Submission No 40

INQUIRY INTO SERVICE COORDINATION IN COMMUNITIES WITH HIGH SOCIAL NEEDS

Organisation: Australian Research Alliance for Children & Youth

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ARACY
Australian Research Alliance for Children & Youth
Collaboration • Evidence • Prevention

Submission to the NSW Legislative Council's Standing Committee on Social Issues

Inquiry into Service Coordination in Communities with High Needs

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Prepared by the Australian Research Alliance for Children and Youth

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Introduction

The Australian Research Alliance for Children and Youth (ARACY) is pleased to make the following submission to the NSW Legislative Council's Standing Committee on Social Issues in relation to the current inquiry into service coordination in communities with high social needs.

ARACY is a national peak body for child and youth wellbeing. We focus on bringing researchers, policymakers and practitioners together to turn the best evidence on 'what works' for child and youth wellbeing into practical, preventive action to benefit all young Australians. Established in 2001, ARACY continues to build on the founding idea that the complex issues affecting young Australians cannot be solved by one individual or organisation working in isolation. ARACY, along with its 3000 members, is in the business of brokering practical and innovative strategies to improve child and youth wellbeing.

In 2013, ARACY launched *The Nest* action agenda at Parliament House, Canberra, with the support of all major parties. *The Nest* is a national plan for child and youth wellbeing. The action agenda was developed collaboratively with ARACY's partners and identifies key priorities and effective interventions for 'turning the curve' on child and youth wellbeing. The NEST provides a framework for aligning government, community and business efforts in order to improve outcomes for children and young people.

During 2014 and 2015 we worked with the NSW Departments of Premier and Cabinet and Family and Community Services to produce a Literature Review of evidence regarding effective prevention and early intervention which we expect will be made public later this month. This review included consideration of the international evidence regarding service coordination. Relevant excerpts of that research have been incorporated below.

Current coordination efforts

ARACY's key areas of focus in this submission are grounded in research and corroborated by the experience of our membership.

Government and non-government service providers in NSW most often do attempt to provide a coordinated response to the multiple needs of clients. Indeed recent consultations across most NSW Districts regarding youth homelessness highlighted a hunger among service providers for greater coordination across sectors and a willingness to contribute to coordination efforts around children, young people and families. However, this desire for a coordinated response to clients in areas of high social need faces a number of barriers. Stakeholders consistently identified a need for:

- Governance mechanisms to support coordination at both a service system level (eg. collaborative planning and co-design across agencies and sectors) and at a service delivery level (enabling case coordination)
- An over-arching strategy, with agreed population outcomes, around which sectors and services could coordinate their efforts

The ten year strategic plan from NSW Kids and Families for 0 – 24 year olds, *Healthy, Safe and Well,* reforms by FACS in the area of prevention and early intervention, and the current work by the NSW Advocate for Children and Young People towards a whole of government strategic plan, offer opportunities for NSW to develop directions around which services can coordinate at District and local levels. Some Districts are already working towards cross-agency and cross-sector plans for children, young people and their families.

Previous successful efforts towards coordinated local strategies for children, young people and families have been enabled by a central mandate with local collaboration and flexibility. They have lost their way once central direction becomes unclear or stale – becoming focussed on initiatives rather than continually improving strategy to achieve agreed outcomes.

In the absence of an over-arching state-wide strategy with local planning and implementation, individual coordination initiatives do rely on Ministerial level support. The Dubbo Minister's Action Group and the development of Connected Communities are excellent initiatives which have to operate "against the tide" of the normal levels of local strategy and coordination.

The context for place based responses to high social needs is critically important. Place based responses work best where there is a sound universal platform designed to improve outcomes at a population level and which enables proportionate responses to need. Without this universal coordination of strategy around key population outcomes costs escalate as opportunities for lower cost early intervention are missed. In a "safety net" approach where there is an inadequate universal platform, people experience a service system which seems only to respond to crisis and does so with intrusive and coercive services. The people who most need services are frequently those who least trust services to deliver what they need with respect. A sound universal platform better enables engagement with high needs clients. Adequate perinatal services, early childhood services, learning support in schools, family support, mental health services and vocational education and training are some of the key elements of a functioning universal platform which enables people in areas of high social need to avoid long term welfare dependence and live fulfilling, productive lives.

Where individuals do need more intensive responses stakeholders often point to the need for the timely availability of mental health, drug, alcohol, intensive family support and family violence services. Progress achieved by one set of interventions can be undone by the lack of timely access to a single specialist service or suitable housing.

Barriers to effective coordination

Despite the extensive efforts of the legislature concerns regarding privacy remain an obstacle to effective information sharing for service coordination. For some providers their real responsibilities and permissions remain uncertain, while for others the obstacles are ethical or philosophical.

Service coordination around people with complex needs relies on a level of base-line workforce competence regarding challenging behaviour, trauma, cognitive impairment,

disability and mental health – as well as access to specialist services. Workforce development has not necessarily kept up with advances in evidence based practice.

Increasing the flexibility of funding contracts is improving the ability of services to collaborate and provide holistic services. Where government or non-government providers experience constrained budgets there are trends of agency retreat to core business and core accountabilities – with less resources for partnership and coordination; and trends of agency engagement with wider partners in order to draw greater resources around shared priorities. In both trends there is an increasing focus on those most in need.

Our clear understanding is that service coordination in communities with high social needs relies on a wider strategic approach focussed on improving outcomes at a population level. With that wider approach as a foundation, local coordination is able to deliver responses which are proportionate to the level of need and secure a long term return on investment.

A proposed approach - coordinate for proportionate universalism

There is an ongoing debate regarding the relative cost effectiveness of universal and targeted services (Moore, 2008). Universal services tend to involve lower costs per-person but greater costs overall. They have the benefits of accessibility, being non-stigmatising, focusing on prevention and reaching the majority of children in need and therefore lifting wellbeing and outcomes at a population level. Targeted services often involve substantially higher costs per-person, with potentially lower costs overall (although often the administrative costs of determining eligibility make this approach more expensive). They may be the most appropriate response to emerging or established problems, but they may not reach all those who require them and are often difficult and stigmatising to access.

Further, while targeted interventions can shift the 'tail' end of the population distribution, because there are far greater numbers of children experiencing developmental difficulties across the rest of the population, universal interventions are much more likely to deliver large-scale, population-level change.

Heckman argues for the prioritisation of young children experiencing disadvantage, given the higher rate of return and the need to compensate for poorer rates of parental investment (although he defines disadvantage as poor parenting rather than simply economic or social disadvantage). For example, cost-benefit analysis of Nurse Family Partnerships shows a much higher benefit to cost ratio where it has been delivered to high risk families (5.70 : 1) compared with low risk (1.26 : 1), with higher risk families being the group for which the program could make more of a difference. That is to say, while "monetary payoffs may still be positive for universal programs, the rate of return may be higher when programs are targeted toward the groups that are likely to benefit from them most" (Kilburn & Karoly, 2008, p. 17). Similar findings are noted in the cost-effectiveness assessments of Nurse Family Partnerships by Segal et al. (2013), with greater cost effectiveness of the programs that were engaged with higher risk families.

However, families with the greatest levels of need or the greatest potential to benefit from targeted interventions are often the least likely to access them and the most difficult to

retain in an intervention long enough to receive the 'dose' needed to change outcomes. Our systems are not consistently effective in identifying needs and vulnerability does not only cluster in specific geographic areas. Moreover, analysis from the UK draws on long-term modelling to argue that both universal and targeted investment is necessary to secure long-term change (AFC & NEF, 2008, p. 22). They argue for effective targeted investment to break the cycle of entrenched disadvantage and trauma, but suggest that to sustain the impact of targeted investments, high quality universal systems are essential:

> *Without investment in the universal services, we are unable to 'lock in' the gains made by investment in targeted services. We will have improved outcomes and life chances for today's most vulnerable and at-risk children but we will not have succeeded in preventing the same problems (i.e., poverty, inequality) from having an adverse effect on their younger siblings or their own children.*

Importance of systems thinking and proportionate universalism

Designing systems that enable and promote evidence-based ways of working (evidenced-based programs as well as evidence-based practices) is a key priority for reform.

- Systems thinking involves holistic approaches to problems – understanding how the whole system works rather than merely 'joining up' services.
- Systems, structures and processes can be designed and used to drive service delivery that achieves outcomes and fosters innovation.
- Effective systems have a common vision, outcomes framework and monitoring systems to report progress, support evidenced based practice, meet the needs of service users and foster continuous improvement.
- Systems change involves consideration of ways of working (common assessments, joint commissioning, multidisciplinary approaches, collective impact models) which leverage and reflect the context and realities of child development in family and community life (reflecting an ecological model of child development).
- Implementation and program fidelity are as important as the interventions themselves – poor implementation of best practice approaches can result in negative outcomes.

> *"A system that incorporates the principle of proportionate universality for children in their early years would create and maintain a platform of universal services organized in a way that would eliminate the barriers to access that affect populations in the highest need" (Human Early Learning Partnership (HELP), 2011, p. 1).*

The importance of 'systems thinking' for early intervention and prevention is emphasised most in the literature concerning a range of recent UK reforms, where it is argued that the key to success for early intervention is 'a reorientation of the system at all levels' (C4EO, 2010, p. 8). The role of universal services and, in particular schools, is underlined in these approaches. Change proponents argue for the systematic approach to achieving change that avoids 'cherry picking' from recommendations and instead draws on holistic suites of measures, considering the influences on outcomes that collectively will have most impact:

> *These golden threads [key factors] have to be taken together, applied universally and pursued relentlessly to achieve significant change. In other words, they are not a 'pick and mix' list but a recipe for whole system change. These are the keys to change, are of interest to everyone but in particular are essential reading for those responsible for leading and managing services, especially Directors of Children's Services (along with their partners…) and other leaders across the children's sector (C4EO, 2010, p. 17).*

The principle of proportionate universalism (Marmot, 2010) underpins this paper's discussion of system design. The fundamental proposition of this approach is that: "focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage" (Marmot, 2010).

The rationale for this approach is the 'prevention paradox' – while poorer children are at greatest risk of vulnerability, a greater number of children across the population are vulnerable. As a result, the key to reducing vulnerability in the early years is a universal platform of supports and services available to all children. This platform needs to be accompanied by additional targeted services for highly vulnerable children and children in low SES ranges or geographical areas. Key also is the elimination, as far as possible, of barriers to access (HELP, 2011).

Proportionate universalism is a response to the limitations in investing in either universal or targeted services:

- "A universal approach has the potential to improve things for children in all SES ranges. But in practice, children in higher SES ranges tend to benefit more than those in lower SES ranges. This is because lower SES families are more likely to face obstacles to accessing services – these might be physical, cultural, or social. Using a universal approach without addressing barriers to access, one that provides the same service to all, can actually steepen the gradient, and create greater differences in child outcomes between SES ranges" (HELP, 2011).
- "Targeting programs toward children who are most vulnerable has the potential to reach children in the greatest need. But targeting also has substantial challenges. First, targeted solutions can reach the most vulnerable children in low SES ranges in a more intensive way, and so possibly improve outcomes for these children. However, as the largest number of vulnerable children are in the middle class, the majority of vulnerable children are missed. Second, targeting programs in itself does not eliminate barriers to access – barriers such as the stigma associated with some programs continue to affect families. Targeting alone then, does not flatten the social gradient overall and improve child outcomes across the whole population" (HELP, 2011).

There are clear indications that, currently, the families that most need assistance are the least likely to access help and that secondary services are overwhelmed and failing to cope with demand, even though they are not close to reaching all those who need help (Moore,

2006). All levels of the service system appear to struggle to engage and retain vulnerable families. Moore identifies four major themes from his review of current system limitations:

- the need to shift from treatment and targeted services to a universal prevention approach;
- the need to develop an integrated tiered system of universal, targeted and specialist services;
- the need to shift from a risk-based approach to targeting children and families in need to a response-based approach; and
- the need to develop better ways of engaging and retaining the most vulnerable families (Moore, 2008, p. 8).

The potential for proportionate universalism to reduce costs

The appeal of the proportionate universalism (Marmot, 2010) is that it combines the strengths of both universal and targeted approaches. However, in order to be effective, proportionate universalism requires universal systems that are primed and capable of accurately identifying needs, and early intervention and tertiary services (of the right duration and intensity) need to be available. Sayal (2006) outlines a common pathway to need identification and service response for children with emerging emotional and behavioural difficulties:

- **Parental perception of problems**. Following parental awareness of child symptoms, parental perception of problems is the key initial step in the help-seeking process.
- **Use of primary care services**. Although children with mental health problems or disorders are regular attenders within primary care and most parents acknowledge that it is appropriate to discuss concerns about psychosocial issues in this setting, few children are presented for treatment of mental health symptoms even if their parents have such concerns.
- **Recognition within primary care**. Subsequently, less than half of children with disorders are recognised in primary care.
- **Referral to or use of specialist health services**. Amongst recognised children, about half are referred to specialist services (Sayal, 2006 in Moore, 2008, p. 3).

In this pathway, the potential for additional and unnecessary costs is significant: if parents had knowledge of evidence-based child development and parenting practice information, their ability to recognise and respond to emerging issues would be strengthened; if primary care services were better able to identify potential issues, engage with parents and provide appropriate support and referral (including in areas outside their direct area of expertise); and if alternative, community-based early intervention was available, the pressure on expensive one-on-one consultation with specialists would be reduced.

It is clear that continuing with existing models of delivery is fundamentally unsustainable,

and will continue to accrue enormous costs:

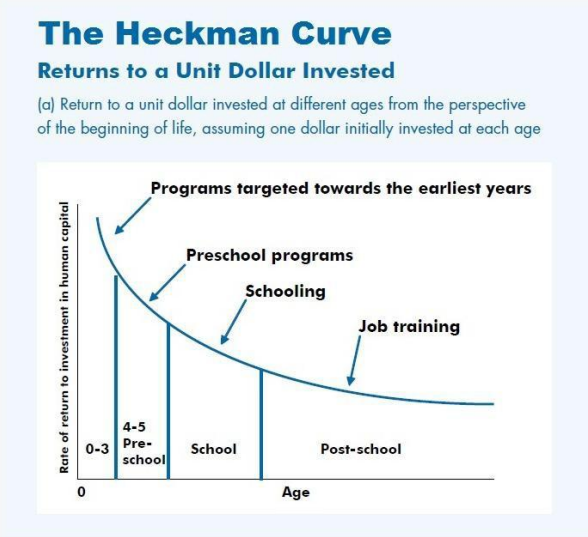
> *Targeted policies and services to meet the special needs of children with chronic problems, or who face difficult circumstances, will always be required. However, such services will continue to consume an ever-increasing proportion of public expenditure on social and other human services unless there is a substantial repositioning of policy from its current focus on remedial and treatment services towards increased investment in universal prevention for all children, particularly in the early years. (Richardson and Prior, in Moore, 2008)*

Coordinate to intervene early

The evidence from the child development sciences (including neuroscience, psychology, genetics and numerous longitudinal studies from multiple countries) is clear that early childhood and early adolescence offer crucial windows of opportunity to build strong cognitive and social and emotional foundations, which in turn equip children and young people to cope with adversity and optimises their life chances. The theoretical rationale for prevention and early intervention, and for prioritising investment in the early years, is incontrovertible.

In addition to being crucial to children's developmental trajectories, it is clear that investments in the early years and in prevention and early intervention more broadly yield significant financial returns. The return on investment for prevention and early intervention is consistently greater than costly remedial responses; preventative investment reduces downstream expenditure on remedial education, school failure, poor health, mental illness, welfare recipiency, substance misuse and criminal justice. Expenditure on evidence-based prevention initiatives reduces incidence and prevalence at a population level. It is most cost effective to invest in early intervention that resolves issues as they emerge and are malleable, rather than responding to crisis, toxic stress and trauma, which is both more challenging and more expensive to resolve.

Figure 1: The Heckman Curve



The costs of late intervention and responding to symptoms rather than causes

There is a strong argument that expenditure on late intervention and crisis responses is becoming unsustainable – rising demand and increasing complexity is creating significant long-term challenges for government budgets. National and state budgets consistently favour reactive tertiary responses over proactive preventive investment: Michael Marmot found that only 4 per cent of health funding in the UK was targeted at prevention (Marmot, 2010, 26), while a Scottish parliamentary inquiry cited evidence that 40-45 per cent of their total public spending was on short-term responses to social problems (Christie, 2011), and it is estimated that only 1.6 per cent of all health spending in Australia is on prevention-focused public health (Australian National Preventive Health Agency [ANPHA], 2013, p. 32).

The pressure on public expenditure from addressing dysfunction is one driving force behind moves toward prevention and early intervention internationally. A UK think-tank estimated that at current levels, spending on social issues will amount to £4 trillion over a 20 year period (AFC [Action for Children] and the New Economics Foundation (NEF), 2009). Allen and Smith (2008, pp. 33-34) estimate that current annual expenditure on the impacts of social issues is over £140 billion on social welfare, £20 billion incurred from the costs of violence, £2 billion on children in care and £1 billion spent on the costs arising from child abuse. Canadian research estimates that reducing early childhood vulnerability (as measured by the Early Development Index) by nine per cent by 2020 would result in an increase in GDP of more than 20 per cent over the life course of those children (Kershaw et al., 2010).

In Australia, a number of studies have sought to establish the costs arising from aspects of vulnerability and dysfunction, including the remedial interventions instigated in relation to these. ARACY extrapolated the Canadian research cited above and determined that reducing rates of childhood vulnerability as measured by AEDI could result in a 7.35 per cent increase in GDP over 60 years (ARACY, 2014). valentine and Katz calculated the long-term annual human and social costs of child abuse and neglect in Australia, which in 2003 were estimated to be close to $2 billion (2007, pp. 5-6) (valentine and Katz, 2007). Almost half of this cost was accounted for by adult criminality arising later in life.

Estimating cost savings from reducing vulnerability and dysfunction

Data analysis and modelling from Deloitte Access Economics (2012) demonstrates potential cost savings from reducing the incidence of a range of modifiable outcomes. The analysis estimates the net present value (NPV) of the cost of a range of scenarios accumulated between the period 2008-2050 if the patterns for these scenarios continue on current trajectories. This forms the basis for modelling potential cost savings that would arise from a 25, 50 or 75 per cent linear reduction in the rate at which a set of problems occurs (for example, if obesity rates were to reduce by 50 per cent between 2008-2050, it would result in $21,310 million dollars being saved over this time) (Table 1).

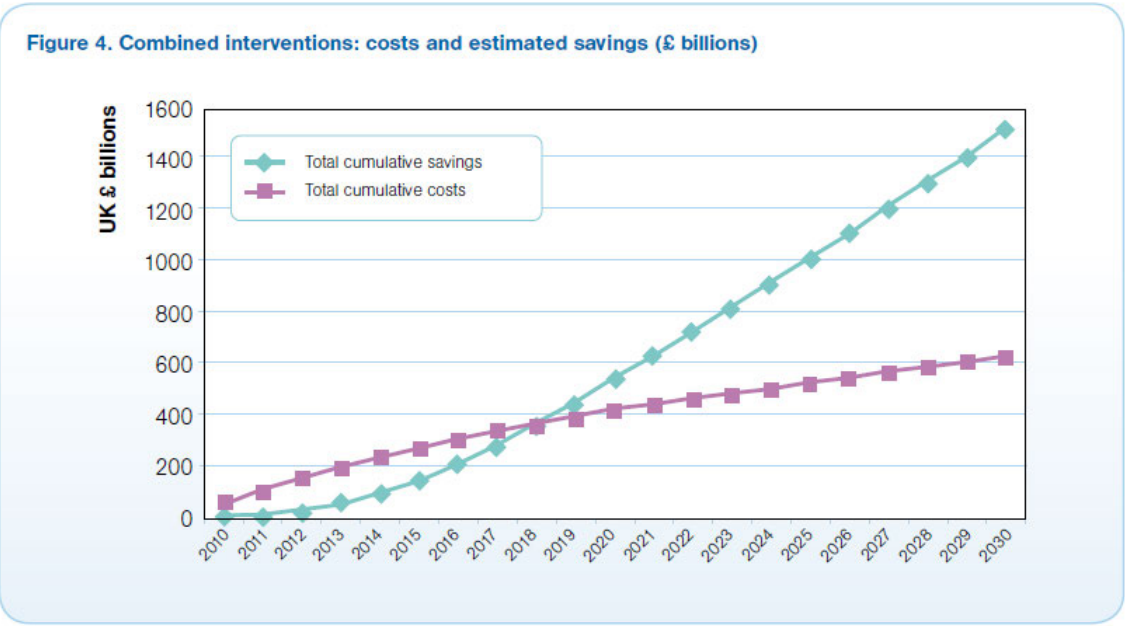
Table 1: Financial cost and potential savings for scenarios between 2008-2050 in Australia (Deloitte Access Economics, 2012)

	Financial cost 2008-2050	Cost saving with 50 per cent reduction 2008-2050
Child abuse and neglect	$25,494m	$5,460m
Obesity	$98,948m	$21,310m
Mental illness	$59,312m	$12,379m
(Unrealised) human capital	$418,070m	$87,324m
Crime and delinquency	$1,380m	$289m
Bullying	$46m	$9.7m
Adolescent pregnancy	$4,130m	$868m
Binge drinking	$5,816m	$1,219m

Due to inter-relationships between scenarios, the potential cost-savings established in this analysis are not cumulative; however, this modelling does indicate that substantial savings would be made from a reduction of 50 per cent in each of the scenarios. Savings would also begin to emerge after five years and increase exponentially over the longer term (Deloitte Access Economics, 2009, p. 70). Even with the conservative estimate of 25 per cent, the modelling suggests that within five years, child protection costs could reduce by $52m, obesity by $185m and mental illness by $120m (Deloitte Access Economics, 2009, p. 70).

Similarly, in the UK, Action for Children and the New Economics Foundation have estimated the cost to the UK economy of continuing (and rising) dysfunction in society and calculated the cost for introducing and running a suite of evidence-based targeted and universal interventions to address levels of dysfunction emerging through childhood. Utilising conservative effect size data and delivery costs, the analysis estimates that with an investment of £620 billion over 20 years, a saving of £1.5 trillion could be anticipated (equating to a net saving of £880 billion) (Figure 2). Savings would begin to outweigh investment within eight years. Interestingly, it is investment in targeted interventions that would yield the quickest return – breaking even in five years, compared to twelve years for universal interventions (Aked, Steuer, Lawlor & Spratt, 2009).

Figure 2: Long-term impact of systems reform to improve universal and targeted interventions



Beyond the clear financial and social benefits of prevention, there is also an ethical argument to be made for investments that optimise children's life chances and that actively seek to prevent their chances of experiencing abuse, neglect, ill-health, poor achievement, psychological distress and diminished opportunity. Prevention and early intervention approaches build personal capability and responsibility, and avoid the state exercising coercive and/or intrusive powers into the lives of individuals and families due to issues which they would have more willingly accepted assistance on earlier (for example child protection, mental health and justice responses).

Analysis of what works for coordination

The strategies and initiatives with evidence of effectiveness represent a 'new generation' of coordinated working strategies. They go beyond earlier 'place-based' and systems change initiatives in that they are explicitly focused on realigning system-level levers and involve formal processes, governance and/or budgetary arrangements for making investment and service delivery decisions based on evidence. There is mixed evidence for less structured 'place-based' approaches (valentine & Hilferty, 2009; House of Commons, 2013). For instance, the National Audit Office in the UK found limited evidence that various integration initiatives and reform efforts improved outcomes. They reviewed 181 publications related to place-based collaborative planning and delivery models and found that "only ten past evaluations had assessed impact on service-user outcomes. Seven of the ten reported a lack of robust evidence that joint or collaborative working improved outcomes" (NAO, 2012, p.

8), while "the remaining three referred to tentative evidence of some impact, but all raised methodological issues that weakened the reliability of results" (NAO, 2012, p. 16).

The modest impact of earlier multi-agency or collaboration initiatives may be due to the fact that they were working against entrenched structural barriers and were often reliant on goodwill and the commitment of individuals and organisations willing and able to work beyond their core business. These more informal approaches may work when local conditions and circumstances are conducive – where there are champions on the ground, histories of collaboration or working in the way intended by the reform process, and a shared underpinning philosophy – but if they do not alter the way the system works, they are vulnerable to key staff leaving, to a loss of momentum if new ways of working do not become part of routine business practice, and may not be sustainable in the long-term.

Newer bottom-up change models – such as Communities that Care or Collective Impact – do involve formal structure and mechanisms to structure collaborative effort and some ability to shift structural factors. They are likely to be highly effective in some communities, but there are few examples of these approaches being scaled-up across social policy sectors and at national or state levels. The UK's efforts at national whole-of-system reform show variable patterns of impact. Roughly a third of areas appear to be highly effective adaptors of reform, another third appear to adopt and systematise some elements of the reform or in some parts of the system, while reform appears to have limited impact on the final third.

Where there are histories of poor relationships between organisations, where there is limited history or experience of collaboration or disproportionate power relationships between actors in the system, a bottom-up approach is unlikely to sufficient to deliver significant change.

The UK National Audit Office highlighted the importance of a data-driven approach to new reform initiatives, the need to begin with a strong understanding of baseline costs and the importance of central-government technical expertise, especially for consistent use of robust costing methodology (NAO, 2013). Similarly, a recent review of the mechanisms that promote effective collaborative governance identified the following factors as critical:

- **Using what works, developing evidence-based delivery models**: real transformation needs to take local partners beyond broad 'in principle' agreement on vision and priorities, and use evidence as the basis for new business plans and models of delivery, which can be jointly funded through new investment agreements.
- **Evaluating the effectiveness of new service models and using this to drive re-investment of resources so that successful projects can be scaled-up and sustained**: there are no 'quick fixes' to deep-seated complex problems, but tracking financial and social benefits over the medium- to long-term is vital to securing continued involvement and investment from partners.
- **Commitment to share data and information**: the delivery of integrated services will only be achieved if local public services agree to allow access to and share data

about service users, recognising the need to meet their legal obligations, whilst developing a more systematic and timely approach to the use of data between partners.

- **Joint commissioning and performance frameworks**: create joint-commissioning arrangements and single-performance frameworks that span across public sector agencies to avoid silo thinking and cultures.
- **Scale is important for significant savings and outcomes**: while significant improvement in targeting and outcomes for customers can be achieved locally, delivery at a different scale is required to realise substantial savings to the taxpayer (Her Majesty's Government and Local Government Association, 2012, p. 8).

Key conclusions that emerge from these examples of effective practice include:

- The central importance of establishing the infrastructure for an 'intelligent system', especially by measuring common outcomes, improving collection and use of data (including cost-benefit analysis), developing data analysis capacity and embedding a data-driven approach at all levels of the system.
- The benefit of a shared and consistent practice model and guide to identifying areas of strength and need, grounded in an ecological approach to child and family wellbeing and informing practice across universal, secondary and tertiary sectors.

Governance approaches that strike a balance between tailoring to local needs and local decision-making with the important role of central leadership in maintaining momentum – recognising that the right balance is likely to differ between areas (due to different starting points and capacity) and across time (at different stages of implementation).

- An approach that recognises and builds on existing good practice and builds the mechanisms that enable a focus on continuous quality improvement rather than a pre-determined ideal end-state – aiming for iterative rather than transformational change.
- Governance models that contain authority and capability to address system barriers at the local level.
- Utilising implementation science approaches that engage with explicit and implicit elements of the system, including building capacity and adopting common principles and processes.
- The importance of building the capacity of systems, organisations and practitioners to implement evidence-based interventions at scale.

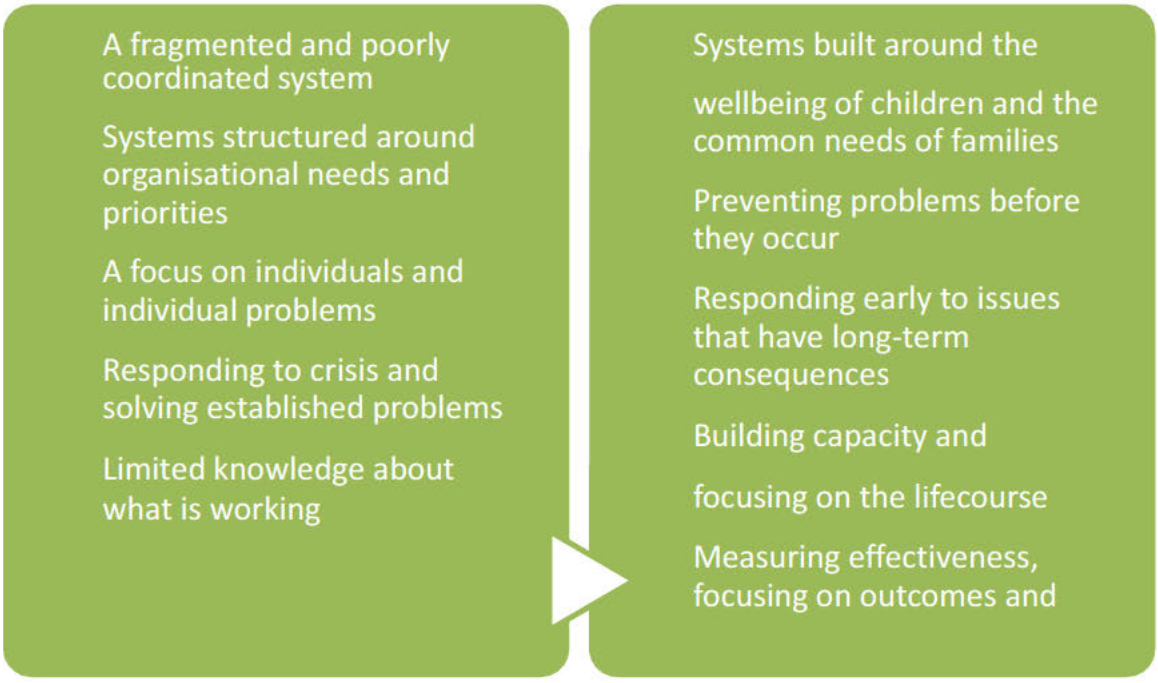
Critical coordination components for improving outcomes

Our current service systems have been shaped by history, but are no longer serving people or communities well. Service system fragmentation leaves clients without timely or coordinated responses to interrelated concerns, even where it is likely those concerns will

lead to long-term consequences and costs. Services often respond to the current crisis without working to prevent the next crisis and avoid welfare dependence. This occurs in the context of siloed service investments that are overwhelmingly skewed towards reacting to established problems; concentrating on the intensive/high-cost end rather than on prevention.

ARACY has used available research to highlight factors that enable effective prevention and early intervention at a system-wide level. This has included service-system design approaches which are informed by the evidence and, because of this, are consistent with current reform directions in Australia and internationally.

The evidence provides strong theoretical underpinnings and directions for systems reform, although the balance of evidence would suggest that there is no single model or 'silver bullet'. Instead any system should establish the capacity for continual measurement and improvement. The 'ideal system' is not a rigid or static model but is an agile and responsive system comprised of cultures, structures and processes that are flexible and responsive. It is underpinned by robust accountability and governance mechanisms and thereby enables adaptation and problem-solving.



To achieve this transformation, key service system elements that emerge from international research include:

- **A common approach to measuring outcomes:** to embed accountability, the measurement of effectiveness, and the building of evidence at all levels of the system.

- **Data-driven local planning and commissioning**: local approaches to needs assessment, service planning and resourcing.
- **Scale-up of evidence-based practice**: building 'evidence ready' systems and using evidence to guide investment decisions and service provision.
- **Shared ways of working**: systems, structures, tools and mindsets that enable and promote shared ways of working.
- **Commitment to implementation:** establishing processes and structures that reflect the lessons of implementation science and enable the objectives of system change to be embedded in practice.
- **Governance and accountability mechanisms**: with a focus on addressing system-level barriers and facilitating improved practice on the ground.

These elements are mutually reinforcing and together form the core infrastructure of an agile and responsive service system.

Enabling proportionate, coordinated, person centred service delivery

ARACY has analysed what works to engage vulnerable families and achieve improved outcomes to outline the kind of service delivery the next generation of service system needs to support.

Current research regarding service systems that enable prevention, early intervention and person-centred service delivery highlight those systems which have increased the level of integration across the system to achieve coordinated and proportionate responses from a universal base. These systems have innovative governance approaches that enable the local co-design of service systems around local needs through collaborative decision-making.

The primary findings from a number of studies of these models are:

- the central importance of implementation, change management and continuous quality improvement processes;
- the clear link between evidence-based interventions and system-wide effectiveness. Underpinning the effectiveness of these approaches is a common set of structures:
- the use of an outcomes framework to provide accountability and embed the measurement of effectiveness and building of evidence at all levels of the system;
- local approaches to needs assessment, service planning and resourcing;
- building 'evidence ready' systems and using evidence to guide investment decisions and service provision; and
- systems and structures that enable and promote shared ways of working.

Local actions to promote system sustainability are often not sufficient. Central leadership, resources and governance contribute critically to effective implementation and the long-term survival of re-shaped service systems. (Peterson et al., 2013, p. 8)

Collecting and using outcomes for collaborative data-driven decision making

High quality data is central to the effective planning of prevention and early intervention strategies, and is a key means for mobilising collaborative approaches to service planning and delivery. Systematic collection of common outcomes data across-sector is important for accountability, and can maintain commitment to reform and continuous improvement processes. It also facilitates the development of shared goals; the identification of particular strengths, priorities and pressures at regional levels; and enables collective impact.

Little identifies the key information sources required for an 'intelligent system' as:

- Epidemiology to formulate priorities for intervention, estimate likely impact on child well-being, and monitor trends.
- Systematic reviews and databases of proven models with clear standards of evidence.
- Economic analysis that predicts the costs and cashable benefits of introducing various evidence-based programs into local systems.
- Experimental evaluation to estimate the impact of locally implemented programmes on child outcomes, and the actual costs and cashable benefits.
- High quality dissemination.

- Quality assurance procedures (Little, 2010, p.43).

To collect and draw meaningful conclusions about child, youth and family wellbeing, a much stronger emphasis on the collection of outcomes data is required at all levels of the system (service, region and state). There are a number of strategies needed to shift social policy systems to a culture of measurement, including building workforce capacity, linking data and enabling collaborative governance which uses data to shape and steer.

Local data-driven planning and commissioning

Local approaches to identifying community needs and priorities, and planning and funding services accordingly, have emerged as key strategies for driving re-alignment of system elements around shared goals and outcomes. This re-alignment is central to achieving a more cohesive local service platform and for reshaping investment to achieve prevention (Sandford, 2014).

Data driven planning and commissioning breaks down barriers to reprioritising funding for prevention and early intervention through better intelligence on the drivers of demand for secondary and tertiary services. This intelligence enables: a clearer picture of how investment in one area of the system can reduce pressure on other parts of the system; better targeted investment in prevention and early intervention; and more direct opportunities to realise the economic benefits of prevention and re-invest in local services.

Data-driven planning and commissioning relies on devolved decision-making and local co-design across sectors. Innovative local governance has been shown to benefit from the support of central leadership, governance and systems to overcome well-documented implementation challenges and maintain momentum across diverse stakeholders.

Using evidence to guide investment decisions and service provision

Systems improvements are intrinsically tied to service improvements – without attention to both the effectiveness of either is limited. There are several key factors that influence the extent to which systems are able to adopt and scale-up evidence-based interventions: knowledge and access to information, capacity and readiness, and incentives to utilise evidence-based interventions. Sound implementation of evidence based services and systems is best supported with implementation science approaches, including capacity building and common principles and processes.

Shared practice frameworks

Shared practice frameworks enable coordinated and proportionate service delivery at a client level, and continual improvement at a system level. Shared practice frameworks have proved an important starting point for systems change and for shifting the implicit elements of a system - the knowledge, attitudes and beliefs that influence and shape practice on-the-ground. They also play an important role in strengthening connections between universal and secondary services regarding effective prevention and early intervention.

The core principles that apply across sectors and define a common way of working must be grounded in the science of child and youth development and the evidence that supports an ecological approach to child and family wellbeing. To be effective, shared practice frameworks require a parallel commitment to changing the structural elements of the system.

Identifying strengths, needs and intervention thresholds

One priority of a prevention and early intervention focused system is the early identification of needs and the ability to link children and families to appropriate and timely support.

Systems also work to ensure that limited resources are used in the most efficient and effective manner.

To support these goals, flexible practice frameworks which emphasise strengths as well as needs have been developed in response to the benefits and limitations of structured assessment approaches (Léveillé & Chamberland, 2010). These models tend to be:

- Focused on building the capacity of practitioners to identify a broad range of strengths and needs, based on evidence-based risk and protective factors, an ecological model of child and family wellbeing, and/or priority outcomes;
- Designed to guide shared practice and cross-sector collaboration; and
- Embedded and integrated within agency or systems around assessment, planning and referral.

Alongside wellbeing-focused practice frameworks that guide the identification of needs, validated instruments provide a useful and robust mechanism for consistently quantifying areas of need and for tailoring appropriate prevention strategies (Dowdy et al., 2010; Slee et al., 2009). In order to be effective, however, screening processes must lead to appropriate and accessible service responses.

Matching needs and services

Equally important as needs assessment, but less well understood, are the decisions about appropriate and proportionate service responses that flow from those assessments.

Flexible service threshold guides have been developed in some jurisdictions to assist practitioners undertake appropriate assessment, planning and intervention for children and families from birth to adolescence. Used well, these guides may support proportionate universalism with a strategic approach to risks, prospective outcomes and likely lifetime costs. Service threshold guides are yet to generate demonstrable results. In the meantime it is important for service systems to collect client-level outcomes data that, over time, will enable an analysis of aggregate data on service type, dose, intensity and sequencing.

Case coordination and management is a broadly used strategy, often delivered with different levels of intensity and with different conceptualisations of what it means (Rapp et al., 2014). Given the importance of a relationship-based worker-client partnership for matching service responses to needs, case coordination is a key strategy. Gronda outlines the potential benefits of effective case coordination and management:

- Cost containment: efficiency, effectiveness, reduced duplication;
- Accountability: single point for coordination and follow-through;
- Therapeutic outcomes : personal development – assisting people toward higher levels of self-care, self-responsibility, independence and productivity;
- Better project management: better planning, coordination, appropriation, and outcome achievement through a structured process resource;
- System improvement : compensating for fragmentation and gaps in the service system; and/or
- Improved bureaucratic control of resource allocation: a service that is documented, monitored and evaluated (Gronda, 2009, p. 24).

Co-designing service responses and system structures with families and communities is emerging as a crucial component of impact.

Conclusion

The aim of reform must be the development of infrastructure for an 'intelligent system' that collects and uses data to measure the outcomes it is achieving, and which has mechanisms for decision-making that are responsive to evidence, data and changing local contexts.

Effective systems are designed around the factors that promote the wellbeing of children and reflect the ways families work. They leverage trusted universal service platforms to promote the factors known to be important for child development and they respond early to emerging problems.

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