

The Early Intervention Investment Framework: A service sector perspective

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Prepared by the Centre for Excellence in Child and Family Welfare for
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About the Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria, representing more than 150 community service organisations, students and individuals. The Centre advocates for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. Our vision is to see a community that is fair, equitable and creates opportunities for children and their families to live happy and healthy lives.

Acknowledgement of Country

The Centre acknowledges and pays respect to past and present traditional custodians and Elders of this country on which we work. The Centre also acknowledges the injustices and trauma suffered as a result of European settlement, the Stolen Generations, and other policies such as the forced removal of children from their families, communities, culture and land. We respect the resilience of the Aboriginal and Torres Strait Islander community in the face of this trauma and respect their right to, and aspiration for, self-determination and empowerment.

Considerations for successful implementation of the Early Intervention Investment Framework (EIIF): a service sector perspective

Overview of this paper

Partnering between DTF, line agencies and service providers presents an exciting opportunity to support embedding of the EIIF and delivery of early intervention programs over the long term.

Despite the challenges, there is support across the sector for the objectives of the EIIF, particularly in relation to shifting the balance of investment towards earlier intervention, focusing on measurable impact (especially for service users), reducing demand for expensive tertiary interventions, and scaling up to achieve system change.

Preconditions for successful embedding of the framework

Government recognition of the service sector's role in effective implementation of this Framework is fundamental as most early intervention services are delivered by community service organisations. From a sector's perspective, the preconditions for effectively growing early intervention under this framework include:

- ◆ **Funding** that is certain, predictable and of sufficient quantum and duration to enable successful implementation and embedding of programs and the creation of a pipeline of workers
- ◆ **Timeframes** that enable design, establishment and evidence building
- ◆ **Procurement** processes that are inclusive, flexible, creative, and co-designed with the sector
- ◆ **Service design** that is inclusive of the sector and service users and is underpinned by evidence
- ◆ **Outcome measures** that build on existing practice and tools and can support the EIIF to facilitate learning across the sector
- ◆ **Sector capability** that enables service providers to design, deliver and measure the effectiveness of their early intervention programs
- ◆ **Early intervention pilots** that show evidence of effectiveness and can be grown (scaled up, rolled out more broadly)
- ◆ **Potential priority areas** that the EIIF could invest in where there are existing capabilities, tangible results and positive outcomes.

This paper proposes a three-way partnership between central government (DTF), line departments and the service sector (facilitated by the Centre for Excellence as the peak body) to deliver on the Framework's ambitions.

Four ideas to kick start the partnership arrangement

1. Invest in R&D infrastructure

Set up a dedicated EIIF Research and Development Fund to test promising early interventions and seed projects (50% of the Fund's capacity) and further develop established ones (50% of funds) through use of rigorous research methodologies to demonstrate program efficacy and build the local evidence base about what works in preventing entry of children, young people and families into acute service systems.

2. Establish a joint data centre

Setting up a joint data centre to facilitate cross partnership sharing of data held by line departments, DTF and service providers would support planning and decision making about where to target investment and reinvestment. Providing de-identified data back to service providers would help improve the quality of service delivery and the level of evidence organisations can provide about impact.

3. Develop impact measures for service users

Fund OPEN to examine proven and promising methods of data collection that shows the impact of early intervention programs from a service user perspective.

4. Establish an annual conference promoting EIIF innovation

Fund an annual EIIF conference bringing together service providers, DTF and central agencies to share perspectives on how implementation of the EIIF is progressing, what is working well and why, emerging challenges and how these are being addressed, and examples of impact.

Next steps

- ◆ DTF to host an online information session about the EIIF for the sector, covering rationale, features, work to date and future vision for the EIIF
- ◆ DTF to initiate an extended Roundtable discussion of the paper with the other parties commissioned to provide independent research (CIE and NAZSOG) to discuss key findings and support deep engagement within DTF across the policy and budget areas.

Background

The Centre for Excellence in Child and Family Welfare (the Centre) has been commissioned by the Department of Treasury and Finance (DTF) to develop a paper capturing the insights and perspectives of Victoria's child and family services sector to inform discussion and decision making in relation to future measurement and funding of early intervention programs under the EIFF.

Purpose

Forging a strong partnership between DTF, central agencies and service providers presents an exciting opportunity to support the implementation and embedding of the EIFF. The partnership recognises the unique and significant role of the child and family services sector in embedding the EIFF as the key providers of early intervention services. The purpose of this paper is to highlight potential solutions to address existing challenges to early intervention investment and signal a way forward for ongoing and sustainable collaboration.

Methodology

The paper draws on insights gathered from a forum consultation with sector leaders in December 2021, one-one-one consultations with seven sector leaders and two international experts in early 2022, and existing papers/reports prepared by our sector relating to monitoring and evaluation, outcomes and impact measurement, and successful implementation of early intervention programs.

Assumptions

Implementing the EIFF and scaling it up to achieve lasting system change will require sustained effort over many years. It is not a quick fix. It is assumed that the EIFF's initial investments should lay the foundations and build momentum for long-term change. This means not necessarily focusing only on the areas of greatest need, at least initially, but equally on areas where outcomes are poor and tangible progress can be made.

There is no single agreed definition of the term 'early intervention'. Its meaning and application varies across stakeholders, sectors and settings. The nature of the variance includes timing (e.g. early in life or as problems emerge), focus (e.g. prevention or diversion from acute services or prevention of escalation of 'symptoms' or needs), and nature of impact (i.e. whether focus is on avoided cost or improved outcomes, and degree of quantification of either or both). The focus of this paper is on the factors that lead to successful implementation of the Government's Early Intervention Investment Framework from a service provider perspective, noting that this Framework seeks to quantify the impact of investment in services (both as improved outcomes and avoided costs in downstream services).

Existing challenges / risks

1. The needs of government and service providers are not always aligned. Building a common vision for the EIFF and creating safe spaces for robust discussions will be important foundational work if the EIFF is to be embedded successfully. There is a challenge for organisations that rely heavily on government funding to be engaging in robust critiques with their funders. There are also risks to this collaboration if the perspectives of the sector are sought but their recommendations are not acted upon or meaningfully engaged with. Our shared commitment to the success of the EIFF presents a welcome opportunity for a three-way dialogue in which the perspectives and unique contribution of each partner can be recognised and innovative ideas identified and considered.
2. Government has a strong focus on quantification. The sector would like to see qualitative data also being considered as evidence of impact. Capturing the views and perspectives of families – often through participatory methods such as discussion about goals or whether/how a service has prevented escalation of a situation or changed lives – can provide rich insights into the

difference a program or approach has made for a child, young person or family. There is an opportunity to broaden the EEIF's scope of what is measured to also include qualitative data to complement quantitative data as evidence of impact.

3. There is a knowledge gap in relation to identifying and documenting the impact of early intervention programs and approaches from the perspectives of service users. Despite a commitment to improving client outcomes, the direct contribution of service users is not captured consistently. This data captured across the sector is of varying quality and usefulness. There is more work to be done to identify best practice internationally when it comes to gathering evidence from service users on the impact of specific early interventions on their lives and in developing guidance and supports to strengthen consistent practice in gathering this evidence.
4. Measuring and attributing the impact of effective early intervention is challenging. In the child and family welfare sector there are multiple providers involved with vulnerable families, including child protection statutory services. Effectively changing entrenched behaviours in individuals or families and discernibly improving outcomes for children relies on strong collaboration and contributions across a range of services. This makes measurement of one particular program's contribution challenging. Gross/high level 'end point' measures such as 'reduction in rate of child protection substantiations' require sustained, timely and effective input, often from more than one service, yet often this does not happen (e.g. long wait lists). This makes attribution for the purposes of measuring impact under the EEIF a challenge.
 - For example, child protection has statutory decision-making power and responsibilities in relation to children and is a common referral point for family services. Given the importance of intervening early with families known to Child Protection to prevent further immersion in the statutory system, it will be important to establish clear responsibilities and agreed ways of working with Child Protection. As the intake point for family services, the Orange Door, another system feature, has experienced substantial demand pressures, meaning families early in need are not necessarily being prioritised. Design and delivery of outcomes must take wider sector features into account and be tailored accordingly.
 - While the matters in the example above to some extent transcend the EEIF, establishing clear roles will help ensure outcomes reported and collected for new EEIF initiatives are attributable to new interventions and isolated from sector wide impacts. This kind of clarity will enable greater insight into the interventions that work most effectively (or not), and in turn, the new interventions most meritorious for scaling up through the Government's EEIF.
5. Data collections and the information systems used by Child Protection and child and family services (IRIS, CRIS and CRISP) are not fit for purpose. They are not always designed to capture 'impact' and it is difficult to extract data in ways that are informative and useful to either measurement of impact or design of early intervention services. Many service providers therefore use parallel or 'shadow' systems for recording client information, especially for tracking outcomes or other information. This create time and effort cost for services and providers, undermines the quality of client information, and misses an opportunity for Government and providers to have access to a shared set of data to measure impacts of EEIF funded programs.

The rapid growth in demand on all parts of Child Protection is a major barrier to investing in early intervention. This is because it places such pressure on workers, services and the system and creates the focus on acute interventions that the EEIF is seeking to alleviate. High demand can also undermine access to timely services, which is essential for early intervention. Thus to be successful, sustained effort is needed and at sufficient scale/volume (i.e. more than only a

couple of years of funding). Greater funding certainty will support recruitment of new workers rather than seconding existing workers from other areas, and create easier, more flexible pathways into services for early intervention.

Existing opportunities / strengths

1. There is broad support across the sector for the objectives of the EIIF, most notably around:
 - shifting the balance of investment towards earlier intervention
 - a focus on measurable impact on outcomes and demand for acute services
 - reducing demand for and expenditure on intensive tertiary interventions
 - scaling up this approach to achieve widespread system change, and
 - having DTF more actively and directly involved, along with line departments, with the sector.
2. The EIIF represents an opportunity for greater alignment and collaboration between DTF and line departments, with each recognising its unique role. Each partner's contribution is critical for effective implementation and this needs to be built on trust. One manifestation of this could be greater sharing of data by Government with the sector for planning purposes. The EIIF is also an opportunity to grow the role of DTF as a partner, alongside DFFH, in improving the value and effectiveness of the sector. Potential benefits include new models of commissioning and contracting; a renewed focus on investment, re-investment and using the sector's resources most effectively; and collaborating around shared challenges of growing demand and cost of acute Child Protection interventions.
2. Child and family services in Victoria are provided by a rich diversity of organisations. This diversity is a strength, creating options for families, innovation and creativity, and a breadth of strengths and capabilities. The different models suit different needs in different circumstances and contexts. The EIIF presents an opportunity to harness the experience and expertise of service providers of all sizes from across the state to better understand the types of early intervention programs being delivered, in what context, and with what degree of success.
3. The Outcomes, Practice, and Evidence Network (OPEN) has played a significant role in driving cultural change over the past four years in child and family services in relation to the creation and use of evidence. OPEN provides a range of knowledge translation, implementation support, evaluation, practice improvement and collaborative activities. It hosts a portal with information about the 'Outcomes Journey', case studies, presentations from forums and workshops, and resources to support data collection to improve outcomes for clients. OPEN provides a highly credible platform from which targeted EIIF activities could be launched to capture evidence of improved outcomes and demonstrable impact of early interventions for families.
4. There is a substantial body of existing evidence-based programs (EBPs) and approaches delivered by service providers which could be scaled up to increase the collective early intervention impact of these programs. Many in our sector have led the shift to using EBPs, frequently investing their own money in initial recruitment and training to 'kick start' these programs in an Australian context. Interventions with proven results include:
 - Cradle to Kinder – a sustained, early years intervention for infants known to Child Protection
 - Multi-systemic Therapy – an evidence-based, early intervention program that helps keep families safely together or reunites families where children have recently entered care
 - Enhanced or Treatment Foster Care – an enhanced training and support program for paid foster carers to sustain home-based care for children with complex needs and prevent entry into care.

Much has been learnt about the local adaptations which have been needed, including cultural recognition, while maintaining fidelity. A selection of EBPs funded as part of a pilot program by

the Victorian government between 2018-20 are provided in **Attachment A**. There are also other EBPs not captured in this list worthy of investment consideration.

5. The Centre, as a strong peak body, has advocated successfully for significant investment in child and family services and is a respected voice for sector reform. The Centre is well placed to support DTF and central agencies in working closely with sector leaders and thinkers to develop cutting edge approaches to successful early intervention investment and in supporting strong and consistent practice in measuring and monitoring outcomes to support the EIIF.

Preconditions for successful implementation of the EIIF from a service providers' perspective

1. Funding

- a. Funding needs to be certain, predictable, of sufficient quantum and of sufficient duration to enable adequate time to recruit, plan, implement and evaluate. If government is serious about a three-way partnership between DTF, line departments and service providers, then the sector needs to be meaningfully included in decisions about where funding should be directed for optimal impact and the kind of tailored funding models that would enable this.
- b. The EIIF's model of reinvestment provides certainty over funding being available for early intervention in the future; but the composition of this funding and how much the sector receive, remains uncertain as funding is allocated to line agencies not the sector. Further thought could be given to adding an element to the EIIF that guarantees some level of reinvestment to the sector itself.
- a. It is important to maintain diversity by making sure smaller organisations can also access funding opportunities alongside larger service providers. Ensuring opportunities across the sector, including for Aboriginal Community Controlled Organisations (ACCOs), would be an important principle to factor in implementing the EIIF. The sector could work with DTF and line agencies to develop a set of principles to guide procurement and funding decision-making in line with strategic priorities and the capacity of service providers.
- b. Funding terms and conditions, data and information reporting requirements, and other administration need to be aligned between central agency systems locally and centrally. For example, one of the issues that emerged in the initial piloting of a selection of EBPs in Victoria in 2018 was that there was little information sharing about the programs between the line departments and service providers, which meant service providers in the pilot needed to spend time in the early stages of implementation explaining the EBPs at the local level and how these fitted into the system.
- c. Initiatives funded under the EIIF must fund all components necessary to deliver the intervention. Beyond funding for direct service delivery, effective early intervention (particularly in the early days) may require funding to support effective governance and collaboration, program development, and training. Government funding often only funds a specific component of a model (usually only the client-facing element), such as a family services response, and expects services to access other necessary support (e.g. mental health treatment, housing, etc.) from the wider service system. However, this wider service system often faces its own intense demand constraints and barriers so the EIIF should seek to facilitate activities that enable effective implementation.
- d. This may include inviting tenders from a select group of providers that are well-placed to respond. The Department of Education and Training's recent commissioning of the Access to Early Learning program, a targeted early intervention program that enables three-year-old children from families with complex needs to fully participate in quality, universal early education and care, appears to be a good example of this approach. The EIIF's upfront agreement to outcome measures and ongoing tracking

will help streamline such tendering, as it aids setting clearer scope and context for tenders from their outset.

- e. Reporting requirements as part of funding arrangements need to be realistic and conducive to good practice and long-term outcomes. Once an initiative is fully established, outcomes could be reported on a quarterly basis and impact could be observed on a six-monthly or yearly basis. This would allow DTF to report on achievement regularly and could facilitate ongoing review and continuous improvement by service providers. Over time, DTF should seek to increasingly evaluate reporting collected for new initiatives and incorporate formative evaluation into its annual reporting to Government.
- c. If government is serious about a three-way partnership between DTF, line departments and service providers, then the sector needs to be meaningfully included in decisions about where funding should be directed (investment and re investment) for optimal impact.

2. Timeframes

- a. Short-term funding models cannot deliver the outcomes Government is seeking under the EIIF. Developing, establishing and embedding new models of service delivery requires time. For example, when Family Foundations, which is an intensive intervention, was piloted in Victoria in 2018-20, the service provider had already worked with the developers for nearly two years prior to establishment. Having funding allocations of 6-9 months makes it difficult for service providers to establish robust partnerships, recruit and train staff, make any necessary adaptations to local conditions, recruit clients, establish data collecting and sharing protocols and implement the core elements of the program in the time allocated to the pilots.
- b. Short term and time-limited-term resourcing means insufficient time is allocated to planning and designing, with little opportunity to evaluate and build evidence about what has worked and what can be improved. This creates a cycle in which useful information and evidence for decision making is unavailable for either service providers or government funders. Depending on size and complexity, a two-year funding window would be a minimum, including specification of some key phases and requirements, with funding commitments of at least four years more likely to result in sustainable preparation, successful establishment, workforce recruitment and development, and evaluation activities to build evidence.

3. Procurement

- a. Engaging sector leaders in the design of procurement processes could enable more creative and flexible models of procurement that result in more effective investment. Historic funding models have often included prescriptive requirements that encourage a focus on inputs/outputs performance, rather than the outcomes and experiences of individuals and families and do not allow service providers to adjust as things change or tailor their approach to individual needs. Sector involvement in the development of procurement processes prior to tendering could also ensure a level playing field in which ACCOs, rural/regional, or small organisations are not disadvantaged. The EIIF provides an opportunity for a better way of commissioning services.
- b. Procurement in regional areas could recognise the value of locally-led collaborative arrangements that bring together local service providers with deep knowledge of client need and opportunities in specific communities. Where large, out of community service providers are more appropriate for intervention implementation, thought should be given to a procurement process that requires partnering and mentoring.

4. Service design

- a. The sector would value a more inclusive approach that gives autonomy to service providers in the design of interventions. Since the EIFF requires that outcomes are set, this should give the government partners greater flexibility and confidence in allowing providers to do the service design as they need to deliver on specified outcomes. One example of an inclusive approach is the *Partnerships Addressing Disadvantage* model which specified the outcomes government wanted to achieve and allowed service providers to develop suites of interventions to achieve those outcomes. Services would report on the achievement of those outcomes and be empowered to adjust their services or interventions so long as those outcomes are being delivered. Such an approach could also allow service providers to co-design their interventions with the families and communities they serve as evidence has shown that the best outcomes are achieved through fully engaging with clients in the design, delivery and evaluation of programs.

5. Outcomes and impact measurement

- a. Victoria's child and family service providers have a well-developed understanding of outcomes measurement, with many implementing their own frameworks and developing their own tools. These include:
 - Practice tools – used by workers to engage individuals or families in setting their outcomes and working towards their goals (e.g. the Outcomes Star)
 - Measurement tools – used to reliably track outcomes over time, such as outcomes relating to child development, educational engagement or family stability (e.g., the North Carolina Family Assessment Scale).

Many service providers have invested in these tools, including developing them and their systems and training staff. Implementation of the EIFF should accommodate continued building on existing capability (rather than replacing these tools with competing ones).

- b. However, this capability is not consistent across the sector, particularly for smaller providers with limited resources. For those who have not yet been able to develop or access appropriate measurement tools, the EIFF presents an opportunity to facilitate learning across the sector. There is an opportunity to consolidate the various early intervention tools and promote these through OPEN to the sector more broadly and, in partnership with line departments, to ensure these align with and progress EIFF focus. As part of Government's refinement and development of the Framework, it could leverage the sector's knowledge base in relation to early intervention, particularly around outcomes and impact. This could include contributing to the design, testing, validation and refinement of a shared toolkit that can be used to support measurement. Involving the sector alongside central and line agencies and undertaking the task collaboratively, would be more efficient and optimise their effectiveness and application, which in turn would lead to comprehensive and consistency in outcomes measurement and reporting. This could also involve the identification or repurposing of a data platform that could house and analyse this information. [Amplify online](#) is a prototype of this type of approach. OPEN would be well placed to collaborate with the sector to do this work, with greater data sharing to facilitate better collaborative design of new EIFF proposals.
- c. There are several key outcomes that can be readily used in applying the EIFF, within child and family services (i.e. child and family wellbeing outcomes) and in wider sectors that child and family services intersect with (e.g. health, justice, housing or wellbeing outcomes for children leaving care). Outcomes relating to family preservation (avoiding entry into OOHC or supporting timelier reunification) or home-based care placement stability (preventing entry into residential care) are definable,

objective, measurable and observable over time. Placement outcomes are closely aligned with the safety and wellbeing outcomes of the child. These outcomes are good for both the child and for government and can be relatively easily measured and tracked. Impact can be measured by comparing the prevalence of entry into care (or into residential care) with historic data already collected by the Department of Families, Fairness and Housing (DFFH).

- d. Sector organisations are well positioned to ensure the full range of short-, medium- and long-term outcomes are measured using multiple methods. Alongside population level quantitative data to assess effectiveness of interventions against historical trend data (including historic counterfactual cohorts), service organisations can establish the systems to capture quantitative and qualitative experience data from service users across and post the program cycle – this provides a strong opportunity to follow up on client impact measures. Because of its service delivery role, which means providers are close to the service user, the sector has a unique role to play in identifying, measuring and reporting on client-experience impact measures. Service providers can contribute to setting outcome measures for a particular initiative from a service user perspective, including by building on existing practice-based tools to capture and report on these types of outcome measures, which can inform government thinking.
- e. Outcomes for EIFF funded initiatives need to be developed in collaboration with our sector, ideally as part of the business case development phase, rather than after the funding decision. For more than a decade, child and family services has been developing and embedding a focus on outcomes in their practice, programs and evaluations. DTF and line agencies could work with the sector, drawing on its collective expertise and knowledge, to develop agreed outcomes. This will also build engagement by providers in delivering purposeful effective early intervention programs in line with the Framework. Given that different organisations are at different levels of maturity in regard to outcomes-focused approaches Government could also fund the development of outcomes measurement capability across organisations.
- f. Child and family services have the potential to influence the design and contribute to the measurement of outcomes in other sectors, including in relation to health (e.g. participation in maternal and child health or hospitalisation); education (e.g. participation in early learning or engagement in school education); justice (e.g. involvement in the youth justice system); and housing (e.g. homelessness of young people exiting care).

6. Sector capability

- a. Ultimately, the success of any child and family services intervention depends on the knowledge, skills and expertise of professionals delivering the service. The long-term success and sustainability of the EIFF depends on initiatives being delivered by skilled, strong and stable workforces. While funding security, duration and amount are critical factors in the recruitment and retention of the workforce, sector capability building also requires funding. A workforce supported by appropriate professional development, particularly in the areas of design, implementation and evaluation of services, is particularly important in an area such as early intervention which is an emerging capability. Funding is required to support learning and workforce training.

7. Early intervention concept testing

- a. In recent years, the child and families services sector has initiated and trialled or piloted a range of interventions, including early intervention, with proven results., Effective application and progression of EIFF would be strengthened by recognising

and building on this, and avoiding duplicating what has already been learnt in the sector about what works. There are already early intervention models across the sector, shown through evidence to be working and effective, which could be rolled out more broadly across the sector. In starting the EIIF journey it is important to collaborate with the sector to identify and build on these existing programs, while not shutting down new or less developed models that may exist.

- b. There is also a requirement to test other promising practice models to maintain a cycle of continuous innovation and concept testing. This is particularly important in early intervention where, despite growing evidence of successful ways of providing early intervention, the body of evidence is still growing. We need to build capability and test new ways of intervening so we can build the supply of effective interventions. The Learning System Grants, funded for three years by the Department of Families, Fairness and Housing (DFFH), have played a key role in funding seed projects (capped at \$50,000) which have led to promising outcomes for the workforce, clients and broader service system. This model could be adopted to identify and test novel approaches with some additional funding. Identifying, scoping designing and trialling new programs incur substantial setup costs related to their nature including research, design, commissioning, recruiting and training for new approaches. Ensuring an appropriate supply of new early intervention approaches and programs across a range of service sectors and cohorts will be critical to give Government's robust choices to fund and scale up under EIIF. The provision of seed grant funding is an investment in the Framework's long term viability. It would demonstrate good faith in the tripartite relationship and the importance of the service sector in delivering early intervention and incentivise agencies to test new early intervention approaches by affraying costs related to:
- tailoring design of the intervention
 - establishment, including purchase of licences
 - design and application of monitoring and evaluation of new early intervention proposal, and
 - promulgation of findings from new approaches.

8. Existing priority areas for EIIF investment

- a. The early investments of the EIIF should be a catalyst for, and lay the foundations for, long-term change. This means focusing on initiatives where there are:
- *Existing capabilities* – areas where there is already evidence, capability and readiness to make a difference, albeit in need of being scaled up to deliver discernible reductions on acute service usage;
 - *Potential for tangible results* – cohorts or issues that have poor targets and where definable and measurable outcomes that can be readily designed
 - *Positive outcomes* – areas where the potential to reduce acute expenditure and improve health and wellbeing outcomes closely align.

The child and family services sector is well placed to deliver the types of initiatives Government is looking for under the EIIF. Areas that meet the above criteria include children who are at risk of entering OOHC and children in or at risk of entering residential care (or contingency placements). These areas have a close alignment between outcomes focused on individual wellbeing and outcomes focused on reducing demand for acute services. Preventing family or placement breakdown contributes to improved wellbeing of children while avoiding the financial cost of OOHC, residential care and/or contingency placements.

Three ideas to kick start the partnership arrangement

1. Invest in R&D infrastructure

Set up a dedicated EIIF Research and Development Fund enabling the sector partners to test promising early interventions and seed projects (50% of the Fund's capacity) and further develop established ones (50% of funds). Such an R&D hub would encourage use of rigorous research methodologies to demonstrate program efficacy and build the local evidence base about what works in preventing entry of children, young people and families into acute services. All projects, whether seed or established, would be aimed at early intervention. The EIIF provides an opportunity for a more innovative kind of research partnership model, consistent with the work of OPEN, that encourages service providers to measure the success of their early intervention initiatives and build organisational culture around learning and evidence.

2. Establish a joint data centre

The Victorian Public Sector Data Sharing Heads of Agreement provides a common framework across government for data sharing but the sector does not have access to line department data. Setting up a joint data centre to facilitate cross partnership sharing of data held by line departments, and service providers could support planning and decision making about where to target investment and reinvestment to prevent entry into acute services. The EIIF provides an opportunity for the partners to review existing data and determine together how the quality might be improved. Government provision of de-identified data back to service providers could also help improve the quality of service delivery and the level of evidence organisations can provide about impact. As a partner, the sector seeks access to government held data to improve decision making locally about early intervention programs and approaches for the benefit of service users but also to have a better understanding of state-wide trends and patterns that might affect service responses.

3. Develop impact measures for service users

Fund OPEN to do an environmental scan of proven and promising methods to show the impact of early intervention programs from a service user perspective. Most service providers have developed their own ways of capturing client feedback and measuring success but these are not necessarily robust, consistent or shared across providers, hence they remain bespoke and miss the opportunity to grow and become an influential aspect of delivering the EIIF. OPEN could explore ways in which to measure impact based on client voice across different service types and cohorts. For example, in 2021, the OPEN team worked with a service provider to develop questions that would indicate the impact of a youth leadership model on participants. The questions enabled the young people to rate their level of confidence across the domains in which they had received training, give feedback on the content and what they learnt, reflect on the peer interviewing model as a model of youth participation, and indicate what would be needed to sustain ongoing network of peer interviewers.

4. Annual conference promoting EIIF innovation

Fund an annual EIIF forum or conference that brings together service providers, Government (line departments and central agencies) to share perspectives on how implementation and embedding of the EIIF is progressing, what is working well and why, emerging challenges and how these are being addressed, and cutting edge features of the three-way collaboration that could be embedded in other government areas.

Attachment A: Some examples of EBPs implemented by service providers as part of Victorian government pilot in 2018-20

Program	Brief description
SafeCare®	SafeCare® is aimed at parents with children aged 0-5 years who are at risk of child maltreatment or with a history of child abuse or neglect. It provides a series of parent training sessions in the home with a focus on parent-child/parent-infant interactions, infant and child health, and home safety.
Functional Family Therapy – Child Welfare - High Risk®	FFT-CW® is aimed at families with children aged 0-17 years where there has been child protection involvement or families who have a history of difficulty accepting support services. FFT-CW® includes one-on-one home visits between practitioners and families over approximately 4-6 months. It can be a preventative or restorative program and can address risks and issues including mental health, substance abuse, family violence and other identified needs.
Family Foundations	Family Foundations is aimed at parents during pregnancy and/or the first postnatal year who have two or more risk factors for partner conflict and violence. It is delivered in the home and aims to reduce partner conflict, promote parent mental health, and strengthen parenting partnerships in pregnancy (first and second baby) and the early years of children’s lives.
Multi-Systemic Therapy – Psychiatric (MST-Psych)	This program targets children aged 9-15 years at risk of removal or in residential care due to serious family dysfunction, trauma, psychiatric and behavioural problems. MST-Psych aims to improve anti-social and violent behaviour, mental-health symptoms, suicidal behaviours and family relations while allowing youth to spend more time in school and their home. It involves intensive home-based treatment and family visits and 24/7 face-to-face crisis response by a member of the MST-Psych team as needed.
Tuning into kids and tuning into teens	Aimed at parents with children aged 4 - 13 years, these programs target specific skills of emotional awareness, acceptance and coaching and incorporate self-care and mindfulness. Each program presents parents with material on child or adolescent development and the changes and challenges that each age and stage bring to family life.
Triple P (Positive Parenting Program)	An Australian early intervention parenting program, that enhances the knowledge, skills and confidence of parents to prevent severe behavioural, emotional and development problems in children and teens. It gives parents tools and strategies in the form of a guided program and is used overseas, giving it an extensive evidence base. (Developed by University of Queensland)
PUP (Parents under Pressure)	Another Australian program with great international success, which aims to improve outcomes for children living in families facing multiple adversities, including substance abuse and mental health challenges. It has been particularly effective in reducing child abuse potential, parental stress and child behaviour. PUP uses individually tailored, therapeutic family support plans. (Developed by Griffith University)