

An overview of two projects

ARACY’s Common Approach to Assessment, Referral and Support project (CAARS) and MCRI’s National Study of the Parent Engagement Resource (PER)

Introduction

The Australian Research Alliance for Children and Youth (ARACY) CAARS project and the Murdoch Childrens Research Institute (MCRI) PER project are distinct projects to trial and evaluate resources that enhance the ways in which practitioners work with children and families.

The CAARS and PER projects both aim to promote the health and wellbeing of children and families through resources that support the early identification of need and facilitate timely interventions. This paper will briefly describe each project to ensure that the distinctions between them are clear. It will also provide information about the resources associated with each project.

Overview of the two resources

What is CAARS?	What is the PER?
CAARS is an evidence-based toolkit that assists people who work with children to identify early those who may need help, and provide timely, appropriate support. It also aims to facilitate the development of a common approach and shared language across services, professions and sectors.	The PER is a set of tools that supports practitioners in their work with families. The tools provide practitioners with a systematic approach to ‘asking the hard questions’ and guidelines for appropriate action.
Who can use CAARS?	Who can use the PER?
CAARS was developed for use by practitioners from a range of professions and sectors. It supports practitioners to take a holistic approach to working with families, and equips them to provide support and appropriate referral even when the need identified is outside of the practitioner’s immediate area of expertise.	The PER has been developed for universal application by practitioners who work with families of young children. The PER potentially could be used with families of older children.

These resources are NOT designed for use as universal screening tools or as risk assessment/diagnostic tools

Who can you use CAARS with?	Who can you use the PER with?
Children, adolescents, parents or other primary caregivers	Parents or other primary caregivers
What makes up CAARS?	What makes up the PER?
<ul style="list-style-type: none"> • The 'Wheel', a visual representation of the domains of wellbeing that is designed to engage families in conversations about their strengths and needs • Wellbeing questionnaires for parents/caregivers and for young people • 'Discussion' prompts to help practitioners frame questions in preparation for conversations with children, young people and their families. • A guidance manual for training • Training and implementation support from ARACY 	<ul style="list-style-type: none"> • A practitioner-administered questionnaire forms the basis of applying the PER in practice • The two-page questionnaire consists of two introductory questions, 12 concern-based questions and two closing questions • A PER Handbook for practitioners • A User Guide that includes pathways (algorithms) to support practitioners to address any parent-identified concern • Training and education sessions, including preparatory pre-reading modules
What domains (areas of need/concern) are addressed in the resources?	
<p>CAARS domains: Six primary wellbeing domains capture a holistic view of the child's wellbeing:</p> <ul style="list-style-type: none"> • physical health • mental health and emotional wellbeing • safety • material wellbeing • learning and development • relationships. <p>The Wheel represents all six domains of wellbeing and key indicators at the level of the child, the family and the community and allows identification of a family's strengths, as well as needs, to enable a family to work within their own capacity, where appropriate, to address needs.</p>	<p>PER domains: 13 psychosocial domains provide an over view of the family-based bio-psychosocial issues that impact on a child's development:</p> <ul style="list-style-type: none"> • parent/family strengths • social support • financial • housing • employment • family physical health • parent mental health • parenting • child neglect • family relationships • alcohol and substance abuse • family violence • child abuse and neglect.
How long does it take to administer the CAARS resource?	How long does it take to administer the PER questionnaire?
<p>CAARS is designed to be used flexibly and in a range of contexts, including initial assessment, as part of a comprehensive intake process, to support ongoing case management, as a self-reflection exercise, and in community education processes.</p> <p>The 'Wheel' takes 20 to 60 minutes, depending on the purpose it is used for.</p>	<p>The PER Feasibility Study (2011) demonstrated that the PER could be administered in as little as seven minutes and may take up to 40 minutes when more complex concerns are raised by parents.</p>
What qualities do practitioners need to use CAARS and PER?	
<p>The capacity and competency of the practitioner will influence the implementation of CAARS and of the PER. Successfully engaging clients requires practitioners to be good communicators, whether the client is a child or adult. Practitioners also need a well-developed knowledge base of the issues that can negatively impact children and families. Effective practice in supporting the individual strengths of families is another key attribute of practitioners implementing the PER and CAARS. Training in Family Partnership, family-centred practice and/or strengths-based practice is recommended.</p> <p>Both the CAARS and the PER resources provide practitioners with guidance in regard to referral processes that may be outside their core expertise and training.</p>	

Note: both CAARS and the PER have been developed in partnership with parents, academics and practitioners from many different professions. Young people were also consulted in the development of the CAARS resource.

Project descriptions

CAARS: ARACY-based project

Working together to prevent child abuse and neglect – a common approach for identifying and responding early to indicators of need (CAARS)

The Common Approach to Assessment, Referral and Support (CAARS) project was undertaken by ARACY in partnership with the federal government to support the *National Framework for Protecting Australia's Children 2009-2020*. CAARS aims to:

- give universal service providers a way to identify and respond to early indicators of need that is simple, 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, young people and families.

Stage 2 of the CAARS trial is now complete. This stage involved piloting resources and a formative evaluation conducted by the Social Policy Research Centre.

The following community organisations have been involved in the CAARS trial:

- Northern Connections, Elizabeth, SA
- Interrelate Family Centre, Lismore, NSW
- Gippsland Lakes Community Health, Gippsland, Vic
- Rockingham Kwinana Division of General Practice, (now Perth South Coast Medicare Local), Kwinana, WA.

As part of the trial, each site conducted at least 250 CAARS-based 'conversations' with children, young people and families, using a combination of resources developed for the program. These materials were developed from recommendations in the 2010 report *Working together to prevent child abuse and neglect – a common approach for identifying and responding early to indicators of need (ARACY, 2010)* and were further tested with parents and with service providers.

Currently, plans are underway to embed CAARS in 13 Family Mental Health Support Services across Australia. Further work has commenced to develop an efficacy/effectiveness evaluation as part of Stage 3 of the project.

PER: MCRI-based project

Identifying family factors that impact on child health and wellbeing: National Study of the Parent Engagement Resource (a randomised controlled trial)

The Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health have federal government funding to undertake a cluster randomised trial of the Parent Engagement Resource (PER) in 10 Communities for Children sites across Australia.

This study aims to establish the effectiveness of the PER as a professional practice resource using a 'mixed methods' approach. This includes completing a cluster randomised trial.

The primary research question is '**Compared to usual practice, does the PER increase the identification of psychosocial concerns held by families?**'

The study will be conducted in 10 Enhanced Communities for Children sites that are also the location for the *Building Australia's Future Workforce Initiative*:

- Burnie, Tasmania
- Hume and Shepparton, Victoria
- Logan and Rockhampton, Queensland
- Kwinana, Western Australia
- Playford, South Australia
- Shellharbour, Wyong and Bankstown, New South Wales.

All 10 Enhanced Communities for Children sites will be recruited into the study and five sites will be supported to actively implement the PER.

More information

For more information about CAARS or the PER, email: amarylise.bessey@aracy.org.au (CAARS) or claire.jennings@mcri.edu.au (PER).

Summary

Each project is at a different stage. The CAARS project is heading towards incorporating the findings of the formative evaluation into Stage 3 of the project. The PER project is in the preparatory phase, including developing the research methods paper and refining the resources to support education, training and implementation. Both ARACY (CAARS) and MCRI (PER) are committed to ensuring communities remain well informed about these projects and how they may impact on services and practitioners in their areas. What is obvious from work so far is that there are many similarities between CAARS

and the PER resources. There are also differences that suggest CAARS may complement and enhance the PER and vice versa.

In the future there may be opportunities to embed both resources into the daily practice of practitioners working with families. As part of the development processes for the PER and CAARS projects, service providers have been consulted regularly to identify system requirements, including referral pathways, time demands on service delivery and ongoing professional development needs and support for practitioners.