

**INQUIRY INTO SERVICE COORDINATION IN  
COMMUNITIES WITH HIGH SOCIAL NEEDS**

**Organisation:** FAMS NSW Family Services Inc.

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# **Submission to the Legislative Council Standing Committee on Social Issues Inquiry into service coordination in communities with high social needs**

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## Who is NSW Family Services?

NSW Family Services (FamS) is the peak body for non-government, not-for-profit organisations working with vulnerable children and families across NSW.

We encourage and help these organisations to deliver quality support services and provide them with strong representation across rural, remote and metropolitan districts.

FamS has always been driven by strong values, and our vision is:

Safe Children  
Strong Families  
Supportive Communities

FamS was established in the late 1980s and provides support to about 200 services throughout NSW. Our members provide services such as home visiting, parenting groups, playgroups, case management, individual counselling, 'connections to community' activities and supported referrals.

We provide support to our members through:

- Systematic policy and advocacy: to inform and enable the government to implement solutions that support vulnerable children and families, while keeping members well informed about emerging issues, reforms and current policy related to the child and family sector.
- Building skills and knowledge: to share knowledge and resources about evidence informed approaches related to the child and family sector.
- Modelling and promoting outcomes-based frameworks: to enable the sector to collect and use data to inform practice and collaborate to provide better results for clients, practitioners and organisations.

Our work is guided by 10 core principles endorsed by our members:

1. All members of a family should be safe from violence
2. Children should be provided with safe quality alternatives if it is deemed they cannot live with their birth family
3. There is recognition that families have multiple forms, not necessarily biologically based
4. In Family Services, staff and families work together in relationships based on trust and respect
5. Family services enhance families' capacity to support the growth and development of all family members - adults, young people and children
6. Family services affirm and strengthen families' social, cultural, racial and linguistic identities and enhance their ability to function in a pluralist society
7. Family services are embedded in their communities and contribute to the community-building process

8. Family services are flexible and continually responsive to emerging family and community issues
9. Principles of family services are modeled in all aspects of the project, including planning, service delivery, management and administration
10. The priority at the heart of all our work with children and families, across the service spectrum must be the safety, health and wellbeing of children and young people

#### District Reps program

In 2013 Family and Community Services (FaCS) implemented a new arrangement of localisation within 15 Districts. Localisation meant that FaCS has within each District a single, local integrated presence for clients and communities. FamS was the first peak in NSW to establish a District Reps program that responded to the new structure, thereby ensuring that we remained well placed to represent the diverse needs of vulnerable children and families and our members across the State.

Each of the 15 Districts has a FamS representative. These reps are leaders within their communities with extensive experience and networks with those working with vulnerable children and families.

Having a meaningful connection to members is essential to the function of FamS as a peak body. The District Reps program assists us to maintain this connection. District Reps allow FamS to not only have a real and valuable presence locally, but creates a forum to identify and debate emerging systemic issues affecting service delivery and access pathways for clients. The District Reps program ensures that FamS is well placed to be the lead voice of the sector.

#### Outcomes measurement

FamS has specialised knowledge and skills in outcomes measurement using the Results Based Accountability™ framework (RBA™), and the evidence based case management system, Supporting Children and Responding to Families (SCARF). We work extensively with the sector to build skills and implement these evidence based systems. One way we do this is to organise and facilitate forums that focus on increasing knowledge in evidence based approaches or building capacity on practice issues.

FamS sits on a number of working groups led by government and non-government organisations that enable us to stay abreast of emerging issues and influence policy related to the child and family sector.

## Introduction

FamS support and acknowledge the commitment from the state government to improve service coordination and ensure children in NSW are safe and developing to their potential. We owe it to the communities, families and children experiencing social deprivation and disadvantage in communities across NSW to seek out innovative ways to improve our service system.

We welcome the opportunity to inform the NSW Legislative Council's Standing Committee on Social Issues regarding their inquiry into service coordination in communities with high social needs.

This submission is based on the extensive knowledge, skills and experiences of FamS staff, our District Reps, members, partners, current research and evidence related to the child and family sector and collaborative practice. FamS sought the views of its District Reps specifically on the terms of reference of this inquiry via survey.

## Coordinated responses

Based on information from and ongoing communication with family services across NSW, FamS believe that there has been some improvement within the child and family sector in identifying needs and providing a coordinated response for vulnerable communities.

This could be attributed to the NSW Government Keep Them Safe initiatives. *Keep Them Safe* (KTS) is the NSW Government's response to the Wood Special Commission of Inquiry into Child Protection Services in NSW, which was established on 14 November 2007."([www.keepthemsafe.nsw.gov.au](http://www.keepthemsafe.nsw.gov.au)). There is also growing momentum and belief within the sector that positive community outcomes will be achieved when communities and organisations collaborate rather than work in silos.

It is evident that the current State Government is working toward better service coordination due to their localisation reform, collective impact initiatives and commitment to co-design.

Some examples of initiatives in recent years are the:

- NSW Government *Keep Them Safe* projects (that focussed on supporting sector collaboration and knowledge about chapter 16A *Children and Young Persons (Care and Protection) Act 1998*);
- Family Referral Services;
- Child Wellbeing Units;
- the development of families and children interagency meetings;
- networks of practice;
- allocation meetings;
- Federally funded Communities for Children programs;
- Community Hubs and Schools as Community Centres (Families NSW funded); and of course
- the recent initiatives led by state government around co-design and collective impact (for example, The Collective).

Positively, for example, we have heard that local management groups focussing on integrated family case management that emerged from the KTS projects have been successful in many different locations. However, we have also been told that not all relevant organisations participate in them and that their participation would further strengthen this model. An example of this model is in Appendix five.

FamS often hears positive stories from members that demonstrate good referral processes are happening and families are getting the service they need early. For example, a young mother attended a playgroup and over time developed a connection with a Family Worker; eventually she disclosed she was living in a domestic violence situation. This woman was supported to access the services she required which resulted in improving the safety and wellbeing of herself and her child. The benefit of universal services like supported playgroups are that there is no stigma attached to attending a playgroup. These playgroups are situated in disadvantaged communities and are conducive for engagement with parents, early detection of issues, referral and support to occur.

Many Families NSW funded (State Government ) supported playgroups or parenting groups work collaboratively with other services allowing for a coordinated response and early identification of child and family needs. For example, some groups have a partnership with the local community health service, where a community nurse attends the playgroup on a regular basis providing opportunity for vulnerable families to access health services such as immunisation, baby health clinic or referrals to other more specialised health services. Other professionals such as counsellors, social workers, and drug and alcohol experts are introduced to the group creating a non-threatening point of access for families to access services. Specialist services can seek out families and provide a type of 'outreach' service to families who may need support rather than waiting for families to present themselves to specific services. This type of work needs to be valued and maintained as it enables services to engage vulnerable families who are unlikely to access other services for a range of reasons which could include stigma, lack of confidence, fear of judgement etc.

Family Referral Services (FRS) are a state-wide, Health funded service that originated from *Keep Them Safe*, as part of the evaluation of the NSW child protection system. According to our members the Family Referral Services are working well in some districts; however some of our members have also reported that they do not receive referrals from their Family Referral Service. FamS has recently commenced scoping a joint project with the Family Referral Services to resolve some of these issues and improve referral process in every district to provide better pathways for clients.

I think the FRS is an important service in our region in terms of coordinating services for client across govt and non govt services. It is certainly a linch pin and connector in the service sector. The FRS has identified service gaps and these include Aboriginal counselling and DV counselling services. ( FamS Member)

## Barriers

However, there are still a number of vulnerable families and children falling through the cracks and not receiving a service. We have certainly heard of many examples where service coordination is happening to a degree but could be improved significantly.

Service coordination and collaboration does happen but around particular projects. In recent years in our area there has been an over-abundance of parenting groups (in response to funder pressure) but still a dearth of the individual family work that families ask for all the time. (FamS member)

According to our members, initiatives focussed on collaboration have had some success; nevertheless in many districts there are numerous initiatives focused on coordinated responses independent of each other which could contribute to program duplication and not always conducive to effective service coordination.

In this region, we have had in recent years two initiatives implemented – a families and children interagency and also a networks of practise. I think that they are both funded by FACS but I think that they are both missing the point in that they have not brought us together to identify conditions of wellbeing and create local plans to address the issues. (FamS member)

I think that the main barriers are at the service/community level. Around individual client work, if there is one worker who is committed to good coordination then it will mostly happen. Having said that, yesterday we responded to a referral from Centrelink where the social worker had not made a ROSH report and said that she did not have to because Centrelink was a federal organisation! She expected us to make the report. (FamS member)

While there can be a range of initiatives in one community they aren't always aligned to broader community outcomes in which all levels of government, local businesses, NGO's, philanthropic are working toward. Consequently, a lack of communication between the different levels of government and sectors can create disjointed community planning and coordination.

Some Family Referral Services (FRS) claim that other organisations in their community do not want to work with them. This could be due to the fact they are funded by Health (and therefore outside of the traditional funding stream for the child and family sector) or that organisations feel that the Family Referral Service is a duplication of service in their community. For example a family service has a vacancy to provide case management to a family but the Family Referral Service hold the family and do the case management themselves. A Family Referral services is only supposed to offer case management when there is no other organisation that can provide this service. This occurrence may reflect a lack of awareness or understanding of the diversity of interventions offered by family services. Nevertheless, many of our members have reported that the Family Referral Services are supporting collaboration, referring in their District and add value to the service system.

Services state they are very busy and have waiting lists, but are reluctant to utilise the FRS to help alleviate the waiting list (FamS member).

One FamS member reported to us that in their district there are three funded programs - Brighter Futures, Family Referral Service and Intensive Family Support - all available to provide a very similar type of service for families within that District. Apparently, each organisation is focussed on the same locations within that District which means that there are other isolated locations within their District not receiving any service. This could be due to the cost of travel and time to work in an isolated area, or just a lack of communication and coordination between the services. However, it is an example of the need for some relationship building between organisations and a clearer expectation from the different funding agencies that they need to work together. FamS believes that it is imperative that services are working together to ensure a coordinated response across every District to reach those most in need. Resources are finite – we must work toward a coordinated approach in every District and continue to encourage a culture of collaboration to decrease community disadvantage and increase opportunities and better outcomes for our vulnerable children and families.

For many years the sector was trained to report any concerns they have about a family to the Child Protection Helpline, rather than supporting that family to find a service. This culture of report and forget rather than using a “no wrong door” approach, where the first service with whom the family makes contact will support them to find an appropriate service, has improved but still prevalent and requires further education and work to create consistent cultural change. Services like child care centres need to be confident and aware that they can link a family to their local family service or Family Referral Service even if they make a report to the helpline.

Some FamS members even suggest that within the sector there is a very real a culture of risk aversion which is resulting in an increase in statutory child protection reports for children who are not at risk of significant harm at the expense of engaging the family and offering a service that could be better be classified as early intervention.

I believe that there is a great deal of shifting responsibility regarding the work that is done with families, particularly if there is significant risk as professionals are not adequately trained in responding effectively to risk and withdraw, avoid or undertake inappropriate interventions. (FamS member)

Lack of trust between service providers; both service providers not following through on commitments and concern over sharing because of funding, ‘ownership’ of clients, client awareness of other services, client past experiences and lack of trust of other services, programmatic funding barriers which create artificial barriers.(FamS member)

### **Engaging vulnerable families**

The most vulnerable families are often the ones most difficult to engage and often don't access services. “These families are indigenous, CALD, people with low incomes, people with disabilities, families in the child protection system and families that are isolated”. (Grace

2015). The reasons they don't engage are complex, however we do know that extra time, commitment and innovation is needed to engage these families. "In the current competitive environment, pressure to demonstrate productivity and short term results to funding bodies may cause under-resourced services to focus the delivery of their services on those who are easiest to engage and for whom change will be most evident" " (Grace 2015).

Families experiencing multifaceted disadvantage such as domestic violence, homelessness, mental illness and drug and alcohol dependency compounds the already complex challenges families are facing. Access to services is impeded when families do not have the capacity to seek support themselves, are unaware of how to navigate the system and 'fly below the radar' across the system.

FamS recently heard of a family that had been referred to sixteen different services and nothing had changed. Often referral alone will not resolve an issue – a very vulnerable family might require some extra support from a skilled worker using evidence based approaches to enable improved outcomes for themselves and their children.

The vast majority of family services in NSW are committed to using evidence based approaches such as strengths based and child centred practice and building strong relationships with families. Family services staff has the skills required to engage with families effectively and support them to achieve their goals. The capacity to engage a family is vital and an important component to a well-coordinated service system.

### **Legislative change**

Our members tell us that the legislative change to chapter 16A Children and Young Persons (Care and Protection) Act 1998 that arose from the Woods enquiry (2007) has improved the way services work together as they have more freedom to share information when there are real concerns about the safety and wellbeing of a child.

Initially there were some concerns about confidentiality for families; however time has shown that these concerns have diminished and this legislative change has been well accepted within the sector. Members have reported that they feel that chapter 16A has had a direct impact on improving an integrated and co-ordinated service provision. Key partners such as schools, police and general practitioners have seemingly felt more willing and able to share information to support child and family wellbeing with the ability to take a proactive response in supporting families. This specific legislative change has supported an environment of information sharing and open communication across the service system while respecting client confidentiality and ensuring child protection concerns are addressed.

The introduction of 16A has allowed adequate sharing of information without overstepping client's rights to not have their information shared inappropriately.  
(FamS member)

I have not had many issues at this stage surrounding this as any issues for exchange of information I can easily reference Chapter 16A from the *Children and Young Person (Care & Protection) Act*. (FamS member)

## **Funding arrangements**

Complex funding arrangements across Federal, State and Local Governments, in addition to fundraising and philanthropic funding possibilities, often hinder service delivery and coordination in communities. It is not unusual for a service to rely on funding from a range of sources that is pooled to deliver holistic interventions to clients. Funding streams complement each other to enable a service to offer a suite of approaches accessible to the whole community. Naturally, there is no one-size-fits-all model of service delivery or single program that is a magic bullet. Together, complementary funding streams support solid community projects. Conversely, removing or reducing one funding stream can have dire consequences to the whole community.

FamS believes it is essential that funding agencies focus on community solutions as a whole rather than the more narrow focus of specific programs and projects.

Funding contracts can be a barrier because they do not always take into account the investment in time and resources required to network and build connections, establish and form partnerships, cultivate solid governance arrangements, develop shared measurement systems and engage in real coordination and planning focussed on outcomes for families and children. Further, the competitive tendering process can undermine relationships between organisations and cooperation.

The time frame working with family's needs to be extended particularly when working within a trauma informed practice. Repair and healing takes time. We have several projects that are not funded by the state and have the capacity for longer term work. The outcome for this scenario is that families have the chance to experience complete healing and reconnect their attachment with their child. It is rare that these families come back into the system. On the other hand the shorter term work, often pressured by a wait list and the need to complete within a timely manner tends to see these families coming back into the system some time later. So, in reality the longer term work - up to two years, has economic benefits to the state. (FamS member)

Prescriptive funding contracts can sometimes hinder service delivery and coordination in communities. For example, Family and Community Services (FaCS) provide Service Provision Guidelines for services working in the child and family sector. These Guidelines should be (and were designed to be) a tool to assist services to support vulnerable children and families. Unfortunately, in FamS experience, some services to rely on these Guidelines as the reason that they refuse to work with a potential client. Contracts vary in how prescriptive they are in terms of the:

- specific needs of families who can be taken on as a client;
- time frame for working with a family; and
- the types of services they can offer a family.

Consequently, some services become frustrated when another service is unable or unwilling to deliver a service for a family. In FamS' opinion, this is going to become increasingly difficult as the Brighter Futures program has been re-purposed and will be working predominantly with ROSH (risk of significant harm) families and will be extremely limited in

terms of service provision to other families experiencing stress. We are not stating that there should not be some boundaries around service provision; however more flexibility with the child, youth and family funded programs would be welcome. Now that Brighter Futures is no longer an early intervention program, FamS is very concerned about the lack of funding for services focussed on early intervention for families. Essentially, we need more investment in secondary family support services in the system and universal programs such as Families NSW. The *Inverting the Pyramid: Enhancing Systems for Protecting Children* by the Australian Research Alliance for Children and Youth (ARACY) in 2008 stated that most stakeholders had reported this to be an issue and there certainly has not been any increase over the past few years, in fact the situation is direr than ever.

Across the board, many non-government organisations have expressed frustration with cuts to funding, diversion of funding across sectors, and a lack of resourcing for the sector. This leads to fewer workers providing a service on the ground to vulnerable families and organisations having no option but to cut back on their hours of operation. Given, many organisations are telling us that there is an overwhelming increase of those seeking assistance we can only assume that this is going to impact service coordination.

There are inadequate places available in family support services which have resulted in waiting lists, strict eligibility criteria or limited referral pathways. (ARACY 2008)

Funding requirements are not necessarily allowing services to meet the needs of families and the work that needs to be done to support them. (FamS member)

With short term funding contracts engaging and maintaining relationships with families becomes difficult to sustain. Families become involved with a service or program, making significant improvements, but may need ongoing support beyond the time constraints of the short term funding contracts.

## **Sector development**

It is important that different sectors collaborate if we want a better coordinated system for families and children. However, different professions use different language and have varying standards in practice, values and principles. There is a lack of cross sectoral learning and development opportunities that focus on bridging these differences, collaborative practice, development of common language and shared vision.

In a local workshop held recently, professionals identified the lack of trust, not being aware of the services available to families and not being effectively trained in collaboration as some of the barriers. (FamS member)

In 2011 Fams managed a project funded by Department of Education, Employment and Workforce Relationships (DEEWR) with 30 child care centres and 10 family support services with a focus on increasing collaboration and referral between the two sectors. The child care centres identified that some of the barriers they experienced were a lack of knowledge about the services in their region, a lack of confidence to have the difficult conversations with families, an absence of trust in a service to treat the family well and the limitations for

educators to attend interagency meetings due to the times in which these interagency meetings occurred. The project team developed various resources, training and opportunities for services to build relationships which resulted in some positive outcomes for the child care centres. However, this project was time limited and the chance that some of this very valuable work will not be sustained is high because (insert the reason). We believe that ongoing sector development around collaboration and service coordination is required. Building relationships, learning and developing new innovative ways to work together using a cross sectoral approach must become a part of what we do, not a tack on approach when there is time.

"Working with other organisations and partnering on several levels was seen as essential to improve services but also seen as a way of accessing research capabilities and enabling innovation". (NCOSS Sector Development Survey Report)

Coordination does not come easy if there are not the resources to get your head above water (data, funding submissions, pressing demands etc) in order to take stock. (FamS member)

## **Reforms**

The community sector has been involved in number of reforms over a period of years. This includes Safe Home for Life, FaCS localisation and Going Home Staying Home reforms. Reform in the early intervention and prevention sector of FaCS funded child and family programs has already begun with the Brighter Futures program transitioning from early intervention to working with families where the children are identified as at risk of significant harm. The child and family sector is aware that other FACS funded programs such as Families NSW and Child, Youth and Family Support will be next.

FamS believe that these reforms are necessary but are we also concerned about a lack of communication around the desired outcomes that FaCS are seeking to achieve, the timeframe for reform and implications for services in the sector. This can create an increase in staff turnover due to program uncertainty and job insecurity. This affects the service system because there is a significant amount of staff knowledge and established relationships within the service system at risk of being lost. Organisations are uncertain about their funding continuing past July 2016 contributing to added stress on a service system already over loaded and often burnt out due to the increased demands on NGO's and the overall service system.

Unfortunately, many of our members have reported negative unintended consequences resulting from the Going Home Staying Home reform in the specialist homelessness sector. There are communities where the local service system has been undermined due to the delivery of a competitive tendering process. FamS does not support a procurement process where services and communities are pitted against one another in a competitive tendering process rather than supported to work collaboratively with a focus on better outcomes for clients. Consequently, relationships have broken down which is not conducive to collaborative practice. Organisations involved in this reform believe that considerable work, time and resources will be necessary to build those relationships into the future. There is

concern within the child and family sector that mistakes evidenced in the Going Home Staying Home reform could be repeated in upcoming reforms in the child and family sector.

### **Best practice models**

FamS believe that a best practice framework that would improve service coordination is the collective impact approach based on Kania and Kramer (2011) five conditions of collective success:

1. common agenda;
2. shared measurement systems
3. continuous communication;
4. mutually reinforcing activities; and
5. a backbone support agency (a neutral organisation that is the lead).

Collective impact will increase and enhance cross-sector collaboration, will pull organisations out of silos and help the sector to start thinking about the system as a whole rather than just about their programs. FamS believes that the Results Based Accountability™ (RBA™) framework is the best way to achieve collective impact. RBA™ is a quality improvement outcomes framework that can be used in communities and in organisations. For more information about RBA™ and collective impact go to Appendix 1.

Further, collective impact must include all levels of government, NGO's and the community. "When the collective impact goal requires providing place based 'whole of community' collaborative service delivery reform, we believe that, given the complex challenges which are integral to such reform, leadership must ideally involve a strong partnership between all three levels of government, business/philanthropic sectors, NGOs and the involved local community." ( Barbour 2014).

Further, shared measurement systems require access to local data. It is easy to access the number of substantiated child protection reports at a state level but very difficult to access this data at a local level. This valuable form of information can be a catalyst for action in communities and will undoubtedly strengthen the process of Localisation. Many people from the community sector have expressed frustration at how difficult it is to access local data. Shared outcomes and measurement are important ways to encourage all stakeholders within a community to collaborate.

FamS strongly contends that all organisations should be measuring outcomes and engaging in continuous quality improvement. One of those outcomes should address collaboration and engagement with organisations in their community which will increase accountability around service coordination and make it clear that it is expected as part of their core business.

FamS is currently involved in two pilot projects focusing on outcomes measurement. In the Nepean-Blue Mountains district (in a joint project with Youth Action), a localised approach using shared outcomes measurement across the child, youth and family sectors has been developed. The other project led by FamS involves the engagement of all Brighter Futures Lead Agencies across NSW in the development and commitment to collect shared measures focusing on outcomes. See Appendix 3 for further information.

## **What works?**

### Case management

The vast majority of family services in NSW provide evidence informed case management services to vulnerable families. Case management is a "process whereby an individual and/or family's needs are identified and services are coordinated and managed in a systematic way. The core elements of case management include assessment, case planning, implementation (service delivery), monitoring and review". (community.nsw.gov.au).

Providing families with a designated case worker where a range of interventions can be delivered including referrals and support to access services is an excellent way of ensuring very vulnerable families are receiving the support they need. We believe that it is important for vulnerable families experiencing a range of issues to have someone to support them to navigate the system. According to Schmied et al 2006, case management is often considered to be "the glue that holds the system together."

### Community report cards

Ideally there would be a community report card that we were all working on together. But this needs good coordination by a non-funder and non-service provider; ideally the local councils. I suspect that this would be a better use of the little grants that they get from DOCS than the inter-agencies that they support which in our area at least are only attended by the really big providers who provide cradle to grave services. (FamS member)

### Central referral points

The Family Referral Services are a state-wide, Health funded service that originated from *Keep Them Safe*, as part of the evaluation of the NSW Child Protection system. The original vision was for FRS to act as a central service that refers clients to a range of other service providers. I believe this original vision will solve many of the issues we currently face re ensuring clients are provided with a coordinated response. With one centralised referral centre, other service providers are able to focus on core service delivery to clients. (FamS member)

I believe there is a need for one central agency to hold the responsibility of referral to outbound services. This will create easy identification for the client, with a one point of contact model. The current system is far too complex and difficult for clients to navigate to find the service that best meets their needs. (FamS member)

### Sector support

Professionals and services need to be supported and have adequate supervision and consultation in order to effectively engage and build relationships with families. This includes honest, transparent and direct communication and having difficult conversations that are respectful. (FamS member)

Cross sectoral training about referral, collaboration, having difficult conversations with clients' needs and opportunities for services to engage. (FamS member)

### Embracing technologies

Patchwork has improved communication between services in Victoria, and in particular allows workers to communicate with services that have previously assisted a family. Patchwork in NSW will only start to benefit the sector after the majority of agencies become active. I have discussed services being involved in case meetings at and the safe start meeting above, the practice of agencies with case management responsibility including other services in the planning with the family supports the family to build on strengths and demonstrate to statutory agencies that they are engaged in change. (FamS member)

### Working with the community

Adding value and building on the strengths of a community and their locally based initiatives and commissioning contracts rather than competitive tendering are just two ways that would enhance relationship building within the sector.

In appendices three and four are some examples provided by FamS members that demonstrate other models and practice that are working and achieving good outcomes for families and children.

### Outcomes measurement

Collaboration should be driven by desired outcomes for children and families with evaluation of performance measured against common goals

## **Conclusion**

According to the Australian Early Childhood Census (AEDC), children living in the most disadvantaged communities in NSW are not doing well and we need to do more. We believe that strengthening service coordination and collaboration is an important element to improving outcomes for our most disadvantaged communities.

There are a number of disadvantaged communities that have not improved and require urgent action. "A significant number of postcodes have remained depressed for long periods demonstrating persistent, entrenched nature of the disadvantaged experience by these communities." (Vinson & Rawsthorne et al 2015).

FamS believe that meaningful collaboration which includes open and continued communication between all partners of the service system is crucial to ensuring the success of the system.

We want to see more transparency and a culture of sharing information by dissolving barriers between all parties related to the service system and encouraging a 'no-wrong door' approach.

The service system functions across diverse communities and should therefore respond to local community needs. The localisation approach provides an enormous opportunity to move away from a one size fits all policy of administering programs and processes to communities. Service delivery needs to be flexible enough to address endemic community

issues while remaining in line with the shared desired outcomes of supporting children and families to be safe, healthy and thriving.

We need strong governance, structures, systems and processes to support effective service coordination. However, providing an environment that is conducive to building positive cross sectoral relationships is paramount.

Finally, a strong, coordinated service system requires a commitment from all stakeholders within a community to build relationships based on trust and respect with each other and most importantly with their clients. Building stronger communities and ensuring our most vulnerable children and families are safe and thriving is everyone's responsibility – we need to do better and we can.

## **Recommendations**

FamS recommends that:

1. the NSW government provide an increase in funding for early intervention and prevention family support programs to enable families to access services such as case management and parenting support that enable them to navigate the service system and improve outcomes for their families.
2. Family and Community Services provide organisations with five year funding to allow for increased stability within the sector, long term engagement, planning and service coordination.
3. the NSW Government introduce outcomes based contracting where services are expected to measure and report on outcomes related to the difference they made for their clients, collaborations and partnerships they are actively engaged with in their District, and evidence that they are engaging in a continuous quality improvement strategy based on those outcomes.
4. the NSW state government endorse, support and resource Collective Impact initiatives in all 15 Districts. These initiatives should begin with the most disadvantaged communities and build on the strengths of the local community and initiatives within it. For more information about RBA<sup>TM</sup> and Collective Impact go to Appendix 1.
5. there is a whole of government plan for each District that includes all levels of government, non-government organisations and the community and is focussed on community wellbeing outcomes and shared measurement. FamS believes the Collective Impact approach should be used to develop this plan.
6. there is a commitment from all stakeholders to actively engage in District planning processes and consultation to avoid service duplication. This should enhance a sense of working together, encourage better communication and contribute to an improved coordinated response for vulnerable families and children.

7. funding within the NSW community sector should be implemented in collaboration with Federal, State and Local governments. Funding agencies should also consult communities and locally based organisations to determine the best use of funds for that community. This would enhance service coordination, lessen duplication of services and the need for competitive tendering, and would work well within a Collective Impact approach.
8. funding agencies resource and support service providers to develop projects that focus on building relationships and developing innovative ways to work together using a cross sectoral approach. This could involve developing resources and for cross-sectoral learning and engagement opportunities to bridge the gaps in service delivery and create a well informed and educated multi-disciplinary service system.
9. FACS to immediately provide organisations that have programs undergoing reform in early intervention and prevention an extension of funding until at least 30 June 2017.
10. NSW government to provide NGO's with better access to local data to strengthen the process of localisation and inspire action and collaboration in communities.
11. the NSW government to explore new technologies such as Patchwork and the Results Scorecard that will enhance and support service coordination in communities.

## Glossary

### **Australian Early Development Census (AEDC)**

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at the time children commence their first year of full-time school. The purpose of the AEDC is to highlight the strengths and needs to support children's development. The AEDC is held every three years and collects data on five key domains of child development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. The data is used as supporting evidence in relation to health, education and community policy and planning. The AEDC domains have been shown to predict later health, academic success and wellbeing.

(<http://www.aedc.gov.au/about-the-aedc>)

### **Brighter Futures Program**

"The Brighter Futures program delivers targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system. The program services families with children aged under 9 years, or families expecting a child, by providing intervention and support that will achieve long-term benefits for children. Brighter Futures is delivered by non-government lead agencies across NSW to provide a range of tailored services including case management, casework focused on parent vulnerabilities, structured home visiting, quality children's services, parenting programs and brokerage funds."

([http://www.community.nsw.gov.au/docs\\_menu/for\\_agencies\\_that\\_work\\_with\\_us/our\\_funding\\_programs/brighter\\_futures\\_program.html](http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/our_funding_programs/brighter_futures_program.html))

### **Chapter 16A Children and Young Persons (Care and Protection) Act 1998**

Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* authorises prescribed bodies to "exchange information relating to a child or young person's safety, welfare or wellbeing whether or not the child or young person is known to Community Services" (*community.nsw.gov.au*).

### **Child centred practice**

Child centred practice identifies child safety, welfare and wellbeing as the primary consideration of working with clients. This means that the focus of intervention is on the child or young person and on realising positive outcomes for that child or young person (*FACS KTS Guidelines www.community.nsw.gov.au/kts/guidelines*)

### **Child Wellbeing Units (CWU)**

In response to findings in the Wood Special Commission of Inquiry into Child Protection Services in NSW, Child Wellbeing Units (CWUs) were established in the four government agencies responsible for the largest number of child protection reports: NSW Health, NSW Police Force, and Department of Education and Communities. Trained staff in CWUs assist mandatory reporters within their agencies to use the [Mandatory Reporter Guide](#) and ensure that all concerns that reach the threshold of risk of significant harm are reported to the Child Protection Helpline. Where concerns do not meet the ROSH threshold, information about the child or young person is entered into WellNet, the CWU database.

([http://www.KeepThemSafe.nsw.gov.au/initiatives/child\\_wellbeing\\_units](http://www.KeepThemSafe.nsw.gov.au/initiatives/child_wellbeing_units))

### **Child Youth and Family Support program (CYFS)**

The aim of the CYFS program is to provide relevant supports to children, young people and families who have an identified vulnerability which, if not addressed, may escalate to the point where more intensive intervention, including statutory child protection, may become necessary. Specifically, CYFS delivers services to families whose needs do not meet the threshold for statutory intervention – ‘risk of serious harm’ (ROSH).

([http://www.community.nsw.gov.au/docswr/\\_assets/main/lib100052/cyfs\\_program\\_guidelines.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/lib100052/cyfs_program_guidelines.pdf))

### **Communities for Children (CFC) program**

The Communities for Children (CFC) initiative has been in operation since 2005 offering five year funding opportunities with the requirement of services using evidence-based programmes that have proven to be effective and strong governance arrangements. The objectives of the CfC funded programs is to improve the health and well-being of families and the development of young children, from before birth through to age 12 years. Services offered focus on supporting parents to care for their children before and after birth and throughout the early years with parenting support services, early learning education opportunities and school transition and engagement.

(<https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/communities-for-children-facilitating-partner-operational-guidelines>)

### **Families NSW program**

Families NSW is the NSW Government's whole-of-government prevention and early intervention strategy. The program is delivered by the NSW Ministry of Health, Department of Education and Communities, and Department of Family and Community Services (FACS). The Families NSW strategy is targeted at children aged 0–8 years and their parents. Families NSW provides six types of service which include: supported playgroups, parenting programs, family workers, community capacity building, partnerships and network projects and volunteer home visiting services.

([http://www.community.nsw.gov.au/docs\\_menu/for\\_agencies\\_that\\_work\\_with\\_us/our\\_funding\\_programs/families-nsw.html](http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/our_funding_programs/families-nsw.html))

### **Families NSW Community Hubs**

Community Hubs is a national program that links families and their preschool children to services and support, learning opportunities and the wider community. Community Hubs aims to improve access and engagement with existing services for migrant families, increase learning outcomes for children, bolster social cohesion and reach out to migrant communities. Community Hubs acts as a base to bring together local education, health, community and settlement information services.

(<http://www.connect.asn.au/programs/53-national-community-hubs-program>)

### **Families NSW Schools as Community Centres (SaCCs)**

SaCCs operate like a community centre to support families raising children from birth to eight years in partnership with local human service agencies, the local community and the school. SaCCs are based in public schools around the state, providing a range of projects to connect families to the community. These programs include: supported playgroups, transition to school, home literacy and transport projects, nutrition and child health screening

projects, parenting workshops and other projects that bring other services into the school and community.

(<http://www.families.nsw.gov.au/support/sacc.htm>)

### **Family Referral Services (FRS)**

"Family Referral Services (FRS) are intended to assist children, young people, and families who do not meet the statutory threshold for child protection intervention, but would benefit from accessing specific services to address current problems, prevent escalation, and foster a protective and nurturing environment. FRS are intended to link vulnerable children, young people in need of assistance, and their families, with the most appropriate available support services in their local areas."

([http://www.keepthemsafe.nsw.gov.au/initiatives/family\\_referral\\_services](http://www.keepthemsafe.nsw.gov.au/initiatives/family_referral_services))

### **Going Home Staying Home (GHS)**

Between 2012 and 2014 the NSW Government launched a two year reform agenda, known as Going Home Staying Home (GHS) for the Specialist Homelessness Services (SHS) Program. The objective of the GHS reform was to improve long term outcomes for homeless people and those at risk of homelessness. GHS formed the framework for the development of new tendered funding contracts for SHS services. This was the first time that tendering was used to allocate service contracts in the SHS sector.

(<http://www.shssectordev.org.au/node/15>)

(<http://www.homelessnessnsw.org.au/reform/nsw-going-home-staying-home>)

### **Intensive Family Support (IFS) program**

"The Intensive Family Support program is Community Services' second highest-intensity early intervention program. It is designed to work with families in crisis, whose children or young people are at risk of removal and placement in OOHC. Intensive Family Support services are coordinated and provided by non-government service providers, which are funded specifically to provide such services. An Intensive Family Support service consists of a period of twelve weeks of intensive casework and 24-hour on call assistance, followed by a period of up to 40 weeks of continuous, multi-faceted and individually-tailored casework and assistance services."

(*Intensive Family Support service provision guidelines*. Family and Community Services; Policy and Planning Division, May 2011.)

### **Keep Them Safe (KTS) / Wood Inquiry**

'Keep Them Safe: A shared approach to child wellbeing' is the NSW Government's five-year (2009-14) action plan to re-shape the delivery of family and community services. Keep Them Safe is the NSW Government's response to the Wood Special Commission of Inquiry into Child Protection Services in NSW, which was established on 14 November 2007. The New South Wales Governor commissioned the Hon. James Wood, AO, QC to conduct an inquiry to determine what changes within the child protection system are required to cope with future levels of demand. In particular, the Keep Them Safe initiative includes actions to enhance the universal service system, improve prevention and early intervention services, better protect children at risk, support Aboriginal children and families, and strengthen partnerships with non-government organisations in the delivery of community services.

(<http://www.keepthemsafe.nsw.gov.au>)

**Risk of significant harm (ROSH)**

The Child Wellbeing and Child Protection NSW Interagency Guidelines explains ROSH / Risk of Significant Harm as the following: A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare or wellbeing, or in the case of an unborn child, after the child's birth. The significance can result from a single act or omission or an accumulation of these.

*(community.gov.nsw.au).*

**Strengths based practice**

Involves recognising, fostering and building on a person's skills, capacities and competencies. This approach recognises that each person already has skills and expertise in relation to their lives, and their families. A strengths based approach aims to enhance motivation, participation and realisation of identified goals and positive outcomes. *(FACS KTS Prevention and Early Intervention Strategies*

*(www.community.nsw.gov.au/kts/guidelines)*

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