

**Submission
No 4**

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

Organisation: MacKillop Family Services

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The Director
Standing Committee on Social Issues
Parliament House
Macquarie St
Sydney NSW 2000

13 August 2015

To the Director

Standing Committee on Social Issues Service coordination in communities with high social needs

Thank you for the opportunity to provide comment to the Standing Committee on Social Issues on the Inquiry into service coordination in communities with high social needs.

MacKillop Family Services (MacKillop) provides services to children, young people and their families in New South Wales, Victoria and Western Australia. The suite of services we provide in NSW include foster and kinship care, residential care, homelessness services and family support and referral services.

MacKillop and our predecessor agencies have a long history of providing services to the most vulnerable and disadvantaged communities in NSW and Victoria. With offices in Blacktown, Wollongong, Batemans Bay and Bega, MacKillop provides services in communities in Sydney's Metro West and Southern regions. These areas were identified as amongst the most disadvantaged in NSW in the report "Dropping of the edge 2015: Persistent communal disadvantage in Australia"¹ released by Jesuit Social Services and Catholic Social Services Australia in July 2015.

It has been our experience that services that work together provide better outcomes than services that attempt to work with children, young people and their families in isolation from each other. This is especially the case in regard to the work we do in partnership with the South Coast Medical Service Aboriginal Corporation, focussing on Aboriginal capacity building and supporting the placement of Aboriginal children with Aboriginal carers.

MacKillop work extensively in collaboration and partnership with a range of other agencies and through this work we have recognised the importance of developing and nurturing formal working relationships with other non-government organisations (NGOs) to achieve improved outcomes for the children, young people and families we support. As a result, MacKillop has been investigating the development of "Wraparound", a model developed in the USA in the 1980s and refined in Milwaukee, where "Wraparound Milwaukee" has been operating in since 1994.

The Wraparound approach provides a total system of care to address entrenched vulnerability for the children, young people and families where the children and young people are at risk of entering the out-of-home care system. It also has the potential to reduce the risk of young people entering into the mental health and juvenile justice systems.

¹ Vinson, T. and Rawsthorne, M., (2015) *Dropping off the edge 2015: Persistent communal disadvantage in Australia*, Jesuit Social Services / Catholic Social Services Australia

**JUSTICE
HOPE
COLLABORATION
COMPASSION
RESPECT**

The Wraparound approach provides a comprehensive and coordinated array of community-based services and supports to families of children and young people with complex emotional, behavioural and mental health needs through a partnership of agencies. The ongoing success of this model has been widely recognised and has, through extensive evaluation, provided overwhelming evidence of greatly improved outcomes for children, young people and their families.

One of the key strengths of the Wraparound approach is the focus on the family through the immediate appointment of a Care Coordinator employed by one of the partner agencies. The delivery of services is facilitated by the Care Coordinator who works with the family to choose the right services from an integrated service provider network of individual providers and community based organisations. The Care Coordinator acts as the resource coordinator for the child, young person and family, bringing together the agencies, family and community supports needed to develop and implement a plan of care.

In our view, some of the barriers for families receiving a more seamless service delivery can be overcome through a model like Wraparound, alongside practical approaches that encourage appropriate and lawful information sharing. As noted in the evaluation of *Keep Them Safe Outcomes Evaluation*², there is some work to be done in ensuring that agencies understand their responsibilities in relation to information sharing. While Chapter 16A of the *Children and Young Persons (Care and Protection) Act* allows information to be shared between prescribed bodies, despite restrictions in privacy laws, the *Keep Them Safe Outcomes Evaluation* noted that “...stakeholders reported continuing challenges and significant bureaucratic delays in relation to information sharing.”

Additionally, the *Keep Them Safe Outcomes Evaluation* found that good information sharing practices should be part of broader child-focussed strategies. The authors note:

[T]he main problems are not related to the practicalities of information sharing and collaboration. The system as a whole is still very ‘system focused’ rather than being ‘child focused’.

There is still a great deal of activity and much anxiety around whether children do or do not meet the ROSH [risk of harm] threshold, and therefore which agency is responsible for service provision. The [Mandatory Reporter Guide] and the various Structured Decision Making tools are primarily focused on risk and safety assessment and not on what interventions are required to meet the needs of the child and the family. Similarly, Chapter 16A is often interpreted as supporting information sharing about children for the purposes of assessment, but does not necessarily lead to collaborative holistic interventions to support those children. There is no common assessment or strategic framework for ensuring that children are provided with a timely, holistic and coordinated intervention, and no process for assuring that there is a continuity of care for families.

The view that Community Services is fully responsible for children who meet the ROSH threshold, and that only children below this threshold are ‘everyone’s business’, still pervades much of the practice in NSW. True interagency collaboration around families with children at ROSH is rare. This has led to perverse outcomes including instances where services have been withdrawn from children at ROSH rather than ROSH assessments triggering increased resources and collaboration between agencies, which are the hallmarks of good child protection systems internationally.”³

² Cassells R, Cortis N, Duncan A, Eastman C, Gao G, Giuntoli, G, Katz I, Keegan M, Macvean M, Mavisakalyan A, Shlonsky A, Skattebol, J, Smyth C and valentine k (2014), *Keep Them Safe Outcomes Evaluation Final Report*, Sydney: NSW Department of Premier and Cabinet, page 10

³ Cassells et al, page 78

In MacKillop's view, a Wraparound approach should be location-based, focussing on communities with high social needs. Elements of the approach include:

1. Individualised Care

- Child and Family Care Teams – the development of a care plan based on the unique strengths and needs of a child with serious emotional and mental health needs and his or her family
- A comprehensive array of services is built-in
- Each family has their own crisis/safety plan
- Care Coordinator works with a small case load of around six families at a time
- Teams have access to flexible funds according to the type and cost of the services required by the child and family

2. Strengths-based

- Care Plans begin with an inventory of child and family strengths
- Strengths are identified and used to help meet needs in the care plan
- All meetings begin with participants talking about positive accomplishments
- Family service providers and other support services are trained to work using the strengths-based approach

3. Culturally Competent

- Cultural assessments and plans are prepared
- Incorporation of family narrative and strengths discovery in the cultural plan
- All Care Coordinators and providers are trained in culturally competent practice

4. Community-based Approaches

- Wraparound Care Coordinators work intensively to build a network of services so that any support service required to support children, young people and families is available
- A Mobile Urgent Support Team is able to provide urgent access to family support services in order to help families deal with a crisis

5. Natural Supports

Natural supports are the relationships that occur in everyday life, which usually involve relationships with family, friends, co-workers, neighbours and acquaintances and are of a reciprocal nature. Such supports help children and young people develop a sense of social belonging, dignity and self-esteem.

- All care plans show the use of informal and natural supports
- Care coordination agencies are encouraged to identify and encourage informal supports

6. Team-based

- Child and Family Care Team works with families to drive decision-making
- Other system stakeholders, for example, government service providers are invited to join the Child and Family Team
- Team decisions are made by a consensus of the team

7. Collaboration

- Agencies agree to memorandum of understanding
- Information is shared in accordance with Chapter 16A
- One care plan developed across systems with one Care Coordinator
- Agencies agree to conflict resolution procedures
- Agencies participate in cross-system training

8. Persistence

- Wraparound is held accountable for implementation of the care plan
- A “Plans Fail, Not Kids” approach is adopted

9. Outcomes-based

- Extensive Quality program promotes quality through creating, measuring and monitoring outcomes
- Program, Fiscal, Clinical, Safety, Educational and Permanency are continually reviewed and data is shared with partners
- Annual performance review of care coordination agencies are conducted

10. Family Voice and Choice

- Child and Family Teams are directed by families – “No Family - No Plan”
- Families have choice of providers and have access to an on-line Provider Resource Guide
- Local families and stakeholders are supported to collaborate with Wraparound infrastructure, policy development and decision-making.

In MacKillop’s view, child-focussed, family centred place-based approaches, such as Wraparound have the ability to have a profound influence on service delivery in communities with high social needs. A shared commitment to collaboration is required to ensure models such as Wraparound are properly implemented and a shared commitment amongst NGOs is essential for the model to succeed.

MacKillop wishes to thank Committee Members for the opportunity to contribute to this Inquiry and look forward to learning of the findings. If you have any queries related to this submission, please contact Dr Nick Halfpenny, Director of Policy and Quality on

Yours sincerely,

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CEO, MacKillop Family Services