

**Submission
No 33**

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT
CHECKS**

Organisation: Barnardos Australia

Date Received: 29 February 2024

Improving access to early childhood health and development checks



To:	NSW Legislative Assembly Committee on Community Services
Email:	communityservices@parliament.nsw.gov.au
From:	Barnardos Australia
Contact:	Dr Robert Urquhart - Head of Knowledge, Outcomes and Research
Subject	Inquiry into improving access to early childhood health and development checks
Date submitted:	Thursday, 29 February 2024

Barnardos Australia (Barnardos) is a well-recognised and prominent not for profit children's social care organisation and registered charity, providing direct care and support to over 11,000 children and their families through our integrated Children's Family Centres (CFCs) each year. Barnardos CFC services are geographically located in, and targeted to reach, specific areas of poverty and socio-economic disadvantage. Barnardos also provides foster care for over 1,200 children, the majority of whom are referred to us by statutory child protection departments with poverty a directly contributing factor to childhood neglect. Barnardos delivers services in many areas with significant Aboriginal populations, including the Central Western and South Coast regions of NSW, and Inner and Outer Western Sydney. Barnardos has worked with children, young people and families to break the cycle of disadvantage and create safe, nurturing and stable homes, for almost one hundred years.

Our knowledge of early childhood health and development

Barnardos welcomes the opportunity to provide feedback to the Committee's inquiry into improving access to early childhood health and development checks. We recognise how critically important effective early years health and education service responses are to enabling children to navigate and overcome childhood adversities as well as succeed later in life. With 100 years of experience in caring for young children, we believe in the power of learning. We believe an evidence-based curriculum delivered in a safe and secure environment, with family that is supported to care for and protect their children for the entirety of their childhood, will unlock children's full potential.

We provide early learning, school readiness and education support and care programs for children and their families in metropolitan Sydney, Western Sydney, and rural and regional areas (e.g., the South Coast, Queanbeyan and Western New South Wales). We recently launched the Barnardos Early Learning Centre Ultimo as a state-of-the-art, purpose-built centre based at Ultimo Public School, which enhances our children's services footprint from the existing Auburn Long Day Care. All these programs are delivered via our Barnardos Children's Family Centres as part of joined-up and integrated service responses to reduce service fragmentation and gaps currently experienced by impoverished families with young children. The National Quality Framework (NQF) and the Early Years Learning Framework for Australia (ELYF) guide all our educational and care programs.

Barnardos welcomes the Committee's emphasis that all children, regardless of who they are or where they live, have the right to achieve optimal health, development and wellbeing.

Barnardos aims to improve early identification of child and infant developmental needs in disadvantaged families, strengthen health and education responses to meet those needs and increase access for hard-to-reach populations, including:

- First Nations children and families
- Children living in families impacted by continuing poverty and socio-economic disadvantage
- Children in families in contact with the child protection system
- Children in regional and remote areas

- Children with language backgrounds other than English
- Children with disabilities
- Children with additional health and development needs
- Maltreated children who are at heightened risk of developmental vulnerabilities at school entry and associated challenges to educational success in the early primary school years
- Children with incarcerated parents.

Improving access to services to monitor children's health and development

1. Changes needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.

The role of integrated Children's Family Centres to address gaps in outcomes

Barnardos vision is 'to empower every child in Australia to reach their full potential'.¹ To ensure that all children reach their brightest future, developmentally vulnerable children should be supported to recover and thrive despite the adversity they have experienced.

To support early childhood development and wellbeing and ensure vulnerable children have the best start to school and learning, services need to be accessible, easy to navigate and above all trusted by families who are often alienated from the service system (see Attachment A).² Barnardos has seven integrated Children's Family Centres (CFC) servicing the Sydney region, Canberra, southern NSW, the Illawarra and Shoalhaven regions and the central west and western NSW. CFCs deliver integrated services that are child-centred and family-focused, and service users optimally need only tell their story once. They are visible and welcoming service delivery hubs for families who are socially isolated and suffering economic hardship and intergenerational trauma. Our early education teachers and educators provide families with seamless referrals to co-located parenting and family support services and other professionals, to augment and enhance family functioning and wellbeing, and strengthen parent's and other caregivers' capacity to care and protect.

In our experience, place-based services that provide a one-stop shop serviced by key workers targeted to reach the most developmentally vulnerable children, such as our evidence-based CFC services, are the best way to achieve this vision. In addition, fostering genuinely collaborative and Aboriginal-led approaches with Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) is critically important to ensuring accessibility, engagement and cultural safety for First Nations children and families.

¹ Barnardos Australia, *Towards 2025 Strategic Directions*, p. 7.

² Attachment A. Moore, K. (2023). *Barnardos Children's Family Centres: Integrated local service delivery for vulnerable children and their families*. Barnardos Australia: Sydney.

Our work with Aboriginal children and their families and communities in NSW is built on our acute awareness of the tragic impact that colonisation and the history of child removal have had on Aboriginal and Torres Strait Islander peoples. Our CFCs have developed a diverse range of programs with Aboriginal children and their families. These programs have progressively worked towards culturally safe service delivery to keep families together and connected to their culture.³

Leveraging integrated local service delivery capacity to identify children's developmental concerns early.

Reducing inequities in children's access to regular health and development checks for children experiencing disadvantage is vital to identifying potential health vulnerabilities and intervening early, thereby reducing health and education outcomes gaps. However, our experience has been that many babies and young children living in the vulnerable NSW communities we service are still not getting their routine health and development checks.

Barnardos, therefore, welcomes the Committee's focus on improving access to regular health checks for children who are at higher risk of disadvantage and developmental vulnerability, notably children from Aboriginal and Torres Strait Islander communities, children living in rural and remote communities, children from culturally and linguistically diverse communities, and children experiencing socio-economic disadvantage.

To achieve this critical objective, Barnardos strongly supports the Government's new Health and Development Participation Grant (HDC) Program, which began its roll-out in 2023 and provides free health and development checks to 4-year-old children in early childhood education and care (ECEC) settings. In our view, a significant strength of the HDC initiative is its investment in early intervention programs in rural and remote communities enabling better access for parents to monitor their children's developmental status prior to school entry. Barnardos further welcomes the availability of the HDC Grants to Multifunctional Aboriginal Children's Services, Aboriginal Child and Family Centres and ACCHOs.

However, in our view while the new HDC initiative is a step forward, by itself it is not a sufficient solution for identifying all vulnerable children having difficulty in one or more developmental domains. For example, the initiative will not address the following service gaps for adequately monitoring the developmental difficulties of vulnerable children:

- The dearth of programs delivering health and development checks that are culturally safe for Aboriginal children.
- The significant hurdle of transport barriers for transport disadvantaged families.
- Long wait lists, delayed access to services and lack of affordability for parents seeking consultations for their child from allied health practitioners and doctors— especially paediatricians.
- The often-extreme difficulties for parents finding an affordable place for their children at a preschool or long day care centre.

³ Attachment A. Moore 2023, *op. cit.*

- Where Telehealth appointments are used by allied health practitioners or nurses, the barriers of establishing sufficient trust and rapport with young children and parents virtually when compared to face-to-face delivery of health and development checks.

To overcome these service gaps and reduce gaps in outcomes for vulnerable children notably those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities, more holistic approaches are needed. In our view the key change urgently needed is to better utilize existing integrated service hubs that already have trusting relationships with our most disadvantaged families. These hubs provide supportive venues for vulnerable families, where health and development checks could be delivered in partnership with visiting multidisciplinary allied health teams and health professionals from Local Health Districts.

Utilizing integrated Children's Family Centres as an alternative venue for health and development checks complements existing delivery via eligible ECECs, thus improving access for NSW's most vulnerable families. It provides parents with the option of seeking routine checks in locally accessible, culturally safe, and family-friendly spaces that are open 5 days a week and where Supported Playgroups are available. An additional benefit is that parents have already established rapport with the CFC's early intervention practitioners who can help communicate the parent's concerns, facilitate sensitive and open conversations when their children are not developmentally on track, recognise and build on the family's strengths, and help identify and maintain the support they need.

Examples of successful joined-up and integrated approaches to improve access to routine checks

Barnardos Western NSW has previously worked in partnership with Marathon Health, a multidisciplinary allied health provider to deliver developmental assessments to developmentally vulnerable children in rural and remote communities. The children were referred from Barnardos Children's Family Centre Western NSW programs, including supported playgroups and family preservation programs, to the allied health services. Allied health professionals then attended the CFC to conduct the checks with both the parent and their Barnardos caseworker present. The allied health team developed a program for the child, and then came back to the CFC, met with family and went through the program with parent and their Barnardos case worker, with subsequent follow-up appointments with allied health delivered via Telehealth. Therapy was carried out by the parent/caregiver with support from the Barnardos case worker, empowering the parent/caregiver to feel ownership of their child's individual health needs and development. The collaborative and joined-up approach successfully enabled parents and caregivers to access developmental checks and assessments in a safe environment with no cost to the parent and no transport issues. The partnership ended when funding was no longer available for allied health professionals to visit CFC families onsite.

Barnardos South Coast Kidstime had a strong partnership with Early Childhood Nurses who would come out to playgroups each term to meet our families and complete Blue Book checks and chat about any concerns the families had. Similarly, when the respective funding source was cut back, the Early Childhood Nurses were no longer able to come out to playgroups and Barnardos South Coast Kidstime could no longer facilitate health checks.

2. Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones

In our response to Terms of Reference (1) we noted the key barriers as: the lack of programs that are culturally safe, transport barriers, wait lists and affordability of allied health services that provide developmental assessments, the shortage of preschool and long day care places, and the lack of suitability of Telehealth appointments for establishing rapport with initial assessments.

3. Recruitment and retention of health professionals to address workforce shortages

Barnardos welcomes existing measures such as incentives, targeted funding and bonding arrangements to encourage and support health professionals to spend extended time in rural clinical placements and build the NSW rural medical workforce.

4. Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.

We note in our response to Terms of Reference (1) the efficacy of providing funding for delivery of health and development checks delivered at local integrated service hubs by visiting multidisciplinary allied health teams and health professionals from local health districts.

Many marginalized families do not readily connect with Early Childhood Nurses, even when encouraged to do so. Rather they see their general practitioner and often have their concern dismissed or give up as they feel they are not being heard, the wait times are too long, and the cost is prohibitive to many families. If there was regular contact with the Early Childhood Nurses in settings like Barnardos' Supported Playgroups, families could build trust and would be more likely to raise any concerns about their child's development and milestones. It would be a soft entry point for vulnerable families, that comes to them with no cost, and could help close the gap and lead to better outcomes for children.

Funding for a model where the Early Childhood Nurses or visiting multidisciplinary allied health teams could engage more with Supported Playgroups (or similar) on a regular basis, would encourage more families to start the conversation around their concerns for their child's development earlier. For example, funding for visits by Early Childhood nurses to our COPMI (Children of Parent with Mental Illness) children's program or POPPY (a supported playgroup we have in partnership with Health for parents with mental health diagnosis) would enable easy access to child health checks for highly vulnerable families.

5. Any other related matters

Integrated Child and Family Hubs are a type of precinct that is gaining momentum across Australia, with the ability to move the needle on disadvantage, including in regional areas. The National Child and Family Hubs Network was launched by the Hon. Minister for Early Childhood Education Dr Anne Aly on 22 November 2023 at Karitane, and such hubs are strongly aligned with the government's forthcoming National Early Years Strategy (currently available in draft form). Child and Family Hubs address inequities because they centre around the unique needs of families in each community. Hubs like Barnardos CFCs, offer a wide range of health, education and social care services in one accessible location, and

remove the need for families to navigate complex service systems and provide a welcoming space for families to connect with each other.

Barnardos would be happy to provide expert advice to the Committee on the effective governance and partnership arrangements required to enable joined-up and integrated service responses that would improve access to health and development checks.

Our Chief Executive Officer, Deirdre Cheers is available to discuss our submission and provide detailed verbal feedback to inform the Committee's work. If the opportunity is available for local engagement and consultation with parents of young children, we could also provide input from our clients whose are experiencing multiple types of vulnerability.

Thank you once again for the opportunity to provide this written submission, and please contact Dr Robert Urquhart, Head of Knowledge, Outcomes & Research [REDACTED]

[REDACTED] should you require further information on our feedback.

Barnardos Children's Family Centres

Practice Paper

Integrated local service delivery for
vulnerable children and their families

Attachment A:
Barnardos Submission to the Inquiry on Improving Access to
EC Health and Development Checks



Barnardos
Australia

Because **every child**
needs a champion

Barnardos Australia acknowledges the Traditional Custodians of the land on which we live and work.

We acknowledge Elders past and present who have walked and managed these lands for many generations and recognise their ongoing contribution.

We acknowledge the children who are our hope for a brighter future.



Contents

Introduction	4
How Children’s Family Centres respond to the needs of vulnerable families	6
A Practice Framework underpins Barnardos Children’s Family Centres	6
Local services focused on the most vulnerable families	6
Integrated service delivery	7
Provision of a continuum of services	9
Targeted and place-based service delivery	9
Early intervention and prevention	10
Intensive crisis intervention to prevent child removal into care	12
Co-location with crisis and kinship OOHC	12
Provision of practical, financial and material support	12
Homelessness services	13
Innovation in service design	14
Adapting to a pandemic	15
Culturally safer practice	16
Responding to Domestic and Family Violence (DFV)	19
Children’s Family Centres are evidence-driven	19
What the literature tells us about ‘what works’ in child and family services	19
Home visiting	20
Prevention and early intervention	20
Evaluation and Scientific Ratings	21
The Barnardos Outcomes Framework	22
Conclusion	23
References	24

Introduction

***In this paper the abbreviation CFC will be used interchangeably with Children's Family Centre.**

Barnardos Australia has been operating Children's Family Centres in NSW and the ACT since 1974. Children's Family Centres (CFCs) are 'one-stop shops', or networks of rural services, which provide an integrated continuum of services to vulnerable children, young people and their families. The centres provide a range of services from prevention and early intervention through to intensive family preservation, having evolved to encompass a growing understanding of the needs and best ways of assisting Australia's most vulnerable children, young people and their families.

Children's Family Centres aim to strengthen families, improve the safety, wellbeing and developmental outcomes of vulnerable children and young people, and ultimately prevent family breakdown and entry to out-of-home care. The key target groups are vulnerable children and young people experiencing family stress, who have substantiated neglect or abuse but who are not taken into out-of-home care (OOHC); those children who are being restored to family or extended family from out-of-home care, and those undergoing a family crisis or threat of homelessness. Centres are primarily located in areas of high social disadvantage, acknowledging the strong link between poverty and risk of significant harm and entry to care (Pelton 1981; Pelton 2015; Doidge et al. 2016).

This paper provides a comprehensive exploration of the Barnardos Children's Family Centre model. It describes the key structural and practice features of the model and messages from research on their effectiveness. It will also showcase the innovative practice inherent in our CFCs¹.



¹Whilst this paper attempts to be comprehensive and informative it is not possible to mention all the program types and practice features that operate across all the Children's Family Centres.

A brief history of Barnardos Children's Family Centres in NSW and the ACT

At the time of writing (2023) Barnardos has seven integrated Children's Family Centres servicing the Sydney region, the ACT, southern NSW, the Illawarra and Shoalhaven regions, and the central west and western NSW. The Barnardos Children's Family Centre model emerged from an increasing sense of urgency about how to prevent abuse and neglect, and initially drew on ideas from the United Kingdom about innovative ways to reach vulnerable families. The first Australian CFC 'experiment' was opened in 1974 in [Auburn](#), then a highly disadvantaged, multicultural area in Sydney's southwest. Subsequently,

family support services were built around Barnardos OOHC programs in [Canberra](#). In 1990 a purpose-built Centre was developed in [Penrith](#), in outer western Sydney where individual services had operated since 1984, and on the [South Coast](#) (at Warrawong) in 1999. From 2000 when Reconnect **(see descriptor on pg 11)** services were established in central west NSW, a [Western NSW](#) CFC model evolved which adapted to its distinctly rural geography and demographics. [Southern NSW CFC](#) started in Queanbeyan in 2003 and in 2008 [Sydney Metro Centre](#) was established in Ultimo which brought together family support services targeted to Aboriginal families, children and young people and the long-established South East Sydney Temporary Family Care program.

Rural Children's Family Centres

Two of Barnardos CFCs are located in expansive rural areas of NSW. These are:

- Western NSW CFC is spread from Mudgee and Orange in the east, to Cobar in the far west (a distance of 432kms). This CFC operates across 9 smaller centres situated in rural townships.
- Southern NSW has its main base in Queanbeyan, and stretches across a large geographic area including the Cooma Monaro/Jindabyne, Bombala and Palerang Shires. Staff work from the Queanbeyan and Cooma offices.

Characteristics of our rural CFCs include:

- Large travel distances to smaller communities and homes
- Poor IT coverage is common for clients as well as for staff
- Geographic isolation in small rural villages with poor public transport, and lack of private transport options
- Lack of community and essential services such as health care
- Isolated families cannot access Barnardos services such as play groups and parenting groups

CFC practitioners have developed practice skills and creative approaches to adapt to the challenges of rural service delivery. These include:

- CFC workers provide extensive transport for clients in addition to their core case work
- Practitioners use community development approaches to build community connections in isolated communities
- Clients use the IT services of Barnardos offices to connect with essential services, such as medical specialists and psychologists
- Ad hoc co-location options with other services are utilized in small townships to extend Barnardos service delivery
- Play groups and other parenting skills group work are delivered individually (face to face or online)

How our Children's Family Centres respond to the needs of vulnerable families

The following section describes the key structural and practice features of the CFC model:

A Practice Framework underpins Barnardos Children's Family Centres

[The Barnardos Practice Framework](#) outlines Barnardos' practice approach to achieving positive outcomes for children, young people and their families. This framework is underpinned by our collective understanding that children and young people thrive when the adults who care for them are supported and doing well. It provides the practice foundations for the work of the Children's Family Centres.

Local services focused on the most vulnerable families

Children's Family Centres are primarily situated in local neighbourhoods or regional and rural communities where socio-economic disadvantage is greatest, therefore enabling targeting of services to the most vulnerable children and young people. They are visible and welcoming service hubs for families who may otherwise be alienated from support services.

The evolution of socio-economic indicators in communities over the life of our CFCs may lead to changing demographics in some geographic areas. In such cases the CFCs ensure assertive outreach of home visiting, group and community programs and activities from the centres directly to where families live and their community facilities. Families' access to the centres is also actively facilitated. Centres may also physically move to locations of higher vulnerability.

Barnardos draws on current data on areas of greatest socio-economic disadvantage using such sources as SEIFA and AEDC data sets². Barnardos is informed by research evidence which continues to demonstrate the strong relationship between child maltreatment and poverty (Pelton 2008).

There is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect. Evidence of this association is found repeatedly across developed countries, types of abuse, definitions, measures and research approaches, and in different child protection systems' (Bywaters et al. 2016).



²SEIFA – Socio Economic Index for Areas (Australian Bureau of Statistics)
AEDC – Australian Early Development Census

Recent Australian research confirms this understanding:

We estimate that 27% of all child maltreatment [in Australia] was jointly attributable to economic factors. These factors suggest that strategies to reduce economic disadvantage are likely to hold significant potential to reduce the prevalence of child maltreatment (Doidge et al. 2016, p.1).

The Australian Institute of Health and Welfare (AIHW,2020) reports that the proportion of children who are developmentally vulnerable in a community is twice as high in the lowest socioeconomic areas compared with the highest socioeconomic areas (Clarke et al. 2022, p. 2).

A striking example of the impact of poverty on early child development is research conducted with regard to early literacy, which shows that the number of words used by children decreased as socio-economic status decreases (Hart & Risley 2003; Figure 2).

This then is associated with lower academic achievement – and for some children then repeating the ‘cycle of disadvantage’ for their children (Fox et al. 2015, p. 23).

In addition, Barnardos’ own submission to the Senate [‘Inquiry into the extent and nature of poverty in Australia’](#) (February 2023) provides rich data and research evidence into the causes of child poverty and maltreatment

As centres are run at the local level, staff have extensive knowledge of local service networks, clinicians and professionals and the social, economic and resource challenges unique to each location. Establishing and sustaining local relationships are particularly important when seeking to engage families and young people who are reluctant to use mainstream welfare services.

CFCs operate centre-based service activities together with a range of outreach services such as home visiting and group activities in surrounding suburbs or rural communities. Assertive outreach builds engagement and connection of CFCs to our communities’ most vulnerable children and their families at times of crisis and when sustaining service delivery over time.



Integrated service delivery

Integrated service delivery is a fundamental characteristic of Barnardos Children’s Family Centres. Centres offer a range of integrated child, youth and family programs across a diverse mix of service-delivery models. Programs are funded by multiple government and non-government funding sources.

Barnardos Children’s Family Centres deliver integrated services that are child-centred and family-focused, and service users optimally need only tell their story once. ‘Joined up’ service provision (Moore & Fry 2011) and service ‘hubs’ (Clark et al. 2022) are synonymous descriptors of the CFC model.

Integrated centres address at the local level the challenge of fragmented responsibility for family and community services in Australia. This fragmentation of service delivery across disparate organisations often means that the particular assistance required by families is not easy to find and the services available are disjointed and unco-ordinated (Clare 2003 p. 10). Fragmentation of services is also a problem for service providers. It can mean that information important to the safety and wellbeing of a child is lost or that decision making becomes haphazard.

The Organisation for Economic Co-operation and Development (OECD 2015) states that ‘the people who are most likely to benefit from integrated service delivery are vulnerable populations with multiple disadvantages and complex needs’ (p 19). Vulnerable families at risk of social exclusion are commonly identified by the multiple risks and overlapping needs they experience.

The OECD identifies the following key benefits of integrated service delivery for vulnerable families:

- Integrating services holds promise both in terms of improving outcomes for service users with multiple needs and reducing costs for both service users and services themselves. Accessing services provided in the same location or in close proximity reduces transportation costs for families.
- Integrating social services for vulnerable populations has the potential to address the multiple underlying issues of vulnerable populations simultaneously. For example, addressing a housing need of a homeless family is insufficient if the parent also has substance abuse problems and/or mental health concerns that require access to treatment and parenting support.
- Integrating services can lead to earlier identification of vulnerable children's multiple needs and hence enable targeted early interventions.
- Integrated services also facilitate information and knowledge-sharing between professionals.
- Services which are co-located enable access to multiple services, which in turn enables a fuller assessment of needs and a faster delivery of appropriate services.



A successfully integrated service system will enable vulnerable groups to access the services they need through centre-based, outreach or home-based services. Without this proactive facilitation, integrated services, no matter how well organised, will not optimise coverage and will not reduce the need for repeat access to priority services (OECD 2015, p 22).

Integration of service delivery extends beyond the Children's Family Centres themselves. For front-line services to be effective, all service providers should know what other services their clients might receive (and when they do so) in order to prevent the duplication of interventions. The terms co-location, collaboration and co-operation each defines a different degree of intensity of integration (OECD 2015, pp 16-17), and all describe arrangements which are common to Barnardos CFCs as they partner in their local communities with service networks to achieve the best outcomes for the vulnerable children and their families they serve.

Co-location refers to programs from a range of organisations working together in the same location. Having services in one location can reduce the complexity, travel and time costs associated with take-up for service users (Sloper 2004). Legal, early childhood and maternal health, child protection and therapeutic services are examples of external services which have co-located in Barnardos CFCs.

Collaboration entails a higher level of integration than co-location. It refers to agencies working together through information sharing and training, and creating a network of agencies to improve service users' experience.

Co-operation across services both within Barnardos CFCs and between the CFCs and community and government agencies is core to effective integration. Co-operation, through good communication, is central to improving service-users' outcomes. If professionals work well together the identification and response to service-users' needs can occur more quickly (Rosenheck et al. 2003).

Provision of a continuum of services

Offering a continuum of service support is a core feature of integrated service delivery. CFCs offer a range of services from 'step up' through to 'step down' assistance depending on the service intensity required by the child, young person and/or their family. This continuum of service delivery from low-intensity programs, including community development, play groups, education support, volunteer mentoring, homelessness services, disability, youth and family support through to Brighter Futures (NSW only)³ and intensive family support programs, responds to the changing needs and circumstances of children, young people and their families.

There are two key concepts which are important in service continuums:

'Wrap around' service support is a commonly used term in child and family services which combines the concepts of service continuum and service integration. It refers to the provision of a co-ordinated suite of support programs to children, young people and families based on an assessment of their unique needs and strengths. Regular review of a service user's progress facilitates adjustment of program type and intensity as needs and circumstances change. Transition to 'step up' or 'step down' internal and/or external services follows, dependent on program availability and capacity with program exit and warm referrals to external service networks completing the involvement of CFCs.

Case co-ordination begins with a centre intake process which varies across CFCs and is dependent on the program mix and service models of each centre. A good case co-ordination process facilitates sound communication, shared decision making and periodic review across programs which are jointly assisting the service user.



Targeted and place-based service delivery

Barnardos does not provide universal services such as health and education services to the whole population. We target our services to the most disadvantaged or deliver 'place-based' services in communities of high need to all children, young people and their families who may want to access them.

The strategic placement of the NSW Government's Targeted Earlier Intervention (TEI)⁴ program's funded Supported Playgroups in communities of high disadvantage across NSW is a good example of place-based service delivery. The TEI-funded Supported Playgroups run by Barnardos Sydney Metro, Western NSW and South Coast CFCs are examples of services which are open to the wider population of families with young children in a community whilst predominantly engaging families in need and First Nations families. De-stigmatisation of families who use child and family welfare services is a well-known advantage of the place-based approach.

The establishment of an early learning (early childhood education) program in the Auburn Children's Family Centre in the mid-1970s also illustrates the long-standing place-based approach of Barnardos. Provision of early childhood education to young children at risk of harm improves the safety of a child in need whilst also providing the benefits of a rich early learning environment and good nutrition. Whilst the Auburn Centre's Early Learning program is accessible to all families with young children in the Auburn area, a high proportion of the children who have attended the Early Learning

³Brighter Futures is a NSW Government funded program which delivers voluntary, targeted intervention services to families with at least one child under the age of nine living at home, where concerns of risk of significant harm have been raised for those families. Brighter Futures has four integrated service components: structured home visiting programs, parenting programs, quality children's services and brokerage funded support. <https://www.facs.nsw.gov.au/families/support-programs/all-families/brighter-futures>

⁴The NSW Government's Targeted Earlier Intervention (TEI) program began its design and consultation phase in 2015 and at the time of writing this paper continues to be a funded program stream of the NSW Department of Communities and Justice (DCJ).

program over the years have come from socio-economically disadvantaged families. Flexible and generous fee structures have benefited vulnerable low-income families and other centre programs have referred children in their services to the Early Learning program.

Placement of Aboriginal-specific early intervention services in communities where there are higher populations of Aboriginal families is also an example of a deliberate place-based service-delivery approach. HIPPY⁵ (Home Intervention Program for Parents and Youngsters), an early education Federal Government funded program is operated by Barnardos in the Warrawong area in Wollongong, Wellington in Central West NSW and in Maroubra and La Perouse in Sydney. All of these communities experience high socio-economic disadvantage. HIPPY has been intentionally situated in these communities whilst being available to all families with pre-school-aged children. In Wellington and Maroubra/La Perouse, HIPPY has been established in rural and metropolitan communities where there is a higher than average population of young Aboriginal families. Whilst being open to all families with pre-school-aged children, the HIPPY programs are predominantly accessed by Aboriginal families as they are led and staffed by Aboriginal early educators and promoted in the Aboriginal community.

Co-location of universal and targeted services in some Barnardos CFCs has been a successful feature of the integrated service-delivery approach. For example, the co-location of universal child and family health services in the South Coast Children's Family Centre for several years encouraged attendance of all families with babies who lived in an area of high disadvantage in Warrawong (a Wollongong suburb). Most of these families were not specifically referred to South Coast CFC but once connected with health services they more readily engaged with other helpful, targeted Barnardos services if appropriate, such as Family Support.

Early intervention and prevention

All Barnardos Children's Family Centres deliver early intervention and prevention services to strengthen families and ultimately to prevent family break-down and entry to out-of-home care. All services provided in the CFCs work with children, young people and their families to build safety and resilience, strengthen parenting skills and increase social and community supports.

Most of the programs offered in the CFCs can be described as vehicles for early intervention support. Early intervention can be interpreted as intervening early in the life of a child or earlier in the life of a problem or situation. Such programs are delivered at the community level using community-development approaches, outreach to families' homes, schools, community locations and drop-in and other centre-based opportunities.

There is an extensive literature and evidence base on the value of early intervention programming particularly in the first three years of a child's life, which does not need to be repeated here. However, this evidence strongly informs service delivery across all Barnardos CFCs. Early intervention and prevention practice approaches across all our CFCs are also used in a diverse range of programs for young people with a view to preventing disconnection from their families and homelessness.

⁵HIPPY also operates in the Warrawong suburban area in Wollongong and in South East Sydney. The same place-based approach applies.



There are two government funding streams from the NSW Department of Community Services and Justice (DCJ) which fund our core CFC early intervention programs.

Targeted Earlier Intervention (TEI) Programs

All Barnardos NSW Children's Family Centres provide targeted early intervention programs to families with children mostly under 5 years of age. The priority age group are children under 3 years old and a priority target group are Aboriginal children and their families. TEI programs include generalist and Aboriginal-specific family support home-visiting programs and supported playgroups. Most CFCs offer generalist TEI family support home visiting programs, whilst Aboriginal-specific family support and/or supported playgroups are provided at South Coast, Western NSW

and Sydney Metro centres. The Bundaleer Community Development program which operates on a public housing estate in Warrawong (Wollongong) is also a TEI funded service.

Reconnect Programs

Reconnect is an early intervention program that helps young people (12-18 years old), who are homeless or at risk of homelessness reconnect with their family, education, community, training and employment.

Reconnect is delivered by Barnardos in the following geographical areas:

Western NSW CFC - Mudgee, Rylstone, Coolah, Wellington, Narromine, Nyngan, Cobar, Warren and Gilgandra

Sydney Metro CFC – Sydney's inner west

Intensive crisis intervention to prevent child removal into care

When highly vulnerable families with children who are at imminent risk of harm come to the attention of child protection services, referral to Intensive Family Support Services (IFSS) also known as Intensive Family Preservation Services, is an accepted child protection program response in the child and family-service sector. IFSS provide intensive home-based support to families with children at imminent risk of out-of-home placement. These services aim to reduce the number of children entering care unnecessarily (Tully 2008) by stabilising the crisis that families are experiencing, improving family functioning and reducing the risk of harm. The most effective crisis programs address the family at the point when children are at greatest risk of becoming separated from their families, when families face homelessness and when families become acutely aware of their need to prevent removal of their children (Tregeagle & Voigt, 2013).

Families are referred to intensive family support services by statutory child protection services. These families are commonly difficult to engage into lower-intensity early intervention and prevention services and hence engage only at the point of crisis. Intensive family support services are core service types in all Barnardos CFCs.

Co-location with crisis and kinship OOHC

Most of Barnardos CFCs are co-located with Barnardos Temporary Family Care (TFC) crisis OOHC programs and statutory kinship-care programs. Sustaining the connection of these OOHC programs with our intensive family-support programs is crucial to maintaining a continuum of support for children and their families to facilitate successful planned restoration from OOHC placements to birth family or kin when in the child's best interests. Provision of such CFC programs as supported playgroups, group work, counselling, intensive post-restoration and step-down family support and temporary housing are important restoration service features. Continuity of case-management support and case co-ordination are key elements of a restoration service continuum.

Provision of practical, financial and material support

Children's Family Centres are part of their local communities. They work together with other community and government organisations in those communities to relieve the burden and stress of living in poverty for their residents. As has been established earlier in this paper, it is well accepted that poverty is a leading causal contributor to child abuse and neglect

All Barnardos CFCs provide a range of practical supports to vulnerable families who are struggling financially. As our CFCs commonly operate in areas of high socio-economic disadvantage and where a high number of families lack access to safe, secure and affordable housing, provision of practical and material supports is a fundamental CFC service feature. Some centres are approved providers of the NSW Government's Energy Accounts Payment Assistance (EAPA) program.⁶ All centres provide donated food, clothing, toys, books and household goods as they become available. Partnerships with corporate and retail partners also enable our centres to provide a range of practical supports to children and young people, and their families.

⁶EAPA vouchers are provided at the Penrith and South Coast Children's Family Centres.

Homelessness services

The provision of a range of homelessness programs for families and young people is a leading service feature in several of our CFCs. Homelessness is common to a large proportion of the families and young people who are assisted by Barnardos Children's Family Centres. Provision of safe and affordable accommodation is critical for families as they strive to escape poverty and domestic violence, and to prevent family break-down. Specialist homelessness services are provided, often in partnership with other providers, to ensure access to short- and medium-term housing and provision of case-work and practical support. On-site temporary housing is provided at the Auburn and Penrith centres whilst partnerships have been established between Barnardos and housing providers in the Southern and Western NSW centres. In Canberra a range of accommodation and support programs are provided to homeless young people or those at risk of homelessness.



Canberra Children's Family Centre Homelessness Services

The Canberra CFC has provided a suite of homelessness services for young people over several years. These programs are:

Youth Identified Accommodation and Support Services (YIASP)

YIASP provides accommodation and support to 50 young people living in self-identified accommodation options (also known as couch-surfing). Where appropriate, this service can provide caravans on host sites as temporary accommodation for young people. YIASP clients and their hosts/host families can access a range of supports from the program- including brokerage, host allowance, material resources, as well as case management and referral to other services.

Friendly Landlord Services

This service provides accommodation to young people in a range of one, two and three-bedroom properties dispersed across the ACT. Friendly Landlord Service clients access a range of supports including case management, tenancy management and referral, and linkage to other services.

Our Place

This service provides accommodation to young people in a range of one, two- and three-bedroom properties dispersed across the ACT. Friendly Landlord Service clients access a range of supports including case management, tenancy management and referral, and linkage to other services.

Innovation in service design

Since the establishment of Barnardos' first Children's Family Centre in Auburn in 1974, our CFCs have encouraged innovation in service design, based on 'what works' for children and young people. Working within the frameworks of our successive Strategic Plans and focussed on targeting quality services to the most vulnerable children and their families, Barnardos has sought government funding for programs which meet our vision, purpose and values. However, Barnardos has always aimed to provide services which are informed by evidence but may not attract enough or indeed any government support. By working to build our philanthropic and fundraising capacity and resources Barnardos has succeeded in establishing and sustaining the operation of programs which have become well-recognised as leading practice innovators and proven to make a positive difference to the lives of vulnerable children.

Bespoke programs designed by Barnardos practitioners who are strongly connected to their communities and local networks, acutely understand the needs of the children and families in those communities and are familiar with the best-practice evidence base have flourished across all the centres. Some have eventually attracted core government funding whilst others have operated on a mixture of government and philanthropic donations. All have been trail-blazers in their field and continued to demonstrate good outcomes for children. These programs have been established in such areas as drug and alcohol misuse, Aboriginal incarceration and post-release, Aboriginal early parenting and education support, homelessness and community development, amongst others.

Substance Use in Pregnancy and Parenting Service (SUPPS)

SUPPS is a collaborative partnership between Illawarra Shoalhaven Local Health District, NSW DCJ and Barnardos South Coast Children's Family Centre. This 3-way partnership which began in 2003, provides wrap around maternal and child health, drug and alcohol and family support services to women whose pregnancies are complicated by drug or alcohol dependency, and their children. Most of the children in the program are known to DCJ.

SUPPS Family Support was established using Barnardos own resources as a pilot program. This innovative approach to delivering intensive family support assistance from early in pregnancy until early childhood is a model that has been internationally recognised as best practice in early intervention and child protection services for highly vulnerable women and their children. Eventually, Barnardos SUPPS Family Support attracted recurrent funding from DCJ.



Adapting to a pandemic

Barnardos' innovation and leadership have also been evident in how our organisation has adapted to such extreme challenges as the COVID-19 pandemic which peaked between 2020 and 2022. During these critical years for Australia, child and family service delivery radically adapted to a society where families were isolated in their homes and cut off from community supports and social interaction. Faced with social contact being severely constrained by a strict, legislated public-health regime, Barnardos Children's Family Centre programs remained open as essential services and adapted to the changed circumstances to ensure the children, young people and families we served continued to receive support and care. The flexibility and creativity of our managers and their teams led to innovative service designs which continued to inform service design once the pandemic conditions eased. The CFCs were supported by Barnardos Executive Leadership in their endeavours to reach our most isolated families whilst complying with public health regulations.



Pictured: Barnardos Sydney Metro staff carrying clothing hampers for families in need during the height of the pandemic.

Family Support services (run in all the CFCs) considered both their child protection obligations, and the support needs of complex risk families, when sustaining their service delivery during the height of the COVID 19 pandemic. The balance of worker safety and vulnerable families' need for sustained support were continuously assessed, and individual family plans were developed to provide for safe home visiting throughout the changing health restrictions. The agility, creativity and commitment of case management was a stand – out feature of Barnardos CFCs during the pandemic.

All CFCs increased their capacity to deliver food and other essentials to vulnerable families who could not travel. Activity packs were provided to children, and referral and advocacy services continued unabated. Playgroup facilitators maintained individual and constant contact with the parents using phone and online communication, which ensured that the families received support and ideas for educational and engaging play activities at home. Group work activities were provided virtually whenever possible.

Culturally safer practice

Principle 4 of the Barnardos Practice Framework affirms that Barnardos practitioners approach culture with humility, respect, and curiosity. Our work with Aboriginal children, young people, their families and communities in NSW and the ACT is built on our acute awareness of the tragic impact that colonisation and the history of child removal have had on Aboriginal and Torres Strait Islander peoples. The intergenerational trauma generated by this history is reflected directly in the escalating numbers of Aboriginal and Torres Strait Islander children entering the OOHC system. Barnardos knows that the consequences of intergenerational trauma will be experienced by Aboriginal children for generations to come.

Our Children's Family Centres have developed a diverse range of programs for Aboriginal children and their families. These programs have progressively worked towards culturally safe service delivery to keep families together and connected to their culture. The centres have incorporated the Practice Framework practice guidance in their service designs. CFC programs which either target Aboriginal children, young people and families specifically or serve high numbers of Aboriginal people include early years family support and early learning services, after school learning centres, supported play groups, Reconnect youth homelessness prevention, Beyond Barbed Wire post-release program, Brighter Futures and intensive family support.



Pictured: Children at Yurungai Aboriginal Learning Centre

Aboriginal Learning Centres

Barnardos provides after-school learning support services for Aboriginal children in 3 NSW communities. The services are:

1. Yurungai, located in Waterloo, Sydney and part of the Sydney CFC
2. Yalmambirra, located in Wellington, central western NSW and part of Western NSW CFC
3. Queanbeyan Homework Club, located in Southern NSW CFC and operates in 4 local primary schools

These services are all located in communities where there are large Aboriginal communities, and are all staffed predominantly by Aboriginal people who live locally.

The key aims of the 3 Aboriginal Learning Centres are to improve the students':

- school attendance
- literacy and numeracy skills to enhance their learning
- socialisation skills
- self-confidence, self-esteem and wellbeing
- knowledge, connection and pride in their culture and community

The centres also aim to:

- engage parents and carers in their child/ren's education whenever possible.
- provide balanced nutritious meals

Beyond Barbed Wire (BBW)

BBW is a program which helps women remain connected with their children while incarcerated and post-release. The program works to reduce recidivism rates through parenting programs aimed at improving parent/child relationships, skills programs and work placements. The women work with Barnardos in the community (while incarcerated), have access to transitional accommodation in short stay housing (3 months) where needed, receive mentoring support with a trained mentor for 12 months (post release), and are fully trained as baristas in order to gain work experience in the Three Wise Women Coffee Cart social enterprise.

This program is based in Wellington with women participants being referred by the Wellington Correctional Centre. As 70-80% of the women in the prison are Aboriginal, most of the women in the BBW program are Aboriginal and all are mothers.



Pictured: Barnardos Beyond Barbed Wire staff in Western NSW.

Barnardos knows that services which are led by and employ high proportions of Aboriginal people are more successful in engaging Aboriginal families and young people. For this reason, our CFCs work hard to attract and retain Aboriginal employees. For example, in the Western NSW CFC, where a high percentage of the programs delivered are targeted to Aboriginal families and communities, a large proportion of their employees and leaders are also Aboriginal.

All Barnardos Children's Family Centres apply the same principles of approaching culture with humility, respect and curiosity in their support of families from culturally and linguistically diverse backgrounds. This is no more evident than in the services provided by Auburn CFC. The centre is located in a metropolitan region rich in cultural diversity and is home to more than 100 culturally and linguistically diverse communities represented by both the service users and centre employees.



Pictured: Staff at Auburn Children's Family Centre

Responding to Domestic and Family Violence (DFV)

Domestic and family violence is one of the most common reasons for referral to Barnardos Children's Family Centre programs. For example, Barnardos Australia data as of September 2020, indicated that 80% of referrals for families to Brighter Futures and Family Preservation services had DFV as a referral reason. This data is indicative of other family support programs across all Barnardos CFCs.

An organisation-wide DFV strategy and framework is being implemented across Barnardos to achieve consistency in approach to DFV and to upskill our workforce in working with families who live with violence. The 'Safe and Together' model⁷, which is undergoing implementation across all the Children's Family Centres and Out of Home Care programs, is an internationally recognised suite of tools and interventions designed to help practitioners become domestic-violence informed. The model provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators to enhance the safety and wellbeing of children.

Children continue to be the hidden victims of DFV. [Research conducted by Barnardos](#) has highlighted the impact of DFV on children and contributed to the DFV evidence base.

Children's Family Centres are evidence-driven

Principle 7 in the Barnardos Practice Framework states 'We achieve the best outcomes for our clients by ensuring our programs and services are grounded in current evidence and in a framework of continual practice improvement'. Barnardos Children's Family Centres deliver programs which are informed by evidence of 'what works' for children and their families. However, the strength of this evidence for different program types does vary. Following are some general snapshots from the literature. Whilst the evidence – base demonstrates some ambiguity it does nevertheless provide support for Barnardos' promising program designs.

What the literature tells us about 'what works' in child and family services

Families with the greatest levels of need or the greatest potential to benefit from targeted interventions are often the least likely to access them and the most difficult to retain in an intervention long enough to receive the 'dose' needed to change outcomes (Dierickx et al. 2019).

This comment on our service system is well-founded in the literature (eg Fox et al, 2015)) and supported by practice wisdom and experience.

Engaging the most vulnerable families into child and family services, and sustaining this engagement, is of the highest importance for CFCs, for only with effective engagement in service delivery can we hope to achieve positive outcomes for children. Whilst several of our program types are classified as early-intervention and prevention services and do not pretend to seek engagement with the most vulnerable families with complex needs, several other programs are targeted to families where children are at risk of harm and at risk of entering OOHc.

There is clear evidence that how services are delivered is as important as what is delivered. A review of effective processes and strategies identified the following elements that are repeatedly identified across the research literature (Moore et al. 2012, cited in Fox et al. 2015, Pp. 112–113). All of the practice elements encourage engagement of the most vulnerable families with CFC programs, that is, services:

- are relationship-based, involve partnerships between professionals and parents, target goals that parents see as important, provide parents with choices regarding strategies, build parental competencies, are non-stigmatising, demonstrate cultural awareness and sensitivity, and maintain continuity of care;
- provide practical support to address families' most pressing needs;
- are co-ordinated to address the barriers that parents face in accessing services as well as the background factors that have led to the families having difficulties in caring for their children.

⁷Safe and Together' Institute – <https://safeandtogetherinstitute.com/the-sti-model/model-overview/>

Critically, there is consistently strong evidence that the quality of the relationship between the practitioner and client (whether early childhood worker and parent or child protection caseworker and parent) determines the effectiveness of the intervention –regardless of the level of evidence for the particular intervention being delivered (Moore et al. 2010, p 5 cited in Fox et al. 2015, Pp 112-113).

Home visiting

Home visiting is a fundamental program-delivery method used in Barnardos CFCs. It is not an intervention in itself but a vehicle for providing lower-intensity and intensive family support services, and early literacy programs in Barnardos Children's Family Centres. However many of the research findings for home visiting have been inconsistent and outdated (O'Reilly et al. 2009 p. 85). Despite this inconsistency researchers have synthesised the key features of evaluated successful programs (Holzer et al. 2006) as follows. Successful programs:

- target 'at risk' populations;
- are delivered by more highly trained and qualified home visitors;
- utilise home visitors who are experienced in dealing with the complex needs of many 'at risk' clients;
- are of long-enough duration to impact upon parenting or risk factors that contribute to child maltreatment;
- use service designs that are matched to the needs of the client group; and
- are focused on improving both maternal and child outcomes.

How home visiting is delivered is at the heart of the effectiveness of this intervention tool. Not only are the features listed immediately above important but, as explained previously, the quality of the relationship between practitioner and client is a critical predictor of efficacy. Also of high importance is the actual program 'package' being delivered via home visiting, which varies from early intervention parenting skills and support and early literacy through to higher-intensity program designs to prevent child maltreatment and OOHC placement.

Prevention and early intervention

As prevention and early intervention practice approaches are fundamental to our CFC service delivery some high-level comments on the state of their evidence base are informative. While there are still significant gaps in the evidence base there has been a rapid expansion of high-quality studies in recent years which have produced consistent findings.

There is clear and persuasive evidence that prevention and early intervention is more effective and more cost effective than remedial responses, and there is unambiguous evidence that evidence-based prevention and early intervention can lead to measurable and substantial reductions in the factors that place children and families at risk of poor outcomes' (Fox et al. 2015, p. 11).



Evaluation and Scientific Ratings:

In the research literature there is stronger evidence for the effectiveness of child, youth and family programs with strict implementation requirements with written manuals, and which have been studied using multiple randomised control trials or other quasi-experimental methodology (Fox et al. 2015; Schweitzer et al. 2015). There are also scientific rating scales applied to child welfare programs that provide industry-validated indications of the evidence base of some of Barnardos programs. For example, the scientific rating scale used by the California Evidence-Based Clearinghouse (CEBC – <https://www.cebc4cw.org/>) uses a 1 to 5 rating of the strength of the research evidence supporting a practice or program. A rating of 1 represents a practice with the strongest research evidence and a 5 represents a concerning practice that appears to pose substantial risk to children and families. The following three programs delivered by Barnardos have been rated by CEBC, and one program that strongly informs the program design of other Barnardos programs is also listed here:

Home Instruction for Parents of Preschool Youngsters (HIPPY) – Sydney Metro, Western NSW and South Coast CFCs⁸

Rating 2 – supported by research evidence

HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books and materials designed to strengthen their child's cognitive and early literacy skills, as well as their social, emotional, and physical development.

SafeCare – Western NSW CFC⁹

*note -- this program forms part of the Brighter Futures program and is currently being evaluated by the NSW Department of Communities and Justice (DCJ)

Rating 2 – supported by research evidence

SafeCare® is an in-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas: (1) how to interact in a positive manner with their children, to

plan activities and respond appropriately to challenging child behaviours; (2) to recognise hazards in the home in order to improve the home environment; and (3) to recognise and respond to symptoms of illness and injury, in addition to keeping good health records.

The Homebuilders Model¹⁰

*note: this model has been adapted for use by Barnardos intensive family support and intensive family preservation programs

Rating 2 – supported by research evidence

Homebuilders® is a home-and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities.

Parents as Teachers – Western NSW CFC

*note – this Barnardos program has been adapted for Aboriginal children and their parents as a supported playgroup format and has been separately evaluated (Grace et al, 2016).

Rating 3 – promising research evidence

Parents as Teachers¹¹ is an early-childhood parent education, family support and wellbeing, and school readiness home-visiting model based on the premise that 'all children will learn, grow, and develop to realize their full potential.'



⁸HIPPY – <https://hippyaustralia.bsl.org.au/>

⁹SafeCare – <https://safecare.org.au/>

¹⁰Homebuilders – http://www.institutefamily.org/programs_ifps.asp

¹¹Parents as Teachers – <https://parentsasteachers.org/>

The Barnardos Outcomes Framework

The evidence base for child and family services in Australia is mixed. Many programs have been evaluated over many years with the level of rigour in these evaluations varying considerably. Measuring outcomes for the children and young people we serve is a high priority in our Children's Family Centres and hence Barnardos has begun implementation of our own Outcomes Framework¹². The framework provides a shared language for monitoring progress and measuring effectiveness. The outcomes framework uses sector-relevant validated tools and will be tested across our core Children's Family Centre programs.

Measuring outcomes for children, young people and their families within a rigorous [outcomes-measurement framework](#), itself based on sound evidence, will provide continuous program improvement feedback to practitioners whilst also contributing to the broader sector evidence base of 'what works'.



¹²The Outcomes Framework began user-acceptability testing in 2021 and will undergo a planned progressive roll-out across all programs.

Conclusion

This paper has outlined the key structural and practice features of the Barnardos Children's Family Centre model. The CFC model continues to be a central plank of Barnardos' practice approach to improving the outcomes of our most vulnerable children and young people and to keeping them safe with family and in their communities. Our CFC services strive for continuous improvement and excellence, and to be at least evidence-informed if not evidence-based. Whilst our Children's Family Centres adapt to changing social and economic conditions and to government policy and funding priorities, they always prioritise the needs of the child at the centre of an integrated web of support.



References

- Australian Institute of Health and Welfare 2020. Australia's health 2020 data insights.
- Australia's health series no. 17. Cat. no. AUS 231. Canberra: AIHW.
- Barnardos Australia (2023). Submission to the Inquiry into the extent and nature of poverty in Australia. Senate Community Affairs Reference Committee, 3 February 2023.
- Barnardos Australia (2022). 'Truth is, the abuse never stopped. Adult insights on the support they received when impacted by childhood domestic and family violence'. Barnardos Australia Survey 2022, Robert Urquhart and Jennifer Doyle, unpublished.
- Bywaters, P., Bunting, L., Davidson, G., Hanratty, J., Mason, W., McCartan, C., and Steils, N. (2016). 'The relationship between poverty, child abuse and neglect: an evidence review', Joseph Rowntree Foundation, jrf.org.uk
- Clare, M. (2003). 'Good enough parenting when government is "the parent"', Children Australia, 28(4), pp. 19–24.
- Clarke, K., Cahill, R. and Ansell, D. (2022). Early Childhood Development and the Role of Neighborhood Hubs for Supporting Children's Development and Wellbeing in Disadvantaged Communities, A Review of the Literature, May 2022, The Australian Research Centre for Excellence for Children and Families Over the Life Course.
- Dierickx, M., Devlieghere, J. and Vandebroek, M. (2019). 'Proportionate universalism in child and family social work', Child and Family Social Work, March 2019, pp 1–8
- Doidge, J. C., Higgins, D.J., Delfabbro, P., Edwards, B., Vassallo, S., Toumbourou, J.W. and Segal, L. (2016). 'Economic predictors of child maltreatment in an Australian population-based cohort', Children and Youth Services Review, doi.org/10.1016/j.childyouth.2016.10.012
- Grace, R., Bowes, J., McKay-Tempest, J., Burnstein, J., and Tregear, S. (2016). 'Early Parenting Education to Strengthen Aboriginal Parents in a Remote Area: The Development and Piloting of a Group Programme', Children Australia, 41 (4), pp. 249–257.
- Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY).
- Hart, B. and Risley, T. (2003). 'The early catastrophe: The 30 million word gap' American Educator, 27, pp 4-9.
- Holzer, P. J., Higgins, J. R., Bromfield, L. M. and Higgins, D. J. (2006). The effectiveness of parent education and home visiting child maltreatment prevention programs. Melbourne: Australian Institute of Family Studies.
- Institute for Family Development (2023). Homebuilders – IFPS, Intensive Family Preservation Service and Intensive Family Reunification Services. http://www.institutefamily.org/programs_ifps.asp
- Moore, K.A. (2005). 'Churchill Fellowship Report - To examine projects which aim to prevent drug and alcohol related harm to the health and well being of the unborn baby, and improve the parenting skills of women engaged in drug treatment, starting during pregnancy and continuing through the child's early years' unpublished paper
- Moore, T.G. and Fry, R. (2011). Place-based approaches to child and family services: A literature review. Parkville, Victoria: Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.
- Moore, T.G., McDonald, M., Sanjeevan, S. & Price, A. (2012). Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies. Prepared for Australian Research Alliance for Children and Youth. Parkville, Victoria: Murdoch Children's Research Institute & Centre for Community Child Health (CCCH).
- OECD (2015), Integrating Social Services for Vulnerable Groups: Bridging Sectors for Better Service Delivery. Paris: OECD Publishing. <http://dx.doi.org/10.1787/9789264233775-en>

O'Reilly, R., Wilkes, L. and Luck, L. (2009). 'The efficacy of family support and family preservation Children and Youth Services Review, 30, pp. 787-789

Pelton, L. H. (2015). 'The continuing role of material factors in child maltreatment and placement', Child abuse and Neglect, 41, pp. 30-39.

Rosenheck, R.A., Resnick, S.G. and Morrissey, J.P. (2003). 'Closing Service System Gaps for Homeless Clients with Dual Diagnosis: Integrated Teams and Interagency Cooperation', Journal of Mental Health Policy and Economics, Vol. 6.

Schweitzer, D., Pecora, K., Nelson, K., Walters, B. and Blythe, B. (2015). Building the Evidence Base for Intensive Family Preservation Services, Journal of Public Child Welfare, 9 (5), pp. 423-443, DOI: 10.1080/15548732.2015.1090363

Sloper, P. (2004). 'Facilitators and Barriers for Co-ordinated Multi-Agency Services', Child: Care, Health & Development, 30 (6), pp. 571-580. The California Evidence-based Clearinghouse for Child Welfare (CEBC), <https://www.cebc4cw.org/ProgramRegistry>

Tregeagle, S. and Voigt, L. (2013). 'What intensity of service is needed to prevent children's entry to care? Addressing the pressure on early intervention and prevention services', Developing Practice 34, pp. 31-42.

Tully, L. (2008) Family preservation services: Literature review. Ashfield: New South Wales Department of Community Services.

barnardos.org.au

Head Office | 60-64 Bay Street Ultimo NSW 2007
GPO Box 9996 Sydney NSW 2001
Tel: 02 9218 2300

