# DHS logo

# **Q&A summary**

Evidence Forum

Learnings from a child-centred approach to Intensive Family Support Services

This document provides responses to questions submitted during the Evidence Forum, related to clarification around specific estimates or understanding the data collected, the availability of tools and resources, and questions seeking further detail about family support practice.

#### CFSS resources

**Question 1:** Is the risk and complexity assessment process/framework available for viewing as well as the practice resources? The mean risk was discussed but can we hear about the strength-based aspects as well?  

**Response 1:** The practice frameworks are available on the [DHS website.](https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/practitioner-resources)  
For each of the 44 factors included in the Family Complexity, a Pathways practitioner can record whether the family’s circumstances indicate that the factor is a ‘risk’ or ‘protective’ factor. For example, if concerns are reported that indicate a risk to child safety then the factor will be recorded as a risk. If information is provided indicting that the family has strengths or resources in relation to the factor, it will be recorded as a protective factor. Currently only a very small number of protective factors are identified or known at time of referral, this information is often not present. Our experience date is that the capture of family strengths and protective factors is more visible and thereby easier to record is at time-of-service engagement. Case workers record strengths and stressors using the Family Snapshot at time-of-service commencement and service closure. Family Snapshot is providing a more comprehensive picture of family's strengths.

**Question 2:** Are you able to share the practice guidance doc for centring the child's voice?

**Response 2:** The final version of this practice guide will be launched soon on the [DHS website](https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/practitioner-resources).

#### Data queries

**Question 4:** Henry’s slide indicated 40,000 children were reported to DCP each year .... could we please clarify if this is 40,000 unique individuals (i.e. that equates to approx 10% of 420,000 young people aged 0-19 in SA), .... or does it include multiple reports/notifications for some children?

#### Response 4: Yes, there are over 110,000 notifications to DCP CARL every year, but many of these are multiple notifications for the same individual. The 40,000 number noted in this presentation was unique children notified each year in South Australia. This means that around 10% of children in SA are notified each year. Our data also shows us that one in three children in SA will be notified by age 18.

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#### Question 5: Does the data track re-entry / re-referral of families into IFS?

#### Response 5: Yes, we are tracking re-referral, it is complex because families change in composition from one referral to the next, recognising the same family re-referred can be difficult, but early results indicate that around 25% of families will be re-referred within in 12 months.  But that percentage is much lower for families who receive services.

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#### Question 6: Are you able to look at any impact of childcare or preschool attendance and relationship to child wellbeing?

#### Response 6: School attendance concerns are recorded in the Family Snapshot, childcare attendance is captured in the Family complexity at time of referral, we are tracking the improvement in these concerns/issues and the association with longer term outcomes.

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#### Question 7: I would appreciate any data or information you might have regarding CALD families, as I noticed it's not included in the presentation. If there is currently no data available, could you share the reasons for this? It would also be helpful to know if there are plans to gather this information in the future

#### Response 7: Capturing accurate CALD information at time of referral is a challenge as most families are referred by DCP via community notifications. We are looking at alternative ways of recording relevant cultural identity information for families engaged in services. But currently, apart from Aboriginal cultural identity, we are only capturing very limited CALD information in the structured data.

#### Practice/CFSS system queries

#### Question 8: Is the assessment process that occurs when a family is referred the same regardless of whether a service is provided or not (based on funded capacity)? What is the family told about their referral/information provided/placement on a waitlist?

#### Response 8: Yes, the baseline complexity assessment that Pathways undertakes for each referred family is the same. There are additional psychosocial assessments completed by Pathways and CFSS service providers when they are allocated for action (i.e. in contrast to the 55% of referrals which we are unable to respond to due to a lack of funded service capacity).

#### When a family is allocated to an Intensive Family Service provider, those family support workers need to navigate the tricky conversations with families to talk about their referral to CFSS and the implications of engaging or not engaging with the supports being offered to them. These are clinical conversations carried out by skilled practitioners.

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#### Question 9: My experience is that Aboriginal children are sometimes being over reported due to the anxiety of school sites reporting things that they might not otherwise report for non-Aboriginal students in schools. There is a systemic issue here, what processes / support / systems are being reviewed to consider the cultural bias / systemic racism that occurs in this space?

#### Response 9: Safer Families Services works very closely with schools to minimise the over reporting and unnecessary concerns regarding Aboriginal families wherever possible, and addressing when concerns are raised while assessing if there is a cultural bias to their reports in consultation with Aboriginal Cultural Consultants. In addition to this, Safer Family Services ensures that all cases for Aboriginal children and families are reviewed by Aboriginal Cultural Consultants/Leads who provide cultural assessments and practice advice in line with our “Aboriginal Cultural Practice Framework”.

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#### Question 10: How do practitioners spend time with children to complete the three-house tools? How does the practitioner develop a relationship safely with the child?

#### The question comes about due to senior managers and program leads being concerned that we would be providing therapy.

#### Response 10: Safer Family Services do not provide therapy as such but rather provide child protection case management.  Where therapy is required, Safer Family Services will support a referral to the appropriate service. Practitioners engage with children regularly, at their home or independently at school, childcare, kindy, to build and develop a relationship with the child.  This might include drawing, playing one of the child’s favourite games, playing a sport or getting a milkshake for example.  It is important that the child gets to know the practitioner in a relational setting so that the child feels safe to share the strengths about their family/caregivers and their worries.  The three-houses tool is only one resource of many that might be used.  For non-verbal children, teachers, child care workers, kindy teachers, NDIS supports are also able to provide their observations or interactions with the child/ren that will give a voice or understanding of who the child is and elevate the child’s needs.

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#### Question 11: What are the reason's NGO's can't refer to directly to IFS? It has been extremely difficult working with families who are supported through SFSC when they are more appropriately serviced through IFS. There are no pathways to refer except through DCP to provide complex support.

#### Response 11: This is a very important and valid question. At the moment there are limited referral options in-place due to the extremely limited service capacity (as noted during the presentation CFSS currently only has capacity to respond to 37% of referrals), therefore any consideration to additional referral pathways needs to be carefully designed and constructed. We are actively reviewing our current referral system as part of the process for designing a new CFSS Strategic Plan – this is definitely one of the points that has been raised during the consultation on that document and is being fully considered.

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#### Question 12: Are any of the workers/supports/services offered to families provided with lived experience? Peer Mentors for example?

#### Response 12: Currently we utilise the wisdom of the lived experience network (LEN) to guide practice. Family by Family is a peer led service that we utilise when working with some families

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