

TRANSCRIPT OF PROCEEDINGS

THE HON JULIA GILLARD AC, Commissioner

THE ROYAL COMMISSION INTO EARLY CHILD EDUCATION AND CARE

**MONDAY, 27 MARCH 2023
AT 11.00 PM**

This transcript is intended as a guide only and as an aide memoire with respect to the audio-visual record, which constitutes the official record of the hearing on 27 March 2023

SARAH ATTAR, Counsel Assisting

COMMISSIONER

Well, good morning everybody. And welcome to this day of public hearings for the Royal Commission into Early Childhood Education and Care. We are today going to be doing a deep dive into information, data, data systems. So I'm going to absolutely love it. I'm sure the people in the audience today have gathered for precisely that purpose too so I'm looking forward to the discussion to come. But at this point I will hand over to counsel assisting. Thank you very much.

COUNSEL ASSISTING

Thank you, Commissioner. A key theme to emerge from the January public hearings was the critical importance of high-quality data, both to enable government and policy makers to develop and implement policy and subsequently to monitor its efficacy, but also for service providers to ensure that they can best meet the needs of individual children.

The Royal Commission has heard about key gaps in our knowledge of how children are faring in the early years, from the lack of accurate data with respect to enrolment and attendance at ECEC services to the current lack of complete developmental milestone data for children under the age of five years. The January hearings also provided an opportunity to reach a deeper understanding as to the impact of early childhood education and care on child development.

But how do we implement that knowledge to best affect in a South Australian context and how can South Australia best create a universal education childhood education and care system built on that evidence?

This Royal Commission presents a unique opportunity to explore the ways in which high quality data can be used to create a new system to improve child development outcomes. And this doesn't necessarily mean starting from scratch. A key theme that will emerge today is that linking already held data sets is key.

The focus of today's hearing, therefore, as the Commissioner has said, is data, research and innovation. And the aim is to build an understanding of all the different possible uses of data from the macro to the microbe.

We start with an examination of the Fostering Effective Early Learning Study and the lessons we can glean from it in terms of incorporating research methodologies into early childhood education and care sector program implementation. Otherwise known as the FEEL study, it involved a randomised control trial of about 90 centres in new south Wales and was designed to investigate the effectiveness of an evidence based professional learning program for staff in those centres. The FEEL study was conducted by a research team from Early Start at the University of Wollongong on behalf of the New South Wales Department for Education. We will be joined by Associate Professor Cathrine Neilsen-Hewett from the University of Wollongong, along with Professor Leslie Loble AM. Professor Loble is a recognised leader of public purpose reform in Australia and the US with a substantial track record delivering major organisation and policy innovations in education and related economic domains. Professor Loble was the

Deputy Secretary in the New South Wales Department of Education for 20 years and held that role when the FEEL study was conducted. This panel presents an opportunity to learn from an Australian based randomised control trial, within education, and to seek guidance as to how South Australia might pave the way for better program trials to assess what works best and for whom.

In the second session, we have an opportunity to learn from two senior members of the Department of Human Services, Katherine Hawkins, Executive Director of Inclusion and Reform and Kerry Beck, Director of Safe Family Services. The recent reforms undertaken by the South Australian government of the Child and Family Support System provides an example of government, research partners and community stakeholders bringing together knowledge from diverse sources – data, research, practise, and importantly lived experience - to create an evidence informed and culturally responsive system that aims to be self-learning. The Child and Family Support System represents a South Australian case study in creating a learning system, using big data and highlighting the importance of linked data.

We will then be joined by Professor Katina D’Onise, public health physician and epidemiologist, and presently the Executive Director of Prevention and Population Health, part of the government department Wellbeing SA. Professor D’Onise has extensive experience in establishing and managing key public health data sets. She is an active user of data for policy planning, research, evaluation, and research translation in addition to supporting other stakeholders to use data for decision making. Professor D’Onise is exceptionally well placed to assist the Royal Commission in understanding the key elements required for a more universal child development data system.

The next witness is Professor Andrew Whitehouse who leads one of Australia's leading autism research centres, CliniKids, based at the Telethon Kids Institute. CliniKids is an international leader in autism research and aims to dramatically reduce the time it takes to translate research and evidence into clinical practise. CliniKids has pioneered an evidence based model called Inklings therapy, an early childhood program for babies age six to 18 months showing early social communication delays and who are therefore at an increased likelihood of autism spectrum disorder. An international research team led by Professor Whitehouse has found the world's first evidence that a pre-emptive therapy in infancy could lead to such a significant improvement in children's development, that they later fell below the threshold for a clinical autism diagnosis. This four year randomised trial is a powerful illustration of the benefits of evidence based early intervention for specific cohorts. The work of CliniKids can help the Royal Commission to understand how cutting edge research can be implemented into service provision in a timely fashion.

We will then break until this evening when we are lucky to be joined by Professor Mark Mon-Williams from the United Kingdom. Professor Mon-Williams holds a chair in cognitive psychology at the University of Leeds and is a Professor of Psychology at the Bradford Institute of Health Research. Professor Mon-Williams is also involved in one of the largest longitudinal research studies in the world, Born in Bradford. Bradford is a city in West Yorkshire, England and the study is tracking over 13,500 children and their parents all born at the Bradford Royal Infirmary between March 2007 and December 2010. This session presents an opportunity for the Royal Commission to explore the types of research activities and service

design activities born in Bradford has been able to support by way of the phenomenal data that it's collected. It's another powerful illustration of the tangible benefits of linking data across services.

For those streaming in that session will not be livestreamed, but will be made available on the Commission's website as soon as we can arrange that.

Commissioner, for the first session I call Associate Professor Cathrine Neilsen-Hewitt and Professor Leslie Loble AM, and Professor Loble will be joining us on screen.

< PROFESSOR LOBLE AFFIRMED

< ASSOCIATE PROFESSOR NEILSEN-HEWETT SWORN

COUNSEL ASSISTING

I'll just ask both of you some introductory questions and then we can get straight into talking about the field study.

Perhaps if I start with you Associate Professor Neilsen-Hewett. I understand you hold a PhD in Child Development from Macquarie University.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

That's correct.

COUNSEL ASSISTING

And I believe you've worked in academia for almost 30 years.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yes, I have.

COUNSEL ASSISTING

Is your current role Academic Director of the Early Years at the University of Wollongong?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yes, it is.

COUNSEL ASSISTING

Just very briefly, knowing that we'll come back to this, what is the Early Years section at the University of Wollongong and what does your current role entail?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

My role covers a number of areas. So I'm the, the Head of the Early Years Program. So I lead our pre-service teacher education program, but I'm also a researcher in Early Start, and that's an interdisciplinary, multidisciplinary research that is really focused on improving outcomes for children and families within that early childhood context.

COUNSEL ASSISTING

And your research background is extensive, and since 2015, I understand you've co-led five very large scale, early childhood pedagogical studies across Australia. Is, is that correct?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

That is correct over some 16 early childhood educational services.

COUNSEL ASSISTING

And, and I think involving more than 3,500 children,

ASSOCIATE PROFESSOR NEILSEN-HEWETT

That's correct.

COUNSEL ASSISTING

And you've authored and co-authored many academic papers, I understand and been recognised for your expertise in this area, both advising projects in Victoria, New South Wales, Singapore and Hong Kong.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

That is correct.

COUNSEL ASSISTING

Professor Loble, you hold degrees from Harvard university and Cornell university. Is that correct?

PROFESSOR LOBLE

That's correct.

COUNSEL ASSISTING

And your current role one, one of several, as I understand it, is as Industry Professor at the University of Technology at Sydney's Centre for Social Justice and Inclusion.

PROFESSOR LOBLE

That's correct

COUNSEL ASSISTING

You were the Deputy Secretary in the New South Wales Department for Education for some 20 years?

PROFESSOR LOBLE

Also correct.

COUNSEL ASSSITING

And for those who might not be familiar with your background there, amongst many achievements, your work there led to the guarantee of two years of, of preschool as well as establishing a centre for educational statistics and evaluation.

PROFESSOR LOBLE

Yes. Both are correct.

COUNSEL ASSISTING

And you've got an extremely interesting background having also served in President Clinton's administration for five years before coming to Australia.

PROFESSOR LOBLE

Correct.

COUNSEL ASSISTING

And was it in 2022 that you were awarded the, the Member of The order of Australia?

PROFESSOR LOBLE

Yes. Yeah.

COUNSEL ASSISTING

Thank you for joining us on screen today. Associate Professor Nielsen-Hewett, can I start with you and ask you to provide us a very general overview of the FEEL study and the program that it implemented? And then I want to ask Professor Loble some questions as to how it came to fruition, given that the New South Wales government commissioned the study at the time.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

So the Fostering Effective Early Learning, which we call the FEEL study, was designed in response to a competitive request for tender from the New South Wales Department of Education. But at the heart of it, it was really designed to examine the effectiveness of an evidence based professional development program, which we termed Leadership for Learning. And we were interested to see how that intervention could impact educator practise, but really educator quality within the early childhood context, as a main effect. And as an indirect effect, to really see how those shifts in practise that came about as a result of the intervention, then translated to improved practise within the early childhood setting and therefore improvements in children's development. So the underlying premise around the program was really, it spoke to the evidence that's happened both in Australia and internationally, which really highlights the strong relationship between quality early childhood education and care and the impact that it has on children's development and learning trajectories. But we also know when it comes to quality, educators matter. So we were really thinking about how we could shift that practise in a meaningful way that would have an impact on children's development. Now, we also know that there is variability in terms of educator knowledge and skills and practises, and often educators do not have those skills and knowledges needed to actually affect children's learning or to create effective learning environments. So the PD intervention, which was Leadership for Learning was really underpinned by the assumption that we could actually shift educator's practises through an in-service intervention. So really shifting their practises in the here and now, and those shifts in knowledge and attitudes and skills would translate outside the training milieu to the practise context. So the design of the professional learning was really underpinned by a number of, um, assumptions and predications. So first of all, it was underpinned by a comprehensive evaluation of the research literature. So we focused on those aspects of practise that we know were important for children. We prioritise aspects of children's development that we know are critical for ensuring success, not only in school, but success in life. So we talked about school readiness, but we also talked about life readiness. So how do we ensure we set children up for success? We really drew on some pre-assessment measures. So we identified the strengths and potentialities for growth within the services that we worked with. And we used that to contextualise our intervention, but we also really thought about what do educators need? So we talked about the fidelity and I think the fidelity of our data, and this is an important conversation to have today. The fidelity of the data is really rooted in the effectiveness of the design. So we adopted a design that is the most rigorous design that you can, that you can apply in research. So it was a random cluster, random controlled trial, which is essentially an experimental design where you have a control group and an intervention group. The intervention group receives the intervention, which was the Leadership for Learning intervention. And then the control group just engages in normal practise. Now, if we are going to talk about causality and impact, then we need to think about the robustness and the rigour of the design in which we apply to this research. So that's been really important in terms of the design that we adopted and the intervention that we put in place in terms of shifting outcomes amongst educators. But more importantly, our practises,

what we do in the early childhood context has to make a difference for children. So our conversations were guided by the fact that we have to hold children at the centre and our practises and the decisions need to be accountable to the children that we work with. So that was the, the high level premise of what we did.

COUNSEL ASSISTING

And I believe were there 38 centres in your intervention program and 45 in the control group.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

That's correct. So we started with 90 services and we started with a baseline. So we looked at baseline quality. So we used two well-established and accepted measures, the ECERS-E, which is a measure of curriculum quality. So it looks like what the environment is like in terms of the, the literacy environment, the mathematics environment, the science environment, and how we respond and cater to diversity. And the other measure was a measure of social, emotional wellbeing and sustained, shared thinking. So we looked at these two measures and we differentiated those, those services into control and intervention group. Now there were 45 control and 45 intervention, but we ended with 38. And that was partly because some of the services had to drop out because of staff turnover, staff weren't available in terms of maternity leave. So it was very much a reflection of the shifts that we see within the sector in terms of potentialities around engagement.

COUNSEL ASSISTING

I want to come back in a moment to the robustness and rigour of design as you've put it, but first, just a couple of more perhaps basic questions. How was the Leadership for Learning program delivered and over what timeframe? I think there were three phases?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

There were three phases. It's interesting. Our design was really informed by work by Victoria Bussy. Now she sits at North Carolina and with her colleagues around key components of professional development. So she really looks at what makes for an effective professional development intervention if we want to see shifts in practise, and if we want to see sustainable shifts in practice. And that really speaks to what I would call the who, the what, and the how of professional development. Now in terms of the, the how, and that's really around how do we do this? So that responds to your, the length of the professional learning. So it was a three phase professional development intervention, and it happened across seven months. So phase one and phase two happened in a face to face context and involved full day engagement. And so that equated to around 38 hours across those two phases. Phase three happened concurrently within that model. And that was an online context. And that context was designed to reinforce and support educator engagement. But importantly, we adopted a cascading model of delivery. So we had a, what we would call a critical mass of educators who attended the professional learning. So there was a requirement of at least two educators per service to come to the intervention. And that was really grounded in the knowledge that we know if only one educator comes to a professional learning, you are unlikely to see transference of new skills and

knowledges from the training context to the practise context. So you need that critical mass. So they really engaged in that process, but they were also tasked with the role of being leaders or what we called leader champions within their own practice context. So the notion was they were tasked with the role to take their learnings around the practices and the knowledge and the research back into their services to support, practice change amongst their non-ending colleagues. So we weren't looking for shifts just at an individual level, but we were looking at transference of practises across that room, because if we were gonna make a difference for children, then we need all educators engaging in practises that we know are important. So that really speaks to the how in terms of that design.

COUNSEL ASSISTING

And we will come back to that because it's quite unique to the program but can you clarify for us, prior to the start were some observations conducted of the quality of interactions in, in the centres involved and some assessments of the children's cognitive and social behavioural development, so that you could come back later and repeat those observations and tests.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Absolutely. So that's a key feature of experimental design or the random control trial. So what you do is you assess at baseline aspects or variables that you were trying to shift as a result of the intervention. So we had a direct effect, and that was really looking at practises. So looking at the quality of the preschool classroom environment, and when I say classroom, I'm talking both the indoors and the outdoors when we're talking about learning environments. So we had two baseline measures. One was the ECERS-E, which I referred to previously, and, and that was a capture of the curriculum quality within those environments, so the literacy, the numeracy, the science and the diversity. Our other measure is known as the SSTEW scale. And that was a measure that was developed by Iram Siraj, who I believe you've already spoken to, that came out of that EPPSE and the REPEY study. So it was an evidence based environmental assessment that was taken from those services in the EPPSE study that continued to impact children's outcomes 12 years after the experience of that environment and the SSTEW scale captures things like how the environment supports children's self-regulatory capacities; what are the features of the environment that support social, emotional wellbeing; how does the environment foster critical thinking and sustained shared thinking? So those two baseline measures happened at the end of 2015, in November. The intervention occurred throughout 2016. And then we went back in at the same time of year in 2016. So back again in November, and those measures occurred both in the control group, as well as the intervention. So that was our direct effect. Our indirect effect was looking at how shifts in practice translated to shifts in children's learning and development. So we went in at the beginning of 2016 and assessed children. So it had a, a three to five focus so largely the year before school, but it looked at their capacities and knowledge in terms of looking at verbal comprehension, productive language. We also looked at their numeracy skills as well as their self-regulatory capacities, and their social behaviour. And again, that happened prior to intervention in both the control group and the intervention. And then again, at the end of the year. So after the completion of the, the professional learning intervention

ASSOCIATE PROFESSOR NEILSEN-HEWETT

And very briefly, because I'd like to come to Professor Loble in a moment, but what was some of the key findings?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

So the professional development intervention impacted quality practice. So, we saw a shift in quality practice at a room level across the intervention, so they were significantly more improved in their practice than the, than the control group. And importantly, and I think this is significant because the soak time was quite short from the intervention to the outcomes, but we also saw growth in terms of children's verbal ability, as well as looking at their, their numeracy skills.

COMMISSIONER

You've used consistently the term educators as to the people who were brought in for professional development. Can you just unpack who you mean by that term in this context?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yes. That's an important question. So I'm using the term educator as a more inclusive term, but I think it's important to note, and this is really the, who is involved in the professional learning. So we had early childhood teachers, so those who have a hold a four year university qualification. We also had participants who had a diploma qualification and we had participants who had a cert three. So we really captured the diversity that's inherent within the sector, but, you're correct Commissioner, and normally when we say teachers, we're talking about university qualified early childhood teachers. And then typically when I use the term educator, I'm talking about diploma qualified and cert three.

COMMISSIONER

And was there any discernible difference between those settings in which the person who'd engaged in the professional development was a tertiary trained teacher vs. for example, the cert three.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

So typically we did have at least one ECT from every location, but interestingly, one of the services that experienced the greatest growth, their director held a diploma. So one of the interesting things around this professional intervention was that we were able to assess practice shifts across the spectrum of qualifications and knowledge.

COMMISSIONER

And the control group and the intervention group, the centres, were they stratified so they were representative of socioeconomic demographics?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yes. So we, there, it was representative in the sense that we had services from both metropolitan and rural areas, but we did prioritise the lower SEIFA level. So we had a slight overrepresentation. So that 47% of our service participation were from SEIFA one, two and three. And that was partly because we know early childhood education and care matters for all children, but it has a particularly unique role in the lives of children who experienced vulnerability or disadvantage. So there was a slight preference towards the, the lower SEIFA.

COMMISSIONER

Right, thank you.

COUNSEL ASSISTING

Professor Loble, we heard some evidence in our January hearings about some seminal overseas randomised control trials and studies within the area of, uh, education and early childhood education and development more broadly. And it became clear in the January sessions that perhaps we in Australia haven't had as many or as large programs as some other places in the world. What was the source of the idea for the FEEL study and how did it actually get off the ground?

PROFESSOR LOBLE

Well, Cathrine's outlined one of the really critical factors behind this study, which is the, the complete and historic shift in early childhood education and care and where it's at within public policy and education. So it was widely now recognised as a crucial element of early childhood educational, cognitive development and social and other, you know, behavioural and other development. The learning science behind it was, you know, quite strong and again, an emerging, you know, the research community had the consensus, but it was an emerging consensus in the policy community of the centrality of this sector and the importance, particularly through understanding brain science and the like, the importance of this early years engagement and how critical it is not only for benefits for that child immediately, but also in terms of public policy, it's ongoing impact. So we basically, we're starting with the fundamental question that Cathrine outlined, which is given that there was a growing depth and breadth of evidence, what would be the most effective approach to getting that in the hands of teachers and educators in early childhood settings. And so we wanted to look principally at a professional development approach, but we wanted to really unpick what were the key elements of what quality professional learning approach would involve. And quite importantly, I know we're going to get to rigour, it was a central part of the tender. We wanted a very rigorous scientific design to assess impact. And we also wanted to know whether it was, it would have a lasting impact. So that very much influenced firstly, our decision to go ahead with this, because it just was so important to provide the support for teachers and educators, because of those larger contextual factors. But it, the importance of high quality design was very much central to our decision as well.

COUNSEL ASSISTING

Was there any particular resistance at the time to commissioning research in, in this area or was it as you say that a shift had taken place and the, the time was right?

PROFESSOR LOBLE

Look, I I'd say there were three key factors that, um, made this a well supported, uh, investment. The first was this wider context. The second was the, the frankly almost unanimity of all stakeholders that it was not adequately understood, both about the variability that Cathrine referred to, but even more importantly, the centrality of highly skilled professional teachers and educators. And so that connection between the quality of the teaching and learning experience and early childhood and outcomes was actually long understood and well understood by stakeholders and those working in early childhood education and care. The third factor that really enabled us to move forward with this was that a number of years before that I, the government and I had established on their behalf, the centre for education, statistics and evaluation that you referred to in my introduction. And that was, an institutional arrangement that was reasonably well funded, to be honest, to explicitly examine within, school and early childhood education and care, the research questions that needed to be answered to, to frankly improve outcomes. So that institutional arrangement and the funding that we had and the government's strong commitment to examining, these sorts of questions, all three of those factors are what allowed us to proceed with this

COUNSEL ASSISTING

And was a randomised control trial the, the only option that was considered or was the tender process broader than that?

PROFESSOR LOBLE

Uh, no, we were pretty clear. We, we were very clear, we wanted high quality scientific design, um, and whilst that's not, the RCT is not the only option for high quality, we were very clear. We wanted longitudinal, we wanted to see something more than just, you know, a course being offered, where people had taken off the job brought in for a few days, given some professional development and set back out, uh, and we had a strong preference for an RCT so that we could really rigorously test the questions. And then in terms of consideration of any outcomes from that research have greater confidence that it had been tested against a control.

COUNSEL ASSISTING

Associate Professor Neilsen-Hewett, you've spoken about the importance of the robustness and rigour of the design. Can you explain for us in a little bit more detail, how those features were embedded, but also what you see as the really innovative features of, of the program that was delivered?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yeah. So from a traditional perspective, we adopted that traditional experimental design, which was really around the intervention vs. control group. And as Leslie said, like, if we want to talk about causality, then you actually need to develop a design that allows us to do that. And I think there's challenges in, historically a lot of the research that we do in Australia is correlational in nature in terms of looking at early childhood, and yet the assumptions that we make infer that there is a sense of causality. So the design was rigorous in that we're able to talk about differences between the two groups and look at how those differences could be attributed to the intervention in and of itself. And as a result, that's, that's really afforded us a level of confidence to continue to prioritise those practises in the work. So Leslie talked about sustainable shifts and, and certainly the design built in the ability to look at sustainable practice, but it's had, uh, sustainability more broadly. So it continues to inform the work that we do around workforce development. And that's important because it was a big investment by the New South Wales department of Education, but it's an investment that continues to pay off 8, 7, 8 years later in terms of design. So certainly that was part of the rigour, but we also adopted a more complex kind of multi-dimensional evaluation. So alongside the RCT we also built in a process evaluation and that was important. So each of those professional learnings were evaluated with the teachers and educators who attended. That evaluation not only fed back into the ongoing design of the professional learning, so it really contextualised what the delivery of that professional learning, but what it also did for us is it highlighted key components of the Leadership for Learning professional development that were instrumental in supporting educators to shift their practice. If we hadn't done that process evaluation, we wouldn't have learnt things like the impact that that Leadership for Learning had on the effective component of educators. So one of the interesting findings was the impact that it had on educators and teachers sense of professionalism, their self-efficacy, their value for research. So they talked about how we engaged them with research. We, we modelled practises and they could see what impact through videos and sharing of information, what impact those shifts in practices could have on children. But they also fed back to us that their ongoing engagement and enthusiasm for the program was fed by changes that they were seeing amongst the children in their, in, in their care. So I think that process evaluation was critical and valuable to really thinking about what components of practise we need to prioritise, what structural components of professional development you need to prioritise in order for practice change to happen. But Leslie didn't mention, but the New South Wales Department of Education then came back and funded a follow up study, which was the Case Studies of Effective Practise, which was linked to the FEEL study. And that was modelled off the REPEY study, which was the UK study that Iram Siraj led. And that was where we did a deep dive into those services. There were six services that experienced the most significant growth in terms of quality practice, but more importantly, that we saw the greatest shifts in children's outcomes. And that really afforded us and even greater understanding of those practises that we need to be prioritising if we are indeed gonna say that early child education care matters in children's developmental trajectories. And so that was very powerful.

COUNSEL ASSISTING

Before we get to the case studies, and I want to leave you time to, to talk about that along with, Professor Loble, but you spoke about the process evaluation. Can you just explain to us, was that an individual part of the program that was working with and helping those participating, being self reflective, or was that more a global part of the program that was developed?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

It was both, so it was multi-level. So certainly the, the process evaluation was designed to inform us globally in terms of really thinking about the nuances that underpinned our delivery. But the process evaluation was also designed to empower the participants, so the teachers and the educators, to take control over their learning. So there was that very strong focus on pedagogical leadership for themselves and for others in their, in their service. And that was critical if we are looking for meaningful and sustained practice change. So we know in terms of one of the key elements of effective professional development is the contextualisation piece. So how do we empower participants to really draw on the research evidence, but also to really reflect on their practises so that they respond to, to the unique needs of the children and the families and communities in which we are embedded. And that process really support active self-reflection and engagement and collaboration amongst those who were attending the professional learning, but more importantly, amongst educators within services.

COUNSEL ASISTING

And was that collaboration and the, the active learning and self-reflection relatively unique to Australia at the time that you were building this program.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

It was, and we also used the, the quality assessments, which had been used traditionally in a, in a research paradigm. We really democratised those. And we, I guess we held very high expectations of all our participants, regardless of whether they were teachers or educators. And we gave them those tools that became then part of their own critical and reflective journey. So that was quite a unique approach. and the prioritisation of evidence-based can I say, and research.

COUNSEL ASSISTING

And how was that prioritised? Can you perhaps give us any practical examples?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Sure. So we actually, we shared evidence and research evidence because if we were, tasking participants with the role of shifting their practises, we needed to make sure that they understood why they were shifting the practise and potentially what impacts. So we engaged them with research. We shared rigorous published studies on the, on our Moodle site, which was part of that phase three. And, and that was something that educators fed back to us.

They, that they said it gave them the confidence to have challenging conversations with families around children's development. It gave them the confidence to advocate for shifts in practices, particularly when they were presented with some staff resistance amongst those staff who didn't participate. So it really gave them that confidence in much the same way that I say the RCT design has continued to give us as researchers confidence in our continued work around workforce development.

COUNSEL ASSISTING

You mentioned the subsequent case studies. Can you give us some more information about what they involved and what the value of that was?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Sure. So we identified six services. So I should say that those environmental rating scales, they score classrooms on a score of one to seven, where one is considered poor practice or damaging practise, in some instances; three would be considered minimal; five is good; seven is excellent practice. So what we did is we identified six services who had all experienced growth in terms of that quality, but, and growth in terms of those child outcomes. But we wanted to select services where some started in what I would say that poor baseline and actually grew to excellent. Now a growth of one point makes a difference for child outcomes. Some of these services grew five points in terms of their shifts in quality. So we chose two that started in that poor range and improved to excellent. We chose two that started in what we would say the minimal range around three, and then we chose two services that started, who were already good, but then they took it too excellent. Because we really wanted to have an understanding of whether this, that shift in practise differed depending on your starting point. So what we did is we went into those services and we spent one week in each service. We, this was 12 months later. So we went back in, we did those environmental scales again. They'd either stayed the same or continued to grow, so in terms of that sustaining point. We also looked at documentation, we observed interactions, both planned and unplanned experiences. We spoke to non participating staff. We interviewed directors, we interviewed parents and grandparents to get a true sense of what practices was prioritised, but what were some of the key levers that really shifted practice? And so what we found that was particularly unique about these high performing services was their strong commitment to both intentional and relational pedagogy. So they prioritised children's wellbeing and sensitive and responsiveness, but they also had a very deep understanding of how to foster cognitive development and they prioritised key aspects of children's learning that made a difference. So one of the services said to me that the kindergarten teacher from the school had actually reached out to her to say, 'what have you done with these children, they have started school so eager to learn', and this was in a SEIFA one area. So this is where we're really seeing shifts in trajectory. So they really focused on dispositions of learning, but importantly, they also saw themselves in partnership with a home learning environment. So they actively engage parents. We know that if we are going to shift children's trajectories, we can't focus on early childhood education care context in isolation, that we need to extend that sphere of influence. So these teachers and educators within these services really focused on what do they need to do around that, that home learning environment? How do they engage children in problem solving? And we had images where grandparents were doing science experiences at home

with children, and they were sharing them back with the service. So there was this sense of reciprocity, shared commitment, shared understanding and shared purpose.

COUNSEL ASSISTING

And within those six services that, that were followed up, what was the feedback from staff in terms of the program that had been delivered?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Without a doubt, we had overwhelmingly feedback to say that this was the best professional learning that they have ever engaged with in terms of their career. We had some of those, one of the, one of the early childhood teachers at one of the services actually said that she was ready to move out of the sector before engaging in the program and it, it renewed her sense of purpose and professionalism. They talked about, I will flag that across all these six services, all of the educators spoke to the significance of centre-based leadership and how important that is to create a foundation or a platform for practise change.

COUNSEL ASSISTING

What do you mean by centre-based leadership?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

So whether that's the educational leader or whether that's the director. Now of those six services, only three of them had a director who actually attended the professional learning, but that director created a platform for practice change. She provided opportunities for rich discussions and, and really supported educators. So some of these educators actually ran their own professional learning back in their services, when they were doing staff meetings. So there was this prioritisation of a rich pedagogical environment, and two of the, two of the services actually reduced their ratios. So in the three to five room in New South Wales, we have ratios of one to 10. They decreased those to one to eight, so that there were more educators to kind of support those engagement in high quality practise. So there was that commitment to quality

COUNSEL ASSISTING

And that was something that they reported being linked to having had staff participate in this program.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Absolutely.

COUNSEL ASSISTING

Professor Loble in terms of making the case studies happen, was there any resistance or what needed to be in place for that to be something that was funded as part of FEEL study?

PROFESSOR LOBLE

Well, I think listening to Cathrine, you can see we made the right choice in who we selected through the tender, and the quality of the approach and the thinking across the board was significant. As I mentioned before, I suppose we were, so much education research often is in the case study and the qualitative side of things. So that's why we were pretty clear we wanted to start with that more scientific design to establish clearly whether a high-quality professional learning program, is there a distinction between high quality and not, what are those elements so on and so forth. But when Iram and Cathrine and colleagues came to us and said, well, look, we now need to kind of lift the covers a bit, and the qualitative piece can be extremely valuable, and I'm not suggesting case studies aren't rigorous, but you're not using a comparator of control vs. the intervention. But as, as Cathrine just laid out, there was a lot of science behind the selection and the questions that were getting asked. So it wasn't just a qualitative case study that tested whether educators and teachers had found it interesting and useful. It really was backstopped by this question of the measurement tool that said we are actually looking at locations where there's been a big difference. I'm also just going to, going to take the chance to comment on the preference for disadvantaged services and locations, both in, in both of these design, you know, aspects, both the case studies and the basic study. That was another piece that we were quite interested in, right. The case for early years intervention is particularly strong and is growing ever stronger with the AEDC data and the like that we really could make such a significant difference in more disadvantaged communities and, and children. So that was another piece we were quite interested in. So, look, I, I will be very honest in saying that this, this kind of long term substantial investment is not necessarily commonly found. And I, and that's why I outlined we had some unique contextual factors and they still exist. And, we also within the Centre for Education, Statistics and Evaluation, we could, we did commission research, we had an expert evaluation staff, so that institutional commitment and the government's commitment to funding. I really don't want to underestimate how important they were. But when I heard you talk about who's going to be here for the rest of the day, I will say, I was jealous because, you know, we are nowhere near born in Bradford. As good, as fantastic as this study was, and the quality second to none and the, the lessons we learnt and the way we then tried to integrate that into how we would think about capacity building for the sector. We still are a long way from that. We're a long way from some of the public health things you're going to be talking about later today, we don't have that kind of data collection in early childhood education and care. We don't have those sorts of as many measurement tools, um, available to us so on and so forth. So I, I can resist saying that well, so I think we did, we made a, you know, a major commitment here. We had the backing, we still could learn a lot from the health sector in research investment.

COUNSEL ASSISTING

And in your view, what other, you've mentioned, those contextual factors that were significant, in the FEEL study coming to fruition and obviously infrastructure and investment is important. What insights would, would you give the Royal commission in terms of, we can't go straight to

being Born in Bradford, but where, where might we go next in terms of trying to perhaps build on FEEL and start to commission some of these types of rigorous studies?

PROFESSOR LOBLE

Well, first the good news is that, you know, we now have nationally the Australian Education Research Organisation and a recognition of, from all governments, that quality education research and translation. So not, not just trying to answer only the question of what works best in education, but crucially trying to translate that into things that will work on the ground and also into policy or practice change. Just because we've, so that's a crucial shift nationally, but there is lots of room at the State level and within universities to continue to really, to make that investment and to prioritise the kind of work that the University of Wollongong was doing. I mean, they won that tender because they brought to it a substantial amount of research they have been doing and their expertise. And so that has to be seen as a priority ongoing, not just whether government will fund evaluations and the like. So, I would say that we may not have Born in Bradford, right off the bat, but absolutely crucial to build into the policy frame and the investment frame, understanding whether the shifts that are being made are working. How can we improve them? How do we continuously learn from them? And really importantly, how do we feed those lessons back in, so that you're kind of getting this positive, cumulative impact.

COUNSEL ASSISTING

And in terms of an impact that's cumulative and ongoing Associate Professor, you mentioned the relatively short soak time by which I presume you meant that the length of time that participants received –

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yeah, he, the potential for children to be exposed, yes, to shifts in practice.

COUNSEL ASSISTING

And from what you said about the case studies, the results were enduring at least at the 12 month mark, when you, when you returned, what are the key features that you think resulted in the enduring nature of those results?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

I think the fact that the professional learning wasn't prescriptive. So a lot of professional learning that I've seen is very focused on just practices. Whereas we actually created shifts in thinking and understanding. So the, the teachers and the educators were able to continue to develop on their practices and to modify. So that translation that Leslie just talked about, they translated those shifts in practices. So it's very empowering in terms of, they, we created critical thinkers and critical users of research. And so they, that continued to underpin their practise. And in fact, we interviewed parents who had had other children go through that service. And without exception, they all spoke to the shifts that they'd seen. And in fact, the educators were saying the next cohort of children who we didn't assess, but were benefiting

that year, were even showing greater growths in terms of their engagement and learning, but it was those tools and the empowerment of the educator as a leader in and of themselves.

COUNSEL ASSISTING

You mentioned the legacy of the study and the program that that was developed in terms of informing the work that, that you currently do. Can you give us some examples of how it's endured in the sense of informing subsequent research or innovation?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yeah. I, I Can answer a couple of things there, one where I think it, where it has been meaningful, and yet I also think it flags where we need to go, but so it's certainly, again, just speaking to the, the confidence that we could have in, in our findings based on the design that it's certainly continued to inform some of the work that we've done around workforce development. We're now positioning a lot, our, our work within integrated service approaches. So not just focused on the traditional educational context, but we are working in, in environments where we're seeing a marriage between allied health and education. We are recently, we've just had a project that was funded by the New South Wales Department of Education again, but also DCJ (so Department of Community and Justice), and again, that work is being informed by some of the practices and principles that emerge from the Fostering Effective Early Learning. But I will say that we continue to tweak and shift our prioritisation. So now we're also seeing the need to have a mentoring model that sits alongside that group delivery. So it certainly informed that work. We also have used it to prioritise practices and content within our pre-service teacher delivery. And I think that's something to think about when we move forward.

COUNSEL ASSISTING

Can you clarify what the pre service teacher delivery is?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

So, so we have a couple of programs. So we have a four year early childhood teacher program, but we've also been successful in a tender through New South Wales to design and develop an accelerated degree for those who are already working in the sector. So those who hold a diploma and are looking to upskill to become ECTs. And so while that program is equivalent to a four year program, and it certainly prioritises key principles that are required through ACEQUA, we also are prioritising aspects that we know are gonna make a difference for children. So there's a very strong focus on child development. There's a very strong focus on leadership. There's a, a strong focus on planning and pedagogy around learning cycles. So because we have that rich evidence space, we're able to really prioritise some of that work. But in terms of teacher education more broadly, I think we've got a lot to celebrate in Australia. So we have that national accreditation framework, and we have a national commitment to our quality framework in terms of practices. I don't think we are there yet in terms of our evidence and our national commitment to professional development. And that's both pre-service and in-service. So I think research such as this needs to continue to inform what we prioritise. So we

know that there's variability in terms of the pre-service context, and there's certainly ongoing variability within the in-service professional learning context. And I think we need, if we're really going to empower educators to be effective, and if we're gonna argue that early childhood education and care makes a difference in children's trajectories, then we need to make sure that the teachers and educators who are working with children have the skills and knowledge and practises that we know actually make a difference for children. And I don't think we're quite there yet.

COUNSEL ASSISTING

Prior to the FEEL study, at least in the jurisdiction you can speak to, what was the component of the teacher tertiary education that focused on things such as leadership and, and brain development and the like?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

I, I think it's certainly it's captured. I mean, those requirements, all of our teacher education has to be accredited through ACEQUA. And it's certainly captured in terms of how we address that within programs, but the relative focus that that's placed on programs can vary significantly across programs. So some programs may do a little bit of child development, but not a lot. So for instance, we have three subjects that focus on child development, because we know that a knowledge of child development is essential for planning, it's essential for differentiation, it's essential for understanding children. So I think the elements are there, but I'm not sure that it's captured effectively in terms of what we should be prioritising.

COUNSEL ASSISTING

And Professor Loble as an experience policymaker any discussion about successful programs, such as, as these usually lead to a question about scaling up. What advice would you have for, this Royal commission in terms of, following the insights you gave us earlier about getting these programs off the ground, how might we then approach the rolling out of what we learn works well?

PROFESSOR LOBLE

Well, um, as I mentioned before, the statistically significant results that were demonstrated through this very rigorous approach meant that it gave us some clear ideas of what we should be expecting. They, and it, it certainly influenced how we thought about investments within the budgets we had for capacity building out services. The other aspect I just wanna pick up for, in part to answer your question, is that often the research approach is 'let's pilot something, we'll run an evaluation and then we'll roll it out, we'll say that pilot worked or we'd have to change this, and then everybody should do it'. I wanna pick up on what Cathrine said, even within how they thought about the professional development. it wasn't a uniform, it was consistent, but not uniform. And I think that's important, is to identify the really important, the critical element of

what the success is in the design of, in this case, professional learning, and to emphasise those, but not expect that every preschool, every service will look exactly the same and that there's a single program that'll get rolled out. I also would say that we have to use the full, from the government side public policy side, we have to use the full range of tools we've got. So obviously funding initiatives are one of them but I'd say this also had an important connection to the regulatory function. We know that one of the areas that is, tends to score lower on, the quality measures within the Australian qualifications, within the Australian framework is this aspect of teaching and learning. And so I think we also need to reflect on that through our regulatory capabilities. And lastly, I'll just emphasise this leadership question. I suppose it's one thing to think about government funding it, but really the touch point for children, families, and educators and teachers, is that relationship with the leadership of their pre school or service and their employers. And so in the end, this isn't government, really will never be able to fund all of the capacity building and professional learning. And nor really is it government's job to do that. However, we should encourage it to move in the right direction and hopefully bring employers and the leadership component into alignment.

COMMISSIONER

If I could follow up with a few questions, just so we are all very clear on the, the time scales, you talked to us before about doing baseline assessments, then there was the 12 months of the intervention, then another round of assessments. And then you talked to us about the deep dive on the six centres, six services. And that that was 12 months later. So was that 24 months?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Right, yes so the environmental baselines happened at the end of 2015.

COMMISSIONER

Yes.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Then we went into services at the beginning of 2016 to do the child assessments and then the follow up environmental scales happened at the end of 2016. So November 2015 to November, 2016. And that's when the follow up child assessments happened. We ran the intervention for the control group then during 2018. And, and it was at the end of that year that we did the, so it was 12 months after the end of the intervention that we did the case studies.

COMMISSIONER

Yes. Yes. So 24 months from the start 12 months from the end, just wanted to be clear about that. Coming, we've been talking in the last few exchanges about scale questions and about legacy questions. Coming to scale questions. One of the things that you pointed out happened in a, I think some, but not all of the six services that saw the biggest changes, is that they moved ratios from one to 10 to one to eight. Can you perhaps give us a little bit more detail on

that and reflect on what that means about scale? Because obviously to change ratios for a limited number of services is one thing, to think about changing ratios across the board is quite another in terms of capacity to deliver it and affordability.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Yeah, I, that's an important question Commissioner. I don't think we wanna over emphasise the finding around the shifts in ratio. I think we wanna contextualise that within the broader discussion around time. So time was the biggest factor that was identified by participants that was a barrier. But time, or the affordance of time, was also a facilitator. So, and we had some really interesting discussions around time because everyone has the same amount of time, but we have different prioritisations. And so I think it's really around some services decided in order to afford educators and teachers, the time they created another staff position, but in other services, they actually did that differently. So they didn't necessarily put on another staff member, but they shifted the role of the staff meeting. So rather than it being largely administration, which can happen in daily emails, it actually became a pedagogical focus. So I don't think we wanna over emphasise ratios because the most important and feature is how do we create opportunity and time for rich staff collaboration and discussions, and time to reflect on practices and time to reflect on the perceived impact that their practise and their pedagogy has on children. And, and that's how we need to think about how to do that.

COMMISSIONER

Mm-hmm and in terms of sustaining the intervention over a long time frame, I mean, clearly even within the ambit of your own study, you experienced, um, some of the dislocations, which happened with staff churn, so you ended up with lesser less than 45 intervention groups because of staff changes. I mean, if you were thinking about scaling something like this, I mean, how would you cater for the fact that you know, we know that there can be, you know, centres that aren't evaluated for five years and within the five year cycle, almost every staff member has changed. I mean, how would you think about rollout and support when the person who's been leading the intervention because they got to do the professional development might not be there a year later or two years later.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

Well, I think that's that model of sustainability, so where we created that leader champion. So I think what we really need to focus on is how do we translate that shift so there's ownership at a service level and not at an individual level. So in fact, we saw, so one of our six case studies, one of the educators wasn't there anymore when we went back and did those observations. So we really need to think about how do we shift practice at a population level rather than an individual level, because absolutely we'll see high levels of staff turnover, but I will say that we do see higher rates of staff turnover in services that are characterised by more challenging quality. So there's a relationship between staff turnover and quality, both in the sense that turnover can result in drops in quality, but often if staff aren't happy at a service and usually

that dissatisfaction is linked to the quality of the practice, then they're much more likely to leave. So there's certainly something to think about in terms of how we do that, but we need to really focus on a population shift and not just an individual. So it's shifting the narrative more broadly.

COMMISSIONER

And did you see that nexus between quality and, and staff, I'm gonna say stickiness, I'm reaching for another word, but did you see the correlation between those two in your own survey or you're aware of that from other research work

ASSOCIATE PROFESSOR NEILSEN-HEWETT

I'm aware of that more broadly, but we also saw that within our own intervention. So without a doubt we had some services that didn't improve in quality as a result of the Leadership for Learning Professional development intervention. And when we did a deeper dive into those services, they didn't meet fidelity in the sense that they didn't send two educators, or there may have been high, higher staff turnover. So a lot of what we would call the red flags or the risk factors we saw amongst those services where we didn't see those shifts.

COMMISSIONER

One of the things we talk about in education generally, but also in early childhood education is, um, in, in improved quality and practice can lift all boats, you know, all children do better. But we then come back and ask ourselves the question, is it making the disproportionate difference we need to see for disadvantaged children so that they catch up to where the general cohort of children is. Is, is there any evidence from your study that increasing quality levels makes a disproportionate difference for more disadvantaged children as opposed to lifting quality for all children?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

We had some interesting nuances. So we certainly looked at variants across age, gender, variants based on mothers education and socioeconomic status. And so, we saw a bigger growth amongst boys than girls, and that's partly, research suggests that educators naturally kind of are drawn to girls over boys. So the fact that we focused on prioritisation of relational pedagogy or the relational health of the service, then we saw that educators engaged equally with boys and girls, so we saw that increase. There was certainly some within maternal education that we saw some bigger growth amongst children who came from homes, where the mother had not finished school or finished in year 12. And that may purely have been just a reflection of they had greater potential to grow in that time. So I would be hesitant to make too many sweeping generalisations based on our research alone, but there's certainly the potential for greater growth. So for instance, when we looked at the scales, the poorest practises were around numeracy, and that was also where we swore the largest growth. So often you do see bigger growth within context where there's more potential for that to happen.

COMMISSIONER

I can't resist asking you why is less attention paid to boys? Is that a gender stereotyping that girls are interested in quiet play and boys are interested in being more out there?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

There's a lot of really interesting research and I am not an expert on gender and pedagogy, but there is some suggestion from the research literature that girls create a climate where educators are more comfortable to engage in those practices, so those kinds of deeper learning. But there's certainly, I, you know, I'm not as familiar with that research, so I'm hesitant to actually make any sweeping generalisations or comments there.

COMMISSIONER

Okay. Sounds fascinating. Now you may not be able to answer this because it's not your jurisdiction, but, I mean jurisdiction in terms of geographic state, but do we have any sense of the contemporary gap between the professional development your study shows works vs. the professional development modules that would be being used here in South Australia? Are you able to comment on that?

ASSOCIATE PROFESSOR NEILSEN-HEWETT

No, I'm not, I'm not well placed to comment on that.

COMMISSIONER

Right. Okay.

COUNSEL ASSISTING

I don't have any further questions Commissioner.

COMMISSIONER

Thank you very much. Thank you both of you for joining us. Thank you, Leslie, for joining online. Thank you for coming in person. Terrific to have you here today and have the benefits of all of this very deep and thoughtful work. So thank you very much for your attendance.

ASSOCIATE PROFESSOR NEILSEN-HEWETT

It was an honour to be invited. Thank you so much.

PROFESSOR LOBLE

Thanks for the opportunity.

COMMISSIONER

We'll let you stand down.

COUNSEL ASSISTING

And for our next panel session, I call Katherine Hawkins and Kerrie Beck.

< KATHERINE HAWKINS AFFIRMED

< KERRY BECK AFFIRMED

COUNSEL ASSISTING

Can I start just by asking each of you to briefly introduce yourselves and your respective roles in your respective government departments. And then, I'd like to start by asking about the genesis of the changes that we are going to talk to today, but, but first, if I could just ask each of you to introduce yourselves.

KATHERINE HAWKINS

Ngai nari Katherine kudnartu Hawkins. Marni ngadlu tampinhi, ngadlu Kaurna yantangka tikanthi, which says I'm Katherine Hawkins and want to acknowledge I'm on Kaurna land today. I'm the Executive Director of Inclusion and Reform at the Department of Human Services, which includes the leadership of design and implementation of a number of strategies including the Early Intervention Research Directorate.

KERRY BECK

Hi, I'm Kerry Beck. I am the Director of Safer Family Services in the Department for Human Services. So I'm a social worker. And there's really three elements that Safer Family Services deliver that are critical for today's conversation. The first is that we deliver the Child and Family Support Services Pathway system, which we'll talk about a lot, I think. Second is that we also have a statewide service delivery of intensive family services. So we've got about 150 social workers across the state delivering services to families. And thirdly, we also deliver a suite of family support services at a more early intervention space and they're mainly community development programs and parenting programs.

COUNSEL ASSISTING

We're going to talk today about some changes made to, what's called the Child and Family Support System in South Australia. First of all, that's a, a program or system that's led by the Department of Human Services as part of a, a broader child protection system. Is that accurate?

KERRY BECK

Yes.

COUNSEL ASSISTING

And perhaps if I can ask you Ms. Beck, before we come to what the system looks like now, what drove some changes that were implemented in 2019?

KERRY BECK

Well, there were a number of recommendations out of the Nyland Royal Commission that I think Katherine will talk to more around EIRD, but in relation to the service system prior to that time, the service system was very disjointed. There was a lot of confusion for people trying to access a service system, referral pathways weren't clear. There was a process by which people would often be referred to a number of different services at the same time by the statutory authority. And then whether or not those families got a service wasn't known to anyone. So if people didn't get a service at that point, they just went on their merry way without getting a service. There were no feedback loops, there was no data collection. There was poor data and inconsistencies in that data across a fragmented system.

COUNSEL ASSISTING

So at the time of the Nyland Royal commission, did SA have what we called then a Child and Family Support System?

KERRY BECK

No, they did not.

COUNSEL ASSISTING

What did we have in place? Did we have any talking between different agencies or did we have Child Protection, hospitals, Education, Health, as disparate -

KERRY BECK

No, we did have a number of family support services, but they weren't connected. The data wasn't connected and neither were the ways in which they delivered those services. So we probably had a whole lot of talking but not in a very coordinated way. So we didn't understand how those services worked together to create a system of support and then worked with the statutory services.

COUNSEL ASSISTING

And to be clear for the people who are watching today, and we we'll start to unpack this in a moment, is what we have now a support system that has been designed to try and foster linking of data that we already collect, plus some gathering of additional information through a, a unified pathway system that hopes to give families continuity as they navigate a system towards keeping their children and families safe. Is that a relatively broad but accurate description?

KERRY BECK

That is what we have now.

COUNSEL ASSISTING

You mentioned the EIRD directorate, is that the Early Intervention Research Directorate?

KATHERINE HAWKINS

Yes, we can call it EIRD for short, if you like.

COUNSEL ASSISTING

So if we come back to at the disparate system that we had that was perhaps illuminated by the Royal commission in 2016 was a recommendation that we start by establishing the EIRD?

KATHERINE HAWKINS

That's right. Nyland made particular recommendations around better understanding the early intervention system and also understanding evidence, what was known, what could be known, what could we learn? And the setting up of the Early Intervention Research Directorate or EIRD was one of those foundational pieces. And more specifically EIRD was tasked with a number of immediate tasks to get on and do, including understanding the evidence, what programs, for example had evidence that suggested that they might be effective at supporting, the health and wellbeing and safety of children and young people. And indeed reducing trajectories into escalating contact with the child protection system and out of home care in particular. EIRD were also tasked to particularly think about the needs of Aboriginal children and families within the context of the service system and programs that may be better directed and particularly designed to meet their needs and also to pilot perhaps innovative programs that showed promise and test those and learn from those, as well as create that cohesive system, and get to families sooner, rather than perhaps waiting until those sort of poorer outcomes were further advanced.

COUNSEL ASSISTING

So did EIRD start by having access to data sets held by the South Australian government?

KATHERINE HAWKINS

That was one of the first tasks, absolutely, to establish what did we already know in the broader, research field, that would help inform where to go, including one, what the, perhaps the population looked like, what the needs of children and young people were, how many were there, where were they? And so there was a research consortium created, Early Intervention Research Directorate, including Betterstart, who I believe the Commission have heard from, Telethon kids Institute and the Australian Centre for Child Protection. And those research partners, and in collaboration with EIRD, reviewed a number of critical pieces of evidence, including the data that was held in the system already, as Kerrie has identified, to look at, what do we know; what do we not know; what's working and what more can be done. And the creation of the linked data set that I'm sure we'll talk more about was then sort part of the process for us to connect that data together, in addition to some desktop reviews of the services that were in existence and the significant co-design process, which also drew on practitioner wisdom and, and the voices of people with lived experience. I'm sure we'll talk about that too.

COUNSEL ASSISTING

So the first step was essentially a bit of a stock take to see -

KATHERINE HAWKINS

That's right.

COUNSEL ASSISTING

What the different services out there were, and importantly, what data was already being collected. Is that accurate?

KATHERINE HAWKINS

Yes

COUNSEL ASSISTING

And just to clarify, when we talking about what data sets the Government here already has, are we thinking of things such as the Department for Child Protection, Births, Deaths and marriages, Health, Education, Justice, for example?

KATHERINE HAWKINS

That's right.

COUNSEL ASSISTING

I know you've got some slides that would be very helpful and we'll try and get to as many of them as we can today. But if we try and stick with data linkage today, why was that so important when this, when the changes were being designed and implemented across the Child and Family Support System?

KATHERINE HAWKIJNS

Well, I think that that capacity to have a greater depth of visibility into children and families and their experience with multiple service systems gives you something that one organisation alone can't tell you. And so the power of that linked data set really was to be able to see what are the characteristics of children and families who may go on to have certain outcomes, including contact with certain service systems and what does that tell us about what we can be doing and what can we, we can be doing earlier to disrupt, especially those poorer outcomes. I should mention as well, that housing is part of that linked data set.

COUNSEL ASSISTING

Thank you. In terms of the, you mentioned Betterstart, and we did have some evidence in January, we had a lot of information about particular percentages of, of vulnerable cohorts and the like. Was one of the initial tasks of the EIRD to again, similarly to the work of Betterstart highlight for the government, what numbers we, we might be talking about that that were very vulnerable when it comes to possible, interaction with the Child Protection System.

KATHERINE HAWKINS

That's right. And I do want to acknowledge the incredible capability of the team in ERID that sit behind some of the information and data I'll be sharing with you today, and I'm sure, countless hours that have gone into quantifying some of this work, including our very own epidemiologists on staff. And so, and some of the data I'm gonna share with you was, subsequently replicated or, or had also been shown in the Betterstart data. But we know from child protection records that there are roughly 80,000 notifications per annum relating to approximately 40,000 children in south Australia. And the previous data that we had available gave us very little insight into those subpopulations that might help inform service design and delivery and policy. So one of the probably most powerful, early pieces of work that EIRD did was to get a better sense of what are the populations who are most likely to have that escalating and future contact with the child protection system in, in particular, out of home care. And they, they identified that out of that population, there were roughly 8,600 families with approximately 12,700 children who were five times more likely to have that ongoing and escalating contact. And then within that, there are particular priority populations who were showing up even more frequently. And so that's where we first targeted our efforts.

COUNSEL ASSISTING

And who were those groups showing up even more frequently?

KATHERINE HAWKINS

There were four particular groups that we were most focused on, and these are not mutually exclusive. So infants at risk is one of the most significant groups and we are not alone in making that call, I know better start have also spoken to that. So approximately 1000 children, unborn child concerns per year in South Australia and about one third of those families will have at least one child removed int, out of home care within four years. So that's a priority population for earlier intervention and, and Kerry's service, for example, provide some particular intervention targeted to that group. Young mothers, and I say young mothers, even though, it's quite often also young parents, but we have a lot more data about mothers because of their contact with obstetric services, et cetera. So we know that, for children in out of home care, a significant proportion of those were born to mothers who had their first child at under the age of 23. The third group are adolescents at risk. Approximately 50% of the notifications relate to eight to 18 year olds, is my understanding. And then lastly, Aboriginal families who we know are grossly overrepresented at all levels of the child protection system

COUNSEL ASSISTING

And armed with this knowledge as to the, the sheer numbers that might require intensive support was the next step then the development of the strategy for what we now call the Child and Family Support System.

KATHERINE HAWKINS

Yes.

KERRY BECK

Yes, it was.

COUNSEL ASSISTING

And one of you has mentioned, an important aspect of that was this co-design process, I want to come to that, but at first of all, what was the primary aim of, of the overhaul that became the Child and Family Support System?

KATHERINE HAWKINS

I think it speaks really to Kerry's point about wanting to have an integrated and cohesive view that recognised that early intervention is its own thing that requires its own special thinking and understanding both in terms of the characteristics of those higher risk populations and also targeted efforts that you then test and inform your future efforts in terms of trying to disrupt those poorer trajectories. And the Child and Family Support System also speaks to, I think, creating that unifying workforce, which is so critically important when you're talking about wanting to do things differently. And I think the last speaker also talk talked to that critical point about how you create a culture in which people see themselves in a joined up effort. And for us, one of the most, most critical important things is that we are doing a multidisciplinary multi-

agency responsibility here that is much, much bigger than one agency alone. It's absolutely a partnership, including with our non-government organisation, partners, Aboriginal community controlled organisations, and the services themselves.

COUNSEL ASSISTING

And I'll ask both of you perhaps at this point, it's often referred to, the changes made are often referred to as a learning system or the aim was to create a learning system - what's meant when that term is used in, in this context and how was it facilitated?

KATHERINE HAWKINS

Well, learning system really is about enlivening what others may refer to as a scientist practitioner approach. It really is that you are implementing things. You're asking yourself, what do you know about whether that worked, and what more you could do better and differently and asking all the people that are involved in it about their experience, practitioner experience, people who are service users and also of course, the data and evidence, and using that to then feed back into the system so that you are iteratively or continuously improving.

COUNSEL ASSISTING

And there is a slide I want to bring up in a moment when we get to the nitty gritty of how the system works at the moment, but before we get there, there was mention of this co-design process. Can you flesh that out for us? What was involved?

KERRY BECK

Sure, so the co-design happened in the last half of 2019, and it was led by EIRD in DHS at the time. What happened was that EIRD engaged a couple of consultants, so a consultancy with Dana Shen, and also a consultancy called Think Human to drive an independent co-design process around what a child and family support system should look like. Over those six months, they had contact with over a thousand people and those people represented explicitly there was, we had Aboriginal leadership and service delivery forums, we had mainstream service delivery forums and also family forums, across that time. What we did was, in the first round of the co-design, we went out and held forums across the State for those people, and asked people, to identify what the priorities of a child and family support system would be. At the end of that process, the consultants brought all of that work together, identified what the people were saying about what was needed. And then we went out and did a second round and said to those people, okay, this is what you've said is needed, we now want you to flesh out what that looks like, how we might do that and explore more what those priorities actually meant. So then at the end of that, six or seven month period of, um, undertaking those, uh, workshops, EIRD and Safer Families then worked together around creating the strategy, which was, which became the Child and Family Support System roadmap. There were four key strategies that came out of that, that ended up in the roadmap. The first one was pathways. So it was around how people get into the system and access services in a more streamlined way. The second one was around service integrity, so making sure we supported the workforce strengthened the workforce, had good clinical governance, and quality service models and

practice guidance. The third one was service investments in the space. So commissioning services that focused on child safety and wellbeing outcomes, and the third one was continuing to build the evidence and making sure that the voices and data for the system improvement and service outcomes were broad and captured lived experience, practise data and evidence.

COUNSEL ASSISTING

And what actually changed in a tangible sense once the strategy had been finalised and the Child and Family Support System commenced? First of all, what, what changes were made in terms of linking government departments?

KERRY BECK

The first thing that happened was that all of the services that were identified in the early intervention space were transferred to the Department of Human services. And they were transferred mainly from the Department of Education, Department of Child Protection and a little bit from the Department of Health. So it was all the services that were funded to do family preservation work and family support work were transferred over into machinery government changes to the Department of Human Services and the structure of the Child and Family Support System was created.

COUNSEL ASSISTING

Can I come now to the system that we have today, and you've mentioned a Pathways service, how does the Child and Family Support System work, in terms of the tiers of programs that are now currently offered?

KATHERINE HAWKINS

We've got three tiers of programs and they broadly sit within universal services and the tertiary or statutory services, although I should say that those are not hard lines, but the three tiers of service that we are currently providing, really speak to the fact that the group of families who are likely to have further contact with the child protection system in some way, shape or form, are not a homogenous group. So that was also one of the learnings that we took from some of the early analysis that EIRD and our research partners did. Tier one –

COUNSEL ASSISTING

We might bring up slide, I think three, then that will give people an overview as to the tiers for you, if that's helpful.

KATHERINE HAWKINS

Thank you. So tier one are our most intensive programs. And part of the earlier years of the Child and Family Support System involved the piloting of some approaches at that top tier and they really our out of home care prevention programs. So their primary aim is to work with

families who are really at imminent risk of child removal and significant majority of referrals, in fact, I believe all of the referrals come directly from the Department for Child Protection for that immanent risk group. And so we have a number of programs in that bracket. That was probably the best example of speaking to that particular aspect of the Royal Commission's recommendations around testing programs that had promise. And so those programs really were built on either programs that had shown promise elsewhere or who perhaps had emerging evidence, and, probably worth mentioning that that top tier has the most intensive level of service dosage, relevant to the level of need of that group. And then the second tier of Intensive Family Services is still targeted towards that high and very high risk level, but not imminent risk of removal. And that Pathway service Kerry mentioned, channels and triages to ensure service match for that band of Intensive Family Service. And we provide that through Kerry's team, Safer Family Services, but we also commission a number of non-government organisations and Aboriginal community controlled organisations in that second tier and creating that band of a singular workforce and consistency of data capture is probably one of the things that we can share here today that has is yielding, particularly powerful insights at the individual program and, and population level. And then the third tier is for low to moderate risk and need in families. And that tier, again, Kerry's service has a couple of programs that sit in that, and we've also recently, recommissioned a range of non-government organisations and Aboriginal community controlled organisations through an open tenderer to deliver services at that level two. And again, service dosage is lower but what unifies all three of those tiers is the same outcomes framework. We've all ensured that there's a linkage to the same factors that we're targeted towards across those three, but service dosage differs.

KERRY BECK

Can I just add to that, that, I think also one of the things that was happening before the changes that we probably didn't know about until we started to look at the data, the 8,600 families, was just how much the gap between universal services and the statutory system was widening at the time and I think that our ability then to make sure that we changed what happened in between the two was relative to the fact that we now knew that a single service dosage wasn't applicable across the whole breadth of that. And really that, that is something that came out of the self-learning system as we continue to dive into the data and the service dosage.

COUNSEL ASSISTING

I should make clear for those watching that these slides will be available on, on the website after today so people can have a closer look at them, but in terms of the one we've got in front of us today, that's really a, a sliding trajectory isn't it from first case scenario, services, everyone can access then a sliding scale towards increasing levels of support for people at imminent risk of what you've called the statutory outcome, which for some, is a decision made to remove a child from a home.

KERRY BECK

Yes.

COUNSEL ASSISTING

And the aim, I suppose, if we can put it that way, of the Child and Family Support System is best understood as trying to, uh, keep people out of

KERRY BECK

It's to keep children safely at home with their family embedded in their community and their culture. important to note that we wanna keep children at home safely, not just keep children at home at all costs.

KATHERINE HAWKINS

That's right.

COUNSEL ASSISTING

Can I ask now if we can talk about the Pathways service, and I think we've got a helpful chart, which is slide seven. And this really is an excellent illustration, I think, tell me if you agree or disagree, as to the ways in which the Child and Family Support System now is self-learning. And I'm going to ask you some questions about this so that we can highlight the parts of the process in which is embedded reflection and, and data collection, so we can flesh some of this out. First of all, you talked about this, now being a uniform entry point, what, what happened previously?

KERRY BECK

Well previously, referrals were made largely from the Department of Child Protection, but also other services, just randomly to services in the community. There was no collaboration or pathway into that system because there was really no system, so there was no opportunity for data collection and also there was no clear pathway for clients and families to actually see their way through a system of support and help towards being able to achieve what it is they want which is to keep their kids at home safely.

COUNSEL ASSISTING

So, first step, if we look move from left to right on, uh, this slide, we see there are referral can be made and you've mentioned referrals being made by the Department of Child Protection. Are they the only source of referrals?

KERRY BECK

No, they're not. At the moment, there are three sources of referral, sorry four sources of referral. Most of the referrals do come from the Department of Child Protection, under the refer

state authority clause of the Act. That's 80%, approximately, of all referrals that come into pathways come via that, that way. As well as that, though, we take referrals from the Department of Education, from schools who have particular concerns about children, from birthing hospitals and all through from the multi-agency protection service.

COUNSEL ASSISTING

Do I take it from what you said earlier that before these changes were implemented, multiple of those, for example, Department for Child Protection and schools could be making separate referrals and neither would know about the other?

KERRY BECK

Absolutely. Yes.

COUNSEL ASSISTING

And if I can go back one step, you mentioned earlier, the work done by the EIRD and the identification of the possible extent of the population who might be at really imminent or serious risk being some 8,000 families odd, it's important to clarify that wasn't using identified data so that someone that could then go and try and contact 8,000 families, is, is that correct?

KATHERINE HAWKINS

That's right. So we now have a number of different points of data capture, but for the purposes of simplicity, the two main ones are the identified data capture that we obtain through the referral and then service pathway. And then there is a de-identified data set, which is that linked multi-agency data set, the EIRD policy data set. And of course, one of the real benefits of having that person centred data approach and also the big data is that over time you can link those things and make sense of individual program and population level outcomes.

COUNSEL ASSISTING

And perhaps to illustrate that if we can just move to slide six for a moment.

KATHERINE HAWKINS

Yeah. So this, um, depicts the -

COUNSEL ASSISTING

Sorry, I'll just see if we can get that up on the screen. Here we go. When we talk about data, we've mentioned identified data and de-identified data. In terms of de-identified data, perhaps if I use some of the government departments at the bottom of that chart, that's now behind you, a lot of information about us as collected. If I go to hospital, if I send my kids to school or they don't, they miss a lot of schools, there's a lot of data that the government holds. So that first work done by EIRD had access to what we say is de-identified data. Is that that correct?

KATHERINE HAWKINS

Yes.

COUNSEL ASSISTING

In terms of it didn't allow us to identify the name of a particular family, but we could see themes emerging as to at risk parts of the population.

KATHERINE HAWKINS

Yes. But I don't think we really did any comprehensive analysis on that until the creation of the Early Intervention Research Directorate. So following the implementation of the public sector, data sharing legislation and the establishment of the Office of Data Analytics and the creation of their secure environment, it enabled those safe frameworks for the connection of that linked data, which I believe was also, that act came into effect in 2017. So it's, since that time that we've been able to get that de-identified big data.

COUNSEL ASSISTING

And so that was an important first step was it in terms of having this overarching linking that had happened before EIRD could then come in and mine it for important information

KATHERINE HAWKINS

That's right.

COUNSEL ASSISTING

At the top of that then, you mentioned there are some identified aspects or, or information that's collected by the Child and Family Support System. And is that information that's asked of families and recorded as they come into contact with the support system and go through this pathway system?

KERRY BECK

Yes, yes it is.

COUNSEL ASSISTING

And we can see some examples of that on the screen, but I'd like to illustrate it perhaps better by going back to number seven, if I can. In terms of the, the journey that, that now happens when people come into contact with the system at that middle tier, I think we're talking about in terms of the Pathway, we can see that we have that initial referral that that's made by one of those bodies that you've told us about. Presumably then, people, the left hand and the right hand are talking and child protection might know if a school has also made a referral, it comes

into the Child and Family Support System. And we can see here that an assessment is done. What sort of data is collected on that initial assessment?

KERRY BECK

So every referral that comes into Pathways has two main types of assessment. The first is a baseline data collection, baseline complexity collection. That is a tool that we apply to every family that collects data on approximately 40 risk and protective factors for that family. And the second one is that we do also a clinical assessment with the information we have to contribute to service matching and service delivery moving forward. So that all happens in the Pathways, what is now the Pathways Service.

COUNSEL ASSISTING

And how did it happen previously or did it happen?

KERRY BECK

It didn't, it didn't happen.

COUNSEL ASSISTING

There was no structured entryway and information gathering at the initial point of contact with the system?

KERRY BECK

No, certainly not around baseline data. There obviously was referral information that went from agency to agency for the purposes of service delivery, but it wasn't captured in any consistent way.

COUNSEL ASSISTING

When we work through this, we'll see that data is now collected from families at various points through what the, the slide calls, the journey. What are these families told and/or asked at the commencement about at data sharing rights and what happens to data?

KERRY BECK

So the first thing I'd say about this slide is that it is a tool that we use with families, for practitioners. And the most important thing that it does is it helps us to work with families around what is the purpose of data, what type of data are we collecting, how do we work together to collect the right sort of data, what their rights are and then how we use the information and data that we collect moving forward.

COUNSEL ASSISTING

And without giving any specific family examples, generally how is that process received in terms of explaining to people the need for it?

KERRY BECK

Oh, look, that is varied given the experience of the family. However, we've found that it's been a very useful tool and what it's done, particularly for both practitioners and families, is help people understand the importance of data and how data can actually be used to improve their experience of services.

COUNSEL ASSISTING

We can see, I should ask as well is the, one of the aims where possible to have the same worker involved with a family throughout this pathways journey?

KERRY BECK

It's always the aim, worker consistency is really critical element of success, but not always possible.

COUNSEL ASSISTING

And is that usually a social worker?

KERRY BECK

Yes, within Safer Family Services, it is, I think pretty much across the CFSS it is yes.

COUNSEL ASSISTING

Is it usually a government employed social worker or are there some other agencies that help to implement the program?

KERRY BECK

There's both. So across the CFSS, as Katherine said, we also commission a number of NGOs and ACOS, so Aboriginal controlled agencies as well. Safer Family Services, the Intensive Family Services that we deliver in my directory are make up about 70% of the state's contributions to Intensive Family Services and the remaining 30% is commissioned out.

KATHERINE HAWKINS

I think it's worth also just explaining the trajectory of the client journey, if you like.

COUNSEL ASSISTING

I was just about to ask you that.

KATHERINE HAWKINS

Yeah, because Pathways, the client may not know at the point, Pathways takes a referral from another agency, the family won't know that that's occurred quite often. And so Pathways receive the volume of referrals from agencies and then undertake that assessment, which is an assessment based on the case management data that Pathways has access to which includes child protection data through the Connected Client Case Management System, C3MS. So it's only after that referral is accepted and allocated to a service, one of those service providers we mentioned before, which includes Safer Families, that the practitioner would sit down with the family and explain the next steps in terms of data capture and case management provision. So that Pathways thing is, is really our mechanism of triaging and capturing and service matching.

COUNSEL ASSISTING

And some families might fall into the lower tier and might be directed in, or suggested to follow up a slightly different path of intervention.

KATHERIN HAWKINS

That's right. And that's one of the, I guess, powerful things about the public health approach of data capture here, that we are capturing data on a whole range of families who may or may not get the service. And so over time, we'll also have increasing insights about, you know, the outcomes by individual and by program, but also the outcomes for those who didn't get a service and what that tells us, especially at those different levels.

COUNSEL ASSISTING

And so if someone is the subject of a referral and a determination is made that perhaps the Pathways tier two isn't appropriate for them at that point, where, where might they be referred to?

KERRY BECK

If they, uh, don't get an Intensive Family Service at that point, the process is that we then engage back with the referrer around what other options in the service system currently might be for referring that family to, and we also work with the refer around strategies they can put in place to try and help them mitigate and manage risk as well. So we would work with the school around how they might support that child at school, in certain ways to try and mitigate some of those risks. I guess the bottom line at the moment is though that there is an under supply of those services and so, Pathway's capacity to refer everybody to a service is, it's not possible.

COUNSEL ASSISTING

Recognising the supply problems, was that level of engagement with the referrer and suggestions for alternative options, something that was unique to this system and was lacking previously.

KERRY BECK

Yes.

COUNSEL ASSISTING

So if a family wasn't offered a, a particular intensive service previously, there was really no -

KERRY BECK

There was no feedback loop previously. No.

COUNSEL ASSISTING

And also am I correct no recording of perhaps why a service, an intensive service wasn't offered and what, what was well, nothing was offered in its place. So there was no data there either.

KERRY BECK

Not in a systematic way. I mean, particular services at the time would've collected their own data, but not in a systematic way.

COUNSEL ASSISTING

We can see that within about six weeks, a family snapshot is completed. What's collected during the family snapshot and what's the purpose of that?

KERRY BECK

Family snapshot is a tool that we use with families to measure changes or improvements in family function.

COUNSEL ASSISTING

In terms of the changes and improvements made to the collection of data, does the system we now have differ from, if you can say, what we might call a typical administrative or case management system within government? Is the significance, perhaps if I can rephrase it, that

we are now collecting much more granular data to follow and assist a family through a process?

KERRY BECK

Yes.

KATHERINE HAWKINS

Yeah. I think it's also specific to the cohort so that family snapshot tool that we do at baseline, and then again at the completion of the delivery of the service enables us to see what changes have occurred for that family as a result of the service across a whole range of indicators and, and factors. And the development of the Family Snapshot was based on the epidemiological data about the types of factors that are most likely to be associated with those poor life outcomes in particular escalating contact with the child protection system. So that slide that we showed before about the linked data sets and all the different types of things we're counting. Now we can capture that standardised structured data now for all the families that are engaged with Intensive Family Services and measure those changes at baseline and case closure. And then through the de-identified data set track, those changes in terms of their sustainability over time.

COUNSEL ASSISTING

Are there families who choose not to engage with the survey type questions, asked at various points throughout the service and what happens then if there's no volunteering of information?

KERRY BECK

At the moment, the Family Snapshot is designed that it can be done in three different ways. It can be done in partnership with the family. It can be done by the family alone, and it can also be done on practitioner wisdom. So at every point we will receive information back about the changes that have occurred in that that family's life.

COUNSEL ASSISTING

And, and it will be recorded will it, which method was undertaken to complete the snapshot at each point in time?

KERRY BECK

Yes.

KATHERINE HAWKINS

It is worth also acknowledging just on the point of engagement though, since you raise it, that engagement is one of the things that we are learning more about now than we could ever have learnt before because of the systematic way that we're engaging in data capture. So once we

receive those referrals and the service is matched, and there's a capacity in a, the particular organisation in that person's region, they will attempt to engage with the family to engage them in a service, and that may or may not be successful. But we are now able to also capture, because we have the scale and the volume now of the number of referrals and service allocations that we are making, the types of features of practitioner behaviour that are associated with greater or lesser levels of engagement in the family. So we can then take that data and feed that back to the practitioners in the system to say, this appears to be a more successful method. Did you wanna mention a couple of those?

KERRY BECK

Yeah. Which is one of the, you know, amazing things about the learning system for, for me, in trying to manage a service system is that you get this real time feedback from the data that says actually what we now know Kerry is that for example, you're three times more likely to engage a family for practitioners able to offer a practical support through some sort of brokerage. So if we go with an offering to a family, if we take a food parcel, or we give people a voucher, or we provide some sort of brokerage support to that family in the early stages of support, then we're three times more likely to get ongoing engagement with that family. Another is that we're twice as likely to engage if we undertake face to face visits early on, rather than being much, four times less likely to engage people with contact of services via email or, or mail. So those things are, are coming out of the data in real time. And we can feed that back into our system of clinical governance and make sure that practitioners are operating in a way that we know will give us the best possibility of full engagement with families.

COUNSEL ASSISTING

And to facilitate that, is that done by way of a particular practitioner having, completed a step in the process and going and inputting electronically presumably, 'face to face positive outcome' and then people later down the track can go and draw these examples.

KERRY BECK

That's correct. So we have a process where practitioners respond at certain points through the process of service engagement around what the strategies are that they've been using and this is one of the things I would say is really, really critical around the work that we've tried to do is in trying to develop really good relationships between practitioners and researchers and epidemiologists around making sure that people really understand the importance of the data and the wealth of information that it can give us and how important it actually is to our service delivery and that relationship between EIRD and Safer Family Services over the last, um, couple of years has been really critical to the way in which we've constantly been able to make iterative changes in a broad service system really quickly, on the back of data that's coming out. And that what that's done is showing practitioners that the information they're giving makes a difference because it's being fed back to them in real time to say, well, you know, you told us this, and now we can let you know that this is what works, and they can really be quite agile and quickly change their intervention on the back of the data that's coming out the system, which is very exciting.

COUNSEL ASSISTING

So it's not just linking the data sets, it's linking the service providers on the ground with those who can teach us about the data.

KERRY BECK

Absolutely.

COUNSEL ASSISTING

And the research.

KERRY BECK

And the data that's coming out of Pathways, and the link data set does two things, I think, it's Katherine said one – it does give us opportunity across population to really think about service design and the future and where we're going. But it also gives us that really quick information from a practice perspective to really direct practise towards where it needs to be, in a really agile way.

KATHRINE HAWKINS

And also not just for our practitioners in our service system, but these are some of the hardest families to reach who are contacting multiple service systems. And one of the other elements that we also capture is whether the family has perhaps had a history of avoiding government services, so we can Count that. And so this sort of rich data is also data that we can share with other service systems, obviously one, being early childhood education system or education system more broadly in terms of how to reach hard to reach families.

COUNSEL ASSISTING

How is success measured at the end of that journey?

KERRY BECK

The aim of the system is that success looks like enabling a child to stay with their family safely, embedded in culture and community for a two year period post the initial referral. We're not two years into our data collection yet so we can't measure against that marker. We're about 18 months in. But that, that's the aim of what success looks like for us.

COUNSEL ASSISTING

At the 18 month mark, what have you been able to learn from the information that you've been collecting in terms of where the differences are, are being made?

KATHERINE HAWKINS

Yeah, we've got a number of slides that particularly talk to domestic and family violence, which we know is one of the factors that is significantly represented in this group.

COUNSEL ASSISTING

Would you like number nine to start with?

KATHERINE HAWKINS

Sure. Let's go to nine.

Number nine is a really good example of what we knew before and what we know now. We also have some slides on emerging evidence, which we can also show, but this one in particular relates to concerns around school attendance. So according to the data that we had before the implementation of The Child and Family Support System, it was estimated that one in six families or referrals, I should say, had concerns around school attendance. What we now know from our more comprehensive data set is that that is a quarter of the referrals that we are seeing have concerns around school attendance, and because of the interconnected capacity and the greater granularity of that structured data collection, we can also understand associated things that are occurring for those families. So for those families that do have concerns around school attendance, they're also 40% more likely to be experiencing housing stress 120% more likely to be experiencing financial stress. And as you can see, they're also significantly elevated in terms of transport concerns and substance abuse by the young person. And what's particularly interesting about this data side is that other socioecological factors that are commonly associated with child protection concerns like substance abuse by the parent, mental health of the parent, those weren't differentiated by the school, attendance concerns in this group. So it sort of suggests that actually concerns around school attendance perhaps relate to some of those more structural factors in particular. And that's really important because that then also helps particularly target our interventions.

COUNSEL ASSISTING

And on the, the targeting of the particular intervention for the particular family, how much of that, how much broader information does the social worker know before they initially meet with the family to undertake the first part of the identified information gathering?

KATHERINE HAWKINS

Well, this is obviously data at scale across the population.

COUNSEL ASSISTING

Exactly.

KATHERINE HAWKINS

But for the worker themselves, who's receiving a referral and about to go and knock on a door, they will have the benefit of the case level data that Kerry mentioned before that the Pathways worker will have drawn out of the system. That informs the referral that that social worker has to hand. So that will tell them information about, for example, the presence of certain socioecological factors that are identified for that family. That's that baseline complexity tool that we talked about before, in terms of the, the presence of a whole range of factors that may be present for that, that family, and have been identified in the epidemiological data as associated with those sorts of outcomes.

COUNSEL ASSISTING

And then in terms of this more global population data that you now have properly, or, or better linked is the strength of that, the ability to more broadly understand different, focuses and programs that might work for different people experiencing different clusters of issues.

KATHERINE HAWKINS

Yeah, that's right. So it speaks really powerfully of, for families who are experiencing significant concerns around school attendance, it talks about the range of things that the workers may need to be alive to and engaging with. One of those, for example, around the brokerage support that Kerry mentioned, so it might be that that family, for example, would really benefit from the connection to financial wellbeing services. Are they aware of the concession support services that they're eligible for? Do they need further support with housing stability? Now, those sorts of things we do anyway, they're par for the course, because they're the sorts of things that significantly co-occur, but one particular example of the connection between these populations has been demonstrated through a recent pilot, that we are engaged with Education, called YERTA, which is specifically about engaging young people who are chronically absent from school through an Intensive Family Service. So it's that recognition that actually school engagement is more than just problems with getting to school. There's a whole range of things that might be happening for that family that sit behind those difficulties.

KERRY BECK

Being able to access and share this type of information with workforce can't be understated. The value of that for people to actually have the myths debunked and actually look at that and say, oh, okay, so now we understand actually what the experience of this population is rather than what we thought might be is really powerful for workforce.

COUNSEL ASSISTING

And I've taken you away, you were going to start telling us what some of the lessons you're learning at the 18 month mark, and perhaps what some of the initial data might tell you in terms of the efficacy of the new model.

KATHERINE HAWKINS

Well, perhaps if we click through from slide 10, so that I can sort of talk you through this, what we thought we knew, what we know now. The next few slides are particularly around the domestic and family violence occurring for these families. So before the reforms to the Child and Family Support System, our support service referrals appeared to have less than 20% of those cases identifying domestic and family violence risks. In child protection notification data itself, approximately 30% of the children notified before age five, had a risk of harm related to domestic and family violence. And then that case file research that was undertaken in the very early days of designing the Child and Family Support System actually found that the prevalence rates were far far higher. And if we just click to the next slide, because that was sort of what went behind the Child and Family Support System. And again, this is obviously just a focus on domestic and family violence. This next slide is the data that we are now collecting through Pathways, which is showing that over 70% of the families that we are having referred to Pathways have got current or historical, or both, domestic and family violence. So that really, I guess, as Kerry said, informed us what we perhaps had anecdotally known, but that hadn't been able to be captured in a really structured and systematised way across the system. And then if we go to the next slide, slide 12, this is another example of that structured and systematised data. So we can now see that actually not only are the families who are receiving an Intensive Family Service, got particular goals, for example, around domestic and family violence, and of course the presence or historical domestic and family violence doesn't mean that they will necessarily have a case goal towards that. But for those who do, you can see that actually there's also a number of co-occurring factors and case goals that they will also be particularly focused on. So 40% will have a domestic and family violence related goal. And of those 28% will also have a mental health related goal, 24% housing related goal and so forth. So we are now getting all this rich data about the co-occurring nature of a range of different, significant factors. And certainly at the practitioner level, it's reassuring because you can sort of have these things in your mind in terms of what you are likely to be working with, but also at that population level and when it comes to evaluating program outcomes, we can also then begin to think about how we then design a service that thinks about these things together rather than individual services, trying to do individual things for those case goals. And if we then flick onto 13. Slides 13 and 14 really show some of that emerging evidence, and it is just emerging, because like Kerry said, these things take time to be able to say at scale, but certainly in terms of case plan, goal achievement, we're seeing that at the end of case closure, a significant proportion of our clients are having either some or substantial progress towards that particular case goal. And then the quantification of that, and then the tracking of that long term and the linking of that with other data systems, for example, we might be able to see whether case plan goal attainment in domestic and family violence is related to five year ED presentations, for example. So those sorts of things.

COUNSEL ASSISTING

That's emergency department?

KATHERINE HAWKINS

Yes, shorthand. Did you want to that last slide Kerry. Slide 14, particular and strengths and stresses?

KERRY BECK

Yeah, so the baseline complexity, it captures strengths and stresses as we talked about earlier and this slide shows us that by closure when we close the file and the family goes off on their own that the levels of stresses have been reduced across all areas. And the strengths have been increased across those areas. So we look at extreme stressors. Um, they've dropped, from 11 to six.

COUNSEL ASSISTING

Is a, is a standardised definition of those terms in this context used when making those assessments at start and the end?

KERRY BECK

Yes, absolutely. So the evidence is showing us so far that stresses seem to be lowering by service closure and strengths and capacities for families to deal with their own issues are increasing.

KATHERINE HAWKINS

And that issue of capacity is so critical because you hope that you're not just doing a thing to a family that works for a short period of time, but, you know, ideally what you actually want to be doing is actually building capacity for help seeking for earlier identification for self management and system navigation.

COUNSEL ASSISTING

I haven't asked you about the lived experience network aspect, which I think is relevant to what you're touching on now I'm conscious of the time, but can you describe that feature of the system that we have now?

KATHERINE HAWKINS

Sure. The lived experience network is critical to everything that we have done in the Child and Family Support System, as Kerry said. Right back when we first did the co-design process, the team were acutely aware of the need to capture lived experience and to make sure that any system that was being designed was actually coming from a trauma informed trauma responsive and culturally informed perspective. And more than that, that the system actually set out to try and be healing in recognition that a significant number of families who have contact with this system come from their own experience of trauma and intergenerational trauma. So, so really at the heart, the, the system set out to be a healing system that engaged families and was a safe place to put your hand up and say, I need help. So the Lived Experience Network of system advisors were established early and have continued to inform

the development of the system over time. And that group of system advisors have lived experience of service systems themselves, or perhaps our family members of people who have had system involvement and are at a particular point in their lives where they're able to, you know, provide something back and provide advice. So that group have been absolutely pivotal in, for example, informing us about what data collection methods we should be thinking about, how to design a website that's actually engaging and doesn't look too 'government-y', all the way through to certainly some of the beautiful products that you see, that we've, that we've shown today that are again, more engaging, more likely to be successful. And that, particularly address the needs and the aspirations of families who are coming into contact with this system.

KERRY BECK

The LEN has also been used at a practise level as well and it's one of the interesting things about this this work is that we try and use everything, in both spaces and the LEN has been used in a practice way. We run communities of practise with staff across the system and the Lived Experience Network will come and actually talk to practitioners around, you know, what are they doing, how are they speaking to people, what's the best way of engaging people, what's offensive, what's not offensive, those sort of ways of working in our practise as well. So it's been invaluable.

COMMISSIONER

Can I just, I'm conscious of the time too, but can I just take you back to the journey slide. I just want to exit this discussion clear about how early childhood education and care intersects with this now and whether there are more intersections that you could imagine that would be useful. So, and am I right in thinking, right at the start of this journey map, someone identifying a family, that might have some, some risk score or needs that, that identification could come from a preschool or a childcare centre?

COMMISSIONER

Yes. Education have ability to refer.

COMMISSIONER

Right. And so you used the example of schools before and we used the example of school attendance. Could you give me one from a preschool?

KERRY BECK

Pre schools refer a little differently I must say because they have Family Practitioner program that works directly with the children's centres. So they have a direct line referral through the family practitioner into the Pathway. But other than that only education sites are able to refer, not, private children's centres,

COMMISSIONER

Not private children centres. So if a child was at risk in a, if a childcare worker picked up some risk factors that she or he was concerned about, then they would be using the general child protection method.

KERRY BECK

Yeah. Unfortunately the best way for them to get into the system at the moment is through a child protection notification.

COMMISSIONER

Right. But in those communities where there are child centres, then there's the Family Practitioner network system that you just referred to.

KERRY BECK

That's right.

COMMISSIONER

And then in terms of the various assessments that are done, the initial assessment about the family safety and strengths and needs, and then there are obviously periodic assessments along this journey pathway, would whether or not a child is regularly attending preschool or a children's centre, would that come into those assessments?

KERRY BECK

Yes, absolutely. And the practitioner would engage with that school or that children's centre, or even that private childcare centre, they would engage with that service provider around the assessments and what's needed and how they can work with us to do that.

KATHERINE HAWKINS

And that might be two way as well. So it may very well be that, one of the powerful things of the system connection, is that referrals can also flow the other way - that we might identify families that are not connected with the early childhood system and facilitate that warm hand over into the, into that system.

COMMISSIONER

I just about to ask that point really because if we imagine a future in which there is universal access to three year old preschool, as well as four year old preschool with perhaps some layered additional offerings for children that have come from backgrounds, which would raise concerns about risk or who have been identified as having greater needs, then you talked before about how one of the problems when you're closer to the universal end is that there

aren't offerings to refer people to. What, I mean, it might be a very hard question, but can you conceptualise what kind of offerings might make a difference if they were available, you know, say, say for a family on this journey that had a three year old, and we did have universal access to three year old preschool?

KERRY BECK

In the gap between intensive services and universal services.?

COMMISSIONER

Yes.

KERRY BECK

There are a number of services that we, we, we have commissioned some, I might throw to Katherine, because we have commissioned some services, but there are a number of service programs in those, that area that do work. Certainly the family and parenting support programs that we offer through Families Growing Together and Safer Family Services are a big benefit in that space and they are face to face or online learning programs to improve parenting across a whole range of populations. And then there's also, we run a community development program out of the children's centres, the Education children's centres, where those people work with community around those centres to look at what are the needs of community to try and intervene early in some of the issues that are being raised in community and then access the children's centre as well. So they're just two of the things that we do, but we do commission some other services.

KATHERINE HAWKINS

Yeah. We just recently did an open tender for a whole range of those, sort of more community engagement, family support services for the less intense families. And they're gonna look like lots of different versions, but we'll look forward to sort of monitoring the outcomes of those over time, but at their heart, they all have the same outcomes framework, that sits behind them in terms of some of those factors that we mentioned before, and at its heart child safety and wellbeing is what we'll be most keen on monitoring.

COMMISSIONER

Right. And, at the end, at the end is not the right word, over time, you would imagine from that commissioning and monitoring, that you would get a sense of what are the most effective. So, so there'll never be one size fits all but what are the elements of an intervention that makes a difference?

KATHERINE HAWKINS

That's right. And for different subgroups and in different regions and in different place based approaches and for Aboriginal families or for older children vs. infants or for culturally and linguistically diverse families. And so there's definitely not one size fits all.

COMMISSIONER

Yeah. And de-identified at a population level where you're at the stage to do that. That would be, I'm presuming a good resource for early childhood education and care settings that are working with children, particularly children with risk factors.

KATHERINE HAWKINS

Absolutely. Absolutely. And we're all a service ecosystem, aren't we, with the child and the family at the heart. So those opportunities for us to share the information that we're all gathering in working with those children and families in a more integrated way is really where we're going to start getting that better traction for the families rather than what is still sometimes their current experience of bouncing between service systems that don't talk to each other.

COMMISSIONER

And I'm assuming one of the, one of the benefits you referred to before is the aim of case worker continuity, but that's not always possible in the real world. One of the benefits of this is that a new case worker can sort of come in and the family doesn't feel like they have to start all over again; 'Over to a blank page. And I've gotta start telling you everything I've told everybody else all over again'.

KERRY BECK

Yeah. Certainly from a data and, and client information basis, yes. Relationally obviously that's different because, you know, there's a relational social work model that we implement. So, there is always a rebuilding of relationship, but the person does come in with the right information. Yes.

COMMISSIONER

And last question with, working generally with families or specifically with the lived experience community that feeds into the design work, I mean there are obviously a range of reasons that going back over generations now as to why people are suspicious of interactions with government. So I think we all understand that. But in today's world, are you seeing any growth in data hesitancy because people hear about data leaks, data manipulations, you know, the sorts of things that happen in today's world where people are worried that their data's gonna end up hacked or in the hands of someone who shouldn't have it?

KERRY BECK

It's certainly something that practitioners have conversations with people about. It hasn't been fed back to me that there is a problem with working through that with people to a point where

they are prepared to give information. But it certainly is something that is, is talked about in those early difficult conversations that people are having

COMMISSIONER

Because even at the time period that you've, that you've been at this, which is of course quite short, but it is, if we work from the time of the Nyland Royal Commission to now, from 2016 to now, there's been a lot growth of, a lot of people more understand data protection issues and more suspicious of them I would think

KATHERINE HAWKINS

I think that's true. I also think that there's an equal, well, I'll guess that there's an equal proportion, but who knows it might be slightly different, of people who go 'why am I telling you this? I've already told, I've already told people don't you government people all talk to each other'. Yeah. And so I think that that's also something for us to be alive to. Yeah.

COMMISSIONER

Great. Thank you. That was very interesting. Thank you very much. Thank you for attending and for your evidence today. You're at liberty to go, but thank you so much for coming. It's been a fascinating presentation and it was a very interesting submission.

KATHERINE HAWKINS

Thank you for having us.

COUNSEL ASSISTING

We can adjourn to 2:00 PM.

COMMISSIONER

Thank you, Counsel Assisting.

< HEARING ADJOURNED UNTIL 2.00PM