THE FAMILY CENTRE APPROACH **TO EARLY INTERVENTION AND PREVENTION**



































Many families become vulnerable as they attempt to deal with a complex array of problems, often created by intergenerational trauma, abuse and neglect. In response to this **in 2005 a Family Centre was developed in Ingle Farm** as a result of community and family support services consultations conducted by the Salisbury Communities Communities for Children initiative.

FamilyZone Ingle Farm is an innovative and progressive model of engagement with families with children at risk of abuse or neglect. It offers integrated support facilitated by a number of professionals and agencies operating in a co-located space, **a one-stop-shop concept**.

It addresses a single-entry point 'no-wrong-door' approach that provides 'soft entry' for stressed and isolated families and avoids stigmatisation of vulnerable high-risk families. It also supports engagement of hard to reach populations and provides an important entry point to more specialised services.

The 'one-stop shop' model is particularly beneficial for implementing perinatal support, which assists parents with mental health, family violence and related needs.

"The 'soft' universal access engagement strategy used by FamilyZone Hub, supported parents' views of the service as a community facility for families to use, rather than a targeted service for families with problems." (McInnes & Diamond, 2011)

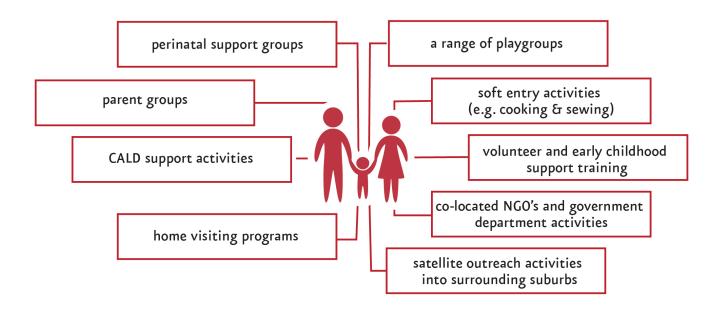
A universal service setting requires coordination between services so that problems such as impending homelessness, mental or physical illness and delays in children's development are identified and comprehensively addressed (McInnes & Diamond, 2011). Coordination depends on open communication, shared understandings of the integrated service environment as well as positive relationships between the different professionals who have day to day contact with families.

WHAT DOES THE FAMILY CENTRE APPROACH DO TO PREVENT CHILD ABUSE?



WHAT HOW WHO WHERE DOES IT WORK? WHAT'S NEXT?

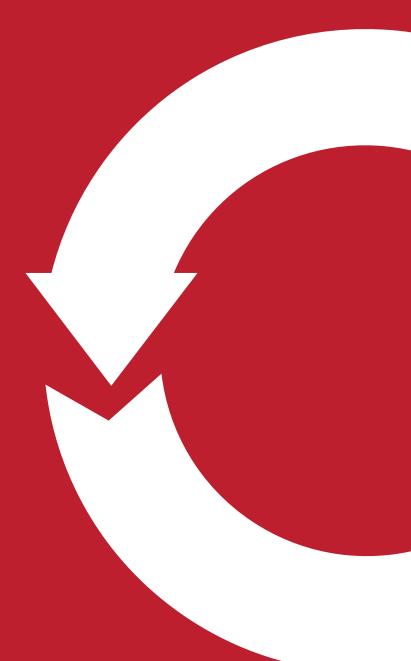
FAMILY CENTRE KEY ACTIVITIES



Family Centre services are designed to provide a holistic response to child and family needs. They facilitate prevention of child abuse and neglect by **bringing together a range of universal and targeted support services for families, all within a parent-friendly environment.** This integration supports families to transition to new groups or activities adapting to the changing ages and needs (McInnes & Diamond, 2011).

Families are engaged through a number of pathways including referrals, screening protocols, refugee settlement programs, word of mouth, social media and other digital presence. Parents also make a very significant contribution to the way services are designed and delivered, with an ongoing review process and consultation. Finally, a 'no 'wrong door' entry policy and exit points with warm referral processes are key elements of the approach.

HOW DOES THE FAMILY CENTRE APPROACH ADDRESS EARLY INTERVENTION & PREVENTION?



WHAT HOW WHO WHERE DOES IT WORK? WHAT'S NEXT?

AUSTRALIAN INSTITUTE OF FAMILY STUDIES (AIFS) - PROMISING PRACTICE PROFILE



KEY PRINCIPLES

	Family centered and holistic approach	
(III)	Establishment of strong links with state and local government departments	
ŤŤŤ	Multi-agency and multi-disciplinary	
	Subcontracting provision of key services to established local service providers	
	Cross cultural competence	
	Facilitating access to different groups that operate in the hub	
٩٩٩	Co-location of services	
	Unlimited access timeframe	
ŤŤ	Perception of workers as friends	

FAMILY CENTRES AND CHILD CARE CENTRES

	Family Centre	Child Care Centre
Capacity to respond to families in crisis	•	*
Child care	*	•
Early learning activities	•	•
Multidisciplinary staffing	•	*
Holistic approach	✓	*
Highly structured environment	*	✓
Family Focus	•	*

Child care centres can provide a quality educational experience for children. However Family Centres seek to engage with families who are experiencing stress and provide an environment where they develop trust and have opportinities for support and access to services.

Under normal circumstances, families at high risk of vulnerability are less likely to engage with services as

they tend to be cautious of such support due to previous unsatisfactory experiences or inaccurate information which they believe the services have about them. Family Centres are most effective when they have the strong capacity to respond to these families in crisis in a timely manner (Sims & Bettig, 2018), which leads to families continuous access to the range of wrap around services they require during such times.

WHO IS THE FAMILY CENTRE'S TARGET POPULATION?



FAMILY ZONE BENEFITS

(MCINESS & DIAMOND 2011)

Children



· Improved children's social and emotional development

DOES IT WORK?

· Improved adult, child and family relationships

Parents



- Improved parenting skills & knowledge
- Improved health

WHERE

FAMILYZONE SNAPSHOT JANUARY TO DECEMBER 2018

Contacts



FAMILYZONE

- 11,092 contacts with adults and children
- 729 individuals supported
- 129 CALD (Culturally and Linguistically Diverse)

SALISBURY

- 1,327 contacts with adults and children
- 585 parents engaged
- Adults attending English language and conversation classes more than 111 times

Visits



Some of these contacts involved several visits per week and some several per year depending on the complexity of the isssues involved

Team



An interagency, multi and trans-disciplinary team coordinated the various activities developed to enhance wellbeing & resilience in young families

The following case study demonstrates the intensity of support provided to a family through the FamilyZone model where this is needed. It reflects the benefits of integrated

service provision, the nature of 'wrap around' services needed for complex cases and the value of targeted and mainstream activities. WHAT HOW WHO WHERE DOES IT WORK? WHAT'S NEXT?

TESSA'S STORY

Tessa and baby Oscar were referred to Home Visiting when Oscar was 6/12 and was reportedly an unsettled baby. On paper at least, this referral had the potential to be straight forward and routine. Initial assessment revealed a different and quite complex story — Tessa was suffering from depression — later diagnosed as postnatal depression. The house was disorganised, dark and gloomy and she was immobilised on the lounge with a screaming baby on a mat on the floor. She reported her husband was no help because he was on work-cover suffering from depression as the result of a major road accident some years previously. He couldn't handle the baby crying and had withdrawn from the family emotionally and physically.

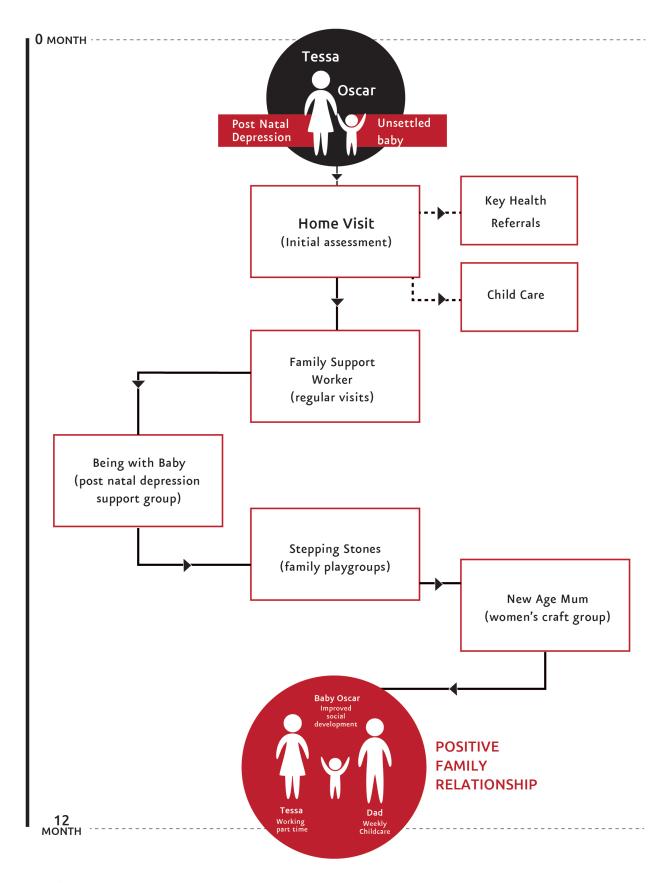
Referral to a local GP resulted in referrals to a paediatrician for Oscar and a psychologist for mum along with a mental health plan which gave her access to child care and a post-natal depression support group (Being with Baby). We also placed a family support worker to visit on a regular basis.

The skills learned from Being with Baby contributed to Tessa changing her pattern of thinking. She persevered with child care, at times finding the conflict between wanting to be a good mum and her need for time out, almost too much. The skills learned from this group also influenced her marital relationship. To support the positive changes occurring in this family she was offered the opportunity to attend Stepping Stones play group which follows Being with Baby. This is a very small supported play group which encourages families at an individual level and makes connections with the broader community, i.e. library, speech pathologist.

Tessa was also encouraged to join several of the groups operating at FamilyZone. She chose to join New Age Mums group where she found the support to enjoy her parenting but also voice concerns and ask questions of the other women. While she was able to have her baby close by, she also enjoyed the company of the other women.

Twelve months down the track Tessa has secured child care with which she is happy – she has returned to work three days a week. Baby Oscar is a lively likeable toddler who socialises well within the group setting but has obvious strong attachment to his mum. He also has a strong attachment to his dad who is now also responsible for child care one day a week. They report their relationship is much more positive – they really appreciate the support offered and the journey FamilyZone travelled with them.

TESSA'S JOURNEY WITH FAMILY ZONE HUB



WHERE ARE FAMILY CENTRES LOCATED IN SALISBURY?

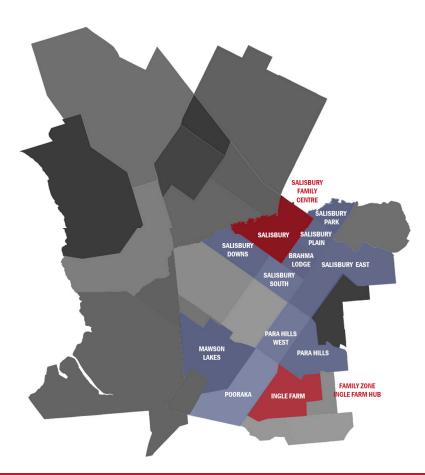


The FamilyZone Hub is located at Ingle Farm Primary School site in the **north of Adelaide Metro**. It is part of the federally funded Communities for Children program which has been established in the Salisbury district.

The FamilyZone Hub opened in July 2006 providing support for families with pre-school aged children living in Ingle Farm, Para Hills, Pooraka, Para Hills West and Salisbury East suburbs. Boundaries were initially extended to include Para Vista and Brahma Lodge (McInnes & Diamonds, 2011).

Suburbs were further extended in 2015 to include Mawson Lakes, Salisbury, Salisbury Downs, Salisbury Heights and Salisbury South.

The Salisbury Primary Hub is now located at Salisbury Primary School. It partners with the Community Hubs Australia initiative which has developed additional hubs in the North of Adelaide and beyond.



POSTCODES WHERE SALISBURY COMMUNITIES FOR CHILDREN IS FUNDED

- 1- Para Vista 5093
- 2- Pooraka 5095
- 3- Para Hills 5096
- 4- Ingle Farm 5098
- 5- Salisbury East 5109
- 6- Brahma Lodge 5109
- 7- Salisbury South 5106
- 8- Mawson Lakes 5095
- 9- Salisbury 5108
- 10- Salisbury Downs 5108
- 11- Salisbury Heights 5109

DOES THE FAMILY CENTRE APPROACH WORK?



The community hub strategy is based on evidence that in socio-economically disadvantaged communities, coordinated approaches across sectors can improve social and educational outcomes for children on the pathway to school, and families can receive more comprehensive parenting support within a **'one stop shop' approach.**

An evaluation conducted by University of South Australia (McInnes & Diamond, 2011) showed that "there is clear evidence that FamilyZone Hub is meeting its objectives of providing an environment which is supportive of child-friendly and inclusive communities, effective service coordination for children and families and improvements in children's development and well-being and positive family relationships"

These findings were aligned with the results driven by an extensive national evaluation of the Communities for Children (CfC) initiative (Edwards et al, 2009). "The overall conclusion is that, on balance, there is evidence that CfC had positive impacts". The positive impacts were that:

Children

· Fewer children were living in a jobless household

Parents

- Reported less hostile or harsh parenting practices
- Felt more effective in their roles as parents

Community

 Similar social and educational improved outcomes have been shown by a close analysis of secondary data 'sources approaching the Ingle Farm region. The Australian Early Development Census (AEDC) data released in 2006 showed that Ingle Farm had the highest proportion of children vulnerable in one or more domains² (32.5%) of all the suburbs in the Salisbury CfC site³ and the northern suburbs of Adelaide.

AEDC results measured again in 2009 revealed no significant change (32.9%), with Ingle Farm showing higher figures than Salisbury CBD & City of Salisbury as a whole. However, in 2012 a reduction, by approximately one third, of children vulnerable in one or more domains (22.5%) was measured for Ingle Farm. This positive impact was sustained and marginally improved as shown by 2015 data.

By 2012 most of the o-5 year olds and their families engaged in the site would have been part of the cohort assessed on entering reception. In contrast, the 2009 cohort would have measured children who had experienced some early intervention activities as pre-schoolers, but without any involvement in CfC's activities during the perinatal period as they were not yet in operation. This data lends support to the **importance of intervention** in the first one thousand days, together with the notion that community capacity building initiatives such as CfC can be expected to take some time before their impact becomes measurable.

¹⁻ Secondary data is data gathered from studies & surveys that have been run for other research, in contrast to Primary data, which is collected from a first-hand source.

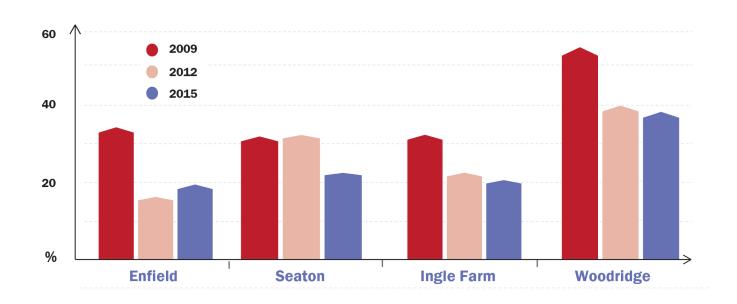
²⁻ AEDC domains refer to five key areas of early childhood development: Physical health and well-being, Social competence, Emotional maturity, Language and cognitive skills and Communication skills and general knowledge.

³⁻ At that time the Salisbury CfC site did not include Brahma Lodge, added in 2009.

AEDC VULNERABILITY IN ONE OR MORE DOMAINS FOR INGLE FARM & SALISBURY 2009-2015



AEDC VULNERABILITY IN ONE OR MORE DOMAINS FOR SUBURBS WITH FAMILY CENTRES 2009-2015



The SA Department for Education has been instrumental in providing significant space in partnership with Salisbury CfC to develop this centre at Ingle Farm Primary School, and with the addition of a Children's Centre in 2011 it now offers one of the **most comprehensive early childhood support services of its kind.**

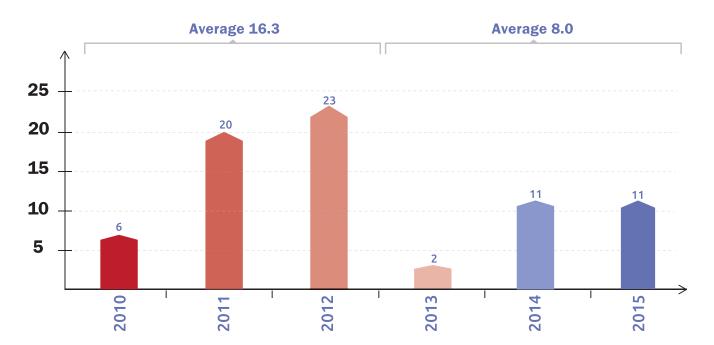
The Salisbury site drew on the experiences of a prior state and federally funded initiative, the C.a.F.E. Enfield. The same AEDC data has shown a significant reduction (-14%) in child vulnerability in one or more domains for the suburb of Enfield between 2009 and 2015. The North Western Adelaide CfC site also developed a family activity centre at Seaton and this suburb also saw a 9.7 % reduction in vulnerability in one or more domains between 2009 and 2015.

A few other CfC sites developed family centres including one at Woodridge in Queensland which saw a 16.2% reduction in vulnerability in one or more domains between 2009 and 2015 through other developments such as improved preschool services.

According to the Early Intervention Research Directorate (2019), +26,000 children in South Australia were reported to the child protection system in the period 2013/14, with this figure showing an alarming increase in the following years.

In contrast, in the Ingle Farm area **substantiated child abuse notifications have decreased in the 2012-2015 period, with a reduction of about -50% on average** in comparison to the previous three-year period.

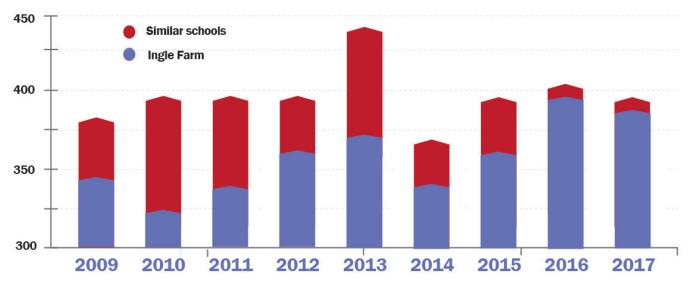
SUBSTANTIATED NOTIFICATIONS INGLE FARM/WALKLEY HEIGHTS 2010 TO 2015



Finally, academic achievement, as measured by NAPLAN, has also improved at Ingle Farm Primary School, as the cohort that received intensive family support at FamilyZone in the early years has moved through primary school. Children who were supported from the commencement of FamilyZone Ingle Farm between 2007 and 2010 undertook NAPLAN at year 3 during 2015 (approximately at 8 years of age).

The results shown below support the idea that their engagement with the Family Centre was effective: the Ingle Farm Primary School NAPLAN average score showed a substantial increase in 2015 and subsequent years. This overall score improvement is encompassed by a score increase across four out of the five domains for the period 2015-2017.

AVERAGE NAPLAN SCORES ACROSS ALL AREAS FOR INGLE FARM AND SIMILAR SCHOOLS 2009-2017 AT YEAR 3



NAPLAN scores across all areas for Ingle Farm and similar schools 2009-2017 at year 3

The 2018 AEDC saw a reduction in vulnerability in one or more domains in the Salisbury CBD of 16.1% from 2015 while Ingle Farm saw an increase of 7.4 %. In 2015 funding in the Salisbury site was redirected to the Salisbury CBD area largely due to its high levels of vulnerability and funding of Ingle Farm services were cut to by more than half. While these results do not reflect trend data, and there are other compounding factors, they do support the notion that too large a decrease in services may result in a significant loss of the gains made when the services were introduced.

The level of services at Ingle Farm had also been significantly reduced in 2010 when policy was changed to include services for the 6-12 age range, without additional funding.

The 2006-2009 cohort received the most intense level of services and has achieved the most significant gains as measured by the AEDC, substantiated notifications data and Naplan. It is also of interest that the People's Choice of Housing 2019 report saw Ingle Farm as one of the most fast improving suburbs, leaping 28 places from the 2018 index.

WHAT'S NEXT?

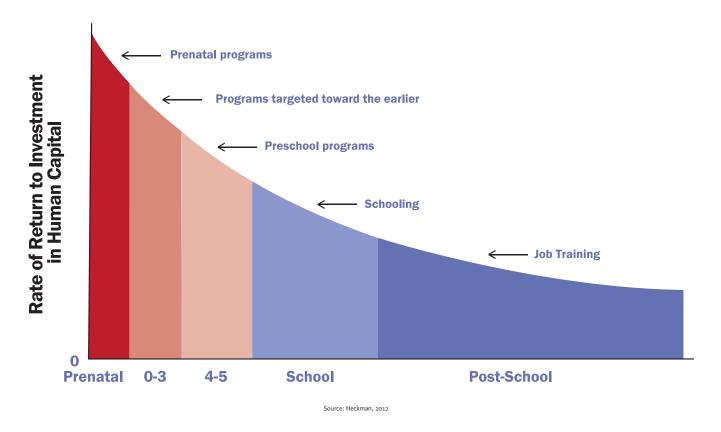


The Family Activity Centre approach to integrated service delivery offers a socially innovative way forward towards achieving the kind of tenfold return on investment predicted by Professor Heckman (see graph below). It provides the kind of services that support families, especially in the first one thousand days of a child's life, when they are most needed.

The better the kind of support is provided to young parents during these early years, the better will be their physical, social, emotional, cognitive and spiritual foundations. Therefore, it is imperative that they receive the best possible care, learning and nutritional environment in the early years to give our children the best possible start in life.

HAT'SNEXT?THE

EARLY CHILDHOOD DEVELOPMENT



Children need to grow up in a **supportive community.**Many communities are trying to deal with significant and challenging family problems and need to be engaged with professionals who are skilled in identifying and addressing issues. How do we develop child and family supportive communities at a scale and character that addresses barriers at every level and so potentially make a significant contribution to ending the kind of family violence which adversely effects child development?

To do this we need to adopt a whole of community government and family approach to supporting families at risk of vulnerability. **By bringing together people working on all levels of society** — from the local community to the national and global levels — coordinated, integrated and holistic approaches to ending vexing issues such as domestic violence can be created. Government, social and family service organisations, educational and religious institutions, health care facilities, and business all have important roles to play in the efforts (Asay. et. al., 2014).

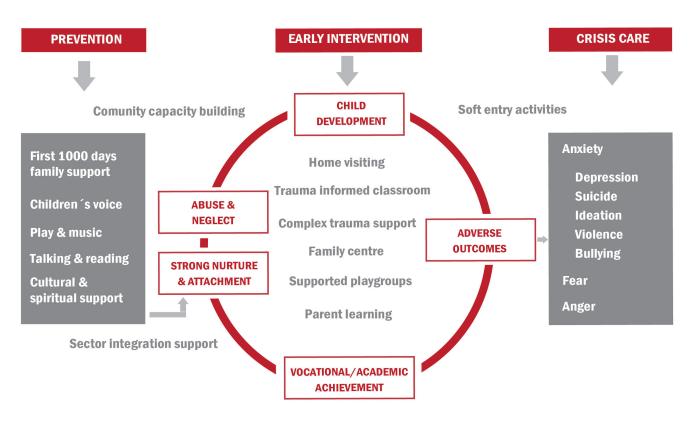
Effective early intervention and prevention will involve developing a range of strategies and influencing variables that impact child development. Strategies such as community capacity building, sector integration support, soft-entry activities, parent learning, supported playgroups, home visiting, complex trauma support and trauma informed classrooms are important components of an integrated family support system. All these are aligned to the Early Intervention Research Directorate Summary Report of Research Findings (2019), which refers to Child centred and family focused approach, targeted for families with complex needs and trauma histories, and designed by service providers,

clients and researchers among other key elements for effective intensive intervention systems.

An effective redesign of the service system moving the current investment focus away from expensive crisis care towards early intervention and prevention can change the current trajectories (Sims & Brettig, 2018).

The Family Centre Approach has already demonstrated having a significant impact on families, as its flow captures the complexity of their situation.

REDISIGNING & IMPLEMENTING AN INTEGRATED FAMILY SUPPORT SYSTEM USING A WHOLE A WHOLE OF COMMUNITY, GOVERNMENT & FAMILY APPROACH



KEY STRATEGIES & VARIABLES

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The Family Centre approach to early intervention and prevention

An evidence-based report on the importance of a holistic approach to preventing adverse social outcomes

Prepared by Nova Smart Solutions

