families, in discussing the outcomes framework families highlighted the gaps in their knowledge about what is available and how to access it. It is critical that the system pays attention to this front edge of designing information and knowledge pathways, so that families engage in the first place and can start working towards these positive outcomes.

## **Measuring a family's increased capacity needs to be contextual.**

Families were nervous about measuring increased capacity without understanding the cultural and contextual circumstances that shape them. This was particularly the case for some young parents from culturally and linguistically diverse backgrounds, but would equally apply to anyone with a complex history of trauma or particular culturally-shaped understandings of the world and their place in it. It is important the system can sensitively capture baseline measures of capacity and also set realistic and culturally-informed expectations of what 'increased capacity' means.

## Implementation advice

**A system that genuinely listens to the voice of families will ensure it responds to their real concerns, hopes and needs. Families will play a central role in all aspects of the service response.**

**To implement the system, we advise:**

- Adopting the System Advisor principles to underpin all future co-design work carried about by DHS or by services and organisations commissioned by DHS.
- Committing to developing the System Advisor approach as an ongoing component of the Child and Family Support System, integrating this into all aspects of the system.
- Addressing the real concerns of families in how the CFSS is designed. The fears that families have of the statutory system are real and it is critical that the design and the implementation of the CFSS builds safety and trust if families are to engage effectively with it.
- Normalising the fact that all parents need help and paying attention to the pathways to early help. For the new CFSS to be successful it needs to focus on how families would find out about it, how they would know it was for families like them, how they would know what it offered and finally, but importantly, how they would know they could trust it.

# Trauma responsive practice

## Introduction

The initial brief for this co-design priority was to consider how to incorporate trauma responsive practice into the core knowledge requirements for all relevant frontline workers and also through universal services. In exploring this topic a broader question has arisen from stakeholder feedback that seeks the answer to the question, ‘what is required to create a more healing system?’

Whilst, trauma responsive practice can be defined in different ways, the following definition was used to guide stakeholder discussions:

### **Trauma responsive systems, services & staff:**

**Realise** the widespread impact of trauma and understand potential paths for recovery

**Recognise** the signs and symptoms of trauma in clients, families, staff and others involved in the system

**Respond** by fully integrating knowledge about trauma into policies, procedures, and practices

**Resist** re-traumatisation in a deliberate, active way

(Trauma Informed Oregon, n.d)



## Aboriginal and Torres Strait Islander Design Criteria

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*History repeats itself. I didn't want to be like my mum, my kids didn't want to be like me...they are like me*

*(Parent)*

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Aboriginal and Torres Strait Islander stakeholders and Allies extended the definition of trauma responsive practice with a specific focus on considering *intergenerational* trauma. The Healing Foundation (n.d.) describes intergenerational trauma as the following:

*If people don't have the opportunity to heal from trauma, they may unknowingly pass it on to others through their behaviour. Their children may experience difficulties with attachment, disconnection from their extended families and culture and high levels of stress from family and community members who are dealing with the impacts of trauma. This can create developmental issues for children, who are particularly susceptible to distress at a young age. This creates a cycle of trauma, where the impact is passed from one generation to the next.*

Further, stakeholders highlighted the importance of considering the complexity of family experience and need that can arise from this level of trauma. In developing the criteria for this priority, stakeholders put forward a range of criteria that can be summarised into **three key aspirations** for the design:

**A system that heals in a culturally appropriate way:** with the community, incorporating cultural methods and approaches that ensure healing and not re-traumatisation.

**A system that has intergenerational trauma responsive practice embedded across all levels:** with a particular emphasis on understanding and responding skilfully to intergenerational trauma.

**A system that supports culturally competent and responsive trauma responsive practice across all levels:** through appropriate training, cultural tools and approaches.

## Design methodology in summary

Stage one of the co-design methodology for trauma responsive practice followed the pattern described in the introduction of this report, under Project Methodology.

In stage two, methodology was used to dig deeper and design an improved approach to trauma responsive practice in “Design Slows” instead of “Design Sprints” in recognition for the need for time and space. These ‘Slows’ included the exploration of trauma responsive practice across a service journey, in a new form of assessment and in workforce development. Further this was also specifically considered in the Aboriginal and Torres Strait Islander stream across multiple elements. Refer to Appendix one for further information.

# Findings and insights

## Stage one insights

Stakeholders provided strong and consistent messages about what would be required in order to effectively implement trauma responsive practice across the system. Feedback included the importance of this being embedded across the whole service journey for service users, the importance of consistent training and support including reflective practice, and the importance of time in order to practice in ways that allow space for professional learning for staff and time to genuinely listen to the needs and wants of service users.

### Across the whole journey & system

Stakeholders asserted that it was important to have trauma responsive training no matter what role or position a worker sits in, from receptionist to case manager. Similarly, participants felt that this was important across multiple levels of the system and in organisations to ensure the mirroring of approach and this should be fundamentally embedded across multiple parts of the service system.

### Consistent training and support

Participants commented that there should be consistent training, consistently implemented (some commented this should be mandatory), potentially shared across the Child and Family Support System to ensure a common language and approach. Stakeholders also highlighted that whilst training is essential, ongoing consistent support in your trauma responsive practice is

also essential. This can be done through supervision and reflective practice, communities of practice and peer-to-peer support.

The most important criteria to underpin this is that it occurs on a regular basis and does not drift into day-to-day task-based supervision that is focused on the discussion of ‘things to do’ and approvals, to the detriment of genuine practice reflection.

### **Time and space**

Similarly, time and space are essential in building a trauma responsive relationship with service users. A particular focus of this discussion was the importance of providing the right conditions for service users to tell their story without being retraumatised.

## **Stage two insights**

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*It is about understanding that everyone does not have the same sense of safety in the world. So, we have a responsibility for developing systems and providing services that understand this, with the goal of making people feel safe with clients and staff members*

*(Professional stakeholder)*

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## **Towards defining trauma & trauma responsive practice in the Child and Family Support System**

It will be important to have a shared understanding of trauma and trauma responsive practice in the child and family support system. Towards this, professional stakeholders put forward their views on how this should be defined to both professionals and other stakeholders.

In defining trauma, participants highlighted a number of elements for consideration:

- It can be one off or/and an accumulation of experiences that are profound. It's the cumulative effect of a set of circumstances or events that cause the person to feel unsafe in the world. This can be a denial of social justice, adverse childhood experiences, colonisation, racism and a loss of self-determination.
- It is highly individualised and is about the meaning that people attribute to it in their lives
- It can have a physiological impact that's whole of body and whole of life
- It can disrupt life and provide challenges to how people function
- There can be a lasting effect that can have developmental impacts for example for children where there is pre-verbal trauma
- It can impact the domains of life differently so for example you can be functioning at work but you might have challenges in your personal life

- It can be associated with other risk factors and can be associated with protective factors for example strong relationships
- It can be an individual, community or generational experience

In terms of trauma responsive practice, professionals raised a number of responses to the dimensions raised above. Practitioner comments included:

*You need to validate each individual as unique with potential. Don't ask what's wrong with you, but what's happened to you?*

*Trauma responsive practice is culturally safe and is respectful kind and empathetic in everything we do.*

*Trauma responsive practice means working in a system that allows staff to take safe risks, practising humility, notice and respond to individuals past events complexity and current state. It supports practising in a manner that encourages wisdom in order to make interactions relationally safe: culturally, emotionally, physically safe and values both family and service views.*

*Trauma responsive practice encompasses practice that is focused and respectful, meaningful, compassionate, reflective and sensitive in partnership with families. This practice is underpinned by the key belief in the human capacity to change and empowers families in the healing journey, fostering safety and acknowledging and validating the skills and ability to grow and develop in their lives.*

*Place the family in the centre of all our interactions. Recognise the uniqueness of clients and family story as a true story and use the story to discover resilience and strength to inform pathways for safety and change. Using family led restorative, sensitive healing practice in response to everything we do with kindness, compassion, trust and respect in everything we do.*

This also highlights the depth of what is required in both the systems and tools of support required at all levels to support families and the knowledge and the skill level required in practitioners in order to reflect this holistic response.

### **What does trauma responsive practice or non-trauma responsive practice look and feel like to families?**

In a workshop with families, families were invited to storyboard what trauma responsive practice look like to them. In doing this they drew images that showed a comparison between trauma responsive practice and how they had experienced services without trauma responsive practice, detailed in the following Figures, Figure 5 non -Trauma responsive practice and Figure 6 Trauma responsive practice.

Figure 5: Non -trauma responsive practice

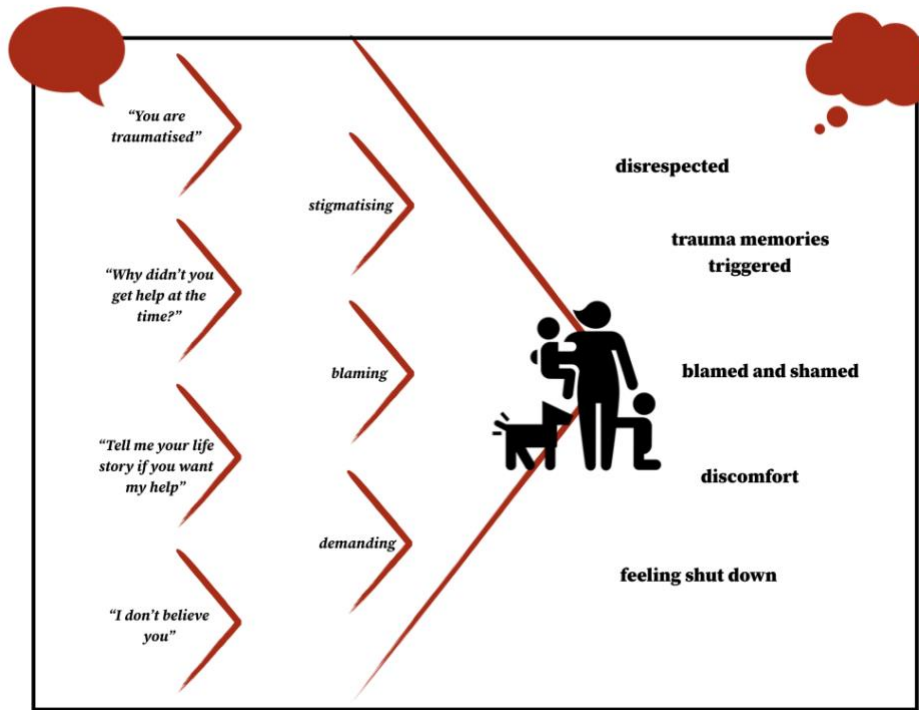
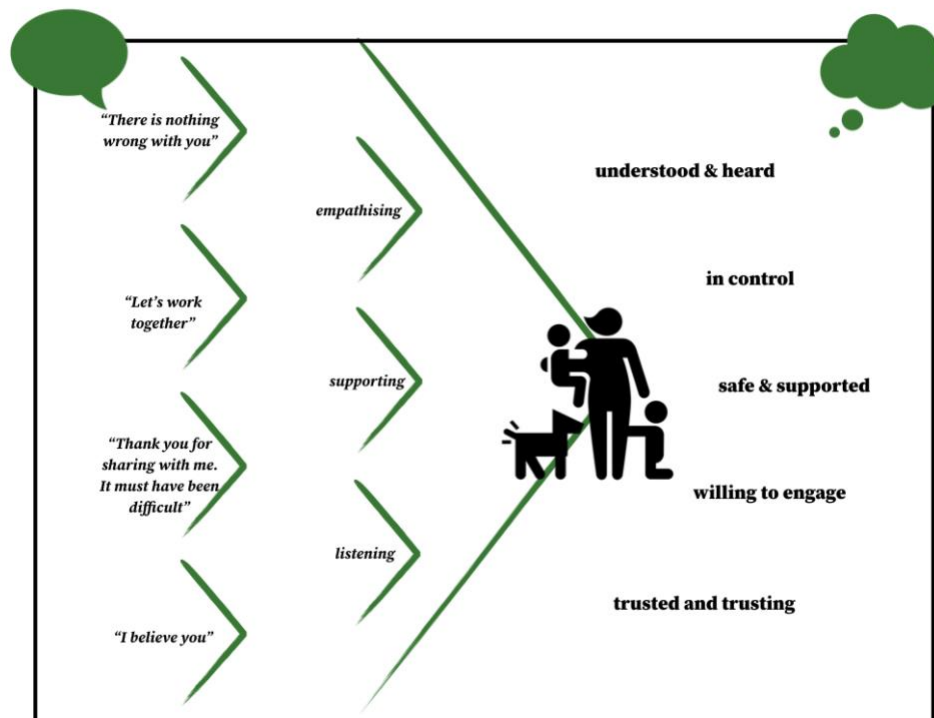


Figure 6 Trauma responsive practice





Whilst there are a great deal of learnings in these succinct stories the key themes for professionals to consider are:

- Whilst understanding the meaning of trauma and building your knowledge of trauma responsive practice is essential, ***how you use this approach and communicate this with families*** is just as important
- That the **way you seek information** can build trust or can impact a family's desire to seek help or continue their engagement with you

Further, **physical space** was also highlighted as important to creating safety for families.

## A trauma responsive approach to building the service journey

Professional stakeholders were also invited to explore the steps in a family's service journey and to consider how trauma responsive practice could look across multiple points of contact. The following provides an overview of the kinds of structures, systems and practices required to build a trauma responsive system.

### The physical space:

For practice to be most effective and where there is an ability to have the right kinds of conversations, there needs to be the right space for specific stakeholders whether they are Aboriginal and Torres Strait Islander service users with children, smokers or young people/places. These places need to feel like non-clinical 'ordinary' settings. Having said this, it was certainly noted that

great workers can make a profound difference to creating safe and positive connections despite a less than ideal physical environment.

### **A family looks for some help:**

At the first contact, professionals emphasized that the person making contact needs to be heard. The worker response needs to be a broad response, not necessarily needing to refer to others. Professionals felt that a 'soft intake' was needed that is not a drawn-out needs assessment. They suggested workers need to 'sit with the uncomfortable story and recognise the complexity'.

### **A family finds help:**

Professionals suggested the provision of primary service response alongside gentle indication of other services available. Professionals stated the importance of providing information neutrally, looking for intent or curiosity as a prompt for further explanation/conversation.

### **A family can assess different help as needs change:**

Professionals' hopes for the service user were, that based on the above process, they choose to access additional services over time. This would be based on trust, absence of pressure and where service providers are capable of developing individual services based on need and defined by service users. They highlighted an important point about the natures of service systems compared to family and individual need,

*“Understand that service provision is not always a linear pathway & that there are times when trauma, intoxication, an acute mental health crisis will override efforts.”*

### **A family can describe positive change:**

Professionals are aiming for the formation of a deep trusting service relationship. And at the same time, maintaining an awareness of developmental needs to avoid service users becoming dependent on services to the detriment of developing their own capacity. Services need to identify appropriate exit strategies as applicable and ongoing referrals. There needs to be a strengths-based approach with a focus on a service user's personal agency to identify innovative responses and to determine exit points and strategies.

### **For Aboriginal and Torres Strait Islander families:**

Aboriginal and Torres Strait Islander Professionals and Allies further added that it will be important to make sure the service is culturally responsive, where there are a high number of Aboriginal staff (a majority where possible), with services led by Aboriginal governance and community control. Staff will need to be well trained in cultural understandings, trauma and intergenerational trauma with skills in deep listening, person led care and holistic practice.

### **For Culturally and Linguistically Diverse families:**

Professionals emphasised that trauma is culturally defined. For many CALD cultures, “trauma” is physical and medical trauma, so speaking about other sorts of trauma in these terms does not

resonate. They also noted that trauma is not an exception. Instead it is very likely that most Refugee/CALD families have experienced some level of trauma. One professional said,

*“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 a different dimension to the re-traumatising impact of storytelling.”*

There needs to be an understanding of the complexity of trauma for those who may have left another country where the impact of trauma is ongoing.

### **If not assessment, then what?**

In the professional stakeholder workshop, in responding to the discussion on storytelling, one participant asked if he could be, ‘cheeky’ (facilitators welcomed this!) and raised, *if there was no longer a formal assessment process, what would learning from families to provide them the best service response look like?*

Whilst it is understood that completely removing an assessment process could be challenging, this question generated a number of ideas about how assessment processes could look in the future including:

*Framing assessment around the needs of young people and family not agency or system requirements.*

*Taking away the walls this could mean a location that is outdoors a safe space where people are not in a bureaucratic building, a place that is non-stigmatising. It begins with light conversations that have non-threatening content, balancing what is requested by families and what is required.*

*Spending more time to listen and help people feel heard and apply deep listening.*

*This can be done in the spirit of co-discovery with questions like, ‘what do we need to know from you so we can help?’*

*Using an empathetic and narrative approach that is curious and invite storytelling.*

*Allow time and space and songs as opposed to an assessment that is due in six weeks.*

## **Building a trauma responsive workforce**

Given the systems required and the comprehensive and holistic practitioner tool kit required in order to practice trauma responsive practice with depth and nuance, professionals were asked to discuss how they would implement this in the Child and Family Support System:

#### In policy and procedure:

Describe what the practice looks like at every level. This could include the development of principles to guide systems and a practice framework and standards. This needs to be informed by lived experience and should also be built into the commissioning of services.

#### To support direct practice:

On-going and consistent training and workforce development that is supported by trauma responsive practice being addressed regularly in supervision. It will be important to build a culture where workers feel comfortable to raise uncertainty and where family and service user viewpoints are at the centre.

#### To support non- Aboriginal and Torres Strait Islander staff working with Aboriginal families

Include mentoring and supervision, workplace shadowing, peer to peer support and Aboriginal specific training, for example the Berry Street version of trauma responsive training. This should be coupled with cultural supervision that is clearly defined and understood by all involved.

#### To support Aboriginal and Torres Strait Islander staff

All of the above and ensuring culturally safe spaces, culturally safe workplaces and culturally safe supports. There needs to be a recognition of all additional pressures and obligations staff have in community.

## Implementation advice

**A system that is based on trauma responsive practice will be focused on the creation of safety and healing, with trauma responsive practice visible in all aspects of our work and process and the required workforce development to support this. This will be underpinned by a deep respect for families and their voices.**

**To implement the system, we advise:**

Ensuring 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.

# Early help and support system

## Introduction

The initial brief of this priority was focused on referral pathways that sought an exploration of a proposed common screening tool, pathways for priority populations, warm referrals and information sharing with changes to government priorities the focus was broadened to Early Help and Support.

The following provides learnings from the co-design process to inform the design of this new system.

## Aboriginal and Torres Strait Islander Design Criteria

In considering what was required for Aboriginal and Torres Strait Islanders in building stronger levels of support earlier, stakeholders highlighted **two key design aspirations:**

**A service that is easy to understand, reach & that reaches out:** that supports choice and multiple points of access with tools and approaches that truly recognise the diversity of Aboriginal and Torres Strait Islander peoples

**A service that supports healing:** that is strength and culturally strength based and minimises further trauma



## Design methodology in summary

Stage one of the Co-design methodology for referral pathways followed the process as described in the introduction to this report, under Project Methodology.

In stage two, as discussed above this was expanded to Early Help and Support with the methodology applied to dig deeper and design an improved approach to this priority. This process included professionals responding to family feedback and rapidly ideating and designing elements of the service system.

Further there was a specific focus on the involvement of 'System Advisors' who were families with lived experience of the system who could provide advice.

Refer to Appendix one for further information.

## Findings and insights

### Stage one insights

As discussed, the initial process explored referral pathways and the elements of a proposed common screening tool, pathways for priority populations, warm referrals and information sharing. The following provides a summary of the themes from stage one:

## A proposed common screening tool

In discussing this topic professionals had a strong focus on how these kind of tools and other tools including risk assessment frameworks could be shared across services and the system. Included in this was also reference to how people can work together including in joint case planning. Stakeholders also mentioned the importance of making this process non-stigmatising. This topic also raised issues about exactly how families would best access services including the concept of a one-stop shop, no wrong door, a single referral point and the assertive engagement of families. Stakeholders also highlighted the need for a system where self-referral for families is also possible.

## Pathways for priority populations

The feedback under this topic was far ranging and explored issues including the eligibility criteria for access to services and views of parenting. An interesting concept that was put forward was how eligibility could be expanded to take on the whole family as opposed to individual members. It was also acknowledged that, particularly in relation to Aboriginal and Torres Strait Islander families, it was important to expand Aboriginal agencies doing this work and increase Aboriginal staff in general. In regard to the concepts of 'parenting' and 'family', stakeholders commented on how important it was to have a deep cultural understanding of what this means across different cultures. And, further, the importance of local fixes being able to be applied in country communities to respond to the difference in local populations. There was also a point made that adult services in particular need more training in relation to working with children. Whilst there were select populations particularly highlighted in this project, stakeholders also raised families that may have members with disabilities and



*Work from young artist attending Family Voice workshop, 2019*

those experiencing domestic and family violence as important to consider.

## **Warm referrals**

In relation to this topic, stakeholders made reference to the concept of the key worker (with access to brokerage) for families or a *cross system worker*, referred to as a ‘no wrong door worker’. This was discussed in relation to the worker walking alongside a service user across multiple services and also potentially walking alongside a service user from the age of 0 to 18 years. It was also raised that a support of this type could be another family (with lived experience). Further feedback was in relation to referrals being relationship based where there is a common language and knowledge that is shared amongst service providers. In addition, there was an emphasis on ensuring that a family is receiving a service within their own time but also before they are ‘off the books’, where the system and services genuinely, ‘learn(s) to love the family’.

## **Information Sharing**

This feedback highlighted that stakeholders believed there were varying levels of understanding of the use of the information sharing guidelines (ISG). Stakeholders discussed the need to have a shared understanding and shared protocols across the Child and Family Support System in the use of the ISG. There was also a reference to building a service approach where families only need to share their story once. This concept is further explored under the trauma responsive practice chapter of this report.

## Stage two insights

### Through the eyes of...

#### Families

Whilst the first section of this has been explored in some detail in the chapter regarding Family Voice, the following provides a succinct reference to families' experiences regarding the early steps of the service journey.

**Families seeking help:** will not always know when they need help and may not be actively looking. At times when they have sought help, they have not known exactly what was available from services or if they have connected with a service, they have not always received what they really needed. There were a number of times when families expressed fear in seeking help due to the 'consequences' that can come from it, in particular, the fear of their children being removed by 'welfare'.

*“Until you’re in crisis you don’t know shit.”*

**Families accessing help:** need to be able to find this when they need it on their own terms. The access point to help needs to be easy to access and use where families know who they can get help from and they are not sent into 'website loops' or blocks to first contact, including having to make appointments. Families really value when they are listened to and are believed in their experiences and described individual workers that earned their trust. These workers did not judge them, helped them and over time earned the ability to have hard conversations with families.

**Other key messages from families include:** the importance of providing the basics when they need it and responding to where they are in their experiences and in their local communities.



*Co-design workshop participants, 2019.*

Further, families were asked to provide their advice on the kinds of ‘channels’ (points of access) and outcomes that would be most useful in seeking and accessing early help and provided the following insights:

### **Information channels (how someone one finds out this exists)**

Families proposed multiple channels that they felt would be helpful for parents trying to find out about the service. In relation to using other services as vehicles to communicate this, families suggested, for example, information packs being provided to new

mothers and through home visiting services and general practitioners. For CALD families that may be new arrivals it was proposed that having detailed information in multiple languages provided through Immigration could be helpful. Families also thought that it could be useful to have ‘public service’ noticeboards that contains local service information and could not be overwhelmed by other types of information like lost pets or car sales. They also suggested that local spaces could also be useful for example a community room that parents can access or information in parenting rooms in shopping centres. Families discussed technology as a potential way to communicate information including websites with accurate information and easy to navigate drop-down menus, parent help forms or a confidential phone line.

### **Access channels (how someone makes contact with this)**

Building onto the previous answer, families suggested that websites could be very useful for this where it is easy to enter details and where you can set the preferred communication method including, ‘don’t contact me’. Families also felt that traditional methods like pamphlets and flyers in the mail would also be helpful.

### **Communication & Feedback (how someone is communicated to and receives feedback)**

Families provided a range of options to this question that included suggestion boxes and online surveys with the message ‘would you like us to contact you?’ Whatever these options are, they do need to be available in multiple languages. Families said they would appreciate progress update calls particularly where services are running behind: “sorry we’re bit behind, we’re on onto it!” And

also there could be options to text message updates. Families also raised wanting to be able to access their note and reports “so we’re all on the same page” where service users do not have to apply for or pay for this.

**Minimum Viable outcome (What is the minimal thing that needs to happen for this person to feel this is worthwhile)**

In considering this, families had four key outcomes that they would expect:

*One of their questions to be answered*

*To find somewhere that they feel that they are heard, not necessarily a professional*

*A non-judgmental response; and*

*Their urgent needs met*

Professional stakeholders

The following provides the principles and approaches highlighted by professionals and their views on how to *reach and meet and be* with families. These highlight the importance of values, systems that work and the right kind of people to do this work:

**Families and young people are human first**

All families need some help, but some have easier access to it. Professionals spoke about the importance of reframing parenting and normalising what it means to be a parent that is struggling,

with a recognition of how vulnerable a position you are in when you recognise you need help.

*“Parenting is learnt, parenting is complex, parenting has different levels & challenges - psychological, emotional, physical. We need to also reframe our messaging about families, child protection, the 'system', risk.”*

Stakeholders had a strong view about the system being family centric, not system centric and where families feel they can, ‘buy into it.’

*“Help is about the family, not about the system.”*

It is important in this work to fundamentally believe in families as having the expertise in their lives and the capacity and strengths to live their lives and create changes where needed.

### **Multiple ways & multiple modes that work and are safe**

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*Whatever a family's 'first entry point' is, wherever they first seek help is the right place, and they should receive support for their perceived challenges as soon and as directly as possible*

*(Professional stakeholder)*

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Whatever the options are, there needs to be multiple ways, modes and approaches in how families can contact and be contacted for early help. This includes the ability for families to feel able to self-refer. Whether this is in paper-based form or using technology-based solutions, they need to have accurate information and the point of contact needs to be user-friendly and responsive. The purpose of these activities needs to be fundamentally based on listening to families and creating a sense of safety for families. This could include local and assertive engagement approaches to meet families where they are.



*Co-design workshop  
participants, 2019.*

## **Workers that really understand the system, the services and themselves**

Given the wants, needs and hopes of families and the perspectives of professionals, it is clear that any Early Help and Support service will need a group of *very special staff* to succeed.

These staff will need to be kind and they will genuinely care for the hopes, dreams and rights of families and feel an obligation to communicate with and get back to families when they do not deliver. These staff will be advocates, they will fight with and for the needs of families to get the best service they can, they will deeply listen to and learn from families and be ‘no bullshit’ where this is needed. These staff will be ‘system and service navigators’; they will know what exists or how to find it for families; they will know the way through system or service barriers and the ‘work arounds’.

These staff will be friends to many in services and organisations because they are seen as people who will help anyone where they can and care about families.

## **Aboriginal and Torres Strait Islander professional stakeholders & allies**

In addition to the Aboriginal and Torres Strait Islander Design Criteria, participants also stated the importance of considering how to leverage first responders (Centrelink for example, or Anti-Poverty services) in order to support those seeking help. There was also a suggestion to develop an Aboriginal specific application that can direct families to help. Participants also stated the various activities that could be used as vehicles to connect and communicate with family including cultural activities and sports

carnivals. A consistent theme across the whole project was also the importance of Elders as key points of advice and support.

### **Culturally and Linguistically Diverse (CALD) professional stakeholders**

In CALD communities there is a great diversity in cultures and experiences in people's countries of origin and in the ways they are received in Australia. The following explores the experiences and needs of refugees, skilled, established communities and new and emerging communities.

Please note that this has been documented with some detail and some repetition to ensure that the nuance of what was said at the roundtable was captured, as the facilitators are not experts in this field of work.

#### **A family recognises they need help**

Refugees:

It is important to understand that there is shame, especially with domestic and family violence. Similar to many families, refugees may not perceive the need for help and the reasons for this can include differing cultural norms, for example gender norms, caste systems, cultural perspectives on 'fate' and very different views to a western sense of self-determination. In addition, there can be gaps in knowledge about the system and what sort of help is available.

Skilled:

As skilled migrants may not have access to social security payments, it can lead to assumptions that no help is available to

them. Skilled migrants may have additional financial pressures and limited social connections that they think they 'just have to cope with'. Families often have responsibilities back to family 'at home' and a pressure to be doing well.

#### Established communities:

In order to support these families, avenues will need to include Universities, TAFE, education, word of mouth, mosque, temple, church, community radio and Channel 44 with messages explaining why it is okay to seek help. Many cultures perceive help from outside the family as wrong or taboo, and older generations may influence younger families to not seek help. There needs to be a process of legitimising this sensitively.



*Co-design workshop participants, 2019.*

#### New & emerging:

Some cultures and families see religion as the guiding force for seeking help. Therefore, there needs to be the support of religious leaders including Imams. These families often will not seek help from Anglo-social workers. Language schools are a good way to get information out to families. People may not know that they can have a voice and the trauma they have experienced is deep and significant.

## **A family looks for some help**

### **Refugee:**

Families may come from a country where government is feared and not trusted which will be a barrier to trusting government help. There may also be a fear of deportation or being in the spotlight of Australian government. Families may keep issues quiet when they see what happens to other families, for example where children are removed. Other barriers are a fear of judgement and racism, for example as a result of wearing hijab and being concerned others in community may find out they have sought help.

As mentioned above, community points of connection are important, especially community centres, churches, religious groups, libraries, multicultural language groups and schools and playgroups. Word of mouth is very important in refugee communities – “you help one, you help 10!” who are supported by warm peer referral.

Two additional factors to consider are that refugees will not google or call for help, therefore face-to-face help in places they are is important. Further, some cultures want to be told what to do so do not want choice and options.

### **Skilled:**

There can be a perception that getting help might negatively impact receiving a visa and can stop some families looking for help.

Established communities:

Most people will have some English to seek help but it is important not to assume everyone speaks or understands English. In terms of access, many people want face-to-face meetings as soon as possible to understand the details of a service. It will also be important to be represented at cultural festivals.

As with other families, if a service is not the right service for a family, it will be important for staff to work to walk alongside and help families find the right service.

New & emerging:

There are existing support agencies that focus on migrant communities and are a good channel for connecting with families as are family and community hubs. Intensive play groups are also a good way to connect with families. Whatever the means of connecting with families it will be important to not start with paperwork or expect paperwork to be completed when it is given to families. This is a significant barrier to connection and can be confronting and confusing, from a literacy perspective, a gender perspective and also from a fear and distrust of government.

### **A family finds help**

Refugee:

At this point, offer a crisis response as standard as this is the point that people will look for help. The best entry point is with support from an organisation where the family is already known, perhaps

with a support person. Home visits can help to build the capacity of a family to come to a service - larger families, and women, can find it hard to leave the home to get to the service. Criteria needs to be flexible to enable refugee families to access help and not face barriers. Further, it will be important to ensure confidentiality up front and to make sure there is no physical contact to ensure cultural norms are not breached. There needs to be easy access to staff who speak other languages with a focus on making sure (not assuming) that families really understand the service and the system.

#### Skilled:

For skilled migrants, word of mouth from friends and community, Facebook gossip, community leaders and religious institutions and General Practitioners are all ways that people find help.

#### Established communities:

The issue of children acting as interpreters is a key issue for this community and others and subject to information being discussed may not be appropriate. It will be important to take time at the start to understand people's cultural background and how they would like culture taken into consideration.

#### New & emerging:

There needs to be real care with the use of interpreters. A key issue as mentioned earlier is the issue with confidentiality. This can be seen as a barrier by families. It may be better to have bilingual staff, or if required use Google translate (everyone has a phone to keep in touch with home).

## **A family accesses help**

### **Refugee:**

Workers must ensure that language is culturally appropriate and there is a consistency of support with a known worker. As always, be considerate of maintaining confidentiality and seek permission from the family for any directions including referrals. Do not assume all clients from one cultural background are the same! It is harder to engage men, they may be studying and working. Also, many workers are female and that may be a barrier to accessing help. There needs to be a focus on engaging fathers, - many men struggle to know the 'rules' in new culture. They need to be encouraged to be involved in children's lives and learn to play and have fun with their children.

### **Skilled:**

It can be very helpful for a person to be accompanied by a friend for support with one-point of service contact and language translation as needed. In the service delivery, it will be essential that there is a recognition of people's strengths and skills.

### **Established communities:**

For this community and others, there is a need for cultural accountability in services where staff are working towards cultural competence and there is a focus on building multi-cultural teams.

### **New & emerging:**

With this population, it will be important to keep in contact with the person including verbally through follow up calls to check in and see what is happening for them. As with other families,



provision of practical help is a great way to engage with families, as well as transport to appointments.

## Implementation advice

**A family-centred Early Help and Support 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.**

The development of the Early Help and Support function in the Child and Family Support System is a profound opportunity to provide service access for families that really need help.

To implement the system, we advise:

- Working 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 strategy, and:
- Applying this in the development of an early help and support mechanism, including in the branding and communication of the service
- Ensuring a specific response for Aboriginal people
- Ensuring a specific set of responses for culturally and linguistically diverse communities, and
- Prototyping 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.

# Designing a system that works in regional and rural contexts

## Introduction

The original brief for this priority area was to ensure that the concepts proposed would work within a regional and rural context, with a particular focus on service coverage and capacity limitations, responding to emerging trends and workforce retention and attraction.

As with all aspects of the co-design project, the regional and rural work has been considered with families at the centre. The regional and rural theme in the co-design project is one that permeates all aspects of the system design. For the new system to work, it will be important for it to consider the unique needs, opportunities and challenges for delivering effective services to families in regional and rural areas and what this means for issues such as workforce, commissioning, monitoring, learning and evaluation and the design of an Early Help and Support ‘front door’.

Please note that whilst both issues are discussed in this chapter, the chapters on trauma responsive practice and workforce development should be read in parallel to this chapter for a more detailed analysis.

## Aboriginal and Torres Strait Islander Design Criteria

In considering rural and regional service delivery, stakeholders highlighted **two key design aspirations:**

**A system that supports locally based, flexible and responsive approaches:** that reflect multiple ways and multiple modes of working that genuinely speak to and listen to local communities

**A system that supports local partnerships & collaboration:** with two-way learning and a shared language

## Design methodology in summary

Stage one of the Co-design methodology for the regional and rural focus followed the pattern described in the introduction of this report, under Project Methodology. In stage two, methodology was used to dig deeper and design an improved approach to regional and rural service delivery. This included exploring the early help ‘front door’ for regional and rural families through a range of tools and approaches. Refer to Appendix one for further information.

## Findings and insights

### Stage one insights

Professional stakeholders recognised that some of the challenges faced in metropolitan areas are intensified in regional and rural locations. Fewer services are available making reliable pathways harder to find with and for families. A joined-up approach to service coordination and service planning is critical, to make best use of the multi-agency staff who are in any given location. Ideas included the co-location of workers at a one stop shop, pooling positions and a hub of services, for example, NGOs, health, drug and alcohol. This would reduce the stigma, make it easier for families to find services and enable shared roles, such as a social worker working across multiple agencies in a region to connect services, or community paramedics to identify social and emotional issues as well as medical. It was also highlighted that Centrelink already knows these families and there could be opportunities through its data and knowledge to connect and support families earlier.

There is the potential to use technology to greater effect, to link roving workers with geographically disparate families. Participants highlighted that staff in regional and rural areas spend a greater percentage of their working day travelling and therefore not spending time with clients.

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. There is also a need to train more Aboriginal qualified staff (e.g. social work, Certificate 4,

community services/youth work). The Aboriginal professional stakeholders emphasised that local Aboriginal people would be more likely to stay close to home and community for the longer-term with training and employment opportunities available.

Regionally there is a significant challenge in attracting qualified staff, especially social workers. Barriers include accommodation and lifestyle and fewer professional development opportunities for staff. Ideas suggested to incentivise work in regional and rural areas included mentorships, traineeships, housing assistance, access to equitable training to metro staff and additional access to specialist training, leadership programs, flexible working and mental health and wellbeing support. People also suggested offering traineeships to local school leavers to inspire further study and keep local knowledge in the community.

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. Aboriginal stakeholders called for better understanding by government of the services needed and not what someone else thinks is needed, with language, culture, community and family all well understood and reflected in the service response. Current support is seen as hit and miss.

On the positive side, professionals saw opportunities for smaller communities to get creative and explore opportunities for experimentation and innovation. Some wondered if there were more opportunities in regional and rural locations for lived experience roles and opportunities to explore truly community-led responses. Aboriginal professional stakeholders called for local community solutions with local people, including employment, training and good community engagement.



*Co-design workshop participants, 2019.*

## Stage two insights

### Early Help and Support ‘Front Door’

#### **The requirement for local availability**

Regional and rural participants gave a very clear message that an entirely centralised mechanism for an early help service will not work in regional and rural areas; whilst there may be centralised channels such as a website or helpline, this needed to feed into a localised response that was rapid and enabled face to face connection. It is important to note that this requirement for a rapid face-to-face connection as an option for families was

identified in metropolitan areas as well but is highlighted in this section as it poses more of a barrier to families in rural areas.

Regional and rural participants highlighted the importance of maximising the opportunity for local channels to reach families where they are, with plain language and non-threatening information that resonates with their own circumstances. This includes using local radio, TV stations and regional press, as well as ensuring information and knowledge about early help mechanisms are available in universal services. Social media can also be an important outreach tool, with many local Facebook parenting groups (e.g. Facebook *Parenting in Pirie* page) providing a source of information for families that they can access anonymously and from home (or from a safe place). It is strongly suggested that consideration be given to using existing helplines, as well as sensitive, non-invasive outreach via community events.

### **Sensitivity to the unique characteristics of regional and rural communities.**

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

It is important that the system is not designed with a generic ‘regional and rural’ lens shaped by metropolitan assumptions. In the scope of this project the facilitators were only able to visit four regional locations in stage one (Whyalla, Murray Bridge, Mount Gambier and Kadina) and one in stage two (Whyalla), supplemented with virtual meetings with rural, regional and remote providers. It is acknowledged that, whilst the project gathered important perspectives from regional and rural



stakeholders, this does not reflect the diversity and variety of needs across all of South Australia. Participants told us of ‘service black holes’: small regional and rural towns that have no local services without travelling long distances to regional hubs, such as those visited in the project. The strong message that was received from regional and rural participants was that each region and locality needs to be able to, and have support to, tailor services to the unique local context. This includes:

- regional trends, including significant shifts in local industry, population profiles and local challenges and issues
- cultural requirements, drawing on Elders and cultural leaders from the local Aboriginal Nations to ensure cultural alignment and ‘fit’
- local service context, building awareness of differing needs between regional centres and ‘black holes’ as well as what other services are available locally for families

A commonly cited characteristic of regional and rural areas was the fact that workers in the system are much more likely to know each other than in urban areas. They may also be more likely to know some families with whom they are working. This can be both an advantage and challenge: knowing the community can be a barrier to families engaging, for fear of confidentiality issues, but it can be an advantage for referrals as all the staff know each other and can get things done more quickly through relationships. In some contexts, the design of an early help ‘front door’ with some centralised channels for information and advice may in fact be appealing to families to preserve anonymity, so long as this is backed up by a timely, local response as required.

In setting funding and contract values, the system needs to pay attention to the inevitably higher costs required to deliver services in regional and rural areas, for example through the higher

percentage of time spent in travel from an office base to clients' homes; likewise the cost to families in regional and rural areas to attend appointments in regional hubs can be burdensome in fuel and time. As a result, there needs to be a regional and rural model for designing and assigning realistic case-loads.

### **Family-led and easy access**

*“Regional areas are where families come to hide.”*

The facilitators heard both in the face-to-face workshops and in the regional virtual sessions that some families move to regional areas to get away from something – perhaps from domestic violence, from unhelpful influences or from ‘the system’ itself. As such, families may be very reluctant to engage with an early help mechanism for fear that it will draw them back into something they are hiding from. The system needs to be aware of this fear and ensure that a family’s sense of safety, confidentiality and choice is reflected in the design.

Participants told us it was important for families in regional and rural areas to be able to set appointments online and cancel without fear of repercussion. It was also critically important that the early help mechanism was not a statutory service, which would drive many families away and perpetuate the tendency to ‘hide’ from the system rather than to reach out for help.

Access needs to be easy without lengthy sign up or assessment processes – a welcome, rather than a barrier at the first point of contact, that builds trust. Mechanisms like text message reminders help to build the sense that the early help system wants people to succeed and wants to make it easier for families to connect.

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

It is critically important to ensure that the look, feel and worker responses of the Early Help function are non-judgmental, consistent and deeply human.

### **A tangible response, every time**

Throughout the stage two consultations, both in metropolitan areas and in regional areas, the project explored the ‘minimum outcome’ for families that would make contact with an ‘early help’ mechanism worthwhile. Across all areas participants agreed that there needed to be something tangible that occurred as a result; often this took the form of some small, practical help and support with the basics of life. A top priority needs to be the provision of practical, pragmatic help.

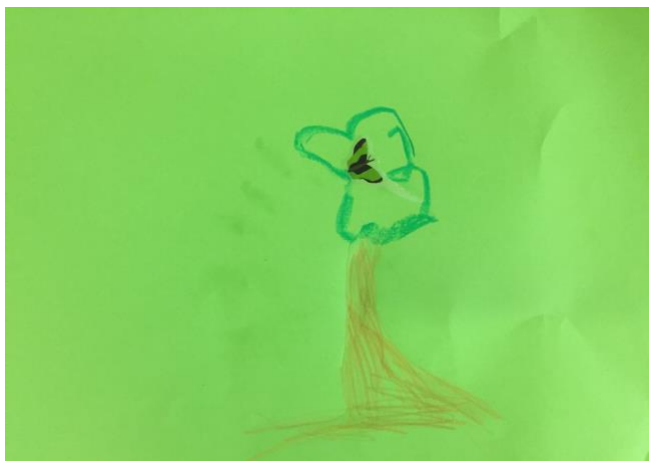
*“If we could offer one thing to help your day,  
what would it be?”*

## Creating opportunities for flexible responses

### Joined-up responses

In many regional and rural areas, agencies operate with very small staff teams; in some cases, it is one individual worker. This can lead to conflicts of interest where the staff member has kin connections with a family they are working with. There is a need and opportunity to develop 'economy of scale' responses by joining up cross-agency responses, including both universal and specialist services. There is no easy solution to single worker agencies without a broader regional approach to delivering services.

Participants talked about the opportunity to further develop economies of scale through also sharing non-human resources such as technology and vehicles. The system needs to invest in technology solutions for regional and rural locations to level the playing field with service coverage in metropolitan areas and widen scope of access and efficiency of existing services.



*Work from young artist attending Family Voice workshop, 2019*

There is also an opportunity in regional and rural areas to share practice, such as shared risk assessment; the Information Sharing Guidelines are an important enabler of better information-sharing in such cross-agency responses.

In consideration of remote and traditional communities, in particular Anangu of the Anangu Pitjantjatjara Yankunytjatjara

Nations and Lands consideration does also need to be given to cross-border issues in any joined-up response.

In developing joined-up responses, the role of local councils could be considered, as the arm of government that has on-the-ground statewide coverage.

Finally, as a group in Whyalla stated, a genuinely joined-up local response should consider each agency asking **for each family** and **for every opportunity** to offer help.

*“What is our role? What is our niche? Who can do this best? Who is best resourced?”*

## **Workforce issues**

### Challenge of local versus ‘imported’ workforce

Regional and rural participants told us that current initiatives to attract metropolitan workers to regional and rural areas can lead to adverse outcomes. They spoke specifically of inequity of terms and conditions between metropolitan workers who have received a package of incentives to work regionally, compared to local workers who are on less advantageous terms and conditions, and are often on lower salaries. Yet participants pointed to the fact that it is usually the local workforce that demonstrates long-term commitment, has the local relationships and knowledge and is both able to and prepared to do the out of hours work. There is a poor retention rate for workforce that is ‘imported’ to regional

areas, which may in part be due to short-term contracts that do not enable workers to build local connection and relationships.

There is an opportunity to design into the system ways to build mentoring and supportive relationships between incoming, ‘fly-in-fly-out’ staff and local staff. It is strongly suggested that this be two-way, offering both professional mentoring and community-based knowledge sharing.

There is a real challenge for local staff to maintain boundaries and manage out-of-hours work, especially when they are long-term residents and are well-known in the local community. It is also suggested that a well-designed, multi-modal early help mechanism consider how 24-hour access options are created to support regional staff and create a ‘back-up’ to their trusted, local presence. Participants wanted to see the development of more community-level responses in regional and rural locations to support workers.

*“How do we act as a community to safeguard staff so they don’t get called 24/7?”*

#### Acknowledgement of different types of knowledge and experience

There are many types of knowledge that can be drawn on to provide holistic and helpful supports in regional and rural areas, including local community knowledge and cultural knowledge.

There was a strong call to take a broader view of who is suitable to work in regional and rural areas, and a desire to look to staff with the right values, a local commitment and a commitment to community development values. At times, this may mean they do not have qualifications, or the qualification the system usually demands. In order to support the development of a stable regional and rural workforce, the system needs to take this broader view, acknowledge and validate lived, community and cultural experience and commit to developing different career pathways with good terms and conditions, equitable to colleagues who come in for short periods of time with the more conventional qualifications. Opportunities exist to explore partnerships with other industries on the decline in regional and rural settings to look at career transition and retraining programs.

As well as exploring new skillsets and profiles of workers in the system, attention needs to be paid to workers who may have been in the system a long time and are potentially 'stuck', to enable them to refresh their skills or retrain into another industry in local demand. There is an opportunity to explore metropolitan placements for regional and rural staff to refresh skills or offer exposure to more specialist roles.

### Building social capital and local capacity

Throughout the co-design project there has been a strong call for lived experience roles to be an integral part of how the new system moves forward, with a commitment from DHS to make this happen and keep the voices of lived experience 'System Advisors' central in design and implementation. In regional and rural areas, where there is an ongoing challenge to build and retain a local workforce, there is great opportunity to explore and test these lived experience roles. It will be important to consider support for

these local people to build the skills and experience to work towards qualifications on the job, if that is their desired trajectory.

The system can also look to training up staff, with varying backgrounds, to connect with families where they are, in sensitive, non-judgmental ways across the community. This could include a broad audit of local capacity and capability, from the local football coach to the school principal, from extended family to the Mayor, and an exploration of what roles community players could take on to build a genuine community response to support families and communities to thrive.

In regional and rural locations, it is important to look closely at the culture and reputation of services as a place to work. A negative local reputation could negatively impact on local recruitment, whereas a reputation as a great place to work could improve local recruitment. The system could also work with schools to develop career pathways into the local system for local young people which enable them to start accessing a salary on the job training earlier and keep them in the region.

Rather than experiencing lower salaries and less advantageous terms and conditions, consideration could be given to how the system best offers *enhanced* terms and conditions for rural workers to acknowledge the different challenges they face, such as lone-working and increased out-of-hours work. These could take the form of earlier long service leave or a slight enhancement of annual leave allowances, to encourage staff to stay longer-term in regional and rural roles. Likewise, there could be packages for local staff to access training & funding to enable travel for training and development. There is also an opportunity to look at innovative learning and development opportunities, for example



the use of podcasts to enable staff to undertake continuous professional development whilst travelling to visit families.

## Implementation advice

### **Regional and rural service delivery**

**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 the opportunities the whole service system can have to learn from them.**

**To implement the system, we advise:**

- Making 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.
- Considering 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.
- Undertaking 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.

# Workforce development

## Introduction

It is very clear that an essential part of a responsive Child and Family Support System is the knowledge, skills and practice of the staff that provide these services. Through the co-design project it was also communicated by families and professional stakeholders the kinds of values, experiences, characteristics and behaviours that make a great worker. Whilst workers do not all have to be the same to do great work, there are a number of expectations.

So a key question is, ‘what will be required to train, support and sustain this workforce?’.

**The initial brief was seeking to develop responses to the following items:**

- An initial perspective on building workforce capacity to successfully engage and work with families with complex needs.
- An initial perspective on building cultural competency among practitioners (knowing other work is occurring towards this aim).

- Initial thoughts on how service providers can build their capacity to develop and continually refine effective service delivery models.
- Initial elements towards implementing a strategy to build the required future workforce, including addressing recruitment and retention issues and regional workforce capacity.

As always this is also explored through the eyes of families where they share what is important in a great workforce and the challenges they have faced in accessing services.

## Aboriginal and Torres Strait Islander Design Criteria

Stakeholders highlighted **three key design aspirations** in considering workforce development in the Child and Family Support System:

**A system that gives status to cultural and community knowledge in the workplace and in its workforce:** through the creation and recognition of Aboriginal specific roles, how Aboriginal cultural knowledge is unique and can be complemented by formal qualifications and valuing lived experience.

**A system that develops leadership:** in all forms with a specific and concentrated focus on supporting young leaders.

**A system that supports the workforce:** in multiple ways supporting the cultural safety of Aboriginal and Torres Strait Islander people and the cultural humility, competence and responsive of non-Aboriginal staff.

## Design methodology in summary

Stage one of the co-design methodology for workforce development followed the pattern described in the introduction of this report, under Project Methodology. In stage two, methodology was used to dig deeper and design an improved approach to workforce development. This included rapidly ideating strategies to strengthen Aboriginal workforce development, considering what is required in the workforce to improve a family's service journey and a specific focus on this in the Aboriginal and Torres Strait Islander stream. Refer to Appendix one for further information

## Findings and insights

### Stage one insights

#### Working with complex needs

Professionals suggested that expertise be embedded in teams and with a unified purpose in the work being carried out, including having a common understanding of the family's concerns. In addition, attendees highlighted the breadth of knowledge and skills required including how to manage risk, understanding the diversity and depth of needs experienced in families, and applying assertive engagement strategies. Stakeholders suggested that this work would benefit from integrated services (not only services that are co-located) and methods of cross-sector partnership like interagency panels. To support this, professionals highlighted the importance of having a strong clinical governance framework

with the breadth of training to understand how to respond to the needs with supervision, peer support and reflective practice. Further they felt it was also important to ensure that the well-being staff of staff is built into the competencies required in a position and also in the ongoing training.

### **Building cultural competency**

Professionals acknowledged the importance of this as a core competency for all staff that needs to be combined with an acknowledgement of the expectations upon Aboriginal staff to be, do and know all. Professionals raised the importance of including Elders, Aboriginal staff and Cultural Advisors to support this work. Professionals also felt that it was important to have a focus on mixed recruitment of teams to ensure a culturally diverse workforce. To support this, it was noted that policies and procedures need to enable a culturally competent workforce. Attendees also suggested that the sharing of resources (possibly through a roundtable) for the purpose of on-going learning could be useful.

### **Building capacity to develop and refine services**

In developing the capacity of staff to do this, it was noted that there needed to be a longer commitment to programs in order for this to occur. This also needed to be supported with an authorising environment that allowed for prototyping and the testing of new models.

### **Developing the workforce, towards a strategy**

Professionals noted that a key part of the process was understanding the future workforce through identifying gaps, needs and priorities in the workforce. In terms of potential strategies, attendees suggested more cross discipline placements,

scholarships and traineeships and the building of partnerships with universities and training programs. In country areas it was highlighted that any strategy also needs to build local capacity through local based recruitment with the appropriate skill set, not only, 'fly in and fly out' workers. Country workforce issues are further explored in rural and regional service delivery chapter.

## **Evidence based learning and development**

In considering this topic, stakeholders highlighted the importance of using adult competency-based training and in learning about Aboriginal families and communities that this needs to be Aboriginal-led. It was also added that it was important to have any learning and development tied with a consistent outcomes-based supervision and with enough time to do this effectively.

## **Stage two insights**

### **Through the eyes of...**

#### **Families**

#### **What makes an ideal worker? What makes an unhelpful worker?**

One of the core elements in building accessible and effective services is how a worker builds a relationship with a service user. Because of this, families were asked to share the characteristics of workers that have been most ideal to them and also what has been unhelpful.



### **Workers with lived experience (who shared this with service users)**

Families reiterated how useful it was to work with professionals that had an understanding of their situation through their own lived experience. This included where workers had had their own children and realised, “life is not perfect”.

*“I feel like she had had a lot of experiences of her own, she was also of a similar age and that seemed to play an important role. She was truly compassionate.”*

For those with CALD backgrounds, for similar reasons, workers from the same country were important.

### **Workers without lived experience who recognise this**

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*“She, doesn’t even have kids...but knows”*

*(Parent)*

*"He knew...he got the whole thing...the whole picture...you can only put so much in front of them"*

*(Parent)*

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Just because a worker does not have lived experience does not mean they cannot build a great rapport with service users. What seems to be important is understanding this, deeply listening and caring and connecting families to those with lived experience or better knowledge of this when families need it.

*The worker “allocated an hour a fortnight and she hadn’t had the personal experience and found other services that did, she said, ‘I don’t have the answers’ and found others to help answer my questions.”*

### **Workers that don’t need to be in control and listen**

Whilst it is important to acknowledge that professionals in the service system do have more power than families that are vulnerable, there are ways in which you can use this to benefit families. This will include finding ways where they can experience the maximum amount of control and, as one family said, where workers are “supportive of you reaching your goals and support *your* decisions.”

This will be particularly important with young parents, where workers will need to, “let young people lead”. An example where this was not demonstrated was where a young family felt controlled and directed.

*The worker was, “controlling and went into our personal business, telling us what we can and can't do...[she] wanted to know everything.”*

### **Workers that are passionate and committed to what they do**

Families really appreciate workers that care about what they are doing and that go above and beyond because they care.

*“She does it all, she’s my GP, financial guidance, my counsellor...my everything.”*

Families could listen to workers like this even when there were hard conversations to be had. One young person spoke about a helpful worker.

*“When I slacked off he pops up and says, ‘no, you have to find this.’”*

### **Workers that are non-judgemental:**

When families are seeking help they can often be desperate and at some of the lowest points in their lives. This means that they can be very sensitive to any form of judgement. At this time, it will be

important for workers to think carefully about how they communicate to families, learn about families and act with families.

*“Just because you read their case notes, it doesn’t mean you know their family. Case notes don’t tell the whole story.”*

*“At the time we were in no position to add another to the family - we knew that - but it is was how they went about it. Clinical, not emotional. They were not asking 'How are you going to deal with this?'"*

*“[They] don’t want to give positive input- about child development, they only talk about the problems.”*

*“We think workers should have regular training about how to speak to us because that's one of the big problems and when they used to leave, we felt terrible and really stressed.”*

## **Workers that are playful**

Whilst families really appreciate workers that assist them in their needs, wants and hopes, humour and playfulness seems to be another essential characteristic, especially when working with young people.

*“[She was] a lot more personable and fun – [she] understands it from normal person side not just business side.”*

*“[She] cracks jokes and helps more than anyone.”*

## Professional Stakeholders

### **Working with complexity**

The authors have noted that there is extensive learning across the co-design project that can feed into developing the workforce's ability to work with families with complex needs. The section has been structured in two practice 'containers' applying resources dealing with the direct practice of working with families with complex needs (Price-Robertson & Schuurman, 2019) and what is required in organisations to do this (Price-Robertson et al, 2019). Before exploring the learnings it is important to define what is meant by complexity.

## **Who are the families with complex needs?**

*The term ‘complex needs’ refers to families who experience numerous, chronic and interrelated problems. Depending on the profession, families in such positions may also be referred to as ‘families with multiple and complex needs’, ‘hard-to-reach families’, ‘vulnerable families’, or ‘families with entrenched disadvantage’ (Superu, 2015 in Price-Robertson & Schuurman, 2019).*

Families with these needs are not all the same and can present with, ‘a particular mix of strengths and difficulties which can change over time’.

Whilst professions will speak about families that are, ‘hard to reach’ as reflected through the co-design project, services from a family’s view, can instead be hard to connect with.

The following explores what is needed in terms of practice and organizational support to have a workforce that is ‘complex needs capable’ (Price-Robertson et al, 2019).

### **It is okay to not know all the answers (Price-Robertson & Schuurman, 2019)**

The facilitators were struck by the many expectations of workers from professionals and families. Workers are expected to have lived experience, be funny, hopeful, know what services are out there, get the job done, trauma informed etc. Whilst these are all important to an effective workforce it is also okay to acknowledge not knowing the answers with a recognition that these needs are

called complex because it is hard to find a way through and solve these issues.

It will be important that organisations and services are developed with this as an inherent understanding in order to encourage deep listening, time for reflection and the support to work with these issues through supervision and other workforce support structures. This includes making a concerted effort at reflective practice.

### **Connection & basic needs are important**

Whilst areas of specialisation is important in this field (Price-Robertson & Schuurman, 2019) and this was certainly raised by professionals in the co-design process, the way workers engage with families and support their needs is very important and can be the stepping stone to working with families on deeper needs.

### **Comprehensive organisational support structures will be essential** Price-Robertson et al, 2019):

Similarly, to the learnings regarding trauma informed practice, these understandings and ways of working do need to be embedded across services and organisations to ensure that the service system including the workforce are acting in mutually reinforcing ways. This will be particularly important through policy and procedure and the values that underpin an organisation's work. Tools and techniques that make complexity easier to work with can also assist including eco-mapping (Price-Robertson & Schuurman, 2019).

## **Recruitment, retention and workforce development**

Another common theme across the co-design project has been the importance of recruitment, retention and training across the child and family support system. Whilst this is challenging there are also demonstrated ways that are practical and not expensive, for example ‘realistic job interviews’ that show what a job is really like on the group can reduce staff turnover (Faller et al., 2009 in Price-Robertson et al, 2019).

## **Understand the boundaries of your role (Price-Robertson & Schuurman, 2019)**

In working with families with complex needs it can be challenging for professionals to know the extent of what they can do for a family and who else they need to bring in or whether referrals need to be made. Professionals spoke about the importance of having team approaches in family work that could assist with this and also it is important for staff to be clear what their roles are in their own understanding and in the way this is communicated to families. Where referrals are made it is important for these to be supported (warm referrals) so that the paths for families and all workers are clear.

## **Staff wellbeing (Price-Robertson et al, 2019).**

In general there are high rates of sickness, absences and staff turnover in health and welfare services (Brand et al in Price-Robertson et al, 2019). It will be important to promote wellbeing as an integral part of a system working with families with complex needs and in a complex system. This needs to occur through various types of social and emotional support and ‘instrumental support’ including training and supervision in an organizational and systemic framework that mutually reinforces these approaches.



## Managing complexity together

In order to manage complexity, there also needs to be an explicit approach to managing risk. A core element across a number of the co-design workshops was a discussion about managing risk.

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.

Strategies for practice included:

Recognising that risk exists

Having a shared definition and approach

Supporting staff with consistent approaches to clinical practice, training, and supervision

It will be essential that this is an on-going conversation across the sector with the aim of implementing approaches and learning together.

## Working with Aboriginal Families with complex needs: working with a diverse peoples

In addition to the above it will be essential to both support non-Aboriginal staff to deeply understand Aboriginal and Torres Strait Islander cultures in this work and ensure that Aboriginal and Torres Strait Islander staff are supported in this work

### **Building the cultural competency in non-Aboriginal staff**

In working with Aboriginal families with complex needs staff will need to be well-informed about the diversity of Aboriginal families in their history, their Nations and the impact of colonisation and intergenerational trauma. To do this a comprehensive set of supports to support workforce development will need to be in place including:

- Cultural learning frameworks: that start with first understanding the cultural fitness of an organisation and build a comprehensive approach to learning that can be measured across an organisation.
- Multiple ways and modes: that are beyond sitting at a desk, there also needs to be interactive ways for staff to learn to build their lived experience with the Aboriginal communities on Country. This needs to be ongoing.
- Cultural champions: including Elders and Aboriginal staff that can walk alongside staff in their exploration and learning.
- Space and time: to really take the opportunity to learn from an ancient culture and consider how these learnings can be harmonized and applied with social work frameworks and other approaches.

There will also be times as staff learn that certain ways of working may need to be 'called out' for poor practice, ignorance and at times racist behaviour. It will be essential to work with all staff on how to manage this in the most effective way.

### **Supporting the Aboriginal and Torres Strait Islander workforce**

As has been mentioned previously, Aboriginal and Torres Strait Islander staff can be seen as the answer in all interactions with Aboriginal families and can have a high-level of professional expectations as well as community and family expectations placed on them. Because of this, it will be essential that the right supports are in place for this workforce including:

- Value and acknowledgment: of the unique role and skills that Aboriginal people can bring to this work.
- A strong focus on recruiting Aboriginal people: in multiple ways, that are supported by Aboriginal people (on panels for instance) where there are designated positions, and various opportunities to enter the workforce through Aboriginal registers, traineeships and cadetships.
- Building a diverse workforce: that include Aboriginal people from diverse cultural backgrounds and experiences
- Realistic expectations: of what Aboriginal workers can do given the high levels of trauma that families and communities have experienced, and where many workers have also personally experienced these in their own lives.
- The right supports: that includes cultural supervision and reflective practice that supports Aboriginal workers to develop in in specific areas of service delivery and reflect on this, alongside cultural issues and concerns.

## Implementation advice

**A sensitive and empathetic system will have a purposeful and unwavering focus on building the Aboriginal and Torres Strait Islander workforce and supporting non-Aboriginal staff to work well with Aboriginal and Torres Strait Islander communities. The system will develop shared tools and approaches to support all work in the service system including trauma responsive practice and work to embed our goals at all levels and all steps of the service journey.**

**To implement the system, we advise:**

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

# Monitoring, learning and evaluation

## Introduction

The original brief for this priority area was referred to as ‘Monitoring and Evaluation’, where the provide an initial exploration of sector insights regarding data reporting, data sharing and feedback loops to inform service design and practice. The authors have also added ‘learning’ to the focus area, as monitoring and evaluation is only valuable if there is system learning and adaptation as an integral part of the process, and therefore learning needs to be considered in the design of the system.

As with all aspects of the co-design project, monitoring, learning and evaluation has been considered with families at the centre. It is for this reason that monitoring, learning and evaluation comes prior to commissioning in this report, where often commissioning is seen as the first stage in the commissioning cycle. This is only the case in a ‘green field’ context where there are no existing services. However, whilst the Child and Family Support System is new, it is being developed in a context where existing commissioned services are already operating. From this perspective, a system that genuinely commissions new services or recommissions existing services based on outcomes needs to first develop strong systems to measure, evaluate and learn from

meaningful outcomes that indicate positive change in the lives of priority populations.

In order for this to be achieved it will be important that effective and responsive monitoring, learning and evaluation occurs across the whole system in the government and non-government sectors.

## Aboriginal and Torres Strait Islander Design Criteria

In considering the monitoring and evaluation of services, stakeholders highlighted **three key design aspirations:**

**A system that supports Aboriginal identified and led approaches:** including in the development of tools and measures

**A system that supports a deep listening to Aboriginal voices, meaning, measures and story-telling:** where the aspirations of community are reflected and the interpretation of data and learning is through an Aboriginal lens

**A system that supports building an evidence base led by Aboriginal and Torres Strait Islander people:** including the Aboriginal and Torres Strait Islander workforce, giving enough time to incorporate learnings

## Design methodology in summary

Stage one of the co-design methodology for monitoring, learning and evaluation followed the pattern described in the introduction of this report, under Project Methodology. In stage two, methodology was used to dig deeper and design an improved approach to monitoring, learning and evaluation.

In the workshops participants worked with the following definition of monitoring (learning) and evaluation:

*“The purpose of a Monitoring and Evaluation phase is to assess the effectiveness and value of the commissioned services whilst providing ongoing support to the Provider”*

*(NSW North Coast Primary Health Network, 2018)*

Participants focused initially on measuring outcomes at a family and program level, and then considered the connections from the program and sector level to a system-wide outcome monitoring and evaluation approach to guide commissioning, applying a range of tools and activities. Refer to Appendix one for further information.

## Findings and insights

### Stage one insights

A common theme amongst professional stakeholders was the need for improved and more joined up data-reporting and data-sharing systems. The concept of a shared data set came up in most discussions, with a set of shared and agreed measures. Stakeholders called for a greater focus on outcome-driven and strengths-based measures. However, it is recognised that genuinely joined-up and shared data requires vastly improved and unified IT systems across the sector to ensure one source of (accurate) truth. Likewise, the challenge of competing data needs and organisational priorities would need to be addressed.

Improved data systems to enable data-sharing would enable improved referral pathways and better knowledge of where families were already connected.

Participants discussed enablers of effective data-sharing which included local level sharing and partnership, the identification of gaps as well as over servicing and duplication and a deeper, more widespread understanding of data-sharing legislation.

The inclusion of family voice in monitoring and evaluation was emphasised, in particular by Aboriginal stakeholders. In this context, family voice extends to community voice, with Aboriginal people telling their own story of what is working and what is not working within the cultural and community context. Across the board however there was a call for family-driven measures of success.

Professionals want more robust feedback loops with consistent and timely feedback that can impact outcomes across service partners, prioritising real time communication, not simply end-of-financial year or end-of-funding reporting. Professionals sought to



be involved in iterative testing loops with continuous evaluation and learning. Dialogue-based monitoring would enable agencies to be honest about what is working and what is not in order to adapt services to better deliver outcomes and enable better planning and commissioning. Above all, monitoring and evaluation needs to be outcome-focused.

Aboriginal and Torres Strait Islander professional stakeholders wish to see specific measures relevant to Aboriginal families and created with Aboriginal communities. Key characteristics of a strong monitoring, learning and evaluation system for Aboriginal families would include:

- Aboriginal led decision making & governance
- Accountability & transparency to Aboriginal communities
- Aboriginal voices shaping Aboriginal outcomes
- Aboriginal governance & control
- Aboriginal-led research

Professionals saw a need for better training in evaluation methods for Aboriginal organisations and staff. Evaluation methods should be co-designed and incorporate qualitative and quantitative methods.

*“The people we work for are the true evaluators-  
the people who deliver the services are the  
monitors.”*

## Stage two insights

### **Measuring outcomes that are meaningful for families**

The voice of consumers is the most important measure of what services are working and meeting family needs; outcomes that are set by the system and do not align with families' values and priorities will not result in long-term, population-level change. The system must therefore take account of the fact that service provision is not always a "linear pathway and that there are times when trauma, intoxication, acute mental health," (professional stakeholder) or any range of life issues will override and set a family back. This is not to say that services have been ineffective, but that a journey of human change is long-term and reliant on a range of factors.

The system needs to ensure that goals are genuinely set by the family and that staff know how to enable and support this. Participants observed that some staff struggle when family goals are not aligned to what the staff member envisages as the 'right' goals.

Families told us of the importance that services and staff respond first to what they as a family identify as the highest priority issue. This may not be what an assessment process would objectively deem to be the most pressing issue, but families are experts in their own context and lives and have a range of reasons why a specific issue is what they seek help with, including personal safety, current capacity and self-determination (see "*When support doesn't help*" in the Introduction).

Wherever possible, family-led outcomes should be iterative, building from small, incremental, short-term outcomes towards more systemic and long-term outcomes, with the pace set by the family.

### **Family-led learning**

A monitoring, learning and evaluation system needs to be able to measure progress against family-determined priorities as much as it does the system priorities and build family awareness of progress they make in real-time. The learning component of the system needs to ensure that families are building their own agency and self-determination and knowledge of what they are doing and how it is impacting positively on their child's wellbeing and safety.

The proposition was put forward in stage two, by professionals and families alike, that consumer representatives should be engaged by the system to advise on policies and procedures, offer staff training in effective, compassionate and sensitive engagement with families and engage with other families to offer peer support and peer education. Participants wished to see career paths for people with lived experience which may start with volunteering to offer peer support and build into a genuine career path that acknowledges their lived - and growing professional - experience.

Throughout stage two of the co-design project facilitators engaged families within the workshop process at key stages. A collective of families met for the first co-design workshop, acted as 'System Advisors' for the Early Help and Support workshop, and provided feedback and commentary on the draft Outcomes Framework proposed by the Department to wrap up the Co-design process. Seven system advisors participated in the final Town Hall

feedback session and provided powerful messages to Government and the sector moving forward.

### **Relationships, good respectful & engaging**

Service outcomes need to be considered from different stakeholder perspectives, where everyone impacted has a voice, with priority given to cultural perspectives and authority with community feedback built into the system. Processes need to be designed to measure complex, multi-faceted outcomes, not single issue outcomes.

The system needs to build evaluation into service design from the beginning. Throughout the co-design project, stakeholders across the board described the power of dialogue-based evaluation (see below) drawing on lived experience including the Aboriginal cultural practice of yarning.

The formation of deep trusting service relationships includes creating the conditions and permission for families to provide their feedback and reflections safely, from a position of strength, to be able to speak freely without fear of repercussion, either for themselves or for a particular worker.

### **Real-time, dialogue-based monitoring**

*"Families aren't held in a manilla folder - they are held in a relationship."*

Participants called for real-time, step-by-step checking in processes between providers and families, that is then mirrored by a similar ongoing check-in process between service providers and Government: 'Is this working? What can we do better?'

There is a need for a strengths-based approach that focuses on service users' personal agency and a monitoring system that can capture this, not simply capturing quantitative measures of whether families engaged, how many and how often. Families need to be able to say 'no' to services, especially as their agency and confidence increases, and this be captured as a sign of a system working well rather than a failure to engage. Families could be enabled and encouraged to give feedback on their journeys and experiences, not just on the service outcomes. This sort of data will help inform the future design of services that genuinely encourage families to engage and can capture indicators of success that may be missed if focusing only on end outcomes rather than process and experiential outcomes. It can also highlight issues in the system that could potentially lead to adverse outcomes and enable real-time adjustments to be made. Finding out from families what was and was not useful and supportive along the journey is invaluable data for human-centred system and service design.

It is the experience of the facilitators that when end users of a system are asked to talk about their experiences, they are open and willing to share in order to improve the future system, and this project was no exception. It will be important for families to be engaged as critical voices in a monitoring, learning and evaluation system to understand what is and isn't working using dialogue-based, family-friendly ways. This will inevitably go beyond quantitative data and will require a more nuanced system to analyse and learn from their insights, but will lead to a more truly family-centric system that results in better outcomes.

This dialogue-based approach could be supported by some measurement and feedback tools that make it easy and quick for families to give instant feedback. These could include culturally appropriate change measurement tools, online family portals, rapid feedback methods such as ‘two quick questions’ (e.g. Uber), that make it easy for families to rate a service or an interaction alongside structured consultation processes.

Participants also sought measurements that consider more holistic outcomes, for example, measurement tools based on the personal wellbeing index, strength and difficulty measures, Perma Plus (resilience measures) and the Common Approach assessment.

Participants called for a commissioning environment where services are able to change what they do without the assumption that what they have done up to that point is wrong or bad. A monitoring, learning and evaluation system that is working well makes this not only possible but probable as services adapt to changing contexts, new evidence or new thinking or learning. Likewise, working within a ‘Common Elements’ framework of service design, there is more scope to learn and adapt throughout the course of a commissioned service and to make changes that adapt the service delivery methodology whilst still adhering to the Common Elements.

The Common elements (Centre for Evidence and Implementation, 2019) are,

*the building blocks of evidence-informed practice. They are discrete practice techniques or strategies with demonstrated effectiveness found*



Work from young artist attending Family Voice workshop, 2019

*in various approaches and interventions (thus 'common'). There are common elements of effective service delivery and common elements of effective intervention. This roughly translates to common elements for how practitioners work with children and families and common elements for what practitioners do with children and families respectively.*

This requires that responsiveness and flexibility are built into commissioning and contract management to ensure services can adapt to what is actually happening on the ground.

Again, in order to deliver this, family voice needs to be deeply embedded in monitoring, learning and evaluation. It is important that feedback is not seen as punitive to staff or service but is about improving services to families.

Likewise, it is important the service system has better access to research and knowledge development as it becomes available. Throughout the co-design project there were calls for improved sector-wide learnings and the building of effective communities of practice. The impact for monitoring, learning and evaluation should not be underplayed, where the whole service ecosystem can connect and learn from practice, research and evidence.

Finally, participants were keen to ensure that when services are being considered for de-commissioning, family experiences are deeply understood and are used to inform decisions. They perceived there was a risk of throwing out services that, with some redesign and adaptation, could be highly effective, simply because the real or potential impact for families was not deeply understood. There is a need to know the difference between badly-designed services and well-designed services that are badly delivered. Again, a monitoring, learning and evaluation system that is designed to understand not only the end outcomes of a

service but also aspects of the journey and experience at key points along the way will help to identify this difference.

Finally, in adapting services in response to real-time feedback, government needs to ensure that the methods used align with the intention of the system. This means that adaptations would require partnership and consultation with families using services. This will include gathering their voice, input and feedback on iterations and adaptations under consideration and involving them in hands on ways to adapt, test and implement. This could be implemented through co-design methods and innovation labs for practice-based evidence development with families, service users and front-line staff involved.

*“Let's leave some space for creation of new practice-based evidence. How do you have the courage to keep going when the sector is saying you're crazy?”*

### **Building a collective Outcomes & Accountability framework**

Participants called for a commitment to build multi-agency responses for the highest need families to share responses and work collectively with the family towards positive outcomes. In order to do this effectively, government needs to support and create the conditions for such collaborative work to meet the needs of the highest risk families. Professional stakeholders highlighted that it is important to understand what disclosure and consent look like from a family perspective to create the conditions for this sort of collaboration; from our conversations with families, it is our sense that families are generally



comfortable with agencies sharing their information so long as it is driven by a collective commitment to support the family and build on their strengths to create good family-centred outcomes. However, if their personal information is shared gratuitously or for punitive reasons, it is unsurprisingly unacceptable for families.

Participants voiced caution with a purely outcomes-focused system, without some safeguards. They expressed concern that a system that looks only at outcomes merely from a quantitative perspective was at risk of producing adverse outcomes for families with more complex needs. There was seen to be a risk that providers could ‘cherry-pick’ families whom they deemed most likely to reach certain externally-set, systems-wide outcomes, thereby excluding families who may need service support more but might not look as good ‘on paper’ from an outcomes perspective. Again, the priority of capturing family voice in defining success is critical to safeguard against this possibility, as well as the need to collaborate to jointly hold risk and accountability for the highest risk families.

### **Sharing data and information to lead to better outcomes.**

In conversations with families, the facilitators found that they were generally happy for their information to be shared between agencies, *so long as they know it is being shared and for what purpose*. Families are frustrated when they find their information has been shared between agencies but nothing changes or improves as result, or if it is shared and they do not know about it. Likewise, data-sharing that focuses on deficits rather than strengths or data-sharing that seems to be done with punitive intentions is not welcomed or supported by families.

Professionals see the urgent need to share information between agencies more effectively but recognise that systems are currently inadequate, and their understanding of what can and cannot be shared is patchy. To improve this, there needs to be investment not only in the systems to support it but also in building the skills and knowledge of staff plus addressing cultural hurdles within and between organisations.

### **Adopting a community development mindset**

Whilst these comments came from one session only, they provide a powerful ‘paradigm-shifting’ lens on the system, which serves to challenge traditional thinking about what is possible and what the ultimate end goal of the Child and Family Support System is.

One of the Zoom session participants challenged us to consider the system through a community development lens rather than a social work lens, with a more community-level set of outcomes and with the building of social capital being central.

*“What would it look like if we were trying to do ourselves out of a job?”*

With a community development lens, there would need to be a genuine conversation about how all the different players participate and how partners leverage the different skills, capacities and capabilities of formal and informal, community, family and system-level participants. The commitment from DHS to develop a whole-of-system outcomes framework is a positive step towards this sort of genuinely shared commitment to doing what it takes and working with whomever it takes to get better outcomes for families.

An additional factor to bear in mind in rolling out a shared outcomes framework is the need to be aware of and responsive to the potential for power inequality within any system that involves multiple stakeholders of varying size, complexity, location and influence. In South Australia there are a large number of small, grassroots and community-based providers, including Aboriginal service providers, and applying a set of shared outcomes across the sector will need to be undertaken transparently and equitably to ensure all are supported to work towards it and to share the associated risks and accountabilities.

### **Designing contracts that recognise and provide resources for data collection and analysis**

There was a strong call from the sector that the future system recognises the resourcing and costs involved in gathering and reporting on data. This disproportionately and negatively impacts on the smaller providers who have fewer administrative resources and often rely on more manual systems. Participants expressed the need for data collection and analysis resourcing and costs to be included in contracts, along with a commitment to jointly reviewing outcomes to understand together with family/service provider what is working, not working, and why.

### **Training and support to staff involved in monitoring, learning and evaluation**

Finally, participants recognise that there is a need for an upskilling of the sector in terms of monitoring, learning and evaluation with an outcomes focus. From the perspective of external consultants, it was noted in both stages one and two that there were relatively low levels of confidence in talking about concepts such as outcomes measurement and in being able to conceptualise a monitoring, learning and evaluation system of the

future, with confusion between monitoring individual family outcomes and reporting system outcomes. It is the consultant's belief that the development of a shared outcomes framework is an ideal opportunity to invest in system-wide education and upskilling work to ensure organisations are able to use it and work within it effectively.

Likewise, there is a need for back-of-house government players who deal day-to-day with contract management and monitoring to be aware of what is required in an outcomes-focused system. This will be important in avoiding the application of a technical and process-driven approach to what should be a fundamentally human-centric model.

Finally, there was a clear call from participants in the co-design project that an effective monitoring, learning and evaluation system requires professional humility with no room for 'hero complexes' from staff. It is critical that staff, both front line and back-of-house, recognise the central role of family in creating change, supported by the system. Some participants noted the genuine challenge this could pose to some staff.

## Implementation advice

**A family-centred monitoring, learning and evaluation system will focus on achieving the best outcomes for children and families and will value genuine partnerships and sharing that enable this. It will give status to local evidence building and will work to ensure that funders, service providers and practitioners have access to information that enables them to continuously improve.**

**To implement the system, we advise:**

- Developing agreed outcomes across the system, including an outcomes framework with clearly articulated roles and responsibilities. Family voices must shape its development and implementation.
- Developing a relational approach to monitoring, learning and evaluation. An outcomes approach will be most successful when underpinned by strong and positive relationships of trust. 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.
- Acknowledging that robust monitoring, learning and evaluation needs to be resourced.

# Commissioning

## Introduction

The original brief for this priority area was to identify key principles and provide advice on commissioning processes, partnership-driven contract management, outcomes-driven commissioning, effective monitoring and evaluation and continual improvement and system planning.

As with all aspects of the co-design project, commissioning has been considered with families at the centre. It is for this reason that monitoring, learning and evaluation has been addressed prior to commissioning. Often commissioning is seen as the first stage in the commissioning cycle; however, this is only the case in a ‘green field’ context where there are no existing services. Whilst the Child and Family Support System is new, it is being developed in a context where existing commissioned services are already operating. From this perspective, a system that genuinely commissions new services or recommissions existing services based on outcomes needs to first develop strong systems to measure, evaluate and learn from meaningful outcomes that indicate positive change in the lives of priority populations.

## Commissioning with and for Aboriginal families

In considering the commissioning of services, stakeholders highlighted **two key design aspirations:**

**An approach that reflects Aboriginal and Torres Strait Islander peoples right to self-determination:** that builds policy and processes led by Aboriginal and Torres Strait Islander peoples always in connection with community

**An approach that supports collaboration, flexibility and evidence:** that meaningfully engages allies and is Aboriginal and Torres Strait Islander evidence-based

## Design methodology in summary

Stage one of the Co-design methodology for Commissioning followed the pattern described in the introduction of this report, under Project Methodology. In stage two, the methodology was used to dig deeper and design an improved approach to Commissioning. It should be noted that the focus of stage two workshops varied from the initial brief to align more closely with the actual context and existing constraints created by the South Australian Not for Profit Rules and Guidelines (SANFRAG, Government of SA, 2017) along with the necessity to recommission some existing services in 2020.

Feedback amongst professional stakeholders in stage one was that there was a lack of clarity about what was meant by

‘commissioning’ and how it interconnected with, was distinct from or was synonymous with procurement. It was the observation in stage one that many participants used these two terms interchangeably. As a result, the stage two workshops made the definition clear at the outset, with participants working within the following definition of Commissioning:

*“Commissioning is the ongoing process of planning, procuring, contracting, monitoring and improving services to deliver better client outcomes.*

*“Commissioning is not one action but many, ranging from the needs assessment for a population, to service design and specification, procurement, contract negotiation and management focused on continuous quality improvement.”*

*Adapted from: <https://www.england.nhs.uk/commissioning/what-is-commissioning/>*

Refer to Appendix one for further information about methodology.



# Findings and insights

## Stage one insights

There was a strong call to 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. Stakeholders wanted to see greater accountability with a suggestion for independent chairs linked to a family-chair to support meetings and ensure the voice of family and child is incorporated.

The sector identified wanting a commissioning process that encouraged partnerships and collaborations as opposed to competition. An approach that works towards whole of system outcomes and contracts was proposed. This also included a discussion of how risk could be more effectively shared across the system. This topic was also discussed in other priority areas.

Stakeholders would like to see the development of genuine outcomes-driven commissioning, including a whole family focus rather than individual service user focus; commissioning along the continuum of recovery; improved tools to measure outcomes, including qualitative, quantitative and narrative-driven data collection and analysis to inform commissioning; overlaying regional trends and place-based data to inform service commissioning; longer term vision for outcomes (with shorter term steps); and a bi-partisan political approach.

In stage one, Aboriginal and Torres Strait Islander stakeholders gave the feedback that competitive tendering appeared to be a reality more in principle than in practice and they felt there is an assumption that mainstream services will deliver services. It will be important that Aboriginal engagement in commissioning is underpinned by cultural respect and the principle of self-determination.

## **Stage two insights**

### **Challenges within the current system**

Participants identified a number of pressing issues to be addressed in the context of commissioning to date.

#### **Misalignment in the current system**

The current system requires a stronger alignment of outcomes for families across services and across their service journeys, and to effectively link up support being offered to one person in a family with what is being offered to or received by others in the family. Without developing an overarching joined-up commissioning system, it is likely referrals in many instances will remain sporadic and isolated from other system responses. In the ‘back of house’ functions there is also a need for procurement and commissioning staff to have much greater connection with the realities of family-centric outcomes and Aboriginal-determined priorities.

### **Inequity in the current system**

It is acknowledged in the service system that the larger the organisation (and the greater its resources) the easier it is for them to undertake activities that fall outside direct service delivery, such as tendering and reporting processes. There is a need for capacity building for smaller NGO providers, and particularly for Aboriginal-led service providers, to ensure proportionality will reflect Aboriginal and Torres Strait Islander understandings and empower Aboriginal organisations. Likewise, for smaller providers, the burden of ensuring that data collection and sharing processes are achievable is disproportionate without dedicated funding to support this.

### **Lack of transparency in the current system**

There is a sense from the sector that there are commissioned services being delivered that are not evidence-based or evidence-informed. Likewise, the sector seeks greater transparency in procurement systems, with proper and publicly accessible reviews preceding any roll-over funding to agencies. Making these reviews and evaluations transparent would greatly help to inform practice and service development.

Service providers feel that the relationship between them and the funder is not always clear and this stifles continuous improvement. In the current context, service providers will not say that what they are doing today is not working because they are concerned about an adverse rather than a collaborative problem-solving response.

### **Lack of Aboriginal-centrality in the current system**

Participants felt that there is currently not a great enough prioritisation of Aboriginal-led services nor genuine consultation with Aboriginal communities throughout the current system. This

is compounded by a perceived inflexibility of large bureaucracies and moves towards standardisation or short-term funding ‘bandaids’ with a continuing focus on crisis rather than prevention. This can disadvantage smaller organisations and impact disproportionately on the development of the Aboriginal sector.

## **The ideal future of commissioning**

### **An aligned and unified Commissioning System**

A Commissioning system of the future needs to consider adopting a systems approach that supports unified contracting and referrals, with common language and a strengths-focused approach, which is reflected in commissioning practice and service agreements and which helps shift community perspectives from deficit-focus to protective focus.

In this future system, services are responsive to community and family needs based on accessible data and flexibility in service models, with an agreed outcomes hierarchy embedded with integrated data systems.

### **An equitable commissioning system**

In the future, capacity-building for the sector would be done routinely with equitable access, to cover procurement, building partnerships, undertaking co-design with families, reporting, collecting, using and sharing data.

Particular attention needs to be paid to supporting smaller organisations, including Aboriginal service providers, to be able to equitably participate in procurement processes, data collection

and reporting systems that work well for all providers, regardless of size or location.

This system could adopt an expression of interest approach for initial tender screening and then work together to develop a project plan with better ways to measure value objectively and an openness to forging partnerships to reach better outcomes.

### **A transparent and trustworthy commissioning system**

In this ideal future, contracted organisations are supported and encouraged to be open and accountable through contractual commissioning principles that encourage and enable openness and honesty.

In this future, “everything is on the table in contract management and decision-making conversations.” There will be a non-punitive environment where services can be honest about what is and is not working so that the best services are commissioned and delivered.



*Co-design workshop participants, 2019.*

The ideal future would ensure the recruitment, training and ongoing supervision of highly skilled contract managers who deeply understand the sector and the needs of families and can build trust between government and the NGO sector. This would enable relational contract management, not transactional, with robust training and support to undertake good contract relationships on both sides of the partnership.

Ideally, relationships and key performance indicators (KPIs) are negotiated throughout the duration of partnerships and can be renegotiated without the assumption that this indicates that what they have done to date is wrong or bad. KPIs need to be responsive to the context which may have changed, or there may be new thinking or learning.

In this future, risks are clearly defined and proportioned during commissioning processes. All parties have shared understanding with funding proportionate to agreed risks within a shared risk approach.

Contract management could build in a 'risk window' and the services developed within a productive relationship between governments and service provider in a context of shared risk.

### **An Aboriginal-centric commissioning system**

In this ideal future, collaborative efforts are rewarded and encouraged, with Aboriginal providers and allies working strongly together. Commissioning decisions ensure that each local community has an 'early front door' and that commissioned services are working towards shared outcomes and specific measures that have Aboriginal and Torres Strait Islander cultures at the centre.

Preferred provider panels would have linkages to local community and cultural needs would be a key priority to be met. Cultural advisors and subject matter experts would be engaged within procurement and contract management roles to support continuous improvement and service development over the term of a service agreement. Tendering processes would encourage and enable innovation and evidence- informed services

### **An outcomes-driven commissioning system.**

In this ideal future there needs to be a range of voices on Commissioning and procurement decision-making panels, including operational staff, community and cultural leaders, and families themselves or others with lived experience.

From the outset there would be clear agreement embedded in a contract of how a service will be measured and valued and how that aligns with the system-wide Outcomes Hierarchy.

This outcomes-driven system must consider enabling families to shape service design, with services enabled to be - and expected to be - responsive and flexible to families rather than inflexibly locked in by a set of rules and regulations. This needs to address the risk of power imbalances between service provider and family to ensure feedback and family voice is genuine and shared safely.

Service providers and government could consider developing agreed implementation phases, with a common understanding of what will happen in each, how it will be measured and agreed actions to respond, in real time. It will be important to build in greater flexibility in the early stages of services to enable the

investment in quality relationships from the beginning in addition to business efficiency. This is in recognition that good engagement is essential to achieve good outcomes for and with families.



## Implementation advice

### Commissioning

**A family-centred commissioning system will be committed to building Aboriginal and Torres Strait Islander services with Aboriginal people. Across all commissioning it will work in a spirit of collaboration, with a focus on relational approaches and capacity building in the sector where the voices of family are central.**

#### **To implement the system, we advise:**

- Committing to building a system where Aboriginal people and services are at the centre.
- Using the Aboriginal System and Torres Strait Islander Design Criteria 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.
- Committing to developing a relational approach to contract management and procurement. 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.
- Working 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'.
- Integrating mechanisms to actively listen to the family voice in commissioning practices and decision-making processes.

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# Appendices

## Appendix 1

### Detailed methodology

The project was underpinned by co-design principles throughout.

We used the following description from NSW Council of Social Services to describe our approach as applied in the social services sector:

*“Co-design is a process not an event. It is also known as generative design, co-creation, participatory design or co-operative design. [...]*

*“Co-design originally referred to a process involving customers and users of products or services in their development. It combines generative or exploratory research, which helps to define the problem that requires a solution, with developmental design.*

*“The community services sector has adapted co-design to combine lived experience and professional expertise to identify and create an outcome or product. It builds on engagement processes such as social democracy and community development where all critical stakeholders, from experts to end users, are encouraged to participate and are respected as equal partners sharing expertise in the design of services and products.”*

*(Fair Deal Forum, NCOSS, 2017).*

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

**Co-design is Inclusive** – The process includes representatives from critical stakeholder groups who are involved in the co-design project from framing the issue 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 seen as 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 itself is open, empathetic and responsive. Co-design 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 the 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 also used to fine-tune potential outcomes or solutions as it reaches fruition and can later be used to evaluate its effectiveness.

**Co-design is Outcomes focused** – 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.

*(Adapted from the work of Ingrid Burkett (TACSI) and participants at the Fair Deal Forum, NCOSS, 2017)*

All critical stakeholders, from sector leaders to family members to Aboriginal Elders, were encouraged to participate and were respected as equal partners sharing expertise in the design discussions and workshops. The process was highly iterative, particularly in stage two, when each workshop generated fresh insights which were then used to shape subsequent sessions.

It should also be noted that the context in which this project took place was, and continues to be, rapidly changing. As such it was necessary to remain adaptive to the changing context and needs of the client, DHS. The strong relationship of trust and the open lines of communication forged between us and DHS was invaluable to make this level of adaptiveness possible.

The priority in designing the process was to create a strong sense of safety for all participants, recognising that previous experiences, for both service users and service providers, have been potentially traumatising. It was also designed with a commitment to lived experience voices shaping every stage of the process.

Overarching project design principles & assumptions

Both DS Consulting and Think Human are driven by similarly held values. Below is some of what has driven the design of this project, based on Think Human's Principles of practice. This has been strongly underpinned by a commitment to Aboriginal and Torres Strait Islander self-determination.

Our principles	What this means for this project
<p>We are passionately human-centred and collaborative. We are committed to working with you, not just for you.</p>	<p>We will engage with DHS key internal stakeholders in scoping discussions at the outset of the project to ensure that we understand your requirements for this project and ultimately meet your expectations and deliver to the outcomes that you require.</p> <p>We will build DHS staff's capacity to deliver key components of the work themselves and support them to develop skills that they can use into the future.</p> <p>We will engage DHS at key points in the project to respond to insights and identify both opportunities and challenges as they emerge.</p>
<p>We are obsessive about getting the right people involved, which means anyone who</p>	<p>We will work with DHS to identify the people you need to talk to and the questions you need to ask them to find out the information you need to know. When we are delivering parts of the work, we will engage directly with key stakeholders who</p>



has a stake in the outcome.	are impacted by the project and its outcomes and will offer a range of engagement methods to ensure that all relevant voices are heard, have genuine influence and ultimately co-design the outcomes.
We believe real human connection makes everything work better - communities, organisations and systems.	We will build opportunities for collaborative dialogue between DHS and the key stakeholders to design better outcomes together. In all aspects of the project, and within our power within tight timescales, we will create time and space for the formation of positive dialogue and connection that will outlast the duration of the project
We aim to bring a spirit of hospitality to everything we do, recognising the difference and uniqueness of all people. We acknowledge that this can sometimes be hard.	When we are facilitating any discussions, workshops or groups we will create a welcoming and safe environment that values all voices and experiences. We will ensure that all family participants are offered a small monetary (or equivalent) gift in acknowledgement of their time and insights.

The project design and delivery was underpinned by the following assumptions:

That the project would occur from June 2019- October 2019

All projects need to be designed within a set of constraints, with time available being a critical factor to consider in the choice of methodologies and the scope of works. The CFSS co-design project delivers on a requirement to design a new 'Early Help' system within a short time-frame, and as such the co-design project needed to be designed to rapidly deliver tangible and actionable insights to feed into a more detailed design process.

That the aim of this process was to both engage multiple stakeholders across South Australia in this process and work with stakeholders to design the elements of this system.

Genuine co-design enables all stakeholders impacted by the thing being designed to be actively and appropriately involved. Given the complexity of the issue, the geographical scope of the project and the tight timescales involved, this was always going to pose a challenge and required careful planning and execution with an incremental approach to building the co-design aspects for the project, as well as the strategic use of technology to aid statewide engagement.

That both professional stakeholders and community members and service users with lived experience would participate in the process

Again, given the complexity of the issue and the significant power imbalance between different key stakeholder groups, particularly between families and government and between Aboriginal and non-Aboriginal stakeholders, the project needed to be designed to support equitable and safe engagement for all involved. Again, an incremental approach was designed to enable different stakeholder groups

That there would be an additional and parallel process that would ensure the authentic engagement of Aboriginal people and communities in this process

The centrality of Aboriginal perspective and Aboriginal stakeholder voices was critical to the success of this project. The Aboriginal specific process shaped all engagement with both Aboriginal and non-Aboriginal stakeholders and was designed not be an additional piece of the project but the core building block.

That the outcomes required of this project were to provide responses to the key actions as detailed in the, “Action Plan for Co-design Principles” and the “CFSS- Co-design Priorities”

From the outset the project was to be focused on the elements of Referral Pathways, Monitoring and Evaluation, Commissioning, Workforce Development, Trauma Responsive Practice, Rural and Regional Service Delivery and Building the System with Aboriginal Families. However, it was our desire to design the process in collaboration with the client (DHS) to ensure that the project continued to meet needs as the political and service context was - and continues to be - in a state of rapid change. As a result, a number of these focus areas evolved during the co-design project, in agreement with DHS.

### Stage one: opening

Stage one was focused on getting as many relevant voices as possible around the table to explore the priority areas broadly, understand the current state and explore possibilities for the future. Given the perceived significant power imbalances and the different types of initial input, stage one was carried out in three different and distinct streams of work:

Aboriginal professional stakeholder engagement – a dedicated process to enable Aboriginal people to imagine a system to support and protect families outside the context of colonisation. What would a system look like that was shaped entirely by Aboriginal and Torres Strait Islander cultures and peoples? This process lent heavily on yarning and visual art to explore possibilities and resulted in a draft set of design principles and design criteria to guide the detailed co-design work of stage two.

General professional stakeholder engagement - a process to explore the seven priority areas broadly across the sector and aligned sectors that impact on the lives of families and children. Participants undertook a range of interactive activities, mainly through small group discussion and some early prioritisation, to draw out their own knowledge, experiences and research of what works well in supporting families to find and receive help.

Family engagement – this strand was predominantly carried out through one-to-one interviews along with a few small discussion groups for families who were comfortable to meet together with others, generally through established groups where they already knew each other and were comfortable to share their stories in group settings. This strand was designed to gather a range of family experiences of accessing, receiving and leaving services, as well as understanding the experiences of families who despite need do not receive services.

## Stage two: deepening

In stage two, the facilitator designed a process uniquely for each priority area. It is worth highlighting that the seven priority areas in the initial scope are different types of priority, and as such the facilitator took a different approach for each. Also, as a result of external shifts in the landscape and insights from stage one, by stage two some priority areas looked a little different to the initial brief. The methodology for each priority area is described in detail below.

It should also be noted that, as noted above, the external landscape was moving rapidly. During stage one, DHS was exploring the 'Common Elements' approach to shape and define the future service landscape. As a result, this context shaped the structure of workshops, with time being given in each session to share this concept with participants.

Designing the system with Aboriginal families
<p>Roles &amp; voices</p> <p>The session/s opened with an invitation for stakeholders to see themselves in two distinct roles, - Aboriginal stakeholders and Allies. Whilst the role of allies was not fully formed at this point, allies were considered to be non-Aboriginal people who were willing to walk alongside Aboriginal people in the design of the new system and were encouraged to: deeply listen; support the concepts of Aboriginal self-determination; and to work <i>with</i> Aboriginal stakeholders. This approach to voice and role was applied throughout stage one and two and has been further</p>

developed into Co-design Principles that are discussed below in further detail.

#### A reimagined system

Workshop attendees were invited to close their eyes and imagine a *different reality* where Aboriginal cultures and knowledge was the *starting point* for system design through considering the following:

*This is a system that was built by us from the ground up, for our people, - it closed the gap some time ago, actually the rest of the community are starting to use our models and ways of working because they know it came from 65,000 years of knowledge and strength, and has been built with deep wisdom and connection with the world. They know they are missing out on something...This is all ours.*

With this reality in mind attendees were invited to apply this lens to consider what a family support system would *look like, feel like, sound like and the role of Aboriginal individuals, family, community, leaders and organisations* in this system. In considering this, participants were invited to present this in words, stories and images in order to present in different ways an Aboriginal and Torres Strait Islander perspective. In parallel Allies were asked to consider what would need to change for mainstream individuals and organisations for this to be possible and how to create the conditions to do this.

These learnings have been used to inform the Co-design Principles and the Aboriginal and Torres Strait Islander System Design Criteria that will be discussed in detail in Findings and Insights.

### A First Nations stamp

Similar to the broader co-design process attendees were asked to consider six co-design priorities as defined by DHS, with the seventh being the Aboriginal specific stream from the perspective of this being designed solely by and for Aboriginal and Torres Strait Islander people. Aboriginal stakeholders were asked to consider how the element currently works; what a new system needs to look like; and the changes it made for Aboriginal families and children. Allies were asked to think about what they could do to make the Aboriginal stakeholder vision work in the system.

These learnings have been drawn into the Aboriginal and Torres Strait Islander System Design Criteria that addresses the co-design priorities and takes a whole of system view of what would be required from an Aboriginal perspective.

### Listening to the voice of families

#### Stage one interviews and workshops

Designed to enable families to tell their stories and share their experiences and perspectives in safe, non-traumatising ways. These used semi-structured interview techniques, with clear descriptions of what was involved, how their information would be used and an assurance of confidentiality. All participants gave their written (or verbal recorded if required or preferred) consent to participate.

### Family Voice workshop #1

This workshop involved families who had participated in stage one and was an opportunity to respond to stage one insights and prepare for participation in stage two workshops with professionals to design the Early Help and Support System.

### Early Help and Support Workshop

A small number of family members participated in the Early Help and Support metropolitan workshop as 'System Advisors'. In this role they did not discuss their own story but drew on the experience and knowledge they had gained to act as advisors and 'critical friends' to the system. They were supported by the project consultants and provided clear and informed advice and feedback to professionals taking part in the workshop. The family members were equipped with a set of prompt cards and questions that they had helped to create and drew on these or the project consultants as required.

### Follow-up Zoom debriefing session

This session enabled those who had participated in the Early Help and Support workshop to reflect on what happened and their role.

### Family Voice workshop #2

This workshop took place at the end of stage two, to respond to emerging insights and recommendations and to inform the development of the System Outcomes Framework.



Family Voice workshop #3 (pending)

Preparation for and participation in the final 'Town Hall' feedback event (to occur in November 2019).

### Trauma responsive practice

In stage two, the following methodology was used to dig deeper and design an improved approach to Trauma Informed Practice in "Design Slows" instead of "Design Sprints" in recognition for the need for time and space:

#### Design slow # 1

Story board an example of a service journey using the template provided (can anyone focus on universal services)?

Then consider at each step what trauma informed practice could look like

#### Design slow # 2

If you were to get rid of what we know as assessment or do this very differently with families what would it look like, feel like, sound like- where families give the info they choose to receive a service and you receive the information you need to provide the best service (this was introduced after comments from a practitioner)

#### Design slow # 3

In implementing a change in practice to incorporate greater levels of trauma informed practice with families:

Name the key frontline stakeholders (be specific)

What is the best way to engage & support stakeholders to do this?

What is the change in practice/behaviour you are expecting?

By doing this what is the outcome you are expecting in practice with families?

In the stage two metropolitan Aboriginal and Torres Strait Islander session, participants were also asked to participate in three Design Sprints (Slows) with a focus on understanding how trauma informed practice could be applied specifically for Aboriginal and Torres Strait Islander people across the service journey, in seeking early help and in implementation:

Design slow #1

Build an ideal service journey considering the families you have worked with or what you have heard about today that families have said

Storyboard these & then consider what needs to happen at each stage for this to be a trauma informed interaction

Design slow #2

Have the 'helping people get help early' tool, very specifically describe each channel as you think about being trauma informed- what approach should be taken at each step?

Design slow #3

What will be required for implementation?

This was followed by a co-design workshop with a group of families that had previously participated in small group or individual interviews where they were asked what 'trauma informed practice' looked like for them.

## Early Help and Support

In stage two the following methodology was used to dig deeper and design an improved approach to this priority. This included a specific focus on the involvement of 'system advisors' who were families with lived experience of the system who could provide advice.

Design sprint 1.

Analyse Stage one data on your table

Discuss what stands out, key messages, etc.

Draft 2-3 'principles' or 'criteria' that should guide the design of a new Child and Family Support System that will honour these families and help us keep them 'front of mind'

System advisors will circulate, advise and question and can add ideas and suggestions

Design sprint 1, part 2.

Share your principles with your 'paired' group

Discuss similarities & differences & agree your combined 2-3 principles / criteria & share with the rest of the room

System advisors listen and observe for later feedback.

Design sprint 2, part 1.

Choose one of the Design Questions from your stage one data and use a template to write up a 'service blueprint' describing what happens, who is involved, what makes it work and what tools or resources might be needed

Design sprint 2, part 2.

Share your blueprint with your paired group. They act as critical friends.

Update your blueprint based on feedback.

### Design sprint 3: Rapid ideation

Choose one of the tools or ideas suggested earlier in the workshop.

Using scrap paper, *work individually* to create as many ideas as you can of how this would look & work

Discuss all your ideas and identify your 'best' collective ideas and describe them in detail / storyboard how they would work

### Design sprint 4: People finding help early

Consider the scenario you have been given, who may use an early help and support system.

Use the template provided to describe in as much detail as you can what would need to happen for this to be useful for them.

### Regional and rural service delivery

In stage two, the following methodology was used to dig deeper and design an improved approach to regional and rural service delivery.

In the workshops participants undertook a range of design activities to consider how to better design the system and the early help 'front door' for regional and rural families.

Design sprint 1: How might we...?

Choose a 'How might we...' statement from a range of design challenge statements drawn from the stage one interview and workshop data and research

Think about 1-2 families you have worked with- build an ideal service journey

Use the template provided to write up a 'service blueprint' describing what happens, who is involved, what makes it work and what tools or resources might be needed and the regional & rural challenges to doing this.

The statements chosen at the regional and rural workshop were:

How might we genuinely meet families where they actually are (or where they want to meet)?

How might we build a system that works alongside families and builds on their strengths?

How might we undertake assertive engagement with families?

Design sprint 2: People getting help early

Using a 'Helping people get help early' tool, describe how different categories of people would find information about,

access, communicate with and measure success of a new ‘front door’ to getting early help.

Four different groups consider this from the perspective of a professional, a parent, a child and a concerned community member.

### Design sprint 3: Effective working across silos

Participants were asked to consider one common systemic challenge of cross-silo working to enable better regional and rural service delivery.

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### Design sprint 3: Effective working across silos

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### Workforce development

In stage two, the following methodology was used to dig deeper and design an improved approach to Workforce Development.

#### Design sprint # 1: recruitment strategies hot potatoes

How might we recruit more Aboriginal workers?

How might we recruit non-Aboriginal workers who will be strong and genuine allies?

How might we recruit staff in / to regional and rural locations?

Each take a card. On your card write in detail one idea that answers the question. Pass your card on like a 'hot potato' to your left

When you receive another person's card, build on to their idea. Repeat twice, then summarise the key ideas on the paper provided

## Design sprint # 2: Pressure points

Think of 3-4 typical scenarios that staff face in their work journey. (You can choose early career challenges or issues that may arise after many years – choose some that you feel are widespread & have significant impact on staff wellbeing and performance.

Answer the questions on the template to describe some solutions for each scenario.

## Design sprint # 3: Service Development and Design

Use the first template provided to explore a scenario where you need to find out how services are working for different families. Paint a picture, then think through what you will do and skills, resources and roles required to do it well.

Use the second template provided to explore a scenario where services do not work as intended. Paint a picture, then pass it on to the next group. They will think through what they will do and the skills, resources and roles required to do it well.

Use the third template provided to think about how you would adapt or redesign a service that is no longer working. Paint a picture, then think through what you will do and skills, resources and roles required to do it well

## Design sprint # 4: Key insights

Consider your key messages and insights from the three design sprints.

Share in 2 minutes with the rest of the room.

Workforce development was also specifically explored in the Aboriginal and Torres Strait Islander stream through the following design sprints:

Design sprint # 1:

There seems to be 2 big questions:

How do we recruit and retain Aboriginal people in the workforce?

How do we ensure the cultural fitness and humility of the non-Aboriginal workforce?

Mindstorming

Do the below process twice answering each question (15 mins each):

Each take a card. On your card write one idea that answers the question. Pass your card on like a 'hot potato' to your left

When you receive another person's card, build onto their idea and so on until all cards have multiple ideas

Summarise the key ideas.

Design sprint #2

Taking the (Aboriginal and Torres Strait Design) Criteria and the new ideas build the ideal workforce approach and story board

Artists/engineers please build or draw something

Make sure you note for the next group what you have addressed so they know what is left over

Design sprint #3

Repeats # 2 process with new ideas

#### Monitoring, learning and evaluation

In stage two, the following methodology was used to dig deeper and design an improved approach to Monitoring, Learning and Evaluation.

In the workshops participants worked off the following definition of Monitoring (learning) and Evaluation:

*“The purpose of a Monitoring and Evaluation phase is to assess the effectiveness and value of the commissioned services whilst providing ongoing support to the Provider”*

*(NSW North Coast Primary Health Network)*

Participants focused initially on measuring outcomes at a family and program level, and then considered the connections from the program and sector level to a system-wide outcome monitoring and evaluation approach to guide commissioning. Participants undertook three design activities as follows.

#### Design sprint 1: Focus on families and providers

Focusing on one of the priority populations, discuss what types of things this group of families may need and want to know about the impact of services

Focusing on the same priority population, discuss what types of things you as a service provider need and want to know about the impact of services for these families.

Highlight what is critical to know in order to evidence positive impact.

#### Design sprint 2: How to measure impact

Focusing on the types of measure identified as critical to know, explore how this information could be effectively gathered, considering both qualitative and quantitative methodologies.

What existing tools or interactions are currently being used to gather evidence of change? What new tools and interactions are required?

### Design sprint 3. Design Challenge Ideation

Participants were given four design challenges to respond to and consider answers to the design challenge across five domains:

Processes – standard procedures and guidance material

Governance and structure – clear policies, roles and responsibilities

Knowledge management – how information is gathered, stored and used

Technology enablement – to improve the efficiency and effectiveness of contract management

KPIs that align with the purpose of the commissioned activity – process metrics (progress of activities), output metrics (quantity, quality and timeliness of services) and outcome

metrics (results generated by program outputs)

The four design challenges were:

1.How might we ensure services are commissioned that meet the real needs of families?

2.How might we enable real-time learning & adaptation as a result of monitoring and evaluation?

3.How might we ensure that outcomes-based commissioning does not lead to ‘cherry picking’?

4.How might we tackle the risk aversion and effectively manage / hold risk together?

#### Commissioning

In stage two, the following methodology was used to dig deeper and design an improved approach to Commissioning. It should be noted that the focus of stage two workshops varied from the initial brief to align more closely with the actual context and existing constraints created by the South Australian Not for Profit Rules and Guidelines (SANFRAG) along with existing work and time pressures within DHS to recommission services in 2020.

The current context and conditions within which the Commissioning system is to be designed are governed by SANFRAG and Department for Premier and Cabinet Circular 044, which provide the policy and authority to guide implementation of a commissioning approach.

The Department of Human Services is focused on transitioning these rules and guidelines into practice in a way that delivers better outcomes for clients and stronger relationships with NGO partners, including:

Implementing respectful timeframes for contracting and tendering, including transparent and timely communication

Embedding co-design in commissioning processes

Feedback amongst professional stakeholders in stage one was that there was a lack of clarity about what was meant by ‘commissioning’ and how it interconnected with, was distinct from or was synonymous with procurement. It was our observation in stage one that much of the discussion used these two terms interchangeably. As a result, the stage two workshops made the definition clear at the outset, with participants worked off the following definition of Commissioning:

*“Commissioning is the ongoing process of planning, procuring, contracting, monitoring and improving services to deliver better client outcomes.*

*“Commissioning is not one action but many, ranging from the needs assessment for a population, to service design and specification, procurement, contract negotiation and management focused on continuous quality improvement.”*

*Adapted from: <https://www.england.nhs.uk/commissioning/what-is-commissioning/>*

Using the South Australian Not for Profit Rules and Guidelines (SANFRAG) as a starting point, participants undertook three design activities as follows:



### Design sprint 1. Current State

Focusing on one of the SANFRAG principles and using a visual template:

What are the dying, current and emerging issues & practices in Commissioning in South Australia today?

What is urgent to address, change or adopt?

### Design sprint 2. “Ten years from now...”

Focusing on the same SANFRAG principle, and given the constraints and conditions in the South Australian context, what is a best version of the future? Participants drew particularly on the issues they had identified as most urgent to address.)

Describe this in terms of people & process, ‘front and back of house’, using a provided design template.

### Design sprint 3. Minimum Viable Change

Considering what you want to change and what your vision is for the future, what would a minimum viable change look like, that

government and the sector could start working towards in the next year? (Minimum: the smallest possible improvement that would make a tangible difference; Viable: possible with resources, time, budget and addresses all the important elements to change to create a meaningful impact)





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Think Human