INQUIRY INTO SERVICE COORDINATION IN COMMUNITIES WITH HIGH SOCIAL NEEDS

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NSW Government Submission

Legislative Council Standing Committee on Social Issues

Inquiry into service coordination in communities with high social needs

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Contents

1. Introduction

The NSW Government welcomes the opportunity to make a submission to the Legislative Council Standing Committee on Social Issues' *Inquiry into service coordination in communities with high social needs.* NSW has a long history of coordinating services for communities with high social needs, and appreciates this chance to demonstrate the extent to which Government and non-government agencies are working together to identify the needs of clients to provide a coordinated response. This experience has given Government particular insights into the enablers for effective service coordination and best practice principles and models for service coordination, as outlined in this submission.

NSW is committed to improving the way services are delivered to achieve better outcomes for vulnerable people. This is particularly important in communities with high social needs, where the existence of multiple complex needs can also be compounded by locational disadvantage. Service coordination can improve the effectiveness of service delivery as it addresses the difficult issues of fragmented and siloed service responses, and supports client centered services which are responsive to the needs of the community.

Defining communities with high social needs

For the purposes of this submission, 'communities with high social needs' are defined as those communities with a high proportion of people with multiple and complex issues, or those which perform poorly over multiple socio-economic indicators[1] such as:

- Social distress, including financial distress, social exclusion and isolation.
- Health and/or disability.
- Community safety, including child maltreatment, rates of criminal activity, rates of domestic and family violence and prison admissions.
- Economic, including the skill level of the workforce, unemployment figures, long term unemployment, access to the internet and housing stress.
- Education, including school readiness, school performance, the engagement of young people in education and training, overall education level of the population.

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[1] Indicators have been adapted from those used by Tony Vinson and Margot Rawsthorne in their report 'Dropping off the Edge 2015: Persistent communal disadvantage in Australia'.

It is in communities such as these where service coordination is most critical to improving outcomes, given that no one agency is able to address the range of complex and interconnected needs which exist on their own.

The intensity of service coordination required to address a particular issue depends on a range of factors
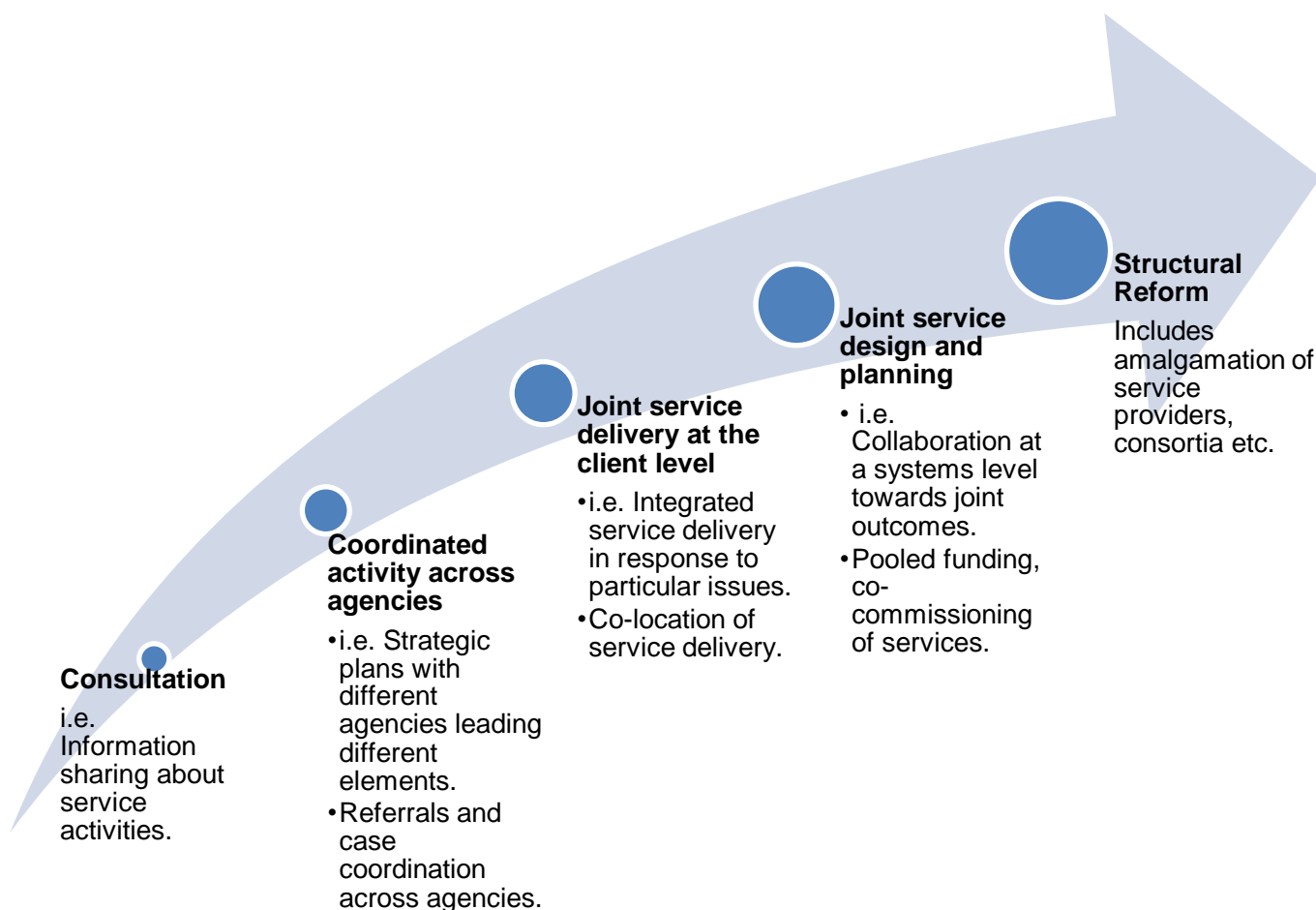
In circumstances where service delivery is transactional in nature, or relates to a discrete issue which can be addressed by one agency, service coordination may not be necessary or essential to ensuring that services meet the needs of clients.

Where service coordination is needed, it is important to remember that this can occur along a scale of intensity, depending on what is appropriate to the circumstances. Factors which can help determine the intensity and type of coordination required include:

- the needs and experiences of the client receiving services

- the complexity, nature, and number of issues being addressed

- the objective of the coordination

- the number and nature of stakeholders

- geographic considerations

- resourcing constraints

- whether the coordination is being undertaken at a central (head office) or local level.

The NSW Government has characterised the different types and intensity of service coordination as follows:

Figure 1: Scales of intensity of service coordination

Structural Reform
Includes amalgamation of service providers, consortia etc.

Joint service design and planning
• i.e. Collaboration at a systems level towards joint outcomes.
• Pooled funding, co-commissioning of services.

Joint service delivery at the client level
•i.e. Integrated service delivery in response to particular issues.
•Co-location of service delivery.

Coordinated activity across agencies
•i.e. Strategic plans with different agencies leading different elements.
•Referrals and case coordination across agencies.

Consultation
i.e. Information sharing about service activities.

2. NSW Government agencies are working together and with the non-government sector to coordinate activities

Coordinated activity across agencies

There are many good practice examples of where NSW Government agencies are working together, and with their non-government partners, to identify the needs of particular clients and communities, and coordinate their service delivery in response. These include:

▪ *Family Referral Services*

Family Referral Services are state-wide non-government child protection and wellbeing services funded by the NSW Government to link vulnerable children, young people and

their families with a range of support services in their local area. They use a range of client assessment tools to identify the needs of clients, with the service response ranging from the provision of information, to referral, to service or case coordination, depending on what is required. Family Referral Services also play an important role in strengthening coordination and collaboration amongst service providers in their region to promote child safety, welfare and wellbeing.

▪ *It Stops Here: Safer Pathways*

Safer Pathways is currently operating in six locations as part of Government's *It Stops Here* Domestic and Family Violence Framework. It provides a single, streamlined referral pathway for victims of domestic violence and provides an integrated and coordinated response to victims at risk of domestic and family violence. Key components include a state-wide network of Local Coordination Points that facilitate local responses and provide victims with case coordination and support, and multi-agency Safety Action Meetings to develop safety action plans for victims at serious risk.

▪ *Networked Specialist Centres*

Networked Specialist Centres are a new way of bringing together schools, their local communities, and Government and non-government agencies to achieve better educational and life outcomes for students and their families. Operating in four demonstration sites with a further 11 currently being established and an additional 5 to be in place by early 2016, the Centres facilitate local, collective networked service systems to assist schools to meet the needs of students. Each Centre has a Facilitator at Principal level who will bring together coordinated interagency health and wellbeing services to meet the additional learning and support needs of students experiencing personal, social, emotional and/or environmental complexity.

The Department of Education is currently exploring the use of targeted resources to enhance work in supporting schools managing the most complex cases. The Senior Psychologists, Out of Home Care Program officers and a component of the Home School Liaison Officer/ Aboriginal Student Liaison Officer Programs are key areas that will support the Networked Specialist Centres.

These programs generally involve agencies coming together to take a coordinated approach to address the needs of clients. They can often involve informal cooperation such as information sharing between providers, the provision of information on multiple services through a single point, referral of clients to services provided by other agencies (often in the non-government sector), or coordinating a client's access to services across multiple agencies. Each agency delivers their own services directly to the client according to their own agency guidelines. A challenge for this model

of service coordination can be ensuring that clients referred to another agency receive the service they need, particularly in the absence of formal accountability and governance arrangements between agencies.

Joint Service Delivery at a client level

Joint or integrated service delivery can be an effective means of providing a streamlined service response to clients in circumstances where more than one agency needs to be involved. It can also make it easier for vulnerable clients to access services by bringing them together under one roof, and providing a 'soft entry point'. Examples of joint service delivery include:

- *Aboriginal Child and Family Centres*

  Nine Aboriginal Child and Family Centres operate across NSW, in Gunnedah, Ballina, Brewarrina, Minto, Lightning Ridge, Nowra, Toronto, Doonside and Mount Druitt.

  The Centres bring together a range of early childhood, health and family support services to improve the overall health and wellbeing of Aboriginal children and provide support for their families. The Centres are run by non-government organisations, who work in partnership with local services and programs to meet local priorities and needs in a culturally appropriate way. Evaluations of the Centres by the Commonwealth Government and NSW Department of Family and Community Services have found them to be successful in improving outcomes for Aboriginal clients, and in reaching members of the community who have not accessed services in the past.

- *The Housing and Accommodation Support Initiative (HASI)*

  HASI operates as a three way partnership to support people with long term mental illness to live effectively in the community. The partnership is between:

  - Local Health Districts (clinical service delivery);

  - non-government organisations (psychosocial rehabilitation accommodation support); and

  - housing providers (property and tenancy management).

  The partnership wraps services and support around people living with severe mental illness. It is based on strong integration and partnership among clinicians in hospitals and in the community, such as general practitioners, private psychiatrists and other care providers.

- *Joint Investigation Response Teams*

  Joint Investigation Response Teams aim to provide a seamless service response to children and young people at risk of significant harm, as a result of sexual assault, physical

abuse and neglect. Teams comprised of officers from Community Services, NSW Health and NSW Police undertake joint investigations of statutory child protection matters that require a criminal justice response. The model aims to deliver greater protections to vulnerable children by minimising the number of interviews conducted, and linking the risk assessment, protective intervention, criminal investigation and counselling and therapeutic support roles played by different Government agencies.

While the above models have been very successful, a barrier to these types of joint service delivery is that the focus can often be centered towards delivering the service as agreed (to the funding specifications) rather than long-term outcomes for the client. This is because no one agency 'owns' the program or service. A joint commitment to shared outcomes and agreed key performance indicators are important factors which can help refocus service delivery towards achieving client outcomes.

Joint Service Design and Planning

While there are many examples of good individual programs and initiatives that either coordinate activity across agencies or involve joint service delivery, experience has shown that these are not, on their own, sufficient to significantly improve outcomes in communities with high social needs. To address the multiple and interconnected factors which contribute to the entrenched social disadvantage that exists in some communities, a fundamental transformation in approaches to service delivery is required that moves beyond coordination to collaboration.

Ideally, this type of work should be place based, to ensure that it is responsive to the needs of local communities, takes a holistic view of the challenges and strengths which exist in each community and can be developed in partnership with the community. As the NSW Ombudsman has previously observed, interagency committees and the 'linking' and 'coordinating' of services are not the same as truly integrated placed based approaches[2]. In recognition of the need for a more systemic approach to service collaboration, the NSW Government has begun to trial new approaches to joint service design and planning. For example:

- *Co-design approaches*

  Co-design aims to include all relevant stakeholders to jointly design new solutions to problems, with a focus on innovation and thinking beyond existing program and structural

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[2] NSW Ombudsman December 2012 Report 'Responding to Child Sexual Assault in Aboriginal Communities', page 277

boundaries. As part of its Safe Home for Life reforms, the Department of Family and Community Services is using a co-design process to bring together and empower stakeholders to make decisions about child protection resources and services based on the needs of their local community and the risks children and young people face in their local area. This approach embeds a focus on local solutions for local communities, and allows stakeholders from across Government agencies and the non-government sector to design and own joint solutions that recognise that no single agency working alone can protect vulnerable children.

Co-design has commenced in four districts across NSW with some innovative and creative opportunities identified that challenge current ways of working with vulnerable children, young people and their families. For example, the Central Coast has designed a multi-agency intake and service point centre, staffed by people drawn from FACS, Police, Education and Health, who possess a strong understanding of the local service system. Staff from the local Networked Specialist Centre and Family Referral Service will also support the operation of the multi-agency centre. Child protection reports for Central Coast children and young people will be diverted from the central Helpline to the local multi-agency centre. Utilising an array of tools, intake staff will assist reporters, where appropriate and where risks do not require a statutory response, to continue to support the child and family. Non Risk of Significant Harm (ROSH) reports constitute nearly half of all reports taken about Central Coast children and young people. In these cases, staff will work with other co-located services to support families to get the right response and faster. It will also result in families not having to tell their story multiple times for multiple assessment processes and free up caseworkers to deal with those children who are found to be at ROSH.

- *The Collective NSW*

The Collective NSW is an alternative model to commissioning services being led and piloted by the Department of Family and Community Services Northern Sydney District. It operates by tapping into the assets and resources in community through fostering better coordination locally between the three levels of government, the non-government sector, academia, business and philanthropic organisations. It is working to address identified social needs by supporting a network of 25 projects. These include Mana Allawah, which is an interagency strategy for improving health, educational, and social outcomes for local Aboriginal people. FACS is currently preparing to transfer The Collective NSW into the non-government sector where it is believed the model will become more agile and responsive to the needs of vulnerable communities.

- *Local Decision Making*

Local Decision Making is an OCHRE initiative seeking to improve Aboriginal community control of service delivery and setting of community priorities. Local Decision Making sets out a pathway for communities to have more control in the identification, delivery and coordination of government services, and for government to support community identified priorities. Over time Aboriginal regional alliances will obtain more decision-making powers, which may eventually include control of the budgets for some NSW government services, as they demonstrate requisite governance capability.

The first Local Decision Making Accord was signed between the Murdi Paaki Regional Assembly and the NSW Government in February 2015. It outlines agreed actions to address the needs and priorities negotiated between the Assembly and Government. NSW is continuing to work with other Aboriginal communities to implement Local Decision Making, including the Illawarra and Wingecarribee Regional Partnership Alliance, the North Coast Regional Aboriginal Development Alliance, the Barang Central Coast Aboriginal Regional Partnership, the Three Rivers Regional Assembly, and the Northern Regional Coalition of Aboriginal Peak Organisations.

Local Decision Making is an important initiative that aims to decrease the duplication of services, increase the effectiveness of service delivery, and increase the skill and capacity of regional Aboriginal governance bodies. Local Decision Making aligns with NSW Government service delivery reform directions, including efforts to devolve more authority and accountability for decision-making to the local level, and to promote participation in service design, planning and delivery. Local Decision Making also recognises that local people should be involved in the decisions that affect them and their communities, and realising Aboriginal self-determination.

Service coordination cannot be effective unless the appropriate enablers are in place

The more intensively services are being coordinated; the more important it is that these enablers exist.

- *Complementary organisational structures*

Where organisations share boundaries, or have boundaries which are complementary, service coordination can be easier to achieve. The Department of Family and Community Services has aligned the services streams of Ageing, Disability and Home Care, Community Services and Housing NSW at a local level in districts aligned to Local Health

District boundaries. This was in recognition of the significant overlap of common clients, and that service delivery could be improved through fostering greater coordination through a more cohesive and aligned structure. Health and social care are inextricably linked. There are multiple government programs, at the State and national level, serving the needs of people with high social needs, from health, aged care and disability, to housing, education, employment and social services. The aligned structures make service delivery and planning easier.

While the Department of Education does not have regional boundaries, it has considered ways in which data and information can be shared in a meaningful way across agencies enabling planning at the local level to meet the needs of children and young people. For example, in 2014 the Department released its first *Aboriginal Students in NSW Public Schools Report* with data disaggregated by Health/Family and Community Services districts. This report provides information on enrolments, school performance and attendance. It also includes information about early childhood education and TAFE NSW.

- *Clear strategic direction*

This can help provide the authorising environment and direction to encourage service coordination, particularly at a local level. As an example, the overarching NSW Integrated Care Strategy has been developed to deliver more coordinated and connected care across primary, acute and community settings and focus on individual patient needs. Locally led integration is at the heart of the strategy, with Local Health Districts working in partnership with government and non-government organisations, hospitals, primary care and community health services to develop and progress approaches to integrated care. Similarly, the NSW Wellbeing Framework for Schools provides a strategic direction for public schools across NSW to enhance the collective wellbeing of their students

- *Strong governance arrangements*

Strong governance arrangements provide a structure through which to coordinate services, monitor progress and hold people accountable. As an example, Regional Leadership Groups are the formal mechanism to lead coordinated delivery of Regional Action Plans which focus on the actions the NSW Government will take to improve outcomes in each region. These Groups have been established to deliver improved regional service delivery under the new NSW Government regional governance framework. There are seven Groups throughout the State chaired by a Senior Regional Coordinator with executive support provided by the Regional Coordination Branch of the Department of Premier and Cabinet. The seven regions are: North Coast, Western NSW, Hunter, Central Coast, Central & Sydney East, Greater Western Sydney and Illawarra/South East NSW. One of the key

functions of the Groups is to facilitate strong and meaningful links between the senior regional leaders of each cluster, so that they are aware of evolving government priorities and can readily collaborate to resolve or escalate regional or State significant issues with a whole of government character.

- *Co-located and outreach services*

    Having services working together in the same physical location can be beneficial for service coordination, as it strengthens relationships between service providers and allows for joint responses that holistically address the client's needs. An example of this approach is the FACS' One Place Service Centre in Coniston where clients can access FACS services as well as the services offered by other government agencies and NGOs from the one location. Where physical co-location is not possible, effective local service access points can still be created though local information and referral services that provide holistic client assessments and referrals across a broad spectrum of services such as housing, financial assistance, counselling and parental support.

    Services which are mobile and go to the client can also be an effective way of engaging hard to reach clients. LegalAid NSW Outreach services involve the deployment of 'mobile lawyers' who provide advice, minor assistance and community legal education to clients in hard to reach areas. Mobile lawyers are well placed to develop and maintain local partnerships and adopt a holistic, problem solving approach to resolving legal problems as early as possible. Legal Aid NSW has developed partnerships with a range of non-legal community and government organisations so that outreach services are provided in accessible environments such as Aboriginal Medical Services, Migrant Resource Centres, Neighbourhood Centres, Centrelink, Courts and correctional facilities

- *Information Technology solutions*

    Information Technology solutions are essential to enable communication and information sharing to support service coordination. The Department of Family and Community Services is implementing a number of Information Technology platforms to aide effective understanding of the client base and service coordination. The Patchwork application, for example, enables service providers to establish a team of cross agency workers for clients, identify key contacts and send team messages through a single mobile enabled online tool. FACS is also replacing its current Information Technology systems with the ChildStory ICT platform, which will allow frontline caseworkers, non-government partners, other government agencies and families to develop a holistic view of each child or young person and their needs. IT solutions can assist service coordination by allowing agencies to capture and share data and information in ways that can be easily understood and

interrogated. Dashboards, trend graphs, etc. allow for monitoring of performance and correction of service delivery or coordination where outcomes are not being met.

- *Data*

  Data is a critical tool for enabling service providers to understand the needs of communities, and to develop service responses that meet those needs. It is also important for monitoring the effectiveness of service responses, and whether they are impacting on client outcomes. NSW has recently announced that it will develop a whole of government Data Analytics Centre. The NSW Government Data Analytics Centre (DAC) will sit within the Department of Finance, Services and Innovation (DFSI), and will support agencies sharing information to deliver better services and build an evidence base to support policy development, particularly where issues cross portfolio boundaries. DFSI is also responsible for the Human Services Data Hub (the Hub), which provides an aggregated view of expenditure across agencies relating to the delivery of human services. The Hub provides a consistent whole of Government mechanism for recording and classifying expenditure on human services delivered throughout NSW. Once collected, the data is consolidated, validated and published for use by agencies. Both the Centre and the Hub will take a whole of government view, which will provide insights for service coordination and improvement across agencies.

- *Common assessment and referral processes*
  In order to identify the needs of its clients, FACS and a number of its funded services have in place detailed assessment and referral processes which support agency collaboration. Assessments follow program guidelines that are developed through extensive research and consultation around best practice. An example is the recent reforms to the delivery of homelessness services where all Specialist Homelessness Services (SHS) are required to operate within a 'no wrong door' approach. This means that when a person or family contacts an SHS provider they will, at a minimum, be provided with a range of options, including provision of information, advice and referral to services to meet their needs.

- *Funding matched to need*

  Given resources are limited, agencies will often look for the best place for investment based on need. An example of how funding can be matched to need is the Department of Education's Resource Allocation Model (RAM). This is a needs based funding model that is used to distribute resources to all NSW public schools so that they have maximum capacity to target resources to meet the needs of their student population. There are three components of the RAM:

  - targeted (individual student) funding

- equity loadings for socio-economic background, Aboriginal background, low level adjustment for disability and English language proficiency
- a base school allocation that includes funding for school operations, staffing entitlement and professional learning, as well as loadings for school buildings and facilities, climate and location.

The way schools use their RAM funding will vary based on local needs. Some support will be for the entire school, and some will be for particular groups of students or individual students. Schools may choose to combine their equity loadings to maximise opportunities and support for students.

3. Consideration of initiatives such as the Dubbo Minister's Action Group and best practice models for the coordination of services

Best practice principles and models for service coordination

Addressing complex social issues, such as those that exist in communities with high social needs, requires service responses based on the local context. As such, a degree of caution is needed when considering best practice models – what works in one context or community, or for addressing one particular issue, may not necessarily work in another context or community. It may therefore be useful to consider best practice principles for service coordination, as opposed to best practice models. Best practice principles include:

- A genuine commitment to collaborate and work as joint partners, in recognition that no one agency or person can solve complex social issues on their own.

- Shared goals and objectives amongst the partners, and shared accountability for meeting those outcomes.

- A shared understanding of how the goals to be achieved and the service activities align with each agency's charter/purpose.

- An authorising environment, or 'permission' to participate in service coordination – particularly where it is trying something new, or requires changes to existing service delivery or funding activity. This could take the form of an overarching strategic framework, or Ministerial/Secretarial support.

- A strong facilitator/coordinator who can build respect between all parties, hold people to account and manage and resolve tensions when these arise.

- Local place based solutions developed by those closest to the community whose needs it is trying to meet. This is consistent with the findings of the draft New Zealand Productivity Commission's 2015 More Effective Social Services Report[3], which concludes that while top down control of social services is appropriate in some cases (e.g. child protection), it is a poor match where clients have multiple, complex service needs. This is because a top down approach can dampen innovation, reduce coordination between agencies and limit flexible adaptation to client needs and local circumstances.

- Where service coordination models are designed centrally, there should be the opportunity for these to be adapted at the local level.

- A participatory approach which includes the voice of clients, community and the non-government sector in identifying what the problem is and any design solution – without this, Government will continue to guess at what is really required. Consideration should also be given to whether capacity building activities are required to support the participation of the community.

- The collection and use of data to inform service coordination design assists government to make better investment decisions that shifts resources towards evidence based interventions and areas of greatest need. Data is also essential in monitoring and evaluating whether the service delivery is impacting on the outcomes sought.

In addition to the examples of service coordination referred to earlier in the submission, NSW also highlights the following models which contain features of best practice in service coordination, reflecting the principles outlined above:

The Toomelah Boggabilla Strategy

Toomelah and Boggabilla are isolated Aboriginal communities with an array of socio-economic problems including limited capacity of community organisations to deliver key responsibilities, poverty, very high unemployment, poor housing, limited infrastructure, and high incidences of domestic violence, alcoholism, diabetes and child sexual abuse.

Building on earlier whole-of-government efforts and partnerships with the community to address these issues, in 2012 the NSW Government prepared an interagency Short Term Action Plan to

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[3] New Zealand Productivity Commission 2015 Draft Report 'More Effective Social Services', http://www.productivity.govt.nz/inquiry-content/2032?stage=3

develop a new and better approach to delivering Government services in Toomelah and Boggabilla. The Plan was developed in response to issues raised at community meetings in 2012 between senior officers from NSW and Commonwealth Governments, Toomelah Boggabilla Elders and community members. The Plan contained a number of short term actions to address the most urgent needs of the community, specifically, to mitigate any significant child safety and environmental health problems. The Plan also had a collaborative focus on establishing stability and building strength and resilience within the community. The aim of the Plan was to position the community to determine its own priorities and solutions, and to facilitate a journey of healing and improved health, wellbeing, and social outcomes.

Supported by the Commonwealth and NSW Governments, the community was able to develop a representative community leadership group, which included a Council of Elders and Community Working Party. The Toomelah Boggabilla Community Action Plan was presented to Government in February 2014.

The Toomelah Boggabilla Steering Committee is maintaining an ongoing dialogue with the Toomelah Boggabilla Council of Elders and Community Working Party in developing appropriate localised service responses to the Community Action Plan. The current Government response is led by the Department of Education through the Connected Communities Strategy in recognition of the important role that the Toomelah Public School and Boggabilla Central School each fulfil within the community.

Elements of this strategy which reflect best practice in service coordination included:

- Strong governance, including strong leadership to demonstrate the commitment of the Government to addressing the challenges facing the community, in the form of a Ministerial champion.
- A strong cross-agency commitment from Commonwealth, State and local government agencies. Stakeholders with the authority to influence progress were collaboratively engaged within the same governance structure.
- Extensive community consultation from the start of the response, with the community leading the identification of priority issues that they considered required resolution.

The Dubbo Minister's Action Group

This Group is a high level coordination and management group convened by the local Member of Parliament/ Deputy Premier the Hon. Troy Grant and is comprised of senior representatives from local, state and commonwealth agencies and non-government and community partners. A Senior Steering Committee and a local Management Group work together to meet the objectives of the Dubbo Minister's Action Group Strategic Plan. The Plan was originally created in 2012 as a response to antisocial behaviour issues on the East Dubbo Apollo Estate. The work of this Group led to a major transformation of the Apollo Estate and the establishment of an effective community hub. In this initial activity, the Group reflected best practice principles in that it:

- Had clear shared goals which all partners were working towards.

- Involved a range of stakeholders, including non-government organisations and the community.

- Was driven by strong leadership, in the form of the now Deputy Premier and senior leaders from relevant agencies.

- Took a holistic approach to addressing the needs of people living on the Estate, including capital works (such as street lighting, the de-concentration of the estate and refurbishing remaining properties), community capacity building, and the provision of services such as outreach health services, counselling, youth activities, anti-truancy programs, and Aboriginal specific activities and services.

A model is currently in development that will intensively case manage those with high social needs. The Steering Committee of the MAG is currently evaluating an intensive case management model for trialling within the Dubbo Local Government Area that is based on the UK *Troubled Families* family intervention program. It will target a small number of families with multiple complex needs who currently receive support from a range of services.

Social Housing Estates

In working to address the issues of communities with high social needs, FACS operates through a strong evidence base that it has developed through its significant amount of work in this area over a number of years which has often focused on social housing estates. This work has ranged from smaller scale local projects, to program based approaches and large scale integrated physical and social renewal projects requiring very large capital injections. Evidence gathered by FACS through practice wisdom, evaluations and other research, indicates that the effective coordination and collaboration of all key stakeholders involved is crucial to addressing the needs of these communities.

A number of key concepts inform how FACS will continue to deliver initiatives which aim to have positive outcomes for these communities, and these include the following best practice elements:

- A whole of community approach: it is important to engage and coordinate activity at all levels of government in aligning policies and programs, and the community sector to ensure positive outcomes at the local level.

- Integrating people and place mechanisms: it is important to recognise that the undertaking of physical improvements or people-based programs in isolation of each other is insufficient. To make a sustainable impact both approaches are required simultaneously and need to be appropriately resourced.

- Clear priorities and purpose, linked to measurable outcomes: it is important to recognise that approaches to tackle disadvantage on estates need to be driven by priorities jointly agreed by communities, other stakeholders and government and estate activities and these need to be tangibly linked to a set of measurable estate renewal outcomes.

- Strong leadership and governance arrangements: It is important to recognise that initiatives need to be underpinned by appropriate governance arrangements, both locally and centrally.

Connected Communities

The Connected Communities strategy is a whole of government reform to drive improved education outcomes for Aboriginal children and young people in some of the State's most complex and disadvantaged communities. It reflects service coordination best practice in that it:

- Aims to address the holistic needs of the community by positioning schools as community hubs that will facilitate a range of services from birth, through school, to further training and employment.

- Is a place based approach, which has been informed by advice from the Aboriginal Education Consultative Group and a broad consultation process with key stakeholders, underpinned by progressive educational research that highlights the value of place-based approaches to education.

- Is participatory and community driven. A key element of the Connected Communities strategy is the establishment of a local School Reference Group which advises the Executive Principal on the development, planning and implementation of the Connected Communities strategy. The core membership of the group comprises the Executive Principal, the local Aboriginal Education Consultative Group president, two parents, two Aboriginal Elders or Aboriginal community members, a Parents and Citizens Association representative and the Leader, Community Engagement, to provide executive support. This

group ensures regular involvement by the community in the strategy and the school operations.

Maranguka (Bourke) – Collective Impact

Maranguka is an Aboriginal community owned organisation established by the Bourke Aboriginal Community Working Party to address service coordination issues in that community. It was established in response to concerns that although Bourke had a large and growing number of community services, most services were poorly designed, lacked coordination, and had not achieved significant improvements in outcomes. The consequence of poor service design, coordination and effectiveness was that more families were experiencing disadvantage and greater anti-social behavior.

The key components of Maranguka's operations are a community hub/shop-front for families seeking support, a representative Tribal Council to provide advice on program design and delivery, and a 'Report Card' to measure the community's progress. It models best practice in service coordination in that it has:

- Been community driven, through the development of a grassroots community organisation with on-going community engagement.
- Empowered community governance with strengthened decision making and accountability in program design and delivery.
- Adapted the evidence based model of collective impact to the local context of a remote, mostly Aboriginal, community.
- Built greater engagement between government and non-government organisations and the Bourke community, including direct engagement with families

Whole Family Teams

Whole Family Teams provide specialist in-home and community based interventions for children and families with complex mental health and drug and alcohol issues where the children have been identified as at risk of significant harm. Referrals from Community Services are prioritised. Teams were established in 2010 and are located in Lismore, Newcastle, Nowra and Gosford. An additional three teams will be established as part of the NSW Government response to Living Well: A Strategic Plan for Mental Health in NSW 2014-2024. The independent evaluation of WFTs found the model to be highly successful, delivering:

- clinically significant improvements in parental mental health;
- improved parental drug and alcohol outcomes (reduced daily tobacco and alcohol use);

- improvements in all domains of family functioning (including parenting, family relationships and child wellbeing); and

- significant improvements in child safety, as evidenced by the substantial reduction (58.4%) in the rate of ROSH reports to FACS for children in families who completed the WFT program.

The model delivers assessment of family functioning and comprehensive and integrated specialist mental health and drug and alcohol assessment of individuals. This assessment determines comprehensive care planning that includes individual and family based treatments. In addition, the teams coordinate, link and network with other support services to ensure that families can be treated in a holistic manner and can continue to receive support following intervention. The teams reflect best practice in service coordination in that they:

- Provide integrated specialist mental health and drug & alcohol services to support families, with the flexibility to bring together various services depending on a particular family's needs.

- Reduce the need for families to navigate multiple services on their own.

- Are supported by a strong governance structure, with multi-agency Implementation Groups established to promote ongoing collaborative partnerships in the planning, coordination and implementation of the initiative with key stakeholders at the local level.

- Are based on strong working relationships between the teams, the Ministry of Health, the Department of Family and Community Services, Local Health Districts and other services.

4. Any other matters

Promising international examples of service coordination

The NSW Government would also like to draw the Committee's attention to the following international models of service coordination. While NSW has not examined these models and their potential application to this State in detail, they appear promising and worthy of further consideration.

- *Children's Teams (New Zealand)*

  Children's Teams are an integrated service response to address the complex issue of protecting and supporting vulnerable children. Teams are comprised of senior practitioners and professionals from key agencies, including iwi/Maori, health, education, welfare and social services, and overseen by a Lead Professional. They respond holistically to all the

needs of children referred to them and their families, through an in-depth and multidisciplinary needs assessment, and work together to support the child and family for as long as needed. Teams are supported by new tools, processes and infrastructure including: joint accountability for vulnerable children-related targets across agencies; information sharing protocols; an information system that will draw together a comprehensive view of a child's interface with different agencies and provide a collaboration platform for Children's Team members to input and share information; and a holistic assessment tool to identify child needs and strengths across 16 domains.

- *Social Sector Trials (New Zealand)*

  The Social Sector Trials are a social change model focused on improving outcomes by testing an alternative approach to social service delivery in communities. The approach is centered around a community member or non-governmental organisation, who shapes cross-agency resources with local organisations and government agencies to deliver more collaborative, directed and effective social services. The Social Sector Trials have been credited with delivering a wide range of changes to social service delivery in their communities, filling service gaps, improving the quality and inter-connectedness of social services, and taking steps towards more systemic changes in social service delivery.

- *Children's Trusts (United Kingdom)*

  Children's Trusts have been implemented in the UK to deliver fully integrated child centered services, in which agencies take collective responsibility for the commissioning and delivery of services to children and their families in a specified location. They are local partnerships which bring together the organisations responsible for services for children, young people and their families. Children's Trusts develop the local strategy for improving children's lives by delivering better services, including their health and wellbeing. Different Children's Trusts work in different ways, depending on local circumstances. They focus on particular issues, like reducing under-achievement in early years or improving access to services for disabled children, and on new ways of working, like co-location of services and multi-agency teams around the child. They promote strong joint planning and commissioning of services, especially by the local authority and the local primary care trust – which are at the heart of the Children's Trust.

- *Communities that Care (Originated in USA, has been implemented in Australia)*

  Communities that Care is a model that brings together all segments of the community in promoting the positive development of young people — youth, parents, local government, law enforcement, education, business, and providers of recreation, health, mental health and social services. Key Leaders are those in the community who hold existing recognised

positions of responsibility and influence. A Community Board is established, comprising a group of interested members of the community, who work with the Key Leaders to analyse the unique needs of the community, and to plan and implement tested, effective programs to foster the healthy development of children and young people. Using strategic consultation, training, and research-based tools, Communities that Care is designed to help community stakeholders and decision makers understand and apply information about risk and protective factors, and programs proven to make a difference in promoting healthy youth development, in order to address the specific issues facing their community's youth.

- *Troubled Families Program (United Kingdom)*

Troubled Families seeks to address the needs of families with multiple high needs causing problems in their communities and placing high costs on government services. Each family has one dedicated worker who provides practical 'hands on' support and gathers intelligence on all of the family's needs. The more complex the needs of the family, the more intensive the intervention. A multi-agency plan is created for the family which all partners agree on, and a 'team around the family' approach is taken with a co-located range of professionals. Multi-agency oversight usually takes the form of a local governance arrangement with senior representatives from the agencies involved, and a single 'troubled families' coordinator' oversees the program of action in each area.