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How to Embed Learning Systems in Social Services:

A Case Study of South Australia's Child and Family Support System

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Acknowledgement of Country

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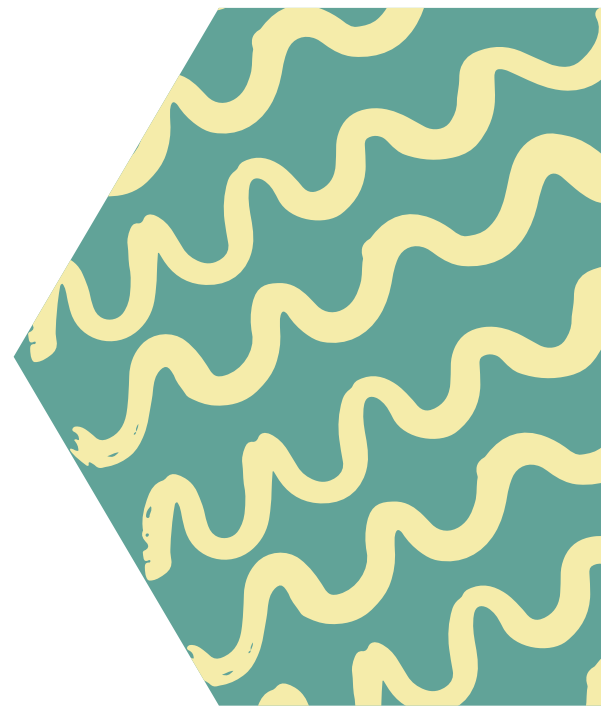
Executive Summary

Australia's social service systems are in need of a better approach to learning. Current evaluation and performance management approaches tend to burden service providers and get in the way of the holistic and human-centred support that people need. A shift to shared, continuous learning ensures constant quality improvement and that government money is being spent on making a real difference in people's lives. There is broad agreement that this is a priority and there are many examples of good practice at the local level. However, there is less clarity around how to promote ongoing, system-wide learning at larger scales. South Australia's Child and Family Support System (CFSS) provides a case study for such a learning approach.

The CFSS was created in 2019 and involves social workers and other practitioners supporting families to address the underlying causes of child maltreatment before the child's safety is compromised to the point that families need to be separated. It does so through various service models based on client needs, taking into account factors like the age of the child, age of the parents, or indigeneity. Learnings in the CFSS are generated, shared, and embedded via various mechanisms, including comprehensive data collection and linkage, epidemiological analysis, the Lived Experience Network (LEN), sector support and practice guidance, communities of practice (CoPs), and relational contracting. These learning mechanisms are enabled by strong leadership, collaborative and learning-centred organisational cultures, an effective reform roadmap, a combination of government and non-government service provision, and a shared commitment from the workforce. Together, this learning approach has resulted in a continuously improving service system that is driving tangible improvements in the safety and wellbeing outcomes for South Australian children and their families.

The Centre for Policy Development and The Front Project have has identified six key lessons from this case study that all Australian governments should implement across their social service systems:

1. **Actively steward learning in the system by implementing data collection and analysis methods that examine the factors determining service quality and user outcomes.** Invest in appropriate data collection and storage technologies and tools from the outset. Clearly identify what you want to measure, measure it accurately, and then begin analysing and understanding that evidence.

2. **Employ contract management approaches that strengthen the government's relationships with non-government providers and centre shared, continuous learning.** This can be achieved through co-created performance indicators, ongoing and informal communication, contracts based on mutually-agreed principles, and long-term funding timelines.

3. **Foster organisational cultures that value learning, data and evidence literacy, transparency, and diverse voices.** This can be done through strong leadership, ongoing collaboration between system partners, and various human resource approaches.

4. **Synthesise structured data, lived experience, practitioner wisdom, and First Nations knowledge to generate learnings. Embed these learnings into system design and service delivery through mechanisms that directly shape practice,** such as communities of practice, co-designed performance indicators, relational contracting approaches, or lived experience advisors.

5. **Follow appropriate protocols to engage system advisors with lived experience expertise who represent the service users, children, and families who access support.** This includes valuing their lived experience expertise, providing support, giving them agency over how they are supported, and ensuring these system advisors have genuine decision-making powers.

6. **Provide dedicated and ongoing government investment into the structures that support learning.** Examples of these structures include research staff, appropriate IT systems, support structures for lived experience advisors, and learning events for practitioners.

Introduction

Australia's social service systems are in need of a better approach to shared, continuous learning. Learning and knowledge sharing is a key driver for improving social service design and delivery[1] and something that practitioners have repeatedly called for.[2] Such a learning approach would improve the quality of services, enable systems to adapt to their contexts, and ensure public money is genuinely improving the lives of Australians. The Australian government has acknowledged this need for reform by creating the Australian Centre for Evaluation and investing in data-sharing and evidence-based policy-making.

Despite progress in the right direction, we are a long way from service systems that truly value shared, continuous learning. Currently, data collection, research, and evaluation in the social services tend to be one-off, overly focused on accountability to funders, and disempowering.[3,4] Research suggests that better quality and more transparent data collection and data linkage is needed[5,6,7] and that these systems should better include the voices of service users and frontline workers in learning and evaluation processes.[8,9]

There is broad agreement across the sector that shared, continuous learning is the way forward, and there are many pockets of local success.[10] However, there is less consensus on how to embed the approach at the scale of an entire system. To address this knowledge gap, this paper shares key innovations from South Australia's Child and Family Support System (CFSS) (see Appendix A for this case study's research methods). The CFSS aims to reduce statutory child protection interventions by providing holistic, early intervention support services for children and families at risk. Its learning approach involves generating learnings through structured data, lived experience, practitioner wisdom, and Aboriginal knowledge. It then shares and embeds these learnings through various system-wide mechanisms and contracting relationships. This approach enables reciprocal learning between South Australia's Department of Human Services (DHS), non-government service providers, the children and families using these services, and other government departments. It is essential for ensuring the system supports South Australian children and families to thrive.

1 Eberly, C. and Martin, R. (2024). Putting People First: Transforming social services in partnership with people and communities. Centre for Policy Development. https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf.

2 Strengthening Communities Alliance (2023). Strengthening Communities Position Paper. https://assets.bsl.org.au/assets/Strengthening-Communities-Position-Paper.pdf.

3 Eberly, C. and Martin, R. (2024). Putting People First: Transforming social services in partnership with people and communities. Centre for Policy Development. https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf.

4 PLACE Australia (2025). PRIDE IN PLACE: 2025 Community Roadshow and Listening Tour Report. https://www.placeaustralia.org/wp-content/uploads/2025/11/PlaceReport2025_FullReportFINAL.pdf

5 House of Representatives Select Committee on Intergenerational Welfare Dependence (2019). Living on the Edge: Inquiry into Intergenerational Welfare Dependence. Canberra: Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024242/toc_pdf/LivingontheEdge.pdf;fileType=application%2Fpdf.

6 Royal Commission into Early Childhood Education and Care (2023). Report. Government of South Australia. https://www.royalcommissionecec.sa.gov.au/__data/assets/pdf_file/0009/937332/RCECEC-Final-Report.pdf.

7 Select Committee on Workforce Australia Employment Services (2023). Rebuilding Employment Services: Final report on Workforce Australia Employment Services. Canberra: Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024242/toc_pdf/LivingontheEdge.pdf

8 Dart, J. (2018). Place-based Evaluation Framework: A guide for evaluation of place-based approaches in Australia. Commonwealth of Australia and Queensland Government. https://www.dss.gov.au/sites/default/files/documents/06_2019/place-based-evaluation-framework-finalaccessible-version.pdf.

9 Eberly, C. and Martin, R. (2024). Putting People First: Transforming social services in partnership with people and communities. Centre for Policy Development. https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf.

10 Examples include Our Town in South Australia, Mid Coast 4 Kids in New South Wales, or Flemington Works in Victoria.

South Australia's Child and Family Support System

The reform journey

The CFSS aims to provide targeted, specialised support to children and families who are at risk of deepening involvement with statutory child protection systems. These services are situated between universal and other targeted services (such as education and health) and the statutory child protection system in terms of the level of risk and complexity experienced by service users. Broadly speaking, the goal of family services is to address the underlying causes of child maltreatment before the child's safety is compromised such that the family needs to be separated.[11] Similar Australian programs include the Commonwealth's Children and Family Intensive Support program for Aboriginal and Torres Strait Islander families in the Northern Territory and New South Wales' Targeted Earlier Intervention services.

South Australia undertook a Royal Commission into Child Protection Systems that concluded in 2016.[12] The inquiry found that cohesive system change was required to truly make progress on addressing child abuse and neglect. Many of the recommendations from this royal commission were implemented during the creation of the CFSS, such as a focus on early intervention and an embedded research division.

In 2019, DHS began a co-design process that engaged with the sector and people with lived experience.[13] This resulted in seven shared directions (see Appendix B) that were consolidated into four priority reform areas as part of the Roadmap for Reform. These are:

1. Pathways - The ASK website, CFSS Pathways Service, Child and Family Safety Networks (CFSNs), and a smarter referral system.
2. Service integrity - An Aboriginal cultural practice framework, culturally and trauma responsive workforce training, a common elements approach, communities of practice (CoPs), a trauma responsive system framework.
3. Service Reinvestment - A partnership approach to recommissioning, new service models, research into evidence-based service improvements, ACCO capability building, and a post-doctoral fellowship program.
4. Building evidence - A new set of outcomes, frameworks, and tools; inclusion of the voices of lived experience and the workforce; enhanced data capture, data linkage, and information sharing; and better approaches to evaluation.[14]

Through these reforms, the CFSS has developed into a system that enables constant quality improvement and improving outcomes for South Australian children and families.

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11 Fernandez, E. (2007). 'Supporting children and responding to their families: Capturing the evidence on family support'. Children and Youth Services Review 29, 1368-1394. http://dx.doi.org/10.1016/j.childyouth.2007.05.012.

12 Child Protection Systems Royal Commission (2016). The life they deserve: Child Protection Systems Royal Commission Report, Volume 1: Summary and Report. Government of South Australia. https://www.childprotection.sa.gov.au/research-and-publications/publications/child-protection-systems-royal-commission/child-protection-systems-royal-commission-report.pdf.

13 DS Consultancy and Think Human (2020). Co-designing the Child and Family Support System: Final qualitative report. South Australian Department of Human Services. https://dhs.sa.gov.au/__data/assets/pdf_file/0010/89353/Co-designing-new-CFSS-Final-Qualitative-Report-2020.pdf.

14 In addition to the sector-wide frameworks highlighted here, the Government-delivered service arm of the CFSS (Safer Family Services) have developed a range of practice frameworks and service-integrity products that have been shared with all sector partners.

What does the Child and Family Support System look like?

The CFSS is a hybrid system. It consists of government and non-government partners delivering a unified service model of intensive family support services and family support services. The government provider, called Safer Family Services (SFS), accounts for approximately 50% of the total service system, while the other 50% is comprised of non-government organisations (NGOs) and Aboriginal community-controlled organisations (ACCOs). Decision-making is shared across the system through the learning mechanisms discussed in this paper. DHS staff, NGO and ACCO providers, and people with lived experience all have the power to influence system design. Decision-making, service delivery, data collection and analysis, and other aspects of the system are designed to leverage the strengths of the families being supported, respond to trauma, promote cultural safety, and centre the safety and wellbeing of the child at all times. There are many services and supports within the CFSS that are designed to respond to the different needs of children and families. This includes increasing levels of service intensity for families who need it most. Support categories include:

- Specialist and Family Support Programs that provide early help and support to families experiencing vulnerability, where there are low to medium level child safety concerns.
- High Intensity Services that provide intensive case management and therapeutic intervention where there are high to very high-level child safety concerns.

Child & Family Support System Overview

Source: https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/about-cfss/cfss-system-overview
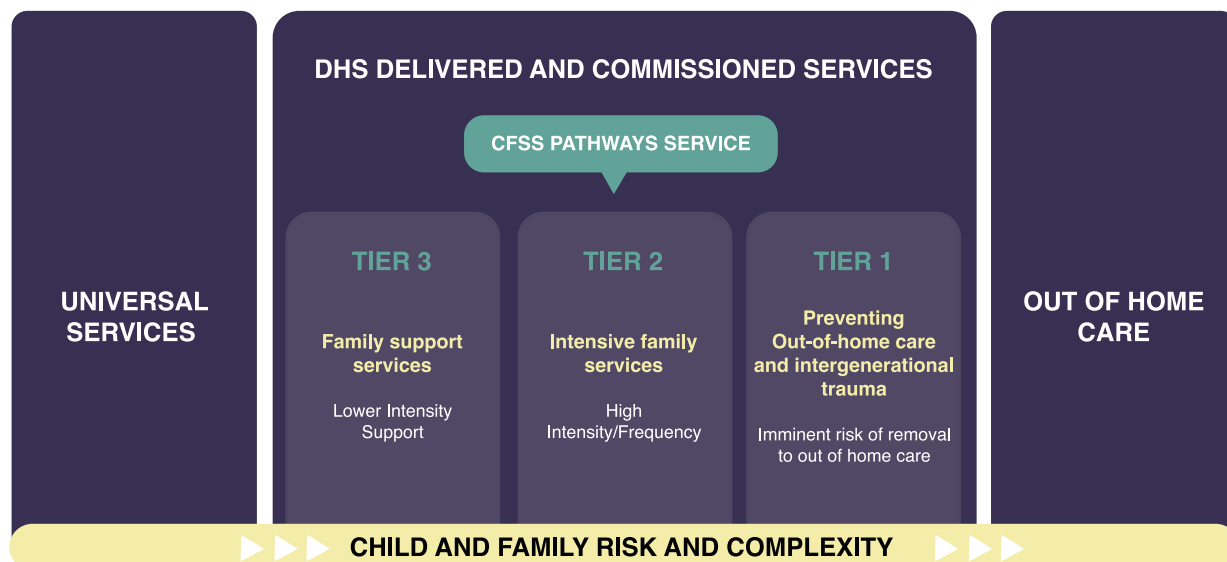
The CFSS Pathways Service manages referrals from universal or child protection services and matches families with an appropriate service response. This process includes creating a family complexity profile and capturing outcomes data, which are essential for learning. Examples of the data collected include history of family violence, substance use issues, parent/caregiver motivation, and financial stability. Metro and regional Child and Family Safety Networks (CFSNs), which bring together various agencies in a given area, are also used to share information, coordinate support, and refer cases into the most appropriate system.

There are a range of supports with which families might engage depending on their strengths and needs. Some examples include:

- SFS' Families Growing Together workshops that empower families with appropriate knowledge and skills.
- Ongoing case management delivered by SFS, ACCOs, and NGOs as part of Intensive Family Services.
- KWY's Taikurtirna Tirra-apinthi, which provides culturally and trauma responsive case management for Aboriginal and/or Torres Strait Islander families with a child at imminent risk of removal into out-of-home care.
- Centacare's Breathing Space, which supports young women whose child has been removed from their care with therapeutic case management and specialist trauma therapy.

Key components for learning

To ensure that the CFSS creates the conditions for all South Australian children to be safe and develop well, DHS and its partners designed the system to centre learning from the very beginning. This included investing early in the infrastructure and organisational cultures that would enable the collection, shared analysis, and distribution of various kinds of data.

There are four key components that support shared, continuous learning in the CFSS. These are:
• Data collection and analysis
• Relational contracting
• The voice of lived experience via the Lived Experience Network
• Sector support and practice guidance, including the Communities of Practice

Data collection and analysis

Data collection in the CFSS is handled by the Pathways Service and the case workers that engage clients. These data are collected on intake, throughout case management, and during case closure, then linked with information from the child protection, education, health, housing, and justice systems. Epidemiologists within DHS collaborate with external experts in social epidemiology, human service systems, and child maltreatment to analyse the dataset. This helps them understand what is and is not working across the system and how system design or service models might be adjusted in response.

Data collection is designed to support epidemiological analysis (i.e., examining population-level patterns and why those patterns occur). This means collecting data that describes the population of families requiring services, monitors patterns of service need over time, and captures various outcomes at different points throughout a family's contact with the CFSS. Also important is collecting a baseline measure of family complexity for all families referred into the system. This enables DHS to compare intermediate outcomes (e.g., rates of out-of-home care 24 months after referral) for families who did and did not receive a service to measure the effectiveness of the CFSS. It also means they

can test whether these differences in outcomes are genuinely associated with service access by controlling for other factors like the family's risk profile.

Relational contracting

DHS takes a relational approach to contract management, which involves two or more parties working together to agree on shared goals, guiding principles, and a process for ongoing communication and information sharing.[15,16] Central to relational contracting within the CFSS is the belief that strong and trusting relationships are an enabler to service improvement and system reform. Working in genuine partnership requires that all parties have a shared understanding of contract outcomes, and that there is a shared commitment to working in an adaptable and solutions-focused way to continuously improve the quality of services over time.

In relational contracting, legally-binding elements are usually still present and can support the relational elements of the agreement in various ways.[17] Resultantly, the focus on relationships within the CFSS does not negate the accountability requirements associated with the expenditure of public funds. Rather, the model aims to balance transactional and relational contracting methods to enable both public accountability and shared learning.

As DHS explained to the author, accountability mechanisms are maintained through a mix of semi-structured performance review meetings and more responsive informal contract meetings. Where possible, compliance monitoring is automated to reduce administrative burden on providers and to allocate more time to service delivery and service improvement efforts. Standard compliance-based elements such as financial and data reporting, key performance indicators (KPIs), and incident reporting are monitored within a performance and risk management framework. However, contractual matters are discussed early and transparently to maintain trust between the department and non-government service providers. Through a process of recommissioning and consultation, future contracts aim to further embed principles of shared, continuous learning.

15 Considine, M., Bonyhady, B., Olney, S. and Deane, K. (2024). Formal Relational Contracts and the Commissioning of Complex Public Services: Position Paper. Melbourne: University of Melbourne. https://arts.unimelb.edu.au/school-of-social-and-political-sciences/our-research/australian-welfare-and-work-lab/research-projects/relational-contracts.

16 Select Committee on Workforce Australia Employment Services (2023). Rebuilding Employment Services: Final report on Workforce Australia Employment Services. Canberra: Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/RB000017/toc_pdf/RebuildingEmploymentServices.pdf.

17 Young, S., Nguyen, P. and Manuela, S.M. (2021). 'Dynamic interplay between contractual and relational governance: An empirical study in Australian healthcare outsourcing'. Australian Journal of Public Administration 80: 261-282. https://doi.org/10.1111/1467-8500.12427.
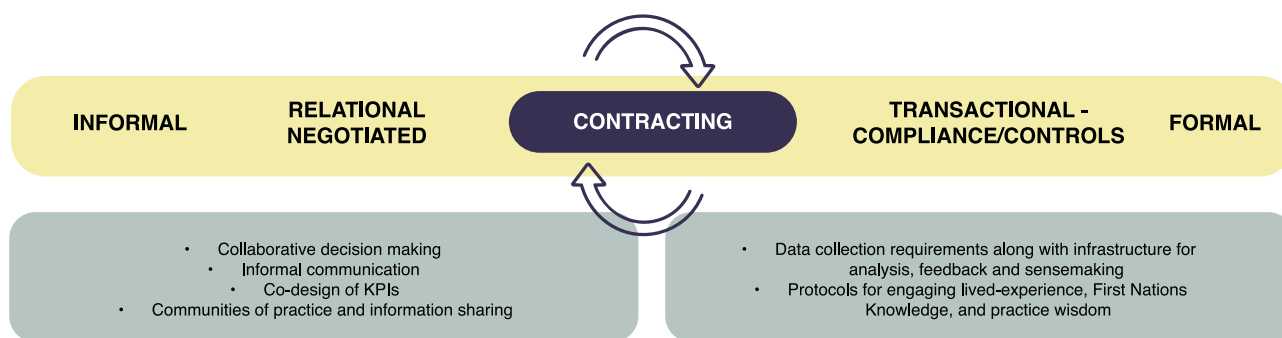
Figure 2: Relational contracting

The voice of lived experience via the Lived Experience Network

People with lived experience play an active role in shaping the CFSS via the Lived Experience Network (LEN). LEN was established in 2020 and consists of up to 15 system advisors who have experienced child safety and wellbeing issues and are at a place in their healing journey where it feels empowering to positively influence the CFSS. LEN members use their unique viewpoint to advise those who are influencing the CFSS from a big picture perspective, such as policy makers, clinical educators, and researchers. Some of the LEN system advisors have experienced system failures and others have had positive experiences with support services, offering the CFSS advice on what works well for families and what does not.

System advisors serve for 24 months before becoming LEN alumni that are still connected to the network. There is an emphasis on the representation of diverse groups, particularly First Nations peoples, young parents, and people with experience of a disability.[18] System advisors cannot be practitioners within the system, as those people already have a voice via their practitioner role. LEN meets fortnightly and system advisors are reimbursed for their time and provided a travel allowance. A creche is also provided free of charge.

LEN is supported by a full time DHS staff member, who the system advisors noted is crucial to the network's effectiveness. This coordinator's duties include organising meetings, liaising between system advisors and the people they are advising, supporting LEN members to communicate their experiences and expertise, managing recruitment into the network, and other essential tasks.

The LEN stakeholders described what they do as lived experience expertise. This is because rather than simply telling their stories, LEN members translate their lived experience into practical advice for partners across the system. This advice takes many forms, including input into DHS documents, presentations, or regular meetings (see Appendix C for more detail).

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18 See LEN's terms of reference which set out guidelines for recruiting advisors. LEN will often recruit from other programs that use lived experience volunteers, such as Family by Family.

Sector support and practice guidance, including the Communities of Practice

DHS supports the CFSS sector with opportunities to share practice wisdom and learn from experts and peers. A strong example of this is the communities of Practice (CoPs), which were developed to bring together leaders and practitioners from ACCOs, government, and NGOs who all work together to keep children and young people safe; well; and connected to family, community, and culture.

CoPs are groups of people with a common concern that share knowledge and capabilities through peer-to-peer collaboration. They are particularly effective at promoting interagency learning and working through complex problems.[19] In the CFSS, CoPs take various forms, from smaller meetings for executives to statewide practitioner forums. The CoPs began during the COVID-19 lockdowns as online workshops and learning sessions. Since moving to in-person sessions, attendance has grown to over 300 participants for the statewide forums, which are largely attended by CFSS case workers, but also practitioners from other service systems like education, health, and housing.

Each CoP event focuses on a different topic, like centring child voice in practice or engaging with dads and men who use violence. They include presentations from LEN, the data team, and external experts. Each CoP aims to enable open discussion where practitioners can freely talk through issues and share their practice wisdom, tools, and learnings. This creates a safe space for practitioners to share their experiences and feedback, ensuring their voice is heard and informs system change

Presentations by LEN system advisors are critical to the CoPs. They bring the heart of the families to the practitioners and leaders in the CFSS, inspiring their audience and providing hope that families can move through challenges and grow and thrive. Audience feedback has been consistently and overwhelmingly positive. One system expert noted that LEN's involvement in the CoPs breaks down barriers, reduces bias and stigma, and promotes healing for those LEN members who are present. LEN members are a "face to the voice of families", and this provides an opportunity for workers to gain a deeper understanding of issues families face and what helps families engage with support.

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19 Snyder, W.M., Wenger, E. and Sousa Briggs, X. (2003). 'Communities of practice in government: Leveraging knowledge for performance'. PUBLIC MANAGER, 32(4): 17-22. https://www.researchgate.net/publication/245706269_Communities_of_practice_in_government_Leveraging_knowledge_for_performance.

How the Child and Family Support System Implements Shared, Continuous Learning

In the CFSS, the research methods, contracting approach, LEN, and sector support work together to create an ongoing cycle of generating learnings, sharing these learnings across the system, and embedding them in system design and service delivery. This involves both peer-to-peer learning across the system and learnings generated by DHS then distributed broadly.

Generating learnings

To continuously improve structures and practices in a system, one first needs to understand what is working, what is not working, and why. The CFSS creates a strong foundation to generate these learnings through its comprehensive approach to data collection and linkage. For example, the data includes a broad range of socio-ecological risk factors that describe the environment around the child and level of complexity that may impact parenting capability. This data approach is longitudinal in nature, measuring various outcomes during, at completion, and after service provision. Outcomes are varied and often strengths-based in nature, attempting to move away from a deficit-focused description of families. This comprehensive population data approach enables a more nuanced understanding of family's needs and a longitudinal picture of the system that DHS can then use to understand system-wide insights.

To make full use of this dataset, DHS uses an epidemiological approach to data analysis. This analytical strategy was noted by both DHS and service providers as a key point of difference for the CFSS, and one that is enhancing learning. By taking a population-level approach, DHS has been able to better connect outcomes to service offerings and family capability and risk profiles, map the complexity of cases in the system, identify populations ideal for earlier intervention, discover system biases for Aboriginal families, and track family engagement with services. The service providers the author spoke to noted that the ability to understand unmet service need was a particularly important finding from this analytical approach.

DHS combines population-level data with the voice of lived experience, practitioner experience, and cultural knowledge and authority. This occurs as practitioners share learnings at CoPs, through LEN's system advisors, and ongoing conversations DHS has with providers via their contracting relationship. All stakeholders asserted that these mechanisms go beyond tokenism and provide direct input into system design and service delivery. These processes have also been designed to encourage government accountability to practitioners and service users, such as LEN attending quarterly meetings with DHS executives. The wisdom of practitioners, First Nations people, and those with lived experience also shape the epidemiological research process. For example, LEN informed the Family Snapshot Tool, which is used by practitioners when opening and closing cases. This included changing some of the language and prompting ways to capture the voice of the child and the stress of co-parenting when parents live separately. By combining population-level data, lived experience, practitioner experience, and cultural knowledge, the CFSS can generate learnings that are more strengths-based, practical, and reflect the genuine needs of the system.

Sharing and embedding learnings

Where the CFSS is particularly innovative is how learnings are shared and embedded in a way that tangibly impacts system design and service delivery. While several Australian governments have started to improve their ability to share learnings,[20] practitioners across service systems continue to call for a culture and mechanisms that better link learning and ongoing improvements to practice.[21]

A key method for sharing learnings in the CFSS is the communities of practice that share system-wide findings from DHS back to providers and allow practitioners to share learnings with each other and DHS. Stakeholders noted that these CoPs were initially closer to co-design workshops that worked through existing problems. However, as workshop members became more active in the system, the CoPs have progressed to sharing learnings and what those learnings mean for practice. DHS and

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20 For example, the Prime Minister and Cabinet (PM&C) and NSW Cabinet Office's (TCO's) Digital Map of Human Services aims to make linked data more usable by policy makers by presenting it in a practical and user-friendly way.
21 Strengthening Communities Alliance (2023). Strengthening Communities Position Paper. https://assets.bsl.org.au/assets/Strengthening-Communities-Position-Paper.pdf.

the service providers the author spoke to noted that these meetings help drive system change, create a shared understanding of issues, and build a sense of collective ownership over the future of the system.

Sharing system-wide findings is essential to improving practice. However, DHS also shares and embeds provider-specific learnings through its relational contracting approach. DHS staff asserted that traditional approaches to contract management tend to breed distrust and often do not improve performance. However, stakeholders told the author that relational contracting in the CFSS is beneficial to all involved. For DHS, it allows them to have tough conversations with providers about performance in a way that avoids blame and focuses on improving service quality. Often, this involves working through the underlying philosophies that guide practice, resulting in better agreement on shared norms. Service providers noted that relational contracting allows them to provide feedback to DHS and makes communication easier, as they can just have a phone call rather than needing a formal meeting. This means service providers can easily collaborate with DHS on any issue in a safe and transparent way. DHS noted that this flexibility was particularly critical during the reform period the CFSS has been in for the past few years.

A crucial part of this relational contracting approach is how KPIs are adjusted based on learning. As with most service contracts, all providers in the CFSS have KPIs set to certain targets that they are expected to meet. What is different in the CFSS is that DHS will adjust these KPIs and targets based on their research and provider feedback. DHS told the author that their initial set of KPIs were difficult to measure and sometimes too broad. In response, they adjusted them to be simple but still associated with better outcomes for families according to research and practitioner wisdom. For example, rather than raw caseload numbers, the latest round of KPIs calculates caseload based on the average number of families per full time equivalent and adds engagement rate as a KPI to reward providers for the depth of their support.[22] Importantly, DHS will work with each provider to set the target and timeframe for certain KPIs. One provider explained to DHS that their therapeutic and trauma-responsive case management approach achieves outcomes over inherently longer timeframes, and so DHS adjusted

the timeline for their KPIs to be appropriate for that service model. DHS told the author they are adjusting contracts in the next round of commissioning to ensure even further flexibility with KPIs.

The value of shared, continuous learning

While the CFSS has only been operating for a few years, there is evidence that the system's learning approach is already yielding improved outcomes for South Australia's children and families. An evaluation completed in partnership with the University of Adelaide's BetterStart has shown for the first time in South Australia that CFSS Intensive Family Services are achieving a 93.2% family preservation rate (i.e., children do not enter out of home care) over a 24-month follow-up period.[23] DHS has estimated that these services equate to a conservative government return on investment of $1.90 for every $1 government spends. This work represents the first time in Australia that a government has been able to evaluate and demonstrate whole-of-system effectiveness of family support services.

Another major finding with practice implications is an emerging evidence base around the importance of assertive engagement approaches. The system has demonstrated that engagement rates are associated not with the risk factors of families, but the engagement strategy used by the provider. Combining this data with practitioner experiences of effective engagement strategies (especially Aboriginal practitioners), the system's service engagement rate steadily increased from 69% in 2021/22 to 81% in 2024/25. This improvement has been observed for all providers. The lowest rate in 2021/22 was 42% and increased to 59% in 2024/25, while the highest rate in 2021/22 was 82% and increased to 95% in 2024/25.

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22 Engagement rate refers to the percentage of referrals that ultimately engage with services.
23 See this case study's supplementary paper.

There is also substantial qualitative evidence for the success of shared, continuous learning. The service providers the author spoke to described many benefits of the learning system, including understanding unmet service need, improved cooperation between system partners, KPIs that are adapted to the realities of service delivery, and a greater focus on safety and family empowerment. In addition, simply the fact that these mechanisms exist benefits those that engage with them. As one LEN system advisor notes:

> *LEN has provided me with the opportunity to reflect on those difficult times and sharing my experiences has helped me heal my inner child. I hope sharing my experiences inspires change so that it doesn't happen to the next generation. It helps me feel like my journey was worth it because now I am able to provide that insight.*

This evidence demonstrates that a holistic approach to generating learnings combined with a reciprocal and system-wide approach to sharing and embedding learnings creates tangible benefits for service quality, system sustainability, and the safety and wellbeing of South Australia's children.
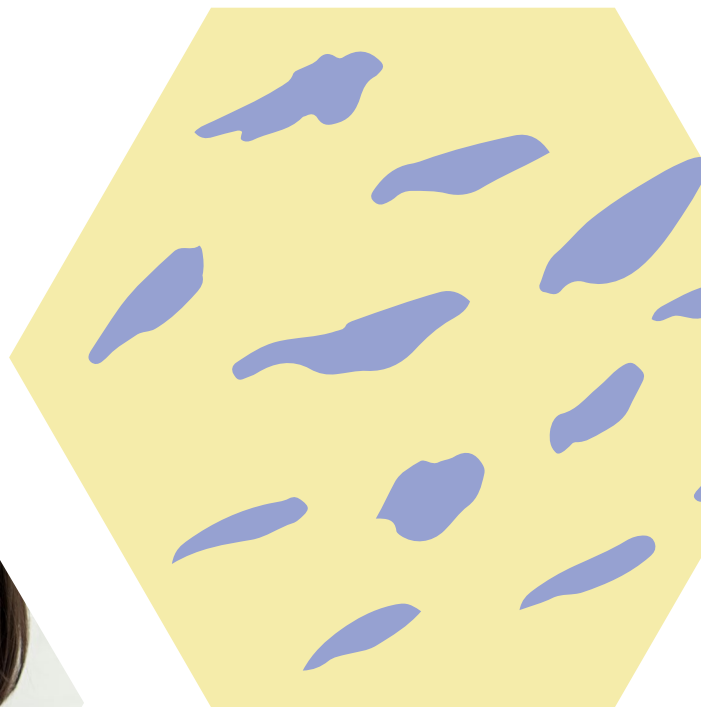
Conditions for Learning Within the Child and Family Support System

Enabling conditions

Many contextual factors enabled the reformed system the CFSS has today. Understanding those enabling conditions are essential for applying the learning approaches of the CFSS to other social service systems.

Learning in the CFSS is enabled by strong leaders who drive a culture that values learning, collaboration, transparency, and diverse voices. This was the first answer given by almost every stakeholder when asked what makes learning in the CFSS possible. This culture helps ensure that the system's learning mechanisms genuinely lead to changes in practice and are not relegated to "box-ticking exercises". DHS leaders described how it can be difficult to hear the evidence about areas where the system is not working, but that it is essential they acknowledge and accept these issues to actively address them. Other DHS stakeholders reinforced this and noted that the leadership drives an organisational culture that values learning, collaboration, transparency, and diverse voices. Service providers described transparency from DHS around mistakes they have made and the areas where they are still learning. This was paired with an openness to taking advice from and collaborating with practitioners. For example, ACCOs raised concerns about engagement strategies like cold calling, which can feel unsafe for First Nations clients. DHS took action by instituting the Aboriginal Connections Team within DHS to support initial engagement with families, and later strengthening engagement practices across the system such that the Aboriginal Connections Team is no longer required. This demonstrates how partnership between DHS and NGOs/ACCOS can both address areas of concern as they arise and drive long-term, systemic transformations to service delivery. Service providers and LEN stakeholders noted that because the leadership values the voice of practitioners and lived experience, they invest in and properly resource essential structures like LEN and the CoPs.

In addition to organisational leadership, several stakeholders noted that the political leadership and how they responded to crises were core to centring learning in the CFSS. As noted earlier, the CFSS began partly out of the 2016 South Australian Royal Commission into Child Protection Services. This report and the issues it spoke to created the impetus for reform. Rather than deny the issues, the political leadership provided a strong mandate for reform that has brought about the learning approach in the CFSS.

Another key enabler for learning in the CFSS was a clear reform roadmap. As noted earlier, reform began with a co-design process that set seven shared directions for the system. From there, DHS set out four priority areas that guided the future of the system and created a shared vision. Some stakeholders noted that this roadmap keeps leadership accountable and ensures commitment to the features that make the CFSS successful, such as the integration of lived experience. Also important to success is what several stakeholders described as a consolidation phase that the system is now moving into, where they are ensuring what they have learnt since 2019 is embedded across the system.

A crucial enabler for learning in the CFSS is the combination of government and non-government service providers. In general, government service provision improves the government's understanding of service delivery which can then inform system design, commissioning, and contract management.[24] The CFSS demonstrates the role of combining government and non-government service provision in several ways. Firstly, the author heard examples of the government provider SFS being able to experiment with new service approaches which have been influential in shaping practice across the whole system. Several stakeholders also noted that, because NGOs typically work across multiple systems, they end up sharing learnings from other disciplines with the CFSS through the CoPs or contracting

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24 Farrow, K., Hurley, S. and Sturrock, R. (2015). GRAND ALIBIS: HOW DECLINING PUBLIC SECTOR CAPABILITY AFFECTS SERVICES FOR THE DISADVANTAGED. Centre for Policy Development. https://cpd.org.au/wp-content/uploads/2015/12/Grand-Alibis-Final.pdf.

conversations.[25] Another benefit of a government provider specialising in a specific system is that SFS has dedicated ample resources to building practice guides, training material, frameworks, and other tools that can be shared system-wide.

Several stakeholders considered the system's research capabilities and resources as essential to continuous learning. When the author asked one of the service providers what has enabled learning in the CFSS, they simply answered "hiring an epidemiologist". The CFSS' data collection and analysis approach has contributed to a better understanding of good practice, service needs, and optimised performance indicators. This is only possible because of the research capabilities at DHS and the commitment to data collection from case workers and the Pathways Service. This includes qualified epidemiologists who work with LEN and practitioners to develop data capture tools suitable for scientific evaluation, relevant to case workers delivering services, and safe for the families with whom the data is collected. It also involves building and maintaining digital data infrastructure that can support this approach.

Essential for maintaining learning mechanisms and motivating ongoing reform is the hope inspired in the sector and their perception they are collectively improving the system and outcomes for children and families. Stakeholders noted that a sense of collective responsibility is created by the CoPs as everyone comes together to address shared issues. The author also heard how hope is created when practitioners see DHS's research and hear from LEN, which often validates their practitioner wisdom and motivates them to participate in the reform journey. For example, one stakeholder described how practitioners are more likely to accurately input the data essential to the epidemiological analysis when they see how much of a difference it makes to improving practice.

Barriers, risks, and limitations

Most of the stakeholders the author spoke to acknowledged that, while there is much that is successful with the South Australian CFSS, there are also some barriers, risks, and limitations. Various partners in the CFSS are already working through many of these issues. In line with the CFSS's culture of shared, continuous learning, the purpose of this section is to assist others implementing the good practice documented in this case study.

One barrier that was overcome during the CFSS reforms was the costs of improving data infrastructure. As noted earlier, the system's research capabilities are a key enabler for learning. However, developing the IT systems and tools needed for epidemiological data collection and analysis is a considerable investment. The resources required for this overhaul and the time taken to reach data maturity are often not well understood by system designers, and future reformers should take this challenge into account. This is especially the case in the CFSS and similar systems due to the highly sensitive nature of the data, resulting in higher costs around information security. This also raises questions around data sovereignty for Aboriginal families, an issue one stakeholder noted there could be more discussion around in the CFSS.

An important consideration for the CFSS is that, in a relational system, the people who are hired and the nature of their relationships with each other are especially important. For example, service providers noted that it takes time to build trust and mutual understanding with each contract manager, and this makes staff turnover particularly disruptive as it restarts that entire process.[26] This suggests that high quality recruitment and retention should be an explicit goal of any service system aiming to implement the learning approaches described in this case study.

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25 Non-government providers are also important for reaching service users who have an inherent distrust of government. This is especially true for Aboriginal and Torres Strait Islander clients. Additionally, non-government providers who operate multiple contracts have often built trust with existing clients that can carry over into the CFSS.
26 See also Bates, S., Wright, M. and Harris-Roxas, B. (2022). 'Strengths and risks of the Primary Health Network commissioning model'. Australian Health Review 46(5): 586-594. https://doi.org/10.1071/AH21356.

The CFSS could employ longer contracts and do more to minimise competition. While the CFSS has gone a long way to make contracting more relational, the providers the author spoke to noted that the short contract lengths result in disruption during recommissioning and job insecurity for the workforce. This is a common finding of government and non-government research in social services. [27, 28, 29, 30] Similarly, some stakeholders argued that there are elements of competition in the funding environment that can hinder learning. The learning systems in the CFSS would work well with long-term contracting as it would give providers the security to invest in service improvements that will take time to emerge and allow them to reinvest resources currently used for the recommissioning process towards quality improvement. This being said, some stakeholders suggested it is necessary to begin with short-term contracts while the system is in reform to ensure the flexibility that reform inevitably requires.

Several stakeholders, including LEN members themselves, noted that the LEN membership could be even more inclusive. In particular, it could better include people from regional and remote communities, particularly Aboriginal people; men; people who experienced the system as a child; and those who struggle to access the system. Originally, recruitment criteria for the network focused on people with direct lived experience of CFSS services. However, this ended up excluding people who should have been engaged by the CFSS but were not because it was inaccessible to them; people with important lived experience. This criterion has since been amended, but more needs to be done to continue improving the diversity of the network. One LEN member suggested that a second lived experience network specifically for regional and remote communities might address some of these gaps. While more could be done, many stakeholders acknowledged that recruiting for LEN is an inherently challenging task.

27 Strengthening Communities Alliance (2023). Strengthening Communities Position Paper. https://assets.bsl.org.au/assets/Strengthening-Communities-Position-Paper.pdf.

28 Eberly, C. and Martin, R. (2024). Putting People First: Transforming social services in partnership with people and communities. Centre for Policy Development. https://cpd.org.au/wp-content/uploads/2024/11/Putting-People-First-FINAL-Web.pdf.

29 House of Representatives Select Committee on Intergenerational Welfare Dependence (2019). Living on the Edge: Inquiry into Intergenerational Welfare Dependence. Canberra: Commonwealth of Australia. https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024242/toc_pdf/LivingontheEdge.pdf

30 Australian Social Inclusion Board (2011). Governance Models for Location Based Initiatives. Canberra: Department of the Prime Minister and Cabinet. https://library.bsl.org.au/jspui/bitstream/1/2333/1/Governancemodelsforlocations.pdf.

Six key lessons for implementing continuous, shared learning

This case study outlines how the CFSS generates learnings, shares them across the system, and embeds them into system design and service delivery. In particular, it does so in a way that values the knowledge of children and families, practitioners, and First Nations groups. There are key lessons from this case study that can be applied to other Australian social service systems in a number of areas. Implementing these key lessons will need to vary according to the context of each system. Nevertheless, the successes and limitations of the CFSS provide clear, practical guidance.

Responsibility for managing Australia's social services is divided between the Australian Government (e.g., employment services, veteran affairs, early childhood education and care) and the states and territories (e.g., child protection, homelessness services, youth services).[31] All of these systems are ripe for reform towards shared, continuous learning. All are ideal contexts for implementing approaches from the South Australian CFSS.

We recommend that ministers and senior public servants in all Australian governments implement the following six key lessons across the social service systems they manage in contextually appropriate ways:

1. **Actively steward learning in the system by implementing data collection and analysis methods that examine the factors determining service quality and user outcomes. Invest in appropriate data collection and storage technologies and tools from the outset. Clearly identify what you want to measure, measure it accurately, and then begin analysing and understanding that evidence.** In the CFSS, DHS actively generates learnings through comprehensive data collection and a dedicated research team. SFS, being the government service provider, allows DHS to directly access a large portion of the workforce and create system-wide practitioner resources. This government stewardship and the investment needed to realise it existed from the beginning of the system, and creates a strong base with which the ACCOs and non-government providers can partner to ensure ongoing influence over system design and service delivery models.

2. **Employ contract management approaches that strengthen the government's relationships with non-government providers and centre shared, continuous learning.** Learning will not flourish in a system where the relationships between system partners are based on control, competition, distrust, and fear. From the beginning of the CFSS reforms, DHS began a co-design process with communities and worked with the sector to plan out a roadmap that set direction and created accountability for systems change. Throughout the implementation of these reforms, DHS sought to actively work with providers and has created flexible and trust-based contracting relationships that enable such collaboration. This includes jointly iterating on performance indicators, having conversations that focus on improving service quality, and anchoring the relationship on mutually-agreed principles and trust. This contracting approach can be taken further by extending the length of contracts to ensure the collaboration and trust between contract managers and providers has the time and stability needed to fully develop.

3. **Foster organisational cultures that value learning, data and evidence literacy, transparency, and diverse voices through strong leadership, partnership and staffing structures.** Hiring and retaining organisational leaders that embody this culture is essential, as they set the standards and direction for the organisation. Organisations might also amend position descriptions to ensure they are hiring staff that embody values essential for ongoing learning. The various partnerships between the department, external researchers, and non-government providers also fosters this culture as staff gradually internalise collaborative ways of working. Such a culture can inspire hope and demonstrate to the workforce that they are valued, reducing staff turnover, which is particularly disruptive when the system depends on person-to-person relationships. Beyond leadership, recruitment, and retention, there are a range of strategies for fostering a learning culture among existing staff, including treating subordinates like equals, connecting staff to the positive impacts of their actions, removing unnecessary red tape, and promoting a collective identity.[32]

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31 In reality, the social service responsibilities of the federal, state, and territory governments are complex, with many systems involving engagement from both levels of government. In addition, local governments often provide services managed by the states, territories, and Commonwealth.

32 Honig, D. (2024). Mission Driven Bureaucrats: Empowering People To Help Government Do Better. New York: Oxford University Press.

4. **Synthesise structured data, lived experience, practitioner wisdom, and First Nations knowledge to generate learnings. Embed these learnings into system design and service delivery through mechanisms that directly shape practice.** Service systems should use a range of mechanisms in combination to generate, share, and embed learnings. In the case of the CFSS, these include the statewide communities of practice, a lived experience network that directly shapes system design, epidemiological data collection and analysis, and relational contracting that centres learning over punishment. These mechanisms are not tokenistic but tangibly shape practice and system design by empowering practitioners and people with lived experience. Such learning structures should be reciprocal so that all system partners influence each other, ensuring that learning is genuinely an ongoing, shared experience.

5. **Follow appropriate protocols to engage system advisors with lived experience expertise who represent the service users, children, and families who access support.** This is essential to ensuring that a system's lived experience experts are valued, safe, and able to genuinely shape the system they advise. It is important that system advisors are described as utilising lived experience expertise, to acknowledge that they offer a unique skill and that not all individuals with lived experience can take on the role. Recruiting from existing peer support programs can be a useful way to find these lived experience experts. System advisors should be able to decide how they are reimbursed and supported to engage with the network. LEN's terms of reference can offer practical guidance for others implementing a similar model, as can the Lived Experience Leadership and Advocacy Network's toolkit for authentically embedding lived experience into governance.

6. **Provide dedicated and ongoing government investment into the structures that support learning.** The lived experience network is able to advise the CFSS because there is a full-time coordinator, DHS provides a creche for system advisors, and advisors are reimbursed for their time and transport costs. The communities of practice are offered as free, in-person events, fully funded by DHS, ensuring CFSS practitioners are well supported in ongoing learning and development and their critical work with children and families. CFSS' structured data collection and epidemiological analysis approach required a substantial investment to overhaul the digital data infrastructure and ongoing funding to maintain these systems. Ongoing investment into learning mechanisms is essential to promote meaningful, ongoing quality improvement. As such, government departments should substantially invest in these learning structures during reform and dedicate an appropriate portion of their budgets to these mechanisms every year.

The need for continuous, shared learning

South Australia's Child and Family Support System demonstrates that enabling children and families to thrive requires building systems around shared, continuous learning. In particular, it helps ensure that all decision-making in the system centres the children accessing these supports. It also demonstrates that genuinely embedding long-term, collaborative learning is possible at the scale of a statewide system. Perhaps most importantly, the CFSS provides a model and practical guidance for other service systems to follow. The approaches documented here would need to be adapted to suit the varying contexts of different systems and jurisdictions. Nevertheless, if we want to create a country where all Australians thrive, ministers and senior public servants across the country should take heed of the six lessons outlined in this case study.

Appendix A: Research methods

The author conducted interviews with:

- Multiple staff members from all three directorates within South Australia's Department of Human Services (DHS)
- Two non-government service providers, one of which is an Aboriginal Community-Controlled Organisation
- Two system advisors from the CFSS' Lived Experience Network

All interviewees provided feedback on the paper through two rounds of review. DHS also provided internal data and government documents. The author noted learning mechanisms, enabling factors, and barriers that were frequently repeated or considered important across these data sources. The author then connected these findings to the broader literature on learning in social service systems where relevant.

Appendix B: Co-Design Seven Shared Directions

1. Designing the system with Aboriginal families and communities
2. Embedding trauma-responsive practice to build a healing system
3. Establishing mechanisms for early help and support
4. Ensuring equitable access to help for regional and rural families
5. Supporting and strengthening our workforce
6. Monitoring and evaluation
7. Commissioning for outcomes[33]

Appendix C: Achievements of the Lived Experience Network

- Helping to develop practice guides, the Trauma Responsive System Framework, and the Adults Supporting Kids (ASK) website
- Advising DHS executives at quarterly meetings and keeping DHS leadership accountable for the implementation of their previous advice
- Participating in and informing training videos for practitioners
- Refining data collection tools
- Presenting their lived experience expertise to practitioners at CoPs and inductions for new SFS staff
- Consultations with other government departments, such as the South Australian Royal Commisson into Domestic, Family and Sexual Violence

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33 DS Consultancy and Thunk Human (2019). Co-Design Findings and Next Steps: Child and Family Support System. South Australian Department of Human Services. https://dhs.sa.gov.au/__data/assets/pdf_file/0006/84849/co-design-report-final-2019.pdf.