A Common Approach for identifying and responding early to indicators of need
Presentation to the Child Aware Approaches Conference 2013

aracy.org.au
1. Advocacy
2. Supporting evidence based practice & policy
3. Translational research (focus on systems change)

Our guiding principles

- Focus on prevention and life-pathways
- Work across sectors and disciplines
- Provide a neutral space for organisational collaboration
- Progress sustainable, evidence-based action
Some recent achievements

Sustained nurse home visiting efficacy trial
(largest ever conducted)

Formative work on national social marketing campaign:
“Engaging families in the ECD story”
(COAG, with SA DECs)

1st Biennial Australian Implementation Conference (25-26 October 2012)
Melbourne

A national plan for child and youth wellbeing
Stop and imagine...
So what was going on at home?

• A new baby in the home
• Mum wasn’t coping – emotionally and financially
• Parents split up – and Dad isn’t providing support
• Mum starts using alcohol
What could have been different?

• Lots of people in Katie’s life noticed something was wrong and did nothing:
  – Teachers and Principal
  – GP
  – The Canteen Manager
  – Katie’s friends’ parents
So what is CAARS?

- CAARS is the Common Approach to Assessment, Referral and Support – we prefer The Common Approach To ASKING, RESPONDING and SUPPORTING
- CAARS can help
  - identify and verify early signs that a child or family needs support,
  - think holistically about the strengths and needs of the child and family, and
  - provide or link the child and family with adequate support

... before problems escalate into crises.
The *Common Approach* is a **new framework to help** professionals in first contact with kids to have a **conversation** with a family or young person when they have a **gut feeling** that something is wrong.
Decreasing performance at school

Change in ability to concentrate

Change in ability to maintain friendships

Weight loss, failure to thrive

Self esteem issues, bullying

Withdrawn from group activities

Not making milestones

Missing lunchboxes, drinks, jumpers

Looking unkempt, unclean

Tardiness or truancy

Continual illness, failure to treat minor illness

Behaviour problems, aggression

Withdrawn from group activities
What it isn’t...

• NOT a risk assessment tool, or for children and families already in crisis, but for families showing the first signs of needing some help
Where did CAARS come from?

Inverting the Pyramid
Following "Inverting the Pyramid"

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
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| 2009 | • The Australian Government (FaHCSIA) partners with ARACY  
      • CAARS Taskforce convened  
      • Tasked to develop CAARS approach |
| 2010 | • Research, consultation and development of Toolkit  
      • Endorsed by the CAARS Taskforce in June 2010. |
| 2011 | • Commencement of formative evaluation in 4 locations. |
| 2012 | • Conclusion of formative evaluation.  
      • Move to implementation and outcomes evaluation |
| 2013 | • Measured scale-up of CAARS with interested organisations |
## Inputs

1. CAARS Resource Kit,
2. ‘Champions’ network, including:
   - CAARS training for champions,
   - Ongoing support
   - Champions to be location, organisation or profession based.
3. Ongoing support / coaching for local area practitioners by the ‘champions’
4. Organisational / profession capacity building

## Outputs

### Practitioner outputs:

1. Appropriateness of use
2. Initiating conversation with clients on their needs and strengths
3. Action initiated by practitioner / family

### Organisational output:

1. Practitioner management support for use of CAARS approach
2. Ongoing support / coaching provided as required by CAARS champion
3. Ongoing data collection to ascertain the effectiveness of the CAARS approach

## Outcomes

### Short Term

**Practitioner outcomes**

1. Improved relationship
2. Increased awareness of role
3. Increased confidence and willingness in initiating conversations
4. Increased ability to identify families' strengths and needs
5. Increased level of support and follow up with clients
6. Changes in referral patterns

**Child & Family outcomes**

1. Improved relationship
2. Increased awareness of family situation
3. Increased understanding of assistance available and potential benefit
4. Increased use of services

**System outcomes**

1. Increased number of practitioners identifying family / child needs earlier

### Long Term

**Practitioner outcomes**

1. Increased collaboration
2. Increased use of ‘common’ or shared language

**Child & Family outcomes**

1. Increased empowerment and motivation
2. Reduction in incidence of child abuse & neglect
3. Improved wellbeing for children

**System outcomes**

1. Increased number of practitioners preventing child abuse & neglect
2. Decreased demand child protection services
The wheel

For use **during** a conversation with a child/family
The Toolkit

The Wheel provides a visual and holistic view of a child’s or young person’s life. It covers six broad domains of wellbeing – physical health, mental health and emotional wellbeing, relationships, material wellbeing, learning and development and safety.

The young people’s questionnaire is targeted at young people aged 12 and over. It is intended to act as a conversation prompt rather than a formal screening or assessment.

The questionnaire for parents and carers asks respondents to think about the wellbeing of their children and also focuses on the six domains of wellbeing.
Identifying an appropriate response

 IDENTIFY AN APPROPRIATE RESPONSE

 TO UNDERLYING NEEDS

- No action desired by the child/family
- Action the child and the child's family can take
- Informal support from the neighbourhood or the local community
- Additional support provided by you, your organisation, or profession
- Referral to another universal service
- Referral to a targeted service
Formative Evaluation

- Four trial sites
- Mixture of professions and structures

Number of conversations, by profession of practitioner

- Program Delivery (e.g. FSP, Brighter Futures)
- Family law
- Mental health
- Nurses
- Schools
- Other
Key Findings

• Highly visual – engaging for clients
• Helps families identify own strengths and needs
• Puts the wellbeing of children at the centre of discussions
• Broadens the conversation
• “Gives permission” for practitioners to explore difficult topics

• “When clients are distracted with their own story the CAARS tool is an important visual tool that helps the client focus on the child”
Case Study

“You know, it is always about me, about my problems. I liked that this looked at it from the family, from the kid’s view. It looked at things I can do to improve life for the whole family. It wasn’t just about me.”
Great Champions are great coaches

• Success in sites demonstrating higher levels of engagement and commitment:
  – Peer support and endorsement
  – Site Champion able to spend time with practitioners
  – Site Champion able to demonstrate knowledge and provide examples of success
  – Support from Management

• Consistent with a high intervention coaching model – implemented in second stage of formative evaluation and core to scale-up
The relevance of CAARS to Government Agendas

- The Common Approach aligns closely with current Australian Government agendas. In particular, it supports the intention of Service Delivery Reform to better identify families with complex needs and link them with the range of formal and informal supports they need, and the efforts of the Building Australia’s Future Workforce initiatives to engage families in activities that build parental capacity and foster positive early childhood development.
Interested?

- A large number of agencies have shown interest in rolling out CAARS in their settings
- FMHSS incorporating CAARS into initial sites
- NT is exploring an adapted tool
What does a roll-out look like?

A customised package of support, training, ongoing assistance tailored to the needs of each organisation or community.

- **Implementation support**: understanding the needs of the organisation, exploring how to integrate into practice, how to align with existing data and reporting requirements
- **Practitioner training**: intensive training with Site Champion and practitioners on the evidence for the CAARS approach,
- **Monitoring of fidelity**: maintaining program fidelity, including quality of training and coaching and integration into systems
- **Ongoing support**: follow-up coaching with practitioners and Champion, problem solving and ‘helpdesk’ support.
- **Tailored Feedback**: provide regular assessment and feedback against agreed objectives.
So what about Katie?

• Imagine that Katie’s year one teacher had a CAARS conversation with Katie’s mum
  – Put Katie at the centre
  – Hints and tips on reading
  – Ask Grandma to babysit once a week
  – Referral to the Early Links playgroup
  – Referral to school breakfast program
  – Referral to second hand uniform shop
  – Referral to the school counsellor to access post-natal supports
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