The delivery of a Child and Family Wellbeing Project using The Common Approach

Final Report

October 2015
Acknowledgements

ARACY acknowledges the support of the South Australian Department of Education and Child Development in initiating, driving and funding of this project.
Executive Summary

This report provides a comprehensive account of the delivery of a Child and Family Wellbeing Project using The Common Approach which was conducted in partnership with the Australia Research Alliance for Children and Youth and South Australian Department of Education and Child Development. The project ran from February 2014 to October 2015.

Background of the Common Approach

- A preventative approach to help establish a platform for shared responsibility and accountability for protecting young people
- An evidence informed, flexible framework that supports practitioners to engage in conversations with young people and families about all areas of wellbeing.
- Underpinned by four core practice principles; holistic, strengths-based, working in partnership and child-centred.

Project Implementation

- Training workshops were provided to participants over two periods in 2014 and 2015.
- Workshops ranged in length from two hours to one day.
- Over 300 practitioners received training in the Common Approach.
- Practitioners included those from the education, health and social services sectors.

Analysis of Findings

Results indicate that using the Common Approach;

- increases a practitioner’s ability to identify a families’ strengths and needs
- strengthens relationships both with families and with other organisations
- facilitates honesty with and between family members
- decreases time needed to discover causes of behaviour
- increases referrals to informal services and supports in the community

Barriers were identified regarding the uptake of the approach following the initial training. Identified barriers to adoption of the Common Approach;

- lack of follow up/support following initial training
- lack of internal leadership/Champion support
• high staff turnover/lack of awareness of the approach
• lack of ‘role legitimacy’ regarding addressing all areas of wellbeing, signifying a mindset of ‘that’s not my job’
• perceived lack of time to use the approach
• concern regarding what to do with sensitive information if uncovered during a Common Approach conversation

Conclusions

Key project aims were achieved;

• Increase in staff confidence to engage families with emerging needs
• Increase in staff competence to identify and address needs early
• Introduction of a holistic, strength-based, child centred, framework for identifying and responding to the care and wellbeing needs of learners, in partnership with families.

This project adds to the growing evidence base that demonstrates the Common Approach is an effective approach for all practitioners working with children, young people and parents to prevent child abuse and neglect. The development of an improved, more sustainable training model is warranted.
Table of Contents

Acknowledgements ........................................................................................................... 3
Executive Summary ............................................................................................................ 4
1. Introduction .................................................................................................................... 7
2. Background ..................................................................................................................... 8
   About The Common Approach ....................................................................................... 8
   Systems for protecting children and promoting their wellbeing ..................................... 9
   Development and Evaluation of the Common Approach ................................................ 10
   Systems change theory in implementing the Common Approach ..................................... 12
3. Project design and implementation ............................................................................... 16
   The Common Approach in South Australia .................................................................. 16
   Project design ................................................................................................................ 17
   Project governance and administration ........................................................................ 18
   Evaluation Framework .................................................................................................. 19
   Research methodology .................................................................................................. 19
   Training .......................................................................................................................... 21
   Diversity of implementation ......................................................................................... 23
4. Findings against the evaluation framework ..................................................................... 25
   Training and satisfaction with training .......................................................................... 25
   Change in staff perception and practice ......................................................................... 27
   Changes in staff perception of ‘role legitimacy’ in addressing wellbeing needs ............... 29
   Changes in staff practice and confidence to identify strengths and emerging needs .......... 31
   Changes in staff practice which support children and families to access further support .... 34
   Changes in staff perception of site support to address wellbeing needs ......................... 36
   Changes in staff perception of site leadership support to improve practice ..................... 36
   Action Research Learning ............................................................................................. 37
   Summary of findings ...................................................................................................... 38
5. Emerging Opportunities ................................................................................................ 39
   Sustainability and expansion recommendations ............................................................ 39
   ARACY accredited Common Approach Trainers ............................................................ 42
   Link with The Nest: A national plan for child and youth wellbeing ................................ 42
   Project Conclusions ....................................................................................................... 44
References .......................................................................................................................... 45
Appendices ....................................................................................................................... 46
   Appendix A: The Common Approach Logic model ......................................................... 47
   Appendix B: Pre-Implementation Survey Results ............................................................ 48
   Appendix C: Progress & Impact Survey Results ............................................................... 48
   Appendix D: Evaluation Framework ............................................................................... 48
1. Introduction

This report documents implementation and outcomes the Child and family wellbeing project which sought to meet the following objectives:

- Increase in staff confidence to engage families with emerging needs
- Increase in staff competence to identify and address needs early
- Introduce a holistic, strength-based, child centred, framework for identifying and responding to the care and wellbeing needs of learners, in partnership with families.

These objectives were to be achieved through the implementation of the Common Approach, facilitated by the Australian Research Alliance for Children and Youth (ARACY) and lead by South Australia Department for Education and Child Development (SA DECD).

The South Australian government has been an integral stakeholder and participant in the development of the Common Approach from its inception in 2009. Section 2 outlines what the Common Approach is, its intent as well as its development and underpinning. This includes the journey of the formative evaluation of the Common Approach, in which SA DECD was a participating trial site.

Section 3 of the report outlines the project implementation for this project including the design, administration and evaluation framework.

Key findings from this project are described in section 4 before presenting emerging opportunities and potential next steps in the final section.
2. Background

About The Common Approach
The Common Approach is a practical and flexible way of improving the wellbeing of children, young people and families.

The Common Approach can help practitioners to:

- identify and verify early signs that a child or family needs support;
- think holistically about the strengths and needs of the child and family;
- develop appropriate next steps for the child, young person or family; and
- do so before problems escalate into crises.

The essence of the Common Approach is the four evidence informed practice principals which underpins the approach;

1. A **holistic** understanding of the strengths and needs of children and their families, grounded in the ecological model of child development.

2. A **strengths-based** approach that focuses on wellbeing and building on the strengths of families to help address areas of need.

3. A primary focus on the **wellbeing of young people**.

4. Working in **partnership** with families to build their capacity and link them with the formal and informal support and services they need to thrive as well as working in partnership with colleagues and other professionals.

It has been used by workers in the early childhood, family support, mental health, family relationships, health and education sectors.

The Common Approach resource kit includes a range of tools:

- Two working Wellbeing Wheels; 1) Standard and 2) Text Free
- Two Practitioner Wheels; 1) for parents and carers and 2) for children/young people
- Two questionnaires; 1) for parents and carers and 2) for children/young people
- A guidance manual
- A practice guide for using the Common Approach with Culturally and Linguistically diverse and refugee families
- Posters
Importantly, the Common Approach is more than a resource kit and training in use of these resources. The Common Approach is an initiative to raise awareness of the key operational principles and works to influence the general behaviours (the approach) of practitioners, that is, the way they go about their everyday work. The components of the Common Approach such as the use of Champions in sites, the follow up implementation support and material are integral to the likely success of use of resources but also longer term adoption of a more collaborative, holistic, strengths-based, child-centred practice.

**Systems for protecting children and promoting their wellbeing**

The creation of the Common Approach (originally called ‘The Common Approach to Assessment, Referral and Support’ (CAARS)) commenced with the launch of the ARACY report *Inverting the Pyramid: Enhancing Systems for Protecting Children* (ARACY, 2008).

*Inverting the Pyramid* found that in Australia, existing systems for protecting children were focused on crisis responses and were not well equipped to intervene early to promote the wellbeing of children and youth. The report argued for the importance of a prevention approach, enhanced early intervention capacity, and greater collaboration and coordination between organisations and sectors responsible for child wellbeing.

The report found “referral processes do not reflect a continuum of care in the public health model that ‘steps up’ from primary to secondary to tertiary strategies (if required)” (ARACY, 2008, p. 54). In addition, the report notes for many families, the most common pathway to support was by accessing universal services (such as schools, General Practitioners or child care) and then being reported to the tertiary system. Indeed, in some jurisdictions the primary way to access support services is through the tertiary system.

Given a high proportion of child protection notifications are not substantiated, clearly the needs of many of these families could be met by a more appropriate response at the secondary level of prevention. The report identified the over-reliance on tertiary notifications is in part a result of too few “institutionalised referral processes from universal to secondary family support (particularly intensive family support) so referrals of this kind rely on relationships between services and professionals,” while many universal service providers are unaware of the range of targeted support services available in their community (ARACY, 2008, p. 54). In some cases, there were inadequate services available and referral options are limited.

*Inverting the Pyramid* also highlighted that Australia lacked a shared vision and common approach for the wellbeing of children and youth, and argued this would help establish a platform for shared responsibility and accountability for protecting young people. The report argued “in order achieve the change goal significant cultural change would need to occur within organisations. The concept of shared responsibility for protecting children needs to be translated into action through this cultural change” (ARACY, 2008, p. xi).
Development and Evaluation of the Common Approach

In 2009, the Australian Government funded ARACY to design, develop, trial and undertake a formative evaluation of the Common Approach. The Common Approach taskforce, established by the Australian Government and ARACY, included expert representatives from the range of professions that work with children and youth, as well as representatives from the Australian federal, state and territory governments.

The taskforce guided development of the Common Approach over a 12-month period, including consulting extensively with service providers, professionals and experts working with children, youth and their families. In addition to written submissions from stakeholders, 24 workshops were held across the country, with around 220 representatives from government and non-government agencies across the universal, targeted and statutory services spectrum.

On the basis of this feedback, the Common Approach was developed with the primary objectives of:

- to give universal service providers a way to identify and respond to early indicators of need that is simple, strengths based, easy to use, flexible, evidence-based and adaptable for use in different services, professions and sectors;
- strengthen collaboration among service providers by promoting a common language and consistent approach to information sharing and referral within and between services; and
- facilitate timely and child- and family-friendly pathways of support for children, youth and families.

Four sites were selected to trial the Common Approach during 2011-2012. The selected sites were chosen based on maximised opportunities for using the Common Approach with many different types of professional groups with different types of families, across a variation of service delivery and jurisdictions. The Northern Adelaide district was one of these trial sites led by the Northern Connections alliance, part of the South Australian Department for Communities and Social Inclusion.

ARACY conducted a formative evaluation with the participants within the trial sites which demonstrated the Common Approach has been a useful tool for practitioners from a range of professions and sectors. For many practitioners and organisations it provided opportunities for new ways of building relationships with families and helped develop a more holistic understanding of the family’s strengths and needs. The Common Approach encouraged practitioners to identify issues they would not usually identify within their daily practice, leading to more comprehensive referrals or ‘next steps’, more integrated support, and often the earlier identification of strengths, assets, opportunities, problems and difficulties (ARACY, 2013).
This formative evaluation, as stated in *The Common Approach to Assessment, Referral and Support (CAARS): Working together to prevent child abuse and neglect – Final report*, identified key strengths of the Common Approach. These included:

- providing a visual representation of the key domains of wellbeing that is strengths based, engaging and accessible for clients;
- flexible use by practitioners with different levels of expertise and across a range of sectors and professions that work with children, youth and families;
- encouraging a strengths-based approach that normalises and strengthens pathways to support, recognising every family needs extra help at some stage throughout their lives;
- supporting practitioners to address all domains of wellbeing, even if they are outside of their area of expertise; and
- facilitating client-led conversations that enable the family or young person to take the lead in identifying what they think their strengths, needs and priorities for action are.

In addition to the formative evaluation, an independent evaluation of the four trial sites was conducted by the Social Policy Research Centre (Hilferty, Newton & Katz, 2012). The evaluation highlighted the spectrum of implementation across sites with high variability of Common Approach use by practitioners in the different agencies. It was found that the Common Approach is successful in its primary purposes of alerting practitioners to the needs of families with which they come into contact and facilitating a more holistic engagement with families which allows them to explore issues, work out solutions to minor problems and refer to appropriate supports for more significant issues.

Table 1 portrays the trial’s significant success in meeting short term outcome goals. Evaluation findings indicate that there is some supporting evidence for all short term outcomes, with increased positive practitioner outcomes evident amongst secondary service practitioners (Hilferty, Newton & Katz, 2012). Secondary services refer to those services available and provided to those families who have already been identified as ‘at risk’ or more vulnerable with extra needs.
Table 1: Independent Evaluation of Short Term Outcomes for the Common Approach

<table>
<thead>
<tr>
<th>Practitioner Outcomes</th>
<th>Child &amp; Family Outcomes</th>
<th>System Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased awareness of role in prevention</strong></td>
<td><strong>Improved relationship with practitioner</strong></td>
<td><strong>Increased number of practitioners identifying child/family needs earlier</strong></td>
</tr>
<tr>
<td>YES</td>
<td>SOME EVIDENCE</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Increased confidence and willingness in initiating conversations with clients</strong></td>
<td><strong>Increased awareness of family situation and how it impacts on children</strong></td>
<td></td>
</tr>
<tr>
<td>YES, PREDOMINANTLY SECONDARY SERVICES</td>
<td>SOME EVIDENCE</td>
<td></td>
</tr>
<tr>
<td><strong>Increased ability to identify families’ strengths and needs</strong></td>
<td><strong>Increased understanding of assistance available and potential benefit of pathways offered</strong></td>
<td></td>
</tr>
<tr>
<td>YES, PREDOMINANTLY SECONDARY SERVICES</td>
<td>SOME EVIDENCE</td>
<td></td>
</tr>
<tr>
<td><strong>Increased level of support and follow up</strong></td>
<td><strong>Increased use of services/assistance to improve child wellbeing</strong></td>
<td></td>
</tr>
<tr>
<td>SOME EVIDENCE</td>
<td>SOME EVIDENCE</td>
<td></td>
</tr>
<tr>
<td><strong>Changes in referral patterns</strong></td>
<td><strong>Increased use of services/assistance to improve child wellbeing</strong></td>
<td></td>
</tr>
<tr>
<td>SOME EVIDENCE</td>
<td>SOME EVIDENCE</td>
<td></td>
</tr>
</tbody>
</table>

During 2013-2014 ARACY received grants from the Lord Mayor Charitable Foundation and the Scanlon Foundation which allowed an adaptation of the Common Approach to be completed for families and young people of culturally and linguistically diverse (CALD) backgrounds. The result of this adaptation culminated in the development of new resources appropriate to use with CALD and refugee families. Two ‘practitioner wheels’ as well as a practice guide for using the Common Approach with CALD and refugee families were added to the resource kit.

There are an increasing number of organisations and practitioners around Australia who use the Common Approach in their everyday practice. ARACY works to collect feedback from these users which informs regular reviews and improvements of the Common Approach training and resources. Development work is also planned for tracking longer term outcomes from use of the Common Approach, particularly for children and families but also for practitioners. An adaptation for using the Common Approach with Aboriginal and Torres Strait Islander families and young people is also in planning stages.

**Systems change theory in implementing the Common Approach**

The Common Approach seeks to influence the way in which practitioners work both within and across services. It is an initiative which relies not only on individual competencies and resources but on a wider system that supports the practice principles being encouraged. The formative trial of the Common Approach was purposefully designed to learn about the use of the resources in practice and to provide input for solutions to implementation barriers. Early in the evaluation, the impact of systems factors on the uptake of the Common Approach became evident. While the training of practitioners was effective in
providing participants with resources and knowledge, in practice, these staff came across barriers to implementation, encountered resistance or experienced waning motivation to continue.

This experience highlighted the need for more intensive implementation support and wider consideration of system factors in evolving the components of the Common Approach package. During the trial, ARACY applied best practice implementation and coaching models to increase uptake of the Common Approach with dramatic, positive effect. These models affected the immediate users of the Common Approach, but did not have time to impact on the system more broadly. The coaching components, based on effective practice advocated by implementation science experts (Fixsen, Naoom, Blase & Friedman, 2005) have now been included as a standard component of the Common Approach offer to new sites. Further, the use of systems change theory has also been applied to try to understand how the system in which the Common Approach operates may affect the implementation of the Common Approach.

Systems change theory accepts simple linear approaches that assume change to one or two 'inputs' in a system will dramatically change the system as a whole do not have a strong theoretical basis. As a result, systems analysis and a systems change methodology is increasingly being utilised in attempts to improve a range of complex policy and service delivery systems.

In this context, systems change refers to “an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system” (Foster-Fishman, et al, 2007). Systems change approaches are focused on transforming the existing structure, function and/or culture of a system (Peirson, et al, 2011). Systems analysis is grounded in the belief that significant improvement in population outcomes will not occur unless the surrounding system adjusts to accommodate the desired goals (Cohen and Lavach, 1995). This change is complicated by the recognition that human systems are “continuously constructed and reconstructed by individuals and groups in an ongoing process that reflects the complexity of real world experience” (Hodges, Ferreira and Israel, 2012).

A systems approach extends the focus of reform or change efforts beyond the individual or program level by recognising how interrelationships within the child and family support system combine in complex ways to influence or shape practice ‘on-the-ground’. As a result of this ability to take account of complex interrelationships and the impact of structural factors on practice, systems analysis is being used increasingly in the human service field. It has been applied to place-based service system change efforts (Foster-Fishman and Watson, 2011), child and youth mental health service systems (Hodges, Ferreira and Israel, 2012), the rejuvenation of disadvantaged neighbourhoods (Foster-Fishman, Nowell and Yang, 2007), and many other applications.

It is a useful framework for thinking about the use of the Common Approach because of the multiple, inter-related factors that impact on service agencies and practitioners to facilitate the use of the Common Approach at the grass roots level. The value of systems thinking for
the Common Approach is that it facilitates a focus on the system in which the Common Approach is used, while still maintaining attention to the component parts of the intended change. As Hodges points out: “Systems thinking provides structure to ideas for change that directly link stakeholder experiences of the current service system to a concrete vision of transformation and improved outcomes. Systems thinking can also help stakeholders identify strategic opportunities for change and supports a concrete transition from ideas to actionable steps” (Hodges, Ferreira and Israel, 2012).

There are several different models of systems analysis currently being utilised and evaluated, including the Ecological Process Model of Systems Change (Peirson, et al, 2011), Systems Dynamics (Senge, 2006), Soft Systems Methodology (Hodges, Ferreira and Israel, 2012), and Above and Below Line (ABLe) systems thinking (Foster-Fishman and Watson, 2011).

ARACY has utilised the ABLe framework to develop several change strategies. The ABLe framework emphasises a number of interconnected components:

a. **Issue definition**: determining the core issues and their root causes.

b. **‘Above the line’ issues**: understanding the broader system in which the issue manifests – this includes systems norms, components, connection, regulations, power operations and interdependencies.

c. **‘Below the line’ issues**: the climate and processes necessary for effective implementation.

d. **Actioning change**: the mechanics of fostering change.

The essential components of the ABLe systems change model are detailed in Figure 1 below (taken from Foster-Fishman and Watson, 2011).

*Figure 1: The ABLe Framework*
Getting ready for implementing the Common Approach – establishing system rules and capacities

The Simple Rules as defined in the ABLe Framework are basic set of simple rules all individuals participating in the implementation follow. The Simple Rules for effective the Common Approach implementation were established in the Formative Evaluation:

- Participate in an extensive implementation process so that both Above the Line and Below the Line components are identified and addressed;
- Fully integrate the Common Approach into existing practice; Participate in practitioner training across groups and professions/disciplines, to establish a Common Language and Approach, and to further build trust; and
- Provide ongoing support, opportunities for review and mentoring.

As part of the simple rules, the importance of opportunities for review and mentoring are vital. The ABLe Framework defines this as Systemic Action Learning, or the process of constant review and action learning. An intensive coaching model based on the principles of Systemic Action Learning was implemented in the second stage of the formative evaluation, where Site Champions participated in a more intensive training session, and then provided more intensive training, coaching and support to practitioners, by way of role play training, regular telephone contact and observation.

The ABLe Framework also identifies Small Wins are important for building confidence in the program and provide immediate feedback on how the implementation is proceeding. Small wins were important for Site Champions, and so an online reporting site (Basecamp) was used so results were visible. Successes, such as reaching 500 uses of the resources in total and each site’s first 100 uses were celebrated. Similarly, several sites used methods of communicating small wins to practitioners. For example, the South Australian site used a newsletter to practitioners to let them know how the trial was going. In another formative evaluation site, a regular email with a progress score was sent to staff.

‘Above the line’ components to the system

Uptake on the use of the Common Approach, as with many different innovations, is dependent on a number of variables both within and outside the practitioner’s control.

The systemic environments where the formative evaluation was conducted had many barriers that affected successful implementation. One of the greatest “above the line” issues, identified well before the development of the Common Approach, was that of systems norms – that is – the norm that focusing on strengths and need in families, rather than deficits, is not usual for some practitioners targeted for use of the Common Approach.
Systems characteristics for embedding practice change were examined and collated as part of the formative evaluation work, thus identifying the apparent system complements that were critical to the Common Approach implementation, either as barriers or enablers.

‘Below the line’ components to the system

The ABLe Framework also identifies four factors of the implementation process that are critical to successful implementation. These have been referred to by other researchers as factors of organisational readiness, and looked at the factors as a linear process. However, the ABLe framework recognises that these factors – readiness, capacity, diffusion and sustainability – are interrelated and require ongoing attention. The formative evaluation examined these issues and the findings have contributed to the design and use of pre and post implementation surveys and related implementation support to better understand organisational cultural issues impacting sustainability.

3. Project design and implementation

The Common Approach in South Australia

Following the 2012-2013 trial of the Common Approach the SA DECD Office for Children and Young People and the Partnerships for Learning Unit initiated discussions with ARACY in December 2013. These discussions led to the current project to implement the Common Approach across identified partnerships within South Australia. The project commenced in February 2014.


The plan provides a commitment "to focus on giving every single child and young person the best possible education and support within a safe environment, so they can lead happy and fulfilling lives”

The ICAN Partnerships for Learning Unit is part of the Office for Children & Young People (OfCYP) within DECD and is seeking to improve the developmental outcomes for children and young people (0-18+) by ensuring the provision of universal and targeted services that meet the needs of priority populations and are informed by children, young people, families and communities.

OfCYP builds the capacity of DECD staff to meet the needs of vulnerable children and young people so that they can be successful learners, and this has been a key focus of the work across the Partnerships for Learning Unit. This has occurred through programs for personalised student support and professional learning for schools, regional staff and communities.
Central to all work across the unit is a belief in ‘sharing responsibility’ for the positive
development of our children and young people across families, schools and communities.
This includes the central role of ‘partnerships’ (both with families and across disciplines),
common language (used by all stakeholders) and agreed and common approaches for success.

Building on the successful Northern Joint Initiative trial of the Common Approach it was
identified that a ‘capacity building’ project be developed where the Common Approach
training would be available (by invitation) with follow up support provided for
implementation. Unlike the Northern project which was a ‘service delivery’ model the current
project has a capacity building focus to meet the following objectives:

- Increase in staff confidence to engage families with emerging needs
- Increase in staff competence to identify and address needs early
- Introduce a holistic, strength-based, child centred, framework for identifying and
  responding to the care and wellbeing needs of learners, in partnership with families.

Project design
In South Australia, many government preschools and schools are part of the Education and
Child Development (ECD) Local Partnership model. The model involves preschools and
schools working together with the local community which aims to provide new opportunities
to strengthen collective capabilities by providing skills, expertise and shared resources to
carry out professional responsibilities.

The initial design for the project involved training sites within three local ECD partnerships
across South Australia. However, during the design phase, one of the partnerships withdrew
and was replaced by partnership managers rather than another distinct ECD local
partnership.

The plan involved DECD to deliver training to all sites with support and materials from
ARACY. Regular progress teleconferences were scheduled between ARACY and DECD. The
projects original design included implementation support for sites conducted by DECD once
the initial training has been delivered.

A Champion model was used in the project where one staff member, typically a manager
was designated as the Common Approach champion for that site. The Champion was to be
the point of contact for that site and to provide support and guidance for the
implementation of the approach to other staff at that site. The Champions role was to
advocate for the approach, make decisions regarding adoption of the approach amongst
other tasks such as authorising the ordering of Common Approach resources.

An online platform for knowledge and resource sharing, ‘Basecamp’ was used initially as the
main form of communication between ARACY and the all those who received training.
The project included components to assess the success of implementation and provide insights against key evaluation questions (see Evaluation Framework below and appendix D).

**Project governance and administration**

The project commenced in February 2014 with the establishment of a Steering group. Steering group meetings were held throughout the life of the project with the final meeting held in October 2015.

The project ran for 20 months from February 2014 to October 2015 and one Project Officer from DECD was set aside from commencement to coordinate and assist the project. However, as the Department has been undergoing significant change and reform, consistent staffing to support the project has been challenging and this has impacted the required follow up support for sites.

In June 2014, ARACY experienced a change of staff which resulted in new ARACY staff leading the Common Approach project. DECD also experienced staff change when the Common Approach project officer position ended in December 2014. The position was again staffed in April 2015. The gap between positions did create a hiatus in the project with a gap in training and progression of the project.

The following table provides a high level timeline for the current project.

**Table 2: Project Timeline**

<table>
<thead>
<tr>
<th>2014</th>
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<tbody>
<tr>
<td>February</td>
<td>Project commenced</td>
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<tr>
<td></td>
<td>First steering group meeting</td>
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<tr>
<td>March-June</td>
<td>Project design</td>
</tr>
<tr>
<td>June</td>
<td>New ARACY lead</td>
</tr>
<tr>
<td>June-September</td>
<td>1st Training period</td>
</tr>
<tr>
<td>October</td>
<td>Summary feedback report</td>
</tr>
<tr>
<td>December</td>
<td>DECD Project coordinator position ceased</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>DECD Project Coordinator position re-established</td>
</tr>
<tr>
<td>May - September</td>
<td>2nd Training period</td>
</tr>
<tr>
<td>August –September</td>
<td>Evaluation</td>
</tr>
<tr>
<td>October</td>
<td>Final steering group meeting</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
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</tbody>
</table>
Evaluation Framework

The evaluation framework was developed as part of the final partnership agreement between ARACY and SA DECD (appendix D). It covers four main areas:

1. Training
2. Satisfaction with training
3. Change in staff perception and practice
4. Action Research Learning

These informed the content and nature of interviews and data collection tools. The analysis of the data is categorised according to the evaluation framework as seen in section 4.

Research methodology

The evaluation draws on a range of sources including:

- Data from training participation
- Online survey data including
  - Pre-implementation survey
  - Progress and Impact survey
  - Workshop evaluation survey
- Qualitative interviews with key recipients of the training
- ARACY and DECD progress teleconferences
- Steering group meetings

Survey data collection

Two surveys were sent to all practitioners who received Common Approach training during the course of the project; the Pre-implementation survey and the Progress and Impact survey. Practitioners were requested, via email, to electronically complete the Pre-implementation survey prior to the initial training and the Progress and Impact survey a number of months after receiving initial training. The surveys were designed through survey monkey and took approximately five minutes to complete.

The surveys used to collect data in the SA DECD Common Approach project were based on the logic model of The Common Approach (Appendix A) and assessing practitioners’ self-assessment of their capacity and confidence in the four key pillars of The Common Approach – child centred practice, working in partnership, holistic practice and strengths-based.
practice. It explored practitioner attitudes and beliefs regarding their role in relation to child protection. The survey also assessed key aspects of organisational and individual readiness identified in the ABLe Framework, a systems-change process ARACY uses to facilitate community-level change which is discussed in previous sections of this report.

The Progress and Impact survey revisited practitioner attitudes and beliefs as well as the daily practice of the practitioners regarding their use of the Common Approach. Data were collected regarding the number of times practitioners have used the approach, what resources were used, barriers of use and changes created from the implementation of the Common Approach on individual and organisational levels. Comparisons can be made between the Pre-Implementation survey results and the Progress and Impact survey results with the acknowledgement of varied response rates.

A total of 96 people completed the Pre-implementation survey while the Progress and Impact survey was completed by 48 people. The responses were not matched to specific people, rather one cohort prior to training in the Common Approach in comparison to another cohort after receiving training. Caution should be taken when comparing between survey results, due to the significant difference in the numbers of responses for each survey.

A portion of people who received training did not use the Common Approach at all, thus their answers reflect training only, not use. There was an average response rate of 30% for the surveys. Full results of the Pre-Implementation and Progress and Impact survey can be viewed in Appendix B and C.

Additional surveys were sent to a number of people who received training to gain evaluative data regarding the training workshops. A total of 13 responses were collected through these surveys. These surveys consisted of Likert scale for questions regarding presenter preparation, content relevance and open ended questions such as 'What was the most/least valuable part of the workshop?'. The workshop evaluation survey has an approximate completion time of three minutes. Like the pre-implementation and progress and impact surveys the workshop evaluation survey was sent electronically with an email request to complete it.

**Interview data collection**

Semi structured interviews in person and via telephone were conducted in addition to the surveys. Focus groups were the intended method for data collection on top of the surveys, however due to participant recruitment difficulty, interviews were conducted. Although surveys can generally reach larger numbers, interviews allow richer data to be collected with opportunities to probe and explore responses. The interviews ranged from 30 minutes to 80 minutes with topic questions covering training, use, resources, support and sustainability.

Purposive sampling was used to identify appropriate interviewees. Local DECD staff identified relevant people to interview and these people were approached for ARACY to interview. In person interviews were audio recorded with the written permission of the
respondent. Comprehensive notes were taken during telephone interviews and explicit permission to use anonymous quotes from all interviews was collected by the interviewer.

A total of nine interviews were completed. With the few numbers of interviews it is unlikely that saturation point was reached, that is, if further interviews with different users of the Common Approach were conducted it is highly likely that new information would be uncovered. Rather, the interview data provides an insight into the individual experiences of the Common Approach for those involved in the project in South Australia.

Those interviewed included
- Social worker
- Student counsellor (High School)
- School counsellor (Primary School)
- Speech Pathologist
- Aboriginal Secondary Education Transition Officer
- Manager of Family Mental Health Support Services
- Youth Services manager
- Team Leader Integrated Support Services
- ICAN manager

Training
A total of 334 people received some form of Common Approach training during the course of the project. Training was delivered by the SA DECD Common Approach project coordinator and varied from a two-hour to a full day workshop. The project coordinator was guided and supported by the ARACY project lead. The following data was provided by SA DECD and portrays the date, location and number of participants for training workshops.

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>No. attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.06.2014</td>
<td>Better behaviour centres - EDC</td>
<td>22</td>
</tr>
<tr>
<td>29.07.2014</td>
<td>Baptist Care - Modbury Office</td>
<td>10</td>
</tr>
<tr>
<td>05.08.2014</td>
<td>Port Pirie Education Office</td>
<td>77</td>
</tr>
<tr>
<td>11.08.2014</td>
<td>Murray Bridge Education Office</td>
<td>9</td>
</tr>
<tr>
<td>15.09.2014</td>
<td>Mt Gambier Education Office</td>
<td>12</td>
</tr>
<tr>
<td>16.09.2014</td>
<td>Mt Gambier Education Office</td>
<td>38</td>
</tr>
<tr>
<td>19.05.2015</td>
<td>Mt Gambier North Primary School</td>
<td>46</td>
</tr>
<tr>
<td>09.06.2015</td>
<td>Port Lincoln Education Office</td>
<td>15</td>
</tr>
<tr>
<td>20.08.2015</td>
<td>English as Additional Language/Dialect - EDC</td>
<td>51</td>
</tr>
<tr>
<td>08.09.2015</td>
<td>Burton Primary School</td>
<td>54</td>
</tr>
</tbody>
</table>

**TOTAL 334**

With the arrival of the new DECD project coordinator, the 10 sites that had been trained in the first training period were reviewed. As outlined in the table below, sites were in a varied
state of implementing the Common Approach. An update was unable to be collected from two of the sites.

**Table 4: Implementation Review**

<table>
<thead>
<tr>
<th>Site Name</th>
<th>April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baptist Care - Modbury</strong></td>
<td>Embedded</td>
</tr>
<tr>
<td></td>
<td>- Used at Flexible Learning Options (FLO) referral and each term for case planning. All staff trained including Family Mental Health Support Services team. Highly valued by staff.</td>
</tr>
<tr>
<td><strong>Forbes Children's Centre</strong></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>– all staff trained and used as an ‘extra’ support with some families</td>
</tr>
<tr>
<td><strong>Forbes Primary School</strong></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>– all staff trained and used as an ‘extra’ support with some families</td>
</tr>
<tr>
<td><strong>Mid North Education Centre</strong></td>
<td>No data collected</td>
</tr>
<tr>
<td><strong>Murray Bridge Better Behaviour Centre</strong></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>– still using current tools</td>
</tr>
<tr>
<td><strong>Murray Bridge Independent Learning Centre</strong></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>– with Flexible Learning Options (FLO)students</td>
</tr>
<tr>
<td><strong>Noarlunga Downs Primary School</strong></td>
<td>NIL</td>
</tr>
<tr>
<td><strong>Port Pirie West Primary School</strong></td>
<td>No data collected</td>
</tr>
<tr>
<td><strong>Risdon Park Primary School</strong></td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>– requesting further training and liaison with Pre-school</td>
</tr>
<tr>
<td><strong>Salisbury Downs Better Behaviour Centre</strong></td>
<td>Regular</td>
</tr>
<tr>
<td></td>
<td>use by Family Services Coordinator</td>
</tr>
</tbody>
</table>

Table 4 data provided by SA DECD

More information from each site regarding the detailed use of the approach would allow stronger conclusions to be drawn, however it is indicated that after a year of receiving training there was reasonable implementation progress. At a number of sites specific staff members were using it with certain families identified as needing extra support.

The data collected here suggests that the Common Approach may be particularly suited to those students within the flexible learning options (FLO) stream. FLO is designed for students who are disengaged and aims to provide the flexibility for these students to remain
within the school system and complete their SACE by addressing barriers to learning through a case management model.

However, support for implementation was strongly supported through the local ICAN Manager, if the approach was supported by another role it is suggested that the evidence of applicability for all students may be apparent.

Diversity of implementation
Due to the flexibility of the Common Approach, there is significant potential for a very broad spectrum of implementation contexts and uses. This has been observed nationally in other projects but was also reflected here in the range of occupational roles participating and in the feedback received from participants.

Recipients of Common Approach training came from a wide range of roles and positions across education, health and social services sectors. Those trained included

- principals,
- teachers,
- student teachers,
- numeracy coaches,
- community mental health practitioners,
- school counsellors,
- speech pathologists,
- Aboriginal education teachers,
- pastoral care workers,
- social workers,
- special educators,
- behaviour support coaches
- partnerships for learning coordinators
- student support officers
- English as additional language or dialect consultants,
- early childhood centre leader
- community development coordinator
- case managers,
- parish warden,
- attendance officers,
- program development officers,
- preschool school directors,
- child wellbeing consultants

There was also diversity in how the Common Approach framework was used in South Australia. As indicated in table 4, FLO students were a targeted cohort as working with the Common Approach. Other students who were identified as 'at risk' were also targeted for staff to use the Common Approach with although insufficient data was collected for other cohorts.
Several sites aimed to implement the Common Approach as a whole school approach including preschool and support services that were attached to the school.

The approach was also implemented outside a school environment. Using the approach with parents and youth within a youth service context is a non-school example as well as within a Family Mental health service. The Common Approach was used with parents from an Aboriginal background in a variety of locations. In this particular instance, the approach was not used with the children, rather practitioners worked with parents only.

A significant innovation emerging in South Australia involves using the Common Approach domains to categorise services in an electronic directory for local wellbeing services. There are currently two areas where this is being developed and is an initiative which has potential for a much broader reach and deeper, systematic integration.

In addition to the SA DECD project, Common Approach projects around the country provided other examples of Common Approach implementation. A number of sites demonstrated flexible and effective use of the approach many of which came from a school context. Illustrations of specific Common Approach use in other jurisdictions of Australia are outlined below as further demonstration of how the South Australian application could evolve over time.

- The wheel was completed by teachers and parents separately and used as a framework to discuss children with disabilities’ likes and dislikes. This activity showed contrasts between teachers and parents perceptions of particularly children with high and complex needs.

- Three children from the same family were often late to school. The assistant principal used The Common Approach with their mother and it was discovered that the mother had not completed the required process in order for the children to be able to catch the bus. The mother was provided with forms and assisted in completing them which resulted in the children arriving at school on time and the assistant principal creating a positive relationship with the mother.

- A women’s shelter for women and their children focuses on one domain of The Common Approach each week over their six week program. When discussing her physical health, a 13 year old girl expressed concern over pain in her knee and a GP appointment was made. Due to the other issues in her and her mother’s life, the girl’s physical health had not been explored previous to this opportunity.

- A nine year old girl was referred to a school psychologist for learning difficulty. The Common Approach was used which prompted the psychologist to ask broader questions than would usually have been asked. . It was subsequently revealed that the girl was hoarding food and had other behaviours of significant concern. These may not have been discovered if the psychologist had not proceeded in this way.
• A family with six children who were new to the area enrolled in the local school. The Common Approach was used with this family and it was found that it had been a long time since most of the children attended any school despite being above the age of compulsion. Because of this knowledge, a transition plan was created whereby on the first day; the children only attended cooking classes for 1.5 hours. As planned, hours of attendance slowly increased over the first week with all children attending full time during the second week.

• Prior to attending a mental health course as part of a Health and Physical Education class, 14 year old students completed the young person’s questionnaire. Staff then designed the course to ensure it was relevant and addressed the students’ strengths and needs.

• A local primary school, Neighbourhood House and the Child and Family Centre are using The Common Approach to map strengths and gaps across each domain in their community. They plan to use the mapping when speaking with local politicians.

• A city council using the framework to inform their early years strategy.

4. Findings against the evaluation framework

Training and satisfaction with training
The project was successful in reaching over 300 participants and essentially met its objective of introducing the Common Approach framework via the training sessions. Overall, there was a high satisfaction rate regarding the workshops, however, there were significant issues with regard to consistency and quality of training outcomes. Useful feedback was provided about potential improvements, particularly pertaining to length and clarity of purpose of the training.

Key observations included:

• In all surveys, over half of the respondents had been working in the sector for over 10 years which may suggest that those identified as being appropriate to receive Common Approach training were those with more experience.

• The inconsistency of the length and to some degree the inconsistency of the content of the training workshops was problematic. This translated into training cohorts receiving varying quality of training which is likely to impact on the uptake of the approach. See ‘Change in Staff Perception and Practice’ below for more information regarding the uptake of the approach.
Overall, there was a high satisfaction rate regarding the workshops for the majority of the survey respondents. Table 5 provides the raw data for a key question in the evaluation survey.

Table 5: Workshop Evaluation survey results for Question 5: ‘Please indicate to what extent you agree/disagree with the following statements’

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was well informed of the objectives of the workshop</td>
<td>15.38%</td>
<td>38.46%</td>
<td>7.69%</td>
<td>39.77%</td>
<td>7.89%</td>
<td>13</td>
</tr>
<tr>
<td>The content was relevant to my job</td>
<td>23.08%</td>
<td>46.15%</td>
<td>7.69%</td>
<td>15.38%</td>
<td>7.89%</td>
<td>13</td>
</tr>
<tr>
<td>The presenter was prepared and helpful</td>
<td>30.77%</td>
<td>46.15%</td>
<td>15.38%</td>
<td>7.69%</td>
<td>0.00%</td>
<td>13</td>
</tr>
<tr>
<td>The workshop stimulated my thinking</td>
<td>23.08%</td>
<td>61.54%</td>
<td>6.00%</td>
<td>7.69%</td>
<td>7.69%</td>
<td>13</td>
</tr>
<tr>
<td>I will be able to use what I learnt in the workshop in my job</td>
<td>30.77%</td>
<td>30.77%</td>
<td>15.38%</td>
<td>15.38%</td>
<td>7.69%</td>
<td>13</td>
</tr>
<tr>
<td>Overall I was satisfied with the workshop</td>
<td>30.77%</td>
<td>30.77%</td>
<td>7.69%</td>
<td>23.08%</td>
<td>7.69%</td>
<td>13</td>
</tr>
</tbody>
</table>

A lack of sufficient time allocated to the workshop was the major reason behind some dissatisfaction with the training. The majority of people agreed that training requires more than a two or three hour time slot, quotes below portray this sentiment:

‘too much information in too short a time’

‘it felt a little rushed, a lot of content in a short time’

There was indication that the objectives of the workshop were not clearly communicated during some of the trainings and that a number of recipients did not see the relevance of the content to their roles.

‘I didn’t understand how it related to my job at all!’

‘I felt there was a lot of information but not directly relevant to my work’

A strong theme running through the interviews was the importance of a suitable location and time for the workshops. This was expanded upon by statements referring to the need for a spacious, ventilated space and avoiding scheduling workshops at the end of a school day. There were also comments regarding the importance of receiving training at the start of the school year.
• Exploring example scenarios within the workshops was well received and deemed one of the most valuable aspect of the training. The resources were also highly regarded.

• Although a number of interviewees noted the benefits of all of their colleagues attending training, there was consensus that, except for the practitioners who will be using the approach routinely, all other staff need only be aware and superficially understand the approach.

• In terms of the Common Approach Champion, a number of comments were made pertaining to the lack of knowledge of their champion. It can be surmised that Champions were not always evident, did not provide the required support and potentially were not supported to fulfil their Champion role themselves.

Although the training can be summarised as successful, there are considerable areas identified which require improvement.

Change in staff perception and practice
In accordance to the evaluation framework (appendix D) this section analyses the change in staff perception and practice. The subsections below unpack this topic with supported data stemming from the surveys and interviews.

Key findings in overall staff perception and practice

• More than 50% of people stated that they have not used the approach since receiving the training. This low uptake rate can be attributed to
  o Lack of time
  o Incongruence between Common approach and current way of working
  o Little encouragement by colleagues/management
  o No/little follow up support
  o High staff turnover

• 60% of people who completed the training believe that the resources are culturally appropriate

• Importance of using appropriate language when using the approach, particularly with Aboriginal families was emphasised

• The Common Approach is a way of translating theory into practice

• A long term vision is required for this type of practice change
Over half of the people who completed the Progress and Impact survey stated that they have not used the Common Approach since receiving the training. The most popular reason given was a lack of time, ‘too busy’. Other significant reasons were that ‘it does not fit with their way of working’ or that ‘it is not encouraged by colleagues or management’. No respondents stated that it was because they did not see the value of the approach. One interpretation is that those who reported it does not fit with their way of working are mostly those who do not work directly with children, young people or parents.

The consensus from the people interviewed was that the poor uptake following initial training was mostly due to no follow up or support thus it ‘fell off the radar’. Almost all interviewees also noted that high turnover of staff is a major barrier for widespread use and sustainability. Systematic promotion of the approach through established networks such as the Primary School Counsellor Association was suggested to assist with increasing awareness.

Over 40% of Progress and Impact survey respondents reported using the standard Wellbeing Wheel and one third of respondents reported using the Young person’s questionnaire. It is interesting to note that only 12% of respondents have used the blank Wellbeing Wheel, although it is suggested that those who have used it, have used it successfully with families from Aboriginal or Culturally and linguistically diverse backgrounds.

Almost 60% of people who completed the training believe that the resources are culturally appropriate. There were a number of comments that translators may need to be used and that phrasing of the questions require modifying for certain populations, however, coupled with practitioner/clinical skills, the current resources are deemed adequate for use with culturally and linguistically diverse families.

Three interviewees voiced concern regarding the potential lack of resources for certain age cohorts. It was suggested that further versions of the young person’s questionnaire need to be developed, one version for younger primary, one for middle and another one for older high school students.

A Social Worker who used the Common Approach with numerous Aboriginal families and supervised a number of other practitioners stressed the importance of using appropriate language. For example, introducing the approach by saying ‘we’re going to look at these six areas and ask questions about these areas’. Using the phrase ‘just yarning’ to remove literacy as a potential issue and phrasing questions to decrease shame and communicate normalisation, for example ‘sometimes there's times in the day it’s really hard to keep your cool, how do you handle that?’

Many interviewees commented on how well the approach aligns with Social Work mindsets and way of working. One Social Work student who was placed at a primary school where the Common Approach was used routinely has chosen the approach for a university presentation reporting that it fits perfectly into their training. This was also seen as barrier to adopting the Common Approach with interviewees of other disciplines, noting that they
have heard people at the training workshops expressing the concern that 'they’re trying to turn me into a social worker'.

Several comments were made pertaining to how the Common Approach is a way of translating theory into practice. These statements were voiced by interviewees who were discussing the DECD strategic plan and the Charter for Children. By referencing these policies, the interviewees were demonstrating a level of strategic thinking that may not be common among service practitioners.

A number of interviewees commented on how long it takes to change practice and how strongly this is interlinked with the culture of the organisation. A student counsellor remarked that it has taken her school six years to change school culture to one which aligns with Common Approach principles, and that this was with reasonably stable staff. The influence of either consistent staff or high turnover of staff was emphasised by numerous people. It was also observed that using something like the Common Approach is a slow process and that staff should not expect to see observable change for clients for at least two terms.

Changes in staff perception of ‘role legitimacy’ in addressing wellbeing needs

Role legitimacy refers to the belief of the practitioner regarding the validity of asking families about all six areas of wellbeing rather than the one or two wellbeing domains they may routinely focus on. For example, a teacher will have the confidence to discuss topics within the ‘learning’ domain, yet may be unsure about asking families about topics within the ‘safety’ domain. It is important to understand the although the Common Approach advocates for discussing all six domains, practitioners are not expected to have the relevant knowledge for all six domains to address the client’s needs themselves. It is expected that initial conversations can be had regarding all six wellbeing domains using the Common Approach as a framework, with the information collected from the initial conversations to lead into appropriate next steps.

Key findings in ‘Role legitimacy’

- Prior to training, more than 50% of people believed it was only appropriate to ask about areas of wellbeing they could help directly with
- Practice principals facilitate increase in legitimacy of addressing holistic wellbeing needs
- Completion and comparison of the young person questionnaire and the parent questionnaire with a family is an effective technique to increase practitioners perception of role legitimacy
- 29% of respondents ‘rarely’ or ‘never’ ask families about sensitive issues like mental health, family violence or financial issues
- 76% of respondents report working in a preventative manner
Less than half of the pre-implementation survey respondents believe it is appropriate to ask families about areas of wellbeing regardless if they can help directly with that area or not. 17% of respondents reported that their beliefs surrounding ‘role legitimacy’ have changed since they have started using the Common Approach. Although it is not explicit, it is expected that practitioner beliefs have changed in a way which reflects the concept that the wellbeing of children and young people is ‘everyone’s business’.

It appears that the practice principles of the approach assists in practitioners perceiving they have a legitimate role to play in addressing wellbeing needs. One particular student with whom the Common Approach was used was reported to have boosted her self-confidence. The practitioner believed that this was due to the principle of strength based practice.

'It opened her eyes to do more and allowed her to think ‘I can give this a go’’ Secondary Education Transition Officer.

Another interviewee expressed that it felt more comfortable working in a strengths based fashion as it was less intrusive than focusing solely on areas of need or concern for the client.

'Strengths based means it’s not so intrusive as deficit based approaches’ Youth Services manager.

The same interviewee stated that the Common Approach ‘is good for rapport building’ and expressed gratitude regarding the child centred principle;

'Helps take away the focus on parental needs and increases awareness of child’s needs’.

72% of survey respondents say they speak to parents about their child’s wellbeing irrespective of if they have serious concerns. This can be translated that the majority of people who received Common Approach training routinely speak to parents about their child’s wellbeing. However it is not clear if all areas of wellbeing are included in this question. It is noteworthy that 29% of the progress and impact survey respondents ‘rarely’ or ‘never’ ask families about sensitive issues like mental health, family violence or financial issues (see graph 1). Although this is a 5% increase from the pre-implementation survey, it remains an area of needed focus.

A number of comments were made regarding the use of the questionnaires where the young person and the parent completed questionnaires separately. The results were then compared and discussed with the practitioner as a facilitator of the discussion. It was noted that this was an effective technique and that questionnaires often showed significant disparities between child and parent. This way of using the resources allows an opportunity for families to have certain wellbeing domains highlighted as an area which requires addressing in an empowering manner.

It is noteworthy that prior to completing training, the majority (76%) of survey respondents state that they work in a preventative way by spending time on the little things, in an attempt to prevent future problems.
Changes in staff practice and confidence to identify strengths and emerging needs

### Key findings in staff practice and confidence to identify strengths and needs

- 60% of survey respondents reported that using the Common Approach has increased their ability to identify families’ strengths and needs
- Respondents reported that using the Common Approach has strengthened relationships with their clients in addition to strengthening relationships with other agencies
- 45% report they are ‘somewhat’ confident to use the Common Approach
- Significant increase in percentage of staff who, after Common Approach training are better able to
  - Develop a comprehensive picture of a clients life
  - Help clients identify their own resources and skills to solve problems (see Graph 1)
- Using the Common Approach decreases the time required to identify causes of a child/young person’s behaviour
- Lack of confidence in talking to parents about how their family situation is impacting on their children

The findings surrounding the impact of when the Common Approach is used are overwhelmingly positive. One respondent stated

> ‘I feel it has given me the ability to better identify situations and the self-confidence to be a positive influence on the situations facing students’.

A number of people who completed the progress and impact survey reported that they already worked in a way which aligned with the practice principles of the approach hence receiving training did not change their practice. This is summed up by the following quote;

> ‘The Common Approach resonated with my current way of working, so it more confirmed what I was doing rather than encouraging me to change my practice’.

It could be argued that practitioners hope and perceive that they are working in partnership in a holistic, strengths-based, child-centred way, however do not objectively examine their every day practices to ensure this is being enacted. This may support the argument that more emphasis and detail is required in the training regarding the practice principles.
60% of survey respondents reported that using the Common Approach has increased their ability to identify families’ strengths and needs. This is a significant finding which reflects a positive result in the intention of the Common Approach implementation.

Further results which support the beneficial impact of the Common Approach surround the relationships with client and agencies. Almost 40% of the progress and impact survey respondents reported that using the Common Approach has strengthened relationships with their clients and 31% state its use has strengthened relationships with other agencies. A prevalent theme which emerged from the interviews was that rapport/positive relationship is the single most important aspect for having a Common Approach conversation.

The graph on the following page depicts the comparison in reported practice from the pre-implementation data to the data collected through the progress and impact survey. Three of the questions were worded slightly differently between surveys, with the bracketed words portraying the exact words from the pre-implementation survey.

This information demonstrates significant changes in reported practice following Common Approach training. It is evident that practice changes support the practice principles of the Common Approach in working in a holistic, strengths-based and partnership manner. Certain areas where practitioners may need further training or support to be able to make the changes in their practice are also highlighted. Talking to parents about how their family situation is impacting on their children is a clear area of need to up-skill.

The confidence of practitioners to use the Common Approach in its entirety is middling. Less than half of the survey respondents report that they are ‘very’ or ‘reasonably’ confident to use the approach, while another 45% report they are ‘somewhat’ confident. This may be attributed to a lack of follow up and support after receiving the initial training or may be related to those areas of up-skilling needs.
Develop a comprehensive understanding of my client’s life, circumstances and family situation

Help clients to identify their own resources and skills to solve problems.

[I feel confident] talking to parents about how their family situation is impacting on their children

Help my clients to identify the things they are good at and areas in their life that are going well.

[I feel comfortable] Asking families about sensitive issues like mental health, family violence or financial issues

Help my clients solve problems or access services, even if their needs aren’t within the scope of my role / agency /…

Help families to access the support they needed, no matter what the issue is

[I have the time and organisational support I need to] Build positive and effective relationships with clients
In addition to the data from the surveys, interviewees commented that the Common Approach facilitated a practice change by decreasing the time required to identify causes of behaviour. The following quotes support this finding and are responses when asked about the biggest impact of the approach;

‘quickly getting to an issue of what’s going on for a child, getting through the layers of the behaviour to what the actual cause is. You’re not going to be getting your homework done if your family is living out of a car’ Primary school counsellor

‘Facilitates the discovery of the real concerns rather than focusing on the behaviour’ Youth service manager.

A potential barrier to increasing practitioner confidence to identify family strengths and needs emerged through the interviews. It was noted by two of the people interviewed that staff who received Common Approach training were concerned about what they could/should do if they uncovered sensitive information during the course of having a Common Approach conversation. This is a further topic which may need to be expanded upon in future training workshops.

Changes in staff practice which support children and families to access further support

Key findings; Staff practice regarding further support

- Increase in percentage of staff who, after receiving Common Approach training
  - Believe that linking-in families to local services or community support is part of their role
  - Reported that they help families access services even if the family’s needs are outside of the scope of their role or organisation

- Nearly half of the respondents reported that using the Common Approach has encouraged them to make more referrals to informal services and supports in the community. In Common Approach language, these are referred to as as part of negotiated ‘next steps’.

- Using the Common Approach with both parents and their children facilitated honesty with and between the family

- The Common Approach allows a consistent framework for communication between practitioners/organisations
In terms of linking in families to local services or community support there was a 6% increase (55% to 61%) of respondents who believe that this is part of their job after receiving Common Approach training.

There was also an increase in the percentage of practitioners who stated that they help families access services even if the family’s needs are outside of the scope of their role or organisation (see graph 1).

It is interesting that 25% of respondents believe that making a mandatory report will ensure that families receive the supports that they need.

In the pre-implementation survey, one third of the respondents report they typically recommend that families link up with informal supports such as the school breakfast program. It is noteworthy that almost half of these respondents ‘sometimes’ recommend informal support options. The results from the progress and impact survey show that nearly half of the respondents reported that using the Common Approach has encouraged them to make more referrals to informal services and supports in the community.

Several interviewees commented that using the Common Approach with both parents and their children facilitated honesty with and between the family which translated into an increasing ability for issues to be addressed without formal referrals to a service. The facilitation of honesty is a novel finding emerging from the implementation of the Common Approach and one in which further investigation is warranted. The context of these comments was in relation to the completion and comparison of the young person and parent questionnaires.

Over half report that they ‘never’ or ‘rarely’ recommend that families’ access targeted services outside of their organisation. However, the opposite is true for recommending that families access universal services or services within the respondents’ organisation. This may reflect a lack of knowledge regarding what targeted services are available or what tertiary services would be most appropriate for the child or family’s issues or what primary, secondary and tertiary services actually are.

45% of survey respondents were ‘not sure’ if using the Common Approach has changed outcomes for their clients. This is unsurprising in that there are multiple variables in this equation which creates difficulty for practitioners to confidently identify the approach as the primary reason for changed outcomes.

Several of the people interviewed noted that the six domains provide a consistent, appropriate framework for communication between practitioners working with the same families. That it can be used to streamline services and reduce the number of times children are having to tell their story. One interview noted that the biggest impact of the approach is

‘bringing us together to be on the same page’ Speech Pathologist.
Changes in staff perception of site support to address wellbeing needs

Key Findings in site support

- 44% of survey respondents report no changes have been made at their place of work to encourage the use of the Common Approach.
- The Common Approach is seen as important in the majority of workplaces.
- 56% of respondents state they have discussed how using the approach could/has changed their practice with colleagues or supervisors.
- Suggestions to increase site support include:
  - Increase of promotion/awareness
  - Dedicated time within roles to share information related to the approach
  - Follow up from an external person after the training workshops

The results show that 44% of survey respondents report no changes have been made at their place of work to encourage the use of the Common Approach. Over half state that they have had discussions with colleagues or supervisors about how using the Common Approach could/has changed their practice and almost half of the respondents report the Common Approach is deemed important in their workplace. This suggests that the concept of the approach is valued however, there has been a lack of action to embed the approach in the workplace. A quote below reflects this finding;

‘People who did the training think it’s a good idea for some cases however we haven’t taken the next step to committing to using the Common Approach as a way of working’

For the Common Approach to be more effectively implemented within their workplace comments were made referring to the need for an increase of promotion and awareness of the approach, more time within roles to share and discuss amongst colleagues and follow up after training workshops from an external person who can provide expert advice regarding implementation.

Changes in staff perception of site leadership support to improve practice

Key findings in site leadership

- Majority of staff agree that management promotes working collaboratively and seek service delivery improvement.
- Two thirds of respondents report that their organisation encourages and enables them to work holistically and to use strength based practices.
- Strong suggestion that leadership/management need to provide structures and places for the Common Approach to be implemented into
The majority of pre-implementation survey respondents ‘agreed’ or ‘strongly agreed’ to ‘management in their organisation taking positive steps to promote working collaboratively and seek improvement regarding service delivery’. This is in contrast to findings from the progress and impact survey which, as stated earlier suggest that few tangible steps have been taken to adopt the Common Approach.

Two-thirds of the people who completed the pre-implementation survey reported that their organisation typically encourages and enables them to work holistically with families. This finding requires a caveat in that ‘working holistically’ may not be translated by respondents in the same way it is conceptualised in the Common Approach, particularly prior to receiving Common Approach training. It was found that the Common Approach is viewed as a holistic approach through the interviews. A student counsellor at a high school described it as ‘a student centred approach to support the holistic wellbeing of young people.’

Two-thirds of pre-implementation survey respondents report that their organisation typically encourages and enables them to use strength based practices. The results from the surveys support this data with over 60% of respondents stating that they help clients to identify the things they are good at and areas in their life that are going well.

Information collected through the interviews indicated that leadership/management need to provide structures and places for the Common Approach to be implemented into. Almost all interviewees commented on how well placed school counsellors were to use the Common Approach. Other areas in which it was seen as a ‘good fit’ were in pastoral or mentoring programs in schools. A number of people interviewed agreed that transition was a highly relevant time for the Common Approach to be routinely used with families.

‘In an ideal world, the Common Approach is used in the first two weeks of the school year with all students and families and over the transition to high school’ Primary School Counsellor

The idea that the Common Approach conversations should be had with every child, not only those deemed ‘at risk’ or from targeted cohorts, was a further theme from the interviews.

‘It would be good for any student and any parent to understand the strengths and weaknesses of the child’ Aboriginal Secondary Education Transition Officer

**Action Research Learning**

A lack of process regarding the evaluation of the training workshops was prevalent in the current project. As the project progressed it appeared necessary to ensure data was collected regarding the workshops in a timely manner. It is recommended that any future projects routinely provide a survey for the evaluation of the training workshops on the day or within one week of the workshop occurring.
The use of Basecamp ceased after the first training period was conducted due to concerns from DECD regarding the confidentiality of the platform. A viable replacement was not made with email and phone communication attempting to fill that gap, largely without success. The consequence of having no platform such as Basecamp was a lack of group sharing information such as implementation plans, updates, reminders or case studies.

Although the Champion model was effective in some sites, it was apparent that Champions themselves were not supported to fulfil their role, were not aware of all their expectations as a Common Approach Champion and some practitioners were not aware of who had been designated as their Champion.

Upon completion of the project, an appraisal of all training sites regarding their stage of implementation of the project was not able to be completed due to high staff turnover at the sites. This information would provide a more current and comprehensive picture surrounding the uptake of the approach following training. For future projects, it is suggested that quarterly checks with all sites receiving training be included into the design. This would involve ensuring contact details of the key person(s) is kept current throughout the course of the project with a project officer being accountable for this task.

Summary of findings
A key project objective ‘to introduce a holistic, strength-based, child centred, framework for identifying and responding to the care and wellbeing needs of learners, in partnership with families’ was achieved. Although there was a lower than anticipated uptake of the approach, the Common Approach was introduced to over 300 practitioners across South Australia with extensive positive impacts.

There are significant findings which provide further evidence that the Common Approach is effective in its key objectives as an approach. Results indicate that in addition to assisting practitioners to in a collaborative, holistic, strengths-based, child-centred way, it is demonstrated that using the Common Approach;

- increases a practitioner’s ability to identify a families’ strengths and needs (achieves a key project aim to ‘Increase staff confidence to engage families with emerging needs’)
- strengthens relationships with both families and other organisations
- facilitates honesty with and between family members
- decreases time needed to discover causes of behaviour (feeds into a key project aim to ‘Increase staff competence to identify and address needs early’)
- increases referrals to informal services and supports in the community
For recipients to fully understand the relevance and potential of the Common Approach workshops need to be longer than two or three hours in length. Training also needs to expand upon the practical application of the practice principles. In particular training needs to focus on up-skilling practitioners to be able to

- discuss with parents the impact of the family situation on the children
- to discuss sensitive areas of wellbeing needs
- to respond appropriately if concerning information is uncovered

Although the approach appears valued and practitioners feel that management supports service delivery improvement, there has been a less than 50% uptake following the initial training in addition to the lack of implementation action for the Common Approach in workplaces. Identified barriers to adoption of the Common Approach;

- lack of follow up/support following initial training
- lack of internal leadership/Champion support
- high staff turnover/lack of awareness of the approach
- lack of ‘role legitimacy’ regarding addressing all areas of wellbeing
- concern regarding what to do with sensitive information if uncovered during a Common Approach conversation

Further findings highlight the diversity of practitioners and sectors that can use the Common Approach and how the approach provides an easily communicated framework between practitioners and agencies. It is noteworthy that the Common Approach facilitates a practical application of charters, mission statements, strategic plans and similar policy documents; translating theory into practice.

5. Emerging Opportunities

The following section outlines suggestions for sustainability and expansion of the Common Approach, a brief description of a proposed ‘Train the Trainer’ model and an introduction to the Nest, the flagship initiative of ARACY which can be linked in with the adoption of the Common Approach.

Sustainability and expansion recommendations
The following suggestions are based on the findings from the current project.

- Training Guidelines
To address the inconsistency of training workshops, ARACY have developed guidelines for delivering training which include stipulations regarding the length of training and content. These will continue to be refined as Common Approach use broadens and develops.

- **Introductory** workshop

It appears that a short (~2 hr) introductory training is appropriate for a whole of site training. This allows all staff to have a superficial understanding and most notably an awareness of what the Common Approach entails. From this workshop it is suggested that a smaller number of staff would be selected to complete further training.

- **Initial** training workshop

It is recommended that a full day (~6 hr) initial training is required for the select group from each site who will be using the approach or supporting the Common Approach implementation at their place of work. This training would be modified from the current training content according to the findings of the current project as discussed in the previous section.

- **Implementation** training

Follow up training and support is needed following the initial training for the approach to become embedded into the agency’s practice. Implementation training to be based on evidence backed system change and implementation science information. Detailed implementation plans are required to be an integral part of this of the support. Organisations would also be supported to identify the appropriate place to implement the approach within roles/teams that have the capacity and support to use it. Potentially, only the Champions from each site are involved in implementation training.

- **Champion model**

Evidenced in this project suggests that the single Champion from each site was not a successful model. It is proposed that a two-tiered Champion model is utilised in future Common Approach roll-outs. It is suggested that two Champions are identified from each site; a practitioner and a manager. The practitioner champion will be someone who works directly with children/ young people/parents and will be using the approach routinely and can lead by example in implementing the approach. The manager champion is a staff member who holds a leadership or management position who is able to advocate for the approach, make decisions regarding adoption of the approach amongst other tasks such as authorising the ordering of Common Approach resources. A brief of duties and responsibilities of a Common Approach Champion will need to be provided to the Champions.
• Data collection

Information collected via the workshop evaluation surveys as well as the pre-implementation and progress and impact surveys are invaluable in being able to assess the recipients practice and perception pertaining to the Common Approach.

In addition to the current surveys, it is proposed that data are collected for individual sites regarding client/student wellbeing outcomes. This would provide substantial, extremely relevant information to share with staff and would be likely to increase motivation to use the framework. This data would also act to fill a current gap in the evaluation for the Common Approach regarding client outcomes as opposed to practitioner outcomes.

• Long term vision

One of the identified barriers to the adoption of the Common Approach is the high turnover of staff. This, coupled with organisational culture means that embedding something akin to the Common Approach is not a short term project. Thus it is important to ensure any plan or commitment to implementing the Common Approach runs for at least two years.

• Promotion and diffusion

A lack of awareness of the approach was another identified barrier to implementation. It is suggested that systematic promotion of the Common Approach is conducted through established networks such as School counsellors and other professional associations and peak bodies. Another strategy for promotion and sustainability of the approach is to establish a national network of Common Approach users. This would facilitate knowledge exchange and peer support amongst other benefits. ARACY is currently in discussion with a number of organisations who use the Common Approach in relation to their interest in a Common Approach network.

It is also suggested that the Common Approach could be included in relevant tertiary courses through faculties of health or education. This is potentially an avenue to explore in the long term.

• Job descriptions

Incorporating the use of the Common Approach into relevant job descriptions would embed the approach within certain roles. For example, stipulating that all school counsellors must attend Common Approach training would entrench practice around the practice principles of the approach and facilitate sustainability.

Initiatives such as Team Around the Child (TAC) and support service referrals may help guide teams in ascertaining where The Common Approach should or could be utilised. The question around The Common Approach could thereby become: ‘For whom do we need this approach to be common?’ Target cohorts may also help teams to build a sense of legitimacy.
for commencing their coordinated use of The Common Approach and should explicitly link to issues of child protection.

Establishing the use of the Common Approach in newly created positions is also an area worth investigating. Positions suited to having the approach embedded in South Australia include Child Wellbeing Consultants and Behaviour Coaches.

**ARACY accredited Common Approach Trainers**

One of the high level conclusions drawn from all Common Approach projects around Australia is the need for an improved training model. A key proposal is for the development of a train the trainer model whereby ARACY trains individuals who complete an accreditation process to then become an ARACY accredited Common Approach trainer. The Common Approach trainers would then be able to deliver training to organisations across a multitude of locations and sectors.

SA DECD and ARACY are currently in discussion regarding a potential collaboration to develop a train-the-trainer model for the Common Approach. It is envisioned that the model would incorporate the learnings from this project as well conclusions from all Common Approach activities in other jurisdictions.

The role of ARACY accredited Common Approach Trainers would include:

- Training of practitioners,
- Assisting Champions to develop and act upon detailed implementation activities at each site,
- Providing local and regular support to all users of The Common Approach,
- Support with problem solving around operational and systemic issues,
- Networking and linking in other users including inter-state,
- Collecting evaluation data and feedback,
- Maintaining momentum of Common Approach use in the area,
- Distributing/selling promotional materials,
- Identifying opportunities for integrating the Common Approach in local policy, capacity building, emerging systems, related training and other opportunities.

**Link with The Nest: A national plan for child and youth wellbeing**

ARACY is working on linking the Common Approach with the Nest, our national plan and action agenda for child and youth wellbeing. The vision for the Nest is that “all young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture”.

The Nest Action Agenda includes a range of population level indicators against each of these core wellbeing outcomes, as well as a set of national, evidence-based priorities for actions and six national Priority Directions for improving child and youth wellbeing outcomes.

*The Nest Priority Directions*

```
<table>
<thead>
<tr>
<th>Early childhood learning and development</th>
<th>Educational performance of young Australians</th>
<th>Physical health of young Australians</th>
</tr>
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<tbody>
<tr>
<td>Social and emotional wellbeing of young Australians</td>
<td>Participation of young Australians</td>
<td>Reducing disadvantage arising from income disparity</td>
</tr>
</tbody>
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ARACY is encouraging communities to utilise The Nest as an overarching framework for articulating their goals and measuring the impact of their work. Where communities are committed to collaborative approaches to child wellbeing, The Nest provides a set of common and shared outcomes and a way of linking their goals and their work to a national agenda.

The Nest lends is currently being utilised in several large-scale Collective Impact projects as the overarching measurement framework and a strategy for linking the work of individual practitioners, agencies and communities with evidence-based Priority Directions for changing children’s outcomes at a population level.

```
What are your community’s priorities? → What Nest goals will you work towards? → What does the evidence say will work?
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How will you work together? → How will you measure your impact?
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The Common Approach has been identified as a key strategy for equipping agencies and communities to achieve the Nest outcomes and enact the Nest Operational Principles. ARACY is working to link the Common Approach with The Nest outcomes and to embed outcomes measurement with the Common Approach.
Project Conclusions

The evidence gathered through this project builds upon the growing evidence base surrounding the use of the Common Approach. It can be concluded that the Common Approach achieves the desired short term objectives it was designed to accomplish. This project has confirmed earlier results regarding the impact of using the approach as well as uncovering new positive findings.

Longer term objectives for the promotion and implementation of the Common Approach may be achieved beyond the life of this project. This represents an opportunity should the project be developed further. These include:

- Whole of site approach to child and family wellbeing
- Improved learner outcomes
- Improved family functioning
- Decrease in inappropriate referrals to Child Abuse Report Line

ARACY would welcome further collaboration with SA DECD to strengthen and expand the Common Approach and work toward embedding it thoroughly throughout existing systems and structures.
References


Australian Research Alliance for Children and Youth (ARACY). (2014). The Nest action agenda: Improving the well-being of Australia’s children and youth while growing our GDP by over 7%. Canberra: ARACY.


Appendices

Appendix A: Logic Model
Appendix B: Pre-Implementation Survey
Appendix C: Progress & Impact Survey
Appendix D: Evaluation framework
## Appendix A: The Common Approach Logic model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(what is invested)</strong></td>
<td><strong>(what is done)</strong></td>
<td><strong>(the result of what is done)</strong></td>
</tr>
<tr>
<td><strong>1. Service mapping and planning</strong> including:</td>
<td><strong>Practitioner outputs:</strong>&lt;br&gt;1. Practitioner judges appropriateness of using The Common Approach&lt;br&gt;2. Practitioner initiates conversation with clients on their needs and strengths&lt;br&gt;3. Action initiated by practitioner / family, which may include:&lt;br&gt; a. No action desired by the child/family&lt;br&gt; b. Immediate action the child and the family can take&lt;br&gt; c. Additional follow up / support provided by practitioner&lt;br&gt; d. Referral to external support, which may include:&lt;br&gt; i. Referral to another service&lt;br&gt; ii. Informal support from local community agency or practitioner&lt;br&gt; iii. Referral to a targeted service</td>
<td><strong>Child &amp; Family outcomes:</strong>&lt;br&gt;1. Improved relationship with, and increased trust in practitioner&lt;br&gt;2. Increased awareness of family situation (strengthens &amp; needs) &amp; how it impacts on children's wellbeing&lt;br&gt;3. Increased understanding of assistance available and potential benefit of pathways offered&lt;br&gt;4. Increased use of services / assistance to improve child wellbeing</td>
</tr>
<tr>
<td>• Exploration of organisational characteristics that support /hinder Common Approach principals&lt;br&gt; • Organisational / profession capacity building, including strategies to address financial, workflow, attitudinal and/or other systems based barriers / levers within professional groups and/or service agencies.</td>
<td></td>
<td><strong>System outcomes:</strong>&lt;br&gt;1. Increased number of practitioners identifying family / child needs earlier</td>
</tr>
<tr>
<td><strong>2. Ongoing support / coaching for local area practitioners by the 'champions', using:</strong></td>
<td><strong>Organisational output:</strong>&lt;br&gt;1. Practitioner management support for use of the Common Approach (e.g. resources, organisational structures etc)&lt;br&gt;2. Ongoing support / coaching provided as required by site champion&lt;br&gt;3. Ongoing data collection to ascertain the effectiveness of the approach</td>
<td><strong>Long Term</strong></td>
</tr>
<tr>
<td>• evidence based coaching models and feedback to practitioners&lt;br&gt; • peer support</td>
<td></td>
<td><strong>Practitioner outcomes:</strong>&lt;br&gt;1. Increased collaboration between practitioners &amp; between services&lt;br&gt;2. Increased use of ‘common’ or shared language on holistic needs with other practitioners (e.g. using language of domains in consultation with other practitioners)</td>
</tr>
<tr>
<td><strong>3. Resource Kit, including:</strong></td>
<td></td>
<td><strong>System outcomes:</strong>&lt;br&gt;1. Increased number of practitioners preventing child abuse &amp; neglect&lt;br&gt;2. Decreased demand for secondary and tertiary child protection services</td>
</tr>
<tr>
<td>• Wellbeing Wheels;&lt;br&gt; o Standard&lt;br&gt; o Blank with cultural ring&lt;br&gt; o Questions for children&lt;br&gt; o Questions for parents&lt;br&gt; • Questionnaires&lt;br&gt; o Child or young person&lt;br&gt; o Parent or carer&lt;br&gt; • Guidance Manual&lt;br&gt; • Practise guide for using The Common Approach with CALD clients&lt;br&gt; • Posters and brochures</td>
<td></td>
<td><strong>Short Term</strong></td>
</tr>
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**Practitioner outputs:**<br>1. Practitioner judges appropriateness of using The Common Approach<br>2. Practitioner initiates conversation with clients on their needs and strengths<br>3. Action initiated by practitioner / family, which may include:<br> a. No action desired by the child/family<br> b. Immediate action the child and the family can take<br> c. Additional follow up / support provided by practitioner<br> d. Referral to external support, which may include:<br> i. Referral to another service<br> ii. Informal support from local community agency or practitioner<br> iii. Referral to a targeted service

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**Practitioner outcomes:**<br>1. Increased awareness of role in prevention<br>2. Increased confidence and willingness in initiating conversations with clients:<br> a. about their holistic needs<br> b. with child at the centre<br> c. working in partnership and<br> d. taking a strengths-based approach to client conversations<br>3. Increased ability to identify families’ strengths and needs<br>4. Increased level of support and follow up with clients<br>5. Changes in referral patterns, e.g. more next steps involving action the family/young person can take themselves

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**Child & Family outcomes:**<br>1. Improved relationship with, and increased trust in practitioner<br>2. Increased awareness of family situation (strengthens & needs) & how it impacts on children's wellbeing<br>3. Increased understanding of assistance available and potential benefit of pathways offered<br>4. Increased use of services / assistance to improve child wellbeing

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**System outcomes:**<br>1. Increased number of practitioners identifying family / child needs earlier

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**Organisational output:**<br>1. Practitioner management support for use of the Common Approach (e.g. resources, organisational structures etc)<br>2. Ongoing support / coaching provided as required by site champion<br>3. Ongoing data collection to ascertain the effectiveness of the approach

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**Long Term**

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**Practitioner outcomes:**<br>1. Increased collaboration between practitioners & between services<br>2. Increased use of ‘common’ or shared language on holistic needs with other practitioners (e.g. using language of domains in consultation with other practitioners)
Appendix B: Pre-Implementation Survey Results

Please see attached document.

Appendix C: Progress & Impact Survey Results

Please see attached document.

Appendix D: Evaluation Framework

Please see attached document.