Joint Response

to the

Protecting Victoria's Vulnerable Children Inquiry

2011

TABLE OF CONTENTS

BACKGROUND

Premier Ted Baillieu launched the "Protecting Victoria's Vulnerable Children" 2011, inquiry to investigate systemic problems in Victoria's child protection system and make recommendations to strengthen and improve the protection and support of vulnerable young Victorians.

It is designed to inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:

- The factors that increase the risk of abuse or neglect occurring, and effective prevention strategies.

- Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

- The quality, structure, role and functioning of:

  - family services;

  - statutory child protection services, including reporting, assessment, investigation procedures and responses; and

  - out-of-home care, including permanency planning and transitions; and

  - what improvements may be made to better protect the best interests of children and support better outcomes for children and families?

- The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.

- The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

- Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission.

- Measures to enhance the government's ability to:

  - Plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families.

  - The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.

Bethany and Glastonbury Child and Family Services welcome this announcement and have prepared the following joint response to contribute to discussions and feedback.

Bethany Community Support (Bethany) is a progressive community organisation established in 1868 focused on supporting vulnerable individuals, families and communities in the Barwon region. Each year over 6,000 families, individuals and children access services provided through 25 programs. The organisation employs 110 staff and has an operating budget of $8M.

Bethany's mission is to *Support and Strengthen Communities* and we provide the following services:

- Child FIRST
- Family Services
- Kinship Care
- Housing and homelessness services
- Family violence services
- Men's services
- Problem gambling services
- Parenting programs
- Family relationship services
- School based services for children and parents

Bethany has a significant standing in the Barwon South West region and wider welfare sector with a strong history of commitment and provision of high quality and innovative services that build on individuals' and communities' strengths to achieve personal and social change. We have a long history as a specialist child and family support agency, with strong involvement and leadership in the Child and Family Services, Family Violence, and Homelessness sectors, which has informed our submission to this inquiry.

Bethany enjoys wide support and sponsorship of the business and philanthropic sectors and responsive relationships with all levels of government. Our approach to service delivery is characterised by innovation, partnering and service integration to meet client needs in a holistic and seamless fashion.   Formal partnerships are in place with over 20 community organisations and government departments as well as active engagement in over 30 sector networks.   www.bethany.org.au

Glastonbury Child & Family Services is a not for profit organisation that provides care and support services to vulnerable children, young people and families in disadvantaged communities in the Barwon region and beyond. Glastonbury is guided by a Board of Directors, CEO and staff team of 120 and 60 volunteers and operates three discrete but complementary programs: Early Intervention, Family & Community Service and Out of Home Care. The services focus on prevention through to intensive therapeutic residential care which are delivered to over 4,500 individuals each year with an annual budget of $6.5m.

Early Intervention Program: PLAY; HIPPY; ABCD 123; Early Learning; Come n Play; Learning with Kids; Children Active in Play
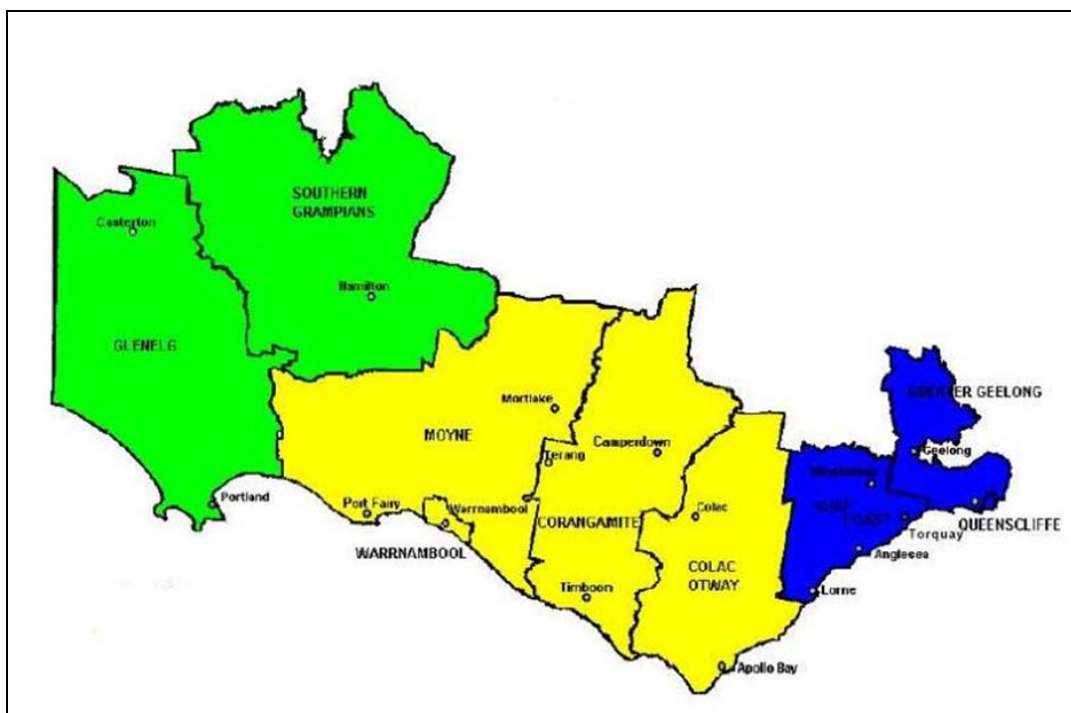
Family and Community Services: Family Services; Family Coaching; Families First; Innovations; Child and Family Outreach Service; Torture and Trauma Counselling; Play Therapy; Youth Foundations; Kids in Focus

Out of Home Care: Residential Care, Therapeutic Residential Care, Carer Recruitment and Support; Home Based Care; Respite Care; Leaving Care Support.

Glastonbury also provides a heritage and volunteer service. The former ensures access to information on past care recipients.

Glastonbury's vision is to ensure children and young people achieve their potential. Our values of care, innovation and collaboration are reflected in the breadth of services and partnerships that Glastonbury has developed over its long standing role as a valued provider of quality community services. Its stewardship of an internally funded prevention and early intervention program reflects the care and commitment to children, particularly those that are disadvantaged. Our focus on innovation is largely demonstrated in service development/improvement, use of evidence based approaches through our model of care and service charter in addition to our learning organisational culture. Commitment to collaboration with our many partners reflects the ongoing capacity and capability to work effectively with partner services that equally contribute to supporting children and young people achieve their potential. www.glastonbury.org.au

Bethany and Glastonbury are key Child and Family Services Community Service Organisations within the Barwon south West Region and are represented on a range of region and state wide governance and service development forums.

The Barwon-South Western Region (BSWR) consists of 29,637 square kilometres of Victoria and has a population of 324,000 people. It covers the south-west of the state from Queenscliff in the east to the far southwest border of South Australia. The region is made up of nine municipalities: Colac Otway Shire, Corangamite Shire, Glenelg Shire, City of Greater Geelong, Moyne Shire, Borough of Queenscliff, Southern Grampians Shire, Surf Coast Shire and the City of Warrnambool.

TERMS OF REFERENCE

To inquire into and develop recommendations to reduce the incidence and negative impact of child neglect and abuse in Victoria, with specific reference to:

Criteria 1

The factors that increase the risk of abuse and neglect occurring and effective preventative strategies.

1.1   **Given the different forms which child abuse and neglect may take, and the very broad range of risk factors involved (for example, parental substance misuse, domestic violence, socio-economic stress, inadequate housing, availability of pornography, parental history of child maltreatment, poor parent-child attachment, social isolation etc):**

1.1.1   What are the key preventive strategies for reducing risk factors at a whole of community or population level?

Bethany and Glastonbury believe the nature and impact of child abuse and neglect stems from key structural community deficits which pose significant issues for families and children. These issues include: impact of homelessness; long term unemployment, mental health issues; drug and alcohol abuse; financial difficulties and family and relationship breakdown. In addition to this it is our experience that family violence is the key factors for families to access child and family services and is central to this area.

For children, depending on their age, development and family relationship some of the common issues impacting on their development include transience; sense of safety and security; stigma and shame; mental health; behavioural issues; disruption to education; destabilisation of family relationships; grief and loss; and fear and anxiety due to lack of stability.

Given these factors above, it is critical that the system deals with these factors in a multi-pronged co-ordinated systems approach in order to make sustainable change for children and families. Bethany and Glastonbury acknowledge that prevention is an essential element of service provision and has not been funded/resourced as part of the suite of child protection/care and support system services cohesively nor adequately to date.

A range of preventative strategies that could be considered include:

- A long term multi media community education campaign is critical to recognise the value of and responsibility for all members of the community to accept their role in protecting children. Child Protection should be a community responsibility and shared by the community. Recognition, followed by community ownership through sustained community messages and education on: the key risk factors, the negative and long term detrimental impact of these risk factors on children and the preventative and protective strategies that can introduced to support a positive childhood are essential. Public promotion strategies (eg public health initiatives) such as that used in UK Barnardos – family violence campaign; problem gambling campaigns; diabetes public health campaigns are appropriate examples.
  (Immediate Priority)

- Use of existing experts to showcase appropriate preventative strategies and establish funding/resource allocation for these strategies is essential. This will enable the bringing together current knowledge and pilot projects through discussion/recommendation by

cross sectoral policy makers, service leaders, senior practitioners, academics; it is expected that the best available evidence will be supported as best practice approaches. It is noted that this approach will also ensure sustainable systems learning, practice innovation and organisational development. It is recognised that this is currently applied in other government environments and should be applied to child protection, care and support for vulnerable children. **(Immediate Priority)**

- Greater level of service co-ordination and channels of communication between universal, targeted and specialist services which all share a common family focussed framework to underpin their service delivery. This can happen through resourcing co ordination at service and management level to facilitate a continuum of care that includes prevention as a new initiative. **(Immediate Priority)**

- Develop models that have multi program focus to meet the complex needs of families and to decrease or limit the current isolated approach to service provision that operates in the sector. Capacity to have collocated multi service sites and child and family services that provide a range of health and well being services in local areas, such as Children's Hubs, or collocation of services in community based settings such as schools, community health centres, neighbourhood centres etc are recognised as being of longer term benefit. Of critical importance is the governance structure and their capacity to present services that are not 'welfare labelled' or adversarial in perception and delivery . **(Medium Priority)**

- Investment in early intervention strategies should be implemented across the state concurrently with research/evaluation to confirm best practice models that reflect regional and local issues (particular for disadvantaged communities. **(Medium Priority)**

- Workforce development that enables community service organisations to ensure that there is a preventative focus of their skill and knowledge base and the professional development and training capability to support this is essential **(Medium - Long Term Priority)**

- Recurrent funding for preventative strategies is essential **(Long Term Priority)**

1.1.2   What strategies should be given priority in relation to immediate, medium and longer term priorities?

This has been answered above in section 1.1.1, please note that the timeframe for the priority is highlighted (bold) at the end of each strategy

1.1.3   What are the most cost-effective strategies for reducing the incidence of child abuse in our community?

It is recognised that as community service providers, Bethany and Glastonbury do not have access to nor the capacity to comment on an economic analysis nor from a cost benefit perspective given that there are few preventative strategies that are funded and researched to measure this effectively.

It is however noted that: early Intervention services for infants and children that are targeted to support the parent child relationship, promote attachment and wellbeing and facilitate family engagement in universal services (or access to them) has a positive and long term effect on the outcomes for children and their family. Bethany and Glastonbury currently provide some of these

activities in their non government funded programs. Our organisations remain committed to prevention and early intervention as the most appropriate mechanisms to support intergenerational change and social inclusion through the life course.

1.1.4   *Do the current strategies need to be modified to accommodate the needs of Victoria's Aboriginal communities, diverse cultural groups, and children and families at risk in urban and regional contexts?*

Aboriginal children are over represented in tertiary services but underrepresented in preventative services.

Aboriginal controlled services are considered the primary service provider for the Aboriginal Community however at a regional level have not had the capacity to support the breadth of need/demand for care and support. Community Service Organisations have not been supported with funding to undertake cultural competence training, this remains an extremely frustrating issue to ensure our services are as appropriate and responsive to the needs of Aboriginal children.

Bethany and Glastonbury work with many diverse cultural groups and in regional/rural contexts. The following issues needs further consideration in relation to the provision of services: communication, transport and access, service delivery methods, program materials, skill and knowledge (of staff and volunteers and their availability) and support from other services (eg universal and secondary) including timing (when these are only remotely available).

1.1.5   *Some in the sector have argued for the introduction of a 'Public Health Model' in relation to child protection. What might be the benefits of introducing such a model in Victoria? What are the main characteristics of such a model?*

A public health model is supported in partnership with a range of other strategies. The benefits are well recognised in the health system from an economic, social and community perspective. The main characteristics of this model as being applied to child protection and the care and support of vulnerable young Victorians could include:

- .   prevention (information through to early identification)

- .   education and training (of current and future workforce across all elements of service provision for children and young people)

- .   multi media campaigns (that are timely and sustainable)

- .   delivered by government and community service providers (in relation to a role out and key messages)

Criteria 2

Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capability of those organisations involved.

Q 2.1   What is the appropriate role of adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect? Please provide comment in relation to any of the services listed below or any additional services that you regard as relevant to this Term of Reference.

2.1.1   Universal and primary children's services such as general medical practitioners, antenatal services, maternal and child health services, local playgroups, early childhood education and care services, primary schools, secondary schools, and telephone and internet based services for children and young people seeking information and support.

Bethany and Glastonbury know that Universal Services are available to the whole population and are designed to promote positive functioning and decrease the likelihood of specific problems or disorders developing. Such services are truly universal if they are not only available to the whole population but accessible to and accessed by most people. Factors effecting accessibility include location, cost, opening hours, and inclusiveness.

Australian studies suggest that universal health and early childhood services are not as accessible or inclusive as they need to be, and that a small but significantly minority group of families underuse some or all of these services. (Carbone et al, 2004; Walker, 2004). This is most apparent in disadvantaged neighbourhoods and vulnerable families.

In the literature review, *The role and nature of Universal Health Services for pregnant women, children and families in Australia, May 2008,* Dr Virginia Schmied and team noted that, "One significant component of a system or program of early childhood services is the availability of, and access to, universal health services at the primary care level, particularly for disadvantaged and vulnerable children and families. Furthermore, engagement with universal primary care services and maximising opportunities for intervention requires recognition that early childhood care begins in pregnancy."

In countries where various professionals provide well-child care, there is often little coordination between services such as child and family health nurses and general practitioners (Kuo et al., 2006). For example, a Victorian survey found that half of general practitioners had no contact with their local child and family health nurse in the previous month, and of those who did, almost all found it helpful for themselves and the mother (Mbwili-Muleya, Gunn, & Jenkins, 2000).

In Australia, child and family health nurses are often the first point of contact for well-child care, with families accessing general practitioners for all other child health care (Kuo et al., 2006).

Murray and Bacchus (Murray & Bacchus, 2005) described the 'multitude of barriers to accessing timely and optimal care, including the lack of accessible information in appropriate formats; negative and stereotypical attitudes of staff; lack of continuity of care; and poor communication and coordination between maternity and other services'.

Children are important users of general practice services: general practitioners (GP) had 13.5 million encounters with children aged under 15 in 2004–05, compared with only 545,000 episodes of children's hospitalisations (Britt H & et al, 2005).

Although general practitioners are an important provider of services to women and young children, and visits to the GP provide opportunities for anticipatory guidance and preventive care activities, little is known about how GPs provide this care, with some evidence that such care is poorly delivered and less likely to be routinely provided to vulnerable and disadvantaged children.

In relation to universal and primary services key roles that need to be played in responding to the needs of children and families at risk of child abuse and neglect Bethany's and Glastonbury's experience, in their regional sector, is as described in the literature. That is, whilst there is significant expertise and commitment by the individual universal and primary service providers, there is opportunity for a more collaborative approach, thereby enabling a more proactive role to be played.

Bethany and Glastonbury Services have identified that, in order to do so, the following points describe their recommendations for the most appropriate roles of the Universal and Primary Services for consideration, plus some suggested strategies:

- Shared responsibility for duty of care for children and families at risk of child abuse and neglect with Targeted and Specialist Services through collaborative and proactive approaches to:
    - Risk assessment for child abuse and neglect being incorporated into intake and referral processes (where applicable) for all Universal and Primary services, using a common framework that is designed in partnership with the targeted and specialist services. For example; General Practitioners/School Teachers/Nurses having appropriate questions to ask if concerned about a specific child or family at risk and then having a simple but effective process for referral or advice.
    - Engaging in information sharing and appropriate referral to targeted/specialist services for case planning, ensuring collaborative practice.
    - Collecting information and ensuring appropriate referral or advice for children and families at risk.
    - Understanding mentoring role for provision of support/advice to children and families at risk.
    - Becoming educated and raising own professional skills about children and families at risk of abuse and neglect issues, information and pathways for referral.
    - Developing a shared understanding of Mandated Reporting Requirements, Child Protection Requirements and Privacy Policy to ally anxiety and blockages for information sharing and reporting.

- Being a champion for Community Education Programs that raise awareness and help to create a community which is intolerant of child abuse and neglect through:
    - Educating the community of the value of ChildFIRST and Child Protection thus creating a less threatening presence
    - Facilitating education and awareness raising about services available and how to recognise risk. For example; a General Practitioner is highly regarded in their community they will therefore be well received to facilitate education sessions

2.1.2   *Targeted child and/or family services such as enhanced maternal and child health services, children's disability services, specialist medical services, child and adolescent mental health*

services, family support services, family relationship counselling services and Aboriginal managed health and social services.

Targeted services are available to selected groups or individuals who are known to be at risk of developing a particular health or developmental problem, and designed to reduce the likelihood of the problem developing. Treatment services are specialist services that are available to individuals or families who have an established condition or problem, and designed either to eliminate the condition or problem, or, if this is not possible, to minimise its negative impact.

The gap between the rich and the poor has widened, with the result that there are children and families who do not or cannot easily access the services they need. This has negative consequences for their long-term health, achievements and wellbeing (Hertzman, 2002a; Shonkoff & Phillips, 2000).

One result of these changes is that the current service system is having difficulty coping with the overall demand. Many treatment services have waiting lists, and these create referral bottle necks. As a result, many children and families do not get the specialist help they need (Sayal, 2006). Often it is those with the greatest need that are the least likely to be able to access available services (Watson et al, 2005).

Bethany and Glastonbury's experience with Targeted and /or Family Services within their regional sector is not only as previously described but extends to a key understanding of the issues that occur between the Targeted Services themselves.

Bethany and Glastonbury have identified the following to be their recommendations for the most appropriate roles for consideration within the Targeted Child and /or Family Services themselves, plus some suggested recommendations for the Targeted Services with other Universal, Primary and Adult Specialist Services. The recommendations and strategies are:

- Facilitating seamless communication flows about clients needs between all relevant services by:
    - A clear understanding of roles and responsibilities across all sectors.

    - All services are invited and attend key meetings, such as Best Interest case Plan meetings, Care Team Meetings, case conferences and so forth.

    - A clear memorandum of understanding between the services (being Targeted, Universal, Primary and Adult Specialist services).

    - Communication strategy for linkages with Universal and Primary Services.

    - All programs adopt a family focused framework rather than working with the individual.

- Services to be flexible with their service response ensuring that the most appropriate and successful model is used with the clients based on their individual needs.

- All services, including Child Protection, facilitate community education programs that raise awareness for services and vulnerable children and families at risk of abuse and neglect issues in a partnership approach with Universal, Primary and Specialist Services.

- Creation of a streamlined approach for all targeted services which involves the whole family in its approach by:
    - Creating and implementing an accountability structure for services to their clients, community, staff and funding bodies that is transparent, has a no blame culture and is used for future service planning.

The following examples are drawn from past and current activity that Bethany and Glastonbury have undertaken which reflect the breadth of successful targeted activity:

SKATE (Supporting Kids at their Environment)
This was a child focused group program which operated over four years in Geelong, especially designed for children who are impacted by problematic parental substance use.
The intervention comprised of an eight week psycho educative model, grounded in cognitive behavioural and expressive therapies, teaching coping and problem solving skills, emotion recognition and help seeking strategies and skills to children within a supportive, non stigmatising environment.

Evaluation results suggested that the SKATE program has been effective in reducing child maladjustment in general and was most effective in reducing depressive and withdrawn symptoms in children. The evaluation findings suggest that unlike previous parent only interventions designed to enhance parenting skills, direct clinical services for children impacted by parental substance abuse are effective in reducing child symptoms.

PLAY (Parents Learning actively with Youngsters) is a program of activities designed to respond to children's early childhood development and focuses on cognitive, physical, emotional and social development. The parent is the primary educator and engages their child in the activity. This promotes a close positive relationship between the parent and child, based around sharing fun activities. Parents are supported to do this through assignment of a mentor. PLAY has been in operation for a decade and is based on the early learning framework and learning games strategies, this foundation enables the trained facilitator to focus on improving the chronological age milestones of the child (which are usually delayed) toward appropriate developmental milestones through educating the parent (usually the mother) in a supportive environment (eg home or playgroup). This then enhances parent child attachment, parent engagement and access and use of available universal services.

Family Coaching Victoria is a pilot program, developed in response to the need for new family based interventions that aim to prevent at-risk children and young people being removed from home and for children and young people who cannot live safely at home, to work with their parents to address the problems, and build capacity so the children can be reunified as soon as it is considered safe.
This model of intervention provides an integrated and coordinated service system response to vulnerable children and families requiring placement prevention and reunification services. It promotes better outcomes for vulnerable children and their families through
- Improved safety, stability and developmental outcomes
- Reduced number of first time entrants into care
- Reduced time spent in care for first time entrants and
- Reduced child protection involvement and court activity.

Redesign of Child and Adolescent Mental Health Services (CAMHS) was an initiative undertaken by Barwon Health in conjunction with a number of key child and family services including

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Bethany, Glastonbury, Child Protection Services, Gateways, Maternal and Child Health Services (COGG) and McKillop Family Services to consider more effective practices and program developments to better support generalist and targeted services working with children with mental health issues. Strategies for this included collocation of the FAPMI worker with Child FIRST, one day per fortnight as initial trail; FAPMI training for all family services providers to promote common understanding on frameworks; care team development proposals; and development of an integrated service development project across the Mental Health and child and family services sectors. This reference group continues to meet monthly to progress the report recommendations into practice.

The Supported Playgroup program provides pivotal community connections to vulnerable families and a vital introduction to their child's early learning. Experienced facilitators support positive parent-child interactions, encouraging stronger child–parent attachment and assist key transitional phases in the child's development towards kindergarten and school.

The Bethany Supported Playgroup Program operates in a range in community based settings, primarily primary schools operating from three Northern Bay sites in Norlane, Corio West and North Shore, and two from the Early Learning Centre in Rosewall. This has been strategically planned to support parent's engagement with universal community settings and encourage their confidence in these settings. One of the key outcomes for the 77 children that attended in 2009-10 has been increase in participation rates in early years programs rising from 37% to 63% of all families.

Further development of the program has been the development of the three year old Rostered Playgroup at Rosewall Early Learning Centre. In the rostered playgroups parents are routinely rostered on to assist in the delivery of that day's program and mentored to gain confidence, skills, encouraged to undertake further training/employment and community participation opportunities. This model is being expanded to a kindergarten in North Shore which will extend early years opportunities for vulnerable children.

The **New Parent Infant Network** (NEWPIN) Early Years program is an intensive therapeutic and support program for mothers and pre-school children. NEWPIN offers a welcoming and supportive environment and therapeutic interventions to develop and enhance the parent/child relationship, self-esteem, parenting skills and achieve positive change in their relationships. NEWPIN group work programs are provided to educate and develop parenting skills and give parents and children the opportunity to share positive time together. Parent/child activity groups held this year have included Gymba Roo, Kinder Gym, Music Therapy, Getting Active Program and Gross Motor Program.   Parents' personal development programs focus on enhancing parenting skills and the parent/child relationship and included Our Skills as Parents, First Aid, Safety in the Home and therapy group. An independent evaluation of the program was undertaken by the Centre for Community Child Health in 2007 -09 which provided strong evidence of the successful client outcomes for this innovative service. These outcomes for the families included : on exit 86% mothers had either found employment, volunteer roles or had returned to school; 86% children were engaged in early years services or schools; and of the total 24 families there were no further re-notifications to Child Protection. A copy of the Evaluation is attached for further reference. (*Please refer to Attachment 1*)

In 2009-10 Bethany commenced two key projects as service improvement and capacity building strategies to support vulnerable children within the Child FIRST / Family Services Program. These were the:

Northern Suburbs School Hub Pilot Project - a three year pilot project funded by DHS designed to improve service coordination and earlier service intervention for vulnerable children, basing a family services worker across Corio, Corio West, North Shore and Norlane West primary schools, (key project stakeholders with Child Protection Services). This project has focused on developing early intervention support for vulnerable children 6- 8 years, providing consultation and support to school staff where they are concerned for a child's safety and well being, and improving communication and referral pathways for schools to Child FIRST and Child Protection Services.

The NSSHPP further aims to develop and evaluate frameworks and processes to enhance earlier intervention responses across the Education and Family Service sectors. In this context, the term 'earlier intervention', as detailed in the Strategic Framework for Family Services document, relates to providing a critical, timely and responsive intervention that occurs when a child or family's vulnerability has been identified but before they escalate to a Child Protection intervention.
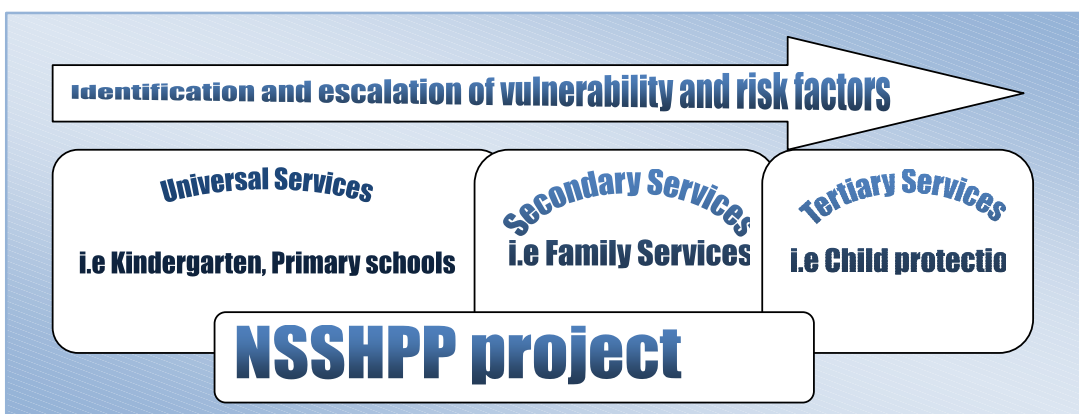
This project also provides short term family services intervention and casework with families to meet their immediate needs. The program has been very successful in developing new confidence and competence with the school staff in considering impact of family issues on the child's behaviour and introducing strategies to assist in supporting the child at school and support at home. The program has also introduced a number of groups for children. This pilot is currently being evaluated (mid cycle) and further detail can be provided to the inquiry regarding the program success to date. (Please *refer to Attachment 2*)

- The **Early Childhood Development Pilot Project** (in partnership with the City of Greater Geelong) aims for systemic improvement for vulnerable children (0-5 years) through developing and enhancing partnerships between ChildFIRST/Family Services and universal and secondary early years' services and service enhancements through developing and facilitating targeted capacity building activities enhancing family services and early years' practitioner skills. The Barwon catchment project undertook an innovative approach in contracting the Centre for Community Child Health to develop a framework to enhance service co-ordination and communication between the Early Years and Family Services sector. This framework has been finalised and is attached for your reference. (Please refer to Attachment 3). The project has also developed a set of common resources and tools including community education information pack which is being trialled and can be used for future in service training sessions.

- **Children & Family Outreach Service (CFOS)** provides a specific focus on drug and alcohol use, engaging with children and family members enabling them to access counselling and treatment as part of a harm prevention and family inclusive approach. CFOS assesses children and other family members targeting illicit drug use and the impact the use has on the developing child/ children, as part of integrated harm prevention approach. The model of intervention is to work with the whole

family not just the person with the problematic substance use and it differs from most mainstream drug and alcohol services because it focuses on the whole family and the impact of the drug use on the children within the family. CFOS will undergo evaluation by Deakin University Geelong during 2011.

- **Structured Active Play in Early Childhood** was developed as a component of large scale community based obesity prevention intervention targeting children aged 0-5 years in the Barwon sub region. The program is provided by early childhood staff to increase the levels of active play of young children attending early childhood care and educational facilities. The program comprises of simple structured activities categorised into skill components (fundamental movement skills) for example roll, hop, skip, jump and gallop.

- These Fundamental Movement Skills (FMS) are the foundation movements or precursors to more specialised, complex skills used to play in games, sports and physical recreation. They do not emerge naturally but are the result of many ontogenic factors that influence a child's motor skills development including instruction and free and structured play. Many families do not understand that FMS activities require repetition and that modelling is sometimes required to show the parent how to play with their children.

- Structured Active PLAY in early Childhood was evaluated by Deakin University in 2010. The study concluded that children's fundamental movement skills had improved and had important impacts on family functioning, social networks and promoting children's activity. The study group from low socio economic families and their level of Fundamental movement skills was significantly below the reference levels on the clinical tests. This means that the children were not able to perform kicking, hopping, jumping at the level expected for their age and gender. Children who lack the necessary FMS and active play experiences have been shown to have negative experiences such as stigmatisation and teasing and low confidence which may attribute to a lifetime of avoidance of physical activity.

- Results showed that children's level of FMS had increased significantly and were no longer below the reference on the test. The clinical significance for these results highlight preschool children develop rapidly with 90% of the growth of the brain occurring by five years of age. This improved skill development developmentally increases children's engagement in physical activity which is important for lifelong good health and reduced risk of chronic disease in later life.

2.1.3   *Specialist adult focused services in the field of drug and alcohol treatment, domestic violence, mental health, disability, homelessness, financial counselling, problem gambling, correctional services, refugee resettlement and migrant services.*

Traditionally, adult-focused services in fields such as drug and alcohol treatment, mental health, corrections, domestic violence, refugee resettlement, disability and emergency housing have untapped potential to improve the safety and wellbeing of Australia's most vulnerable children. Given the powerful evidence that now exists on the serious immediate and long-term risks posed to children from parental substance dependence, mental health problems and domestic violence, and the high prevalence of such problems among families involved with statutory child protection systems, it is vital to tap this potential.

There are enough promising examples in most of these adult-focused service sectors to demonstrate that it is possible to respond to the parental roles of adult clients and to the needs of their children. The current policy climate in Australia is ripe for building the capacity of adult-focused services to become 'child and parent sensitive'. Building the knowledge base to support

such models of service delivery, and to facilitate the 'scaling up' of cost-effective approaches, should be a major national priority in relation to social inclusion. (Scott, Dorothy, '*Think Child, Think Family': How Adult Specialist Services Can support Children at Risk of Abuse and neglect*, Family Matters, no. 81, 2009: 37 -42.)

There are also studies of collaboration for a 'child and parent sensitive' approach by linking secondary health services with other agencies such as mental health and child protection (Darlington, Feeney, & Rixon, 2004), and there is strong support for coordinated responses to domestic violence including health, police and child protection services (Mulroney, 2003). Other Specialist collaborative models also exist, for example, public health nurses are located within child welfare services to provide health services for children in out-of-home care (Schneiderman, Brooks, Facher, & Amis, 2007).

Likewise, Bethany and Glastonbury recognise the need within adult specialist services to be both child and parent sensitive in their approach, providing a key link for a fuller response to Victorias vulnerable children's needs.

In order to do so the following points describe the most appropriate roles of the specialist adult focused services for consideration:

- All Parties involved in the provision of Adult Specialist Services to be child centred and family focused through the following:
    - Appropriate central referral and assessment processes that accommodate information regarding children.
    - The gathering of information about children (if applicable) should be activated in initial meetings with adults.
    - Allows for family focused frameworks to be utilised .
    - Creation of a holistic plan for all children, inclusive of and with referrals to other appropriate specialist, targeted and or universal services.
    - Capacity to collocate therapeutic professionals within child and family services, such as speech therapists, psychologists, drug and alcohol and mental health workers.

- Actively participate in collaboration with other specialist/targeted/ children and family focussed services for referral, information, intervention and education.

- Through collaborative approaches facilitate education about Adult Specialist Services for other specialist/targeted/ universal children and family focussed services.

- Through collaborative approaches facilitate and support education to raise awareness of issues for the community, helping to develop a shared responsibility for our vulnerable children and their issues.

- Participate in Research and Advocacy for the sector at a policy and service provision level.

2.2 How might the capacity of such services and the capability of organisations providing those services be enhanced to fulfil this role?

Our experience in the sector has demonstrated that a comprehensive multi service response is required for majority of children and families that we work with within the family services sector. Data has

demonstrated across both agencies that over 80% of referrals have two or more complex issues presenting including drug and alcohol, mental health, family violence.

One of the critical issues that presents is the challenge of service co-ordination across the range of programs and differentiation and focus of who is the client (ie; adult or child or family) and this issue can create barriers for the co-ordination of care.

Structural deficits are long standing for many families e.g. access to affordable and stable housing) however many services only focus on the presenting issue rather than dealing holistically.

The development of a common service intervention framework across this range of services is considered essential. This framework would need to be inclusive of:
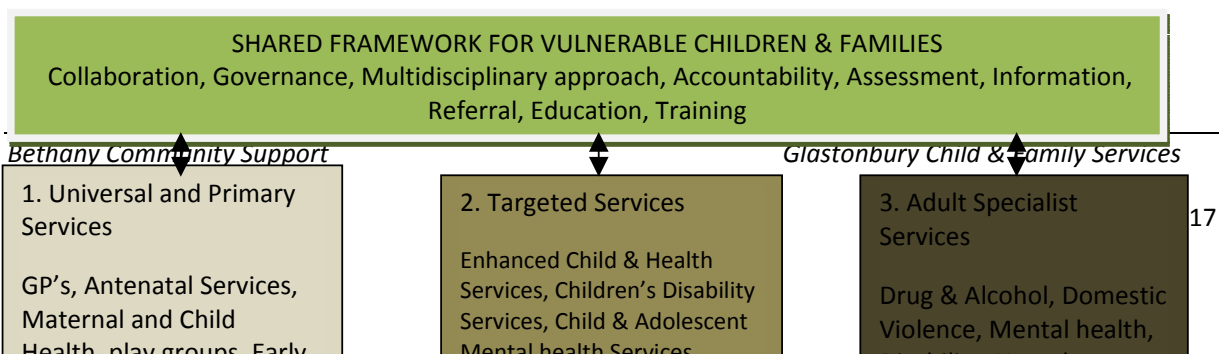
- No one service can deliver the total service response.

- Role and function for each service in relation to the intervention with individual children and adults.

- Recognition that a range of universal services such as schools have a crucial role to provide day to day support and contribute to the children's safety security and development.

- Common intersection in working with specific targeting of services requires services to also consider the client in the family context e.g. adult mental health services working with a parent needs to consider impact of the parent's health on the children and engage with relevant services to work collaboratively.

- Mandate priority access for vulnerable children clients to access universal and health services and supported to participate.

- Streamline funding and minimise red tape requirements so as not to impede service responses.

- The Best Interest Case Practice framework is an example of contemporary best practice and could easily be utilised in other service domains to provide a common service intervention framework.

Future funding for partnerships and collaborative practice projects needs to recognise the cost of partnership development and maintenance and this needs to be resourced adequately as to achieve success in this requires high level of commitment to the work with substantial participation by senior, middle and operational staff across the various governance mechanisms established. Funding for project staff is also considered mandatory to give sufficient time and resourcing to progress the new and change process.

Taking into consideration the recommended appropriate roles, identified by Bethany and Glastonbury, for adult, primary and universal services in responding to the needs of children and families at risk of child abuse and neglect it is apparent that the needs for capacity and capability building are relatively the same for each of the service areas therefore a collaborative approach is recommended.

This approach could be realised by the creation of a common Frame work for duty of care for vulnerable children and families for all three service areas.

Diagram 1

SHARED FRAMEWORK FOR VULNERABLE CHILDREN & FAMILIES
Collaboration, Governance, Multidisciplinary approach, Accountability, Assessment, Information, Referral, Education, Training

Bethany Community Support   *Glastonbury Child & Family Services*

1. Universal and Primary Services

GP's, Antenatal Services, Maternal and Child Health, play groups, Early

2. Targeted Services

Enhanced Child & Health Services, Children's Disability Services, Child & Adolescent Mental health Services

3. Adult Specialist Services

Drug & Alcohol, Domestic Violence, Mental health,

17

It would be envisaged that this shared framework could result in the following:

- the capacity to respond to emerging problems and conditions proactively, rather than waiting until problems become so entrenched and severe that the clients are finally eligible for service provision

- focuses on targeting problems as they emerge through all the service layers rather than just through people as risk categories, thus avoiding unnecessary stigmatising of intervention

- facilitating collaboration and strengthening the capacity to deliver prevention and early intervention strategies

- it aims to drive expertise across all the services

- it would have outreach bases co-located with universal services to facilitate collaboration and consultant support

Bethany and Glastonbury recognise the following will require an 'investing up front approach' for resourcing the following in order for the service system to become more effectively integrated.

- Targeted and specialist professionals will need training in the consultation and coaching skills necessary to ensure that they are able to share their expertise with universal service providers effectively. Universal service providers will need training and support in effective prevention strategies. **(Immediate Priority)**

- Vary service eligibility requirements to allow targeted and specialist service providers to respond to emerging child and family needs, rather than only working with children and families who have established conditions or problems. **(Immediate Priority)**

- Provide training for targeted and specialist professionals in ways of working in integrated universal service settings, as well as sharing specialist expertise with universal service providers. **(Immediate Priority)**

- Provide training and support for universal service providers to strengthen their capacity to cater for the needs of a broad range of children and families. **(Immediate Priority)**

- Train staff to appropriately engage with marginalised groups and improve services so that they are available and accessible to these groups. **(Immediate Priority)**

- There also needs to be particular efforts made to develop ways of engaging and retaining contact with the most marginalised and vulnerable families, and making all aspects of the service system more equitable and inclusive (Carbone et al, 2004; Hertzman, 2002b, Offord, 2001). **(Immediate Priority)**

2.3 **What strategies should be given priority in relation to immediate, medium and longer term priorities?**

- **Please see above in bold**

- Develop a long term whole of government policy framework and strategy to support Victoria's vulnerable children and their families. This framework should include: targets for improvement on key indicators, cross government governance processes that are effective at regional operational levels, prescribed mandate role and function for universal service providers including priority access protocols to universal services for vulnerable children and their families, integrated mechanisms for area based planning and information management, demand and demography driven resource allocation, education and awareness strategies for the public and sectors, longitudinal research. **(Medium priority)**

2.4 **What are the most cost-effective strategies to enhance early identification of, and intervention targeted at, children and families at risk?**

 At this stage we do not have the detail to adequately comment and would refer to the research in this area.

Criteria 3

The quality, structure, role and functioning of: family services; statutory child protection services, including reporting, assessment, investigation procedures and responses; and out-of-home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

3.1 **Over recent years Victoria has been developing an increasingly integrated service delivery approach to the support of vulnerable children and families. From a systems perspective what are the strengths and weaknesses of this approach? How should any identified weaknesses be addressed?**

Bethany and Glastonbury recognise the following as being *strengths*.

- The legislation has given a common provision and contemporary approach by creating a framework that is built on the best interests of the child, which in turn has supported:
  - development of greater clarity of roles within the sector
  - more consistent and structured processes
  - moving from working for families to working with families
  - a focus on the child and their voice being heard in decision making.

- The service delivery approach is moving towards a collaborative approach by creating:
  - a care team approach across the agencies
  - databases (eg Child FIRST) which enable greater tracking of client's progress (although significant work is still required to effectively use data to inform service planning and development).

- Improved referral procedures and pathways providing:
  - movement towards a practitioner based referral system
  - better tracking of clients within the system
  - registration processes that ensure improved accountability.

- Validity of service in terms of:
  - improved capacity of organisations to work in a systemic way
  - improved professionalism of services and staff
  - more rigorous and standardised client assessment processes and information sharing
  - greater acceptance and recognition within the sector.

- Practice improvements:
  - moving from episodic to a more holistic approach
  - shift towards a more trauma informed practice.
  - existence of ChildFIRST has enabled a more streamlined approach and more appropriate referrals, particularly with regards to Child Protection
  - Community based Child Protection roles have created a more multidisciplinary approach and co-location has created an environment which aides information flow
  - Staff, feel more confident to competently manage greater risk however they acknowledge that this requires greater time, skills and support.

Bethany and Glastonbury recognise the following as being ***weaknesses and related strategies.***

Demand, client profile and funding

- The demand for Child FIRST and Family Services has increased significantly over the past five years however there has been minimal review of the funding to increase capacity or meet current demand for service.

- The minimal unit cost increase and resource allocation has not been comparable with the expansion of resources to Child Protection to meet front end demand, particularly given the inter relationship of Family Services and Child Protection.

- There is an increasingly complex client profile developing in Family Services and Child FIRST with a convergence of complexity between Child protection clients and Family Services client group. Resource allocation and overall level of funding has not been commensurate with this shift. It is harder to manage complex clients, requiring more skills, especially when working with children at a younger age.

- Increased complexity has also included factors such as multicultural case work with the influx of refugees and the related complex cultural issues in service response. Practical issues such as the availability of interpreters pose real challenges and the complexity of the client group bring greater risk particularly with the current specific capacity constraints in this area.

- There is also a lack of training and continued support of foster parents resulting from a lack of resources.

Funding models should be linked to client profile and regional demographic data, reflect the workforce models required to deliver evidence informed service models matched to client needs and meet service system development requirements.

Area based planning

- Access to data for planning can be problematic and accessing appropriate data from Government Departments can be difficult. There is a need for more centralised data collection across the service provision areas, allowing greater access to all providers.

- Data sets and catchment planning does not support/influence the structure of service provision. There is a need for a more sophisticated area based approach to service system planning and resource allocation (similar to integrated area based planning models used in regional health service systems). This approach should link regional or sub regional demographics, demand characteristics and broader services system structures (beyond those of Child Protection and Family Services) to provide a service planning and resource allocation approach based on area needs.

- Arguably the integration of the system to date has not yet achieved the optimal levels of effectiveness and there is further scope to consider the best structures. Fragmentation of roles and numbers of providers can inhibit the development of sector capacity particularly in relation to quality , workforce development, and integration with universal systems e.g. health, education, housing, employment. In terms of the regional budget, there are a relatively large number of providers and a small resource

base. The future integration of the system needs to consider the issues around scale, efficiency, provider numbers in a given catchment and role designation for providers - particularly in rural and regional regions.

Area based service planning should be strengthened based on regional data and consider the most effective provider, sector and broader integration structures.

Service models, continuum and frameworks

- Demand pressures are driving changes in practice and models of care that are mismatched with client needs and capacity to achieve positive outcomes. The increasing complexity of the client profile requires longer term intervention with many clients but there are significant time / resource restraints. This limits the ability of agencies to provide the required levels of support and creates churn in the system as short term interventions not matched to client need.

- The capacity and concept of early intervention is lost due to the prioritisation of more difficult cases, thereby pushing early intervention back to accommodate this. The system has become reactive and proactive capacity has been eroded. The length of time between needs being identified and action being able to be taken, is drawn out thereby losing the 'window of opportunity' to really support/act on behalf of vulnerable children and families. The system focus is on throughput rather than outcomes with increasing demand jeopardising capacity to achieve lasting outcomes for vulnerable children and their families.

- The Frameworks for ChildFIRST and Child Protection are quite different. Although both operate under the same guide of 'best interests of the child,' ChildFIRST has some flexibility and fluidity in its approach, however Child Protection is very much governed by a strongly prescribed approach. These differences can inhibit the provision of streamlined service responses.

Greater flexibility in service models and funding approaches is needed with capacity to allow for longer term work to be undertake with more complex clients and for increased early intervention responses.

Service system integration

- System integration has required significant effort / resource in partnering and integration activity whilst the direction of this has been positive this activity needs recognition in funding models. Although the services are keen to collaborate, the resources required to enable this to occur are limited. Managing and participating in collaboration and partnerships is time consuming and this time can be taken away from direct client care under current funding structures. The partnering and integration activity can be a significant burden for smaller providers in relation to the size of the CFS funding base.

- The capacity to link with broader systems such as health, education and housing is constrained. There are segmented service linkages particularly with housing and mental health. Mental health and family violence sectors need to be aligned with family/community service sector as they share many of the same cohorts.

- Difficulty in navigating the system remains a significant issue for many service providers given the system's complexity. Historically, the lack of understanding and respect across agencies/providers can impact on respect, authority and practice across the service provision sector and in turn the client.

- The service integration efforts from a DHS perspective need an expanded focus as internal silos pose barriers and links with other department need to be stronger. There is scope to pull together the range of service responses provided to clients across DHS programs and beyond into more streamlined clinet centred packages.

- The linkages with education particularly for children in Out of Home care need strengthening and a broader focus taken by DEECD in relation to how it sees its role with vulnerable children.

- There are significant issues with mainstream Family Service and Out of Home Care Providers in developing cultural sensitivity and competence due to the capacity/resource constraints on Aboriginal Community Controlled Organisations to provide this work to the sector agencies.

There is a need to broaden the system integration focus beyond that of Family Services, Out of Home Care and Child Protection to include for example health, housing, education, family violence and police.

Service quality and consistency

Influenced by the many workforce factors (as dealt with in question 3.2). Of note is the:
- consistency of staff and their skills and knowledge due to poor staff retention in some areas
- low staff retention rates resulting in lack of continuity of service
- burn out among staff as a result of high work/case loads
- lack of recognition of the difficult job staff undertake
- lack of time to reflect (at all levels of practice) resulting in many staff feeling stressed and siloed in their approach

Public understanding

Understanding of the integrated approach and issues is not well understood by the public. There is a need to reinforce a full investment approach to protecting vulnerable children in the sense that this is a societal as well as government/ sector issue. There is a need to better inform the community (including Courts, GPs etc) on the lifelong impacts of trauma and abuse on society.

Attraction, Recruitment and Retention (see criteria 3.2)

3.2   Providing a quality service to vulnerable children and their families is dependent on having a skilled workforce. What are the strengths and weaknesses of current workforce arrangements eg: working conditions, training and career paths? How might any weaknesses be addressed?

Bethany and Glastonbury identified the following the following ***strengths*** in our sector:

- very dedicated staff
- further integration of Family Services , Out of Home care and Child Protection provision
- established partnerships within the sector due to confident and knowledgeable staff
- development of a greater understanding of sector roles
- individual organisations' investment in up skilling staff and leadership capabilities.

Bethany and Glastonbury have identified the following ***issues and weaknesses*** in our sector:

- High levels of staff dedication and commitment combined with high demand can lead to staff burnout and burn out and dissatisfaction.

- Our least experienced workers are working directly (and often on their own) in the field with the most difficult clients, for example: Residential care Workers, foster carers. We must ensure adequate support for these people as they are the backbone of the sector.

- Succession planning - lack of identified career path.

- Lack of ongoing sector wide training and staff development:
  - Minimal cross training between the sector, particularly with Child Protection.

  - Cross training is affected by time allocation within workloads to undertake such training.

  - Poor community perception of professional credibility.

  - No system wide Best Practice Framework.

  - Inadequate resourcing for quality accreditation.

- Attraction, Recruitment and Retention:
  - Overall poor remuneration for the work but also compounded by the inequality between the community and government sectors.
  - Lack of transferability of long service leave.
  - Reputation of the sector as poorly remunerated for the complexity and difficulty of the work.
  - An ageing workforce presents challenges for succession planning and ability to achieve demanding work load, particularly for direct practice.
  - Under representation of males in the sector.
  - Need for more comprehensive cross sector induction processes.
  - High turnover across the sector.

Bethany and Glastonbury recommend the following areas be addressed. We have included some key *strategies* that would assist in addressing these issues:

- Succession Planning through enhancing professionalism for the sector by:
  - Develop a strategy for encouraging young students at school to consider career by visiting and talking at secondary schools for year 10, 11 and 12 students.
  - Creation of a career path which is incorporating CSO and government sector which is supported by appropriate training and development.
  - Creation of data bank of casual workers available on short notice such as available in the education and health sectors.

- Sector wide training and staff development:
  - Further creation and involvement in the DHS Supported Training involvement with / influencing the curriculum to take a broader approach
  - Staff undertaking training in dealing with the complexities of the sector particularly for residential care and foster care, where the carers have limited training compared to the increase complexities of their clients.

- Enhancing professional credibility:
  - Challenge the media's negative attention on the sector and provide positive advertising, thus valuing the service provision and create a more positive representation of the sector as a whole.

- Attraction, Recruitment and Retention:

  - Appropriate levels of remuneration for staff is absolutely critical to the future sustainability and viability of the sector. Failure of government (Federal and State) to reflect the outcomes of the current Pay Equity Case in funding models will have serious and long term implications for the capacity of Victoria to deliver better outcomes for vulnerable children. Within this there is a need for parity of wages throughout the sector, government verses community.
  - Develop a strategy for recruiting males to the sector to enable positive role modelling
  - Develop a strategy to involve secondary schools and universities to promote the value of working in the sector including further development of student placements within the sector.
  - Enable flexibility in qualifications to work within the sector.
  - Create a campaign highlighting the positives of the whole sector to potential employees – not just for Child Protection.
  - Create a sector wide induction program.
  - Ensure self care strategies are offered to the workforce thus reducing burn out and staff turnover e.g. EAP programs, flexible work hours.

a. **Family Services**

3.3 **What are the strengths and weaknesses of current services designed to assist families who are at risk of becoming involved in the statutory child protection system? (eg; ChildFIRST)**

Glastonbury and Bethany have identified the following areas of *strengths:*

- Success of the reform of Family Services and the significant shift in role, function and authorisation of this service system achieved under the CYF Act 2005.

- Successful implementation of the centralised intake systems for family services on a catchment basis through the implementation of Child FIRST.

- Successful establishment and operation of the Child and Family Services Alliances which provides opportunity for localised catchment planning, forum for participation of other service sectors and service development such as review of the Child and Mental Health Services under Mental Health; development of partnership agreements with Family Violence Service and Child Protection; development of common practice agreements with Child Protection; development of standardised frameworks and practice tools across family services.

- Development of specific service initiatives within family services that have allowed scope to develop innovative responses to meet local needs such as Newpin Early Years and Early Childhood Development framework as noted in section 2.1.2 and Child and Family Outreach Service (CFOS) as noted in 3.3. These models have been developed to fit within

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the family services framework with the focus on service integration with key stakeholders to provide more responsive services for vulnerable children and families.

Glastonbury and Bethany have identified the following *weaknesses:*

- Services designed to assist families who are at risk of becoming involved in the statutory Child Protection system are experiencing heavy demand pressures. The family service system has been operating over capacity whilst providing a targeted service response for complex clients. This has meant this system (Family Services and Child FIRST) has progressively shifted its point of intervention to clients who have increasingly complex and acute needs. Therefore the capacity of these services to divert families from the Child Protection system has been eroded.

- Our practitioners consistently report that their capacity to work earlier with families at risk and to work with complex families for longer periods is diminishing. This is also a factor in staff turnover where staff feels they are unable to provide adequate levels of intervention to make a real difference, leading to lower job satisfaction. At times when the system is under demand pressure, practice can become reactionary and regress into siloed approaches.

- There can be a lack of understanding and respect for sector roles and how this impacts on service delivery there is a need for strengthening a common culture across family services and child protection to further build professional respect and validation to the roles of each.

- Community Education – there is a need for greater understanding/construed reality by the community/government of the reality of the large number of clients and needs also clear understanding of eligibility to services and capacity to provide services.

3.3.1 *How might the identified weaknesses be best addressed? Are there places where some of these services work more effectively than elsewhere? What appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?*

Bethany and Glastonbury recommend the following areas to be addressed. **Strategies** have been included that would assist in addressing these issues.

- Staffing and Education

    - Improve cross training/education and induction processes which encourages understanding and respect for individuals and their roles.

- The System/Practice

    - More resources for collaboration and networking opportunities are required in funding models

    - Improve capacity to develop and implement a wider range of service models and ensure capacity to properly evaluate these models.

- Build the evidence base to better understand models of intervention and integrity of the models with a view to long term sustainable change.

- Ensure service targets to reflect client and appropriate models of service

- Refer to 3.4.1 for an example of possible future direction.

- Service Capacity.

  - Need to redefine the eligibility criteria (as well as the targets) to better reflect the nature and capacity of services to meet demand.

- Community Education

  - Develop an education and media campaign focussing on the needs of vulnerable children and the community interest in supporting these families and children.

3.4 **What are the strengths and weaknesses of our current statutory child protection services in relation to responding to and assessing suspected child maltreatment?**

Bethany and Glastonbury have identified the following *strengths*:

- Highly codified practice approach.
- Consistent framework and processes across the state – although some regional variation.
- Increasing integration with Family Services and ChildFIRST including the Community Based Child Protection worker.
- Relatively good remuneration levels for staff compared to CSO's.
- Dedicated and committed staff.
- Strong training and induction processes.
- Development of senior practice streams to provide career promotion opportunities for experienced practitioners whilst maintaining their involvement in direct work.

Bethany and Glastonbury have identified the following *weaknesses*:

- The system is traditionally blame/adversarial based – this approach is not conducive to influencing change in families.
- Court processes are similar in their approach.
- Lack of acceptance of cumulative harm as it is difficult to prove.
- The capacity to undertake sector development and integration activity is compromised by heavy operational demands in Child Protection limiting the availability of Child Protection staff to participate in these activities.
- resources in intake and assessment phase of child protection.
- Insufficient education around the strong impacts of trauma and attachment on brain development and outcomes for these children.
- Workforce issues, such as:
  - High turnover of staff which effects continuity of care.
  - High stress levels of staff due to increased work/case loads and low staffing levels.

- Turnover in leadership and management positions and high levels of staff in acting roles

3.4.1   *How might the identified weaknesses be best addressed? If there are places where some statutory child protection services work more effectively that elsewhere, what appear to be the conditions associated with this and how might these conditions be replicated elsewhere in the State?*

In reviewing the weaknesses and issues of our current statutory child protection services in relation to responding to and assessing suspected child maltreatment Bethany and Glastonbury have concluded the following:

- There needs to be a complete change towards the process and involvement of Child Protection and other sector members that results in a *"non adversarial approach".* It is worth considering the following, to support this view.

  There are some excellent practice examples in other jurisdictions including:

  - The Scottish Children's Panel System involves an approach external to the Court system, creating a no blame environment and encourages work towards set common goals which benefit the child and family as a whole.
  - An example of service innovation is the Family Assessment Centre operating in Brimmond in Aberdeen, where children who are removed from care are placed in the Family Assessment Unit and the family (usually the parents) have to meet with the staff and the child in the unit each week. Plans are developed jointly for safe reunification from week one when they have some time back in home under supervision and then is gradually extended until no supervision is required.

The collocation of the Child Protection Worker within Child FIRST and Family Services has proven to be an excellent model providing a bridge between the two service systems. However there is significant reliance on that mechanism by the other parts of child protection minimising their interaction with the family services system.

The allocation of the community based child protection worker is grossly under resourced with only 1.5 EFT for the Barwon catchment supporting seven family services providers and Child FIRST.

As detailed previously, in section 2.2 the development of a shared framework for vulnerable children and families, would create capacity for earlier intervention and shared responsibility across the universal targeted and specialist services to better respond to children and families at risk. This requires adequate resourcing and streamlining of systems so that "red tape" does not choke good will.

Collocation of family services workers within the schools or within school hubs to provide early intervention support to vulnerable children and support to education staff. The Northern Suburbs School Hub pilot as detailed in section 2.1.2 is an excellent example.

Introduction of family group conferencing at mandatory points in the Best Interest Plan has been trialled in child protection BSW region. This could be expanded across the whole of child and family services as a mechanism to engage all stakeholders including the family in critical decisions and solutions regarding the child. This would allow review of the entire case (including previous concerns and interventions) looking at themes and patterns to inform the best service response.

Such measures would strengthen practice confidence, provide holistic overview of the concerns, identification of cumulative harm and allow for creative solutions.

Central development of training modules to be available to all CSO practitioners around core elements including risk and needs assessment; child and family functioning; brain development; child development and trauma and attachment.

c.   *Out-of-home care, including permanency planning and transitions*

3.5   **What are the strengths and weaknesses of the range of our current out-of-home care services (including respite foster care, foster care of varying durations, kinship care, permanent care and residential care), as well as the supports offered to children and young people leaving care?**

Bethany and Glastonbury have identified the following **strengths**:

Contracting out of Kinship Care Services has been highly successful in the initial 12 months and has given opportunity to provide essential support for extended family or significant others caring for children on statutory orders as well as private care arrangements. This model provides significant opportunity for extension of the program to expand capacity to further contract Kinship Services:

- Development of new service models – for example Family Coaching provides preventative models to stop entry into care through mentoring and working alongside families utilising the multi disciplinary team approach.

- OOHC responds specifically to the trauma and attachment disruption arising from prior abuse and neglect that has been experienced by a significant number of children and young people within the care system, by providing a care system grounded on therapeutic care. Carers and workers are trained to have an understanding of the impacts of cumulative harm and are aware of the supports required to commence the healing process to commence and remediate the impact of trauma.

- OOHC adopts a multi-disciplinary care team approach which encompasses all staff in the guiding therapeutic framework and who work within a learning culture. The care team assists to offer a reparative, healing and holistic approach to the health, well-being and development of children/young people incorporating all LAC domains.

- Placement matching is well considered in relation to all referrals including the placement location in relation to the child's existing social, community and educational networks, the care family's make up, capacity of the carer to manage difficult behaviours, understanding of trauma and so forth.

- Placements can be "tailored" to fit individual children or sibling groups, recognising that all children's experiences of abuse, neglect and deprivation coupled with the level of resilience in each child will result in differing needs within placement. This allows children to reside in an environment which fulfils the rights of the child in care as specified in the *Charter for Children in Out of Home Care*, supports participating in activities consistent with enriching their involvement and experience of their culture, family and community. In the case of Indigenous children this assists with improved connection to their community, culture and family by utilising a Cultural Support Plan.

- OOHC works collaboratively with other services both intra and inter agency including programs such as Family Services, Families First and Early Intervention, Take Two, Alcohol and Other Drug services. This provides an opportunity for families and caregivers to access family focused support services across the spectrum providing a holistic service.

Access to a dedicated "kids space" in the agency is critical to support family contact with a focus on attachment building and reparative work. Age appropriate activities are set up around the room to allow a child and parent to interact in a fun, non-threatening environment as a flow on of the case work model. Contact is supervised by one consistent worker who also assists with the engagement process between parent and child in a non-judgemental or intrusive manner.

Bethany and Glastonbury have identified the following *weaknesses*:

The Trauma and attachment paradigm needs to be more consistently used across the child and family services, early years and universal sectors to provide understanding of the issues faced by families.

- There is a lack of a streamlined access to gaining financial assistance through Centrelink. For example, those under the Kinship care program do not have access to Centrelink assistance as they are not covered under a court order. They need to go through the family court system to get a court order and this is expensive/prohibitive.

- Lack of collaboration and communication between services in the early stages of life.

Out Of Home Care system

- Children who are placed in care cannot always be adequately matched to the skills of the carers, the demands are so great it is wherever there is a bed. Similarly in residential care, this is more prevalent and the mismatching of young people (strangers to each other) results in multiple management problems of the children placed, pack mentalities form and neighbourhood complaints escalate. DHS talks of trauma informed care but their own practices in relation to placement of children negates this.

- The Out of Home Care system is underfunded. It does not allow highly qualified staff to be recruited because the pay rates are appalling, it does not adequately compensate for backfill of staff to enable ongoing training and professional development of staff or carers, who have to deal with the most damaged and most traumatised children in the whole system. It does not adequately fund innovative or flexible payment methods for children with complex behaviours.

- There is strong feeling amongst providers that Targets set by treasury are based on numbers not children's needs, which perpetuates the issues.

- The service system is difficult for staff in the system to negotiate and there appears to be systemic lack of recognition of carers to assist them navigate structural systems (Centrelink, education and so forth.)

- The high pressure demands often result in providing reactive not responsive services, to the very children who are the most damaged and traumatised in the system.

- There is a strong feeling that there is not enough emphasis and understanding of the importance of therapeutic care and it is not funded across the whole system, just in pilot sites. Yet, there is universal recognition that therapeutic care enables positive change for children.

3.5.1 How might any identified weaknesses be best addressed? If there are places where these services work more effectively than elsewhere, what appear to be the conditions associated with these successes and how might these conditions be replicated elsewhere in the State?

We propose that the following recommended areas be addressed for a positive outcome in relation to the previously identified weaknesses. We have also included some strategies.

- Care Team meetings should be mandatory for babies and children who are identified as at risk or vulnerable.

- Focus on Coaching and Mentoring Programs approach as there is a higher rate of success where an intervention is aimed at supporting the parents or client to develop their skill base.

- Review the Unit price – for Kinship Care as it is now below the family services unit price which was its original base. The unit price also needs to accommodate functions such as on-call, contracted case management and so forth, which is over and above the family services functions.

- There needs to be commitment to ongoing funded training for carers and workers to equip them to meet their care responsibilities.

- Additional funding for therapists should be available for children with high needs (and their carers/families) in family services and out of home care.

- The Victorian government should adopt a position to ensure that DEECD provides access full time education for all children in out of home care. This should include development of flexible school and training options recognising that children in out of home care have unique needs.

Criteria 4

The interaction of departments and agencies, the courts and service providers and how they can better work together to support at-risk families and children.

4.1   Given the very broad range of professions, services and sectors which need to collaborate to achieve the best outcomes for vulnerable children:

4.1.3   Are there specific models of inter-professional, inter-organisational and/or inter-sectoral collaboration which have been shown to be effective or promising, and which may be worthy of replication? This may relate to two organisations (for example, child abuse issues in which both police and statutory child protection services need to collaborate in an investigation) or to a much broader service network.

In a broad context, regional and rural Victoria has traditionally created strong partnerships in service provision. These partnerships work primarily because of the following factors:

- The sector as a whole has a greater capacity to engage with other sectors in program development and consistency in management roles, allowing for knowledge continuity:
    - Strong relationships between organisations and staff within the sector as a result of staff moving around the sector and building relationships. This results in a shared knowledge about the different organisations and a "can do attitude" occurring.
    - The sector is pragmatic about making it work and recognise that in order to make it viable they must collaborate.

- Leadership within the sector:
    - Strong and collaborative leadership within the sector authorises and values collaborative approaches.
    - Regional office of DHS fully supports and has invested in collaborative approaches.
    - There is a culture, from the top down, that collaborative approaches need to be implemented.

- The people involved:
    - Stability of the workforce as a sector whole.
    - There is common respect and trust across the region and create an environment which allows people to disagree without being disagreeable.
    - People in the sector live in the local community and therefore are dedicated to improve the community as a whole.
    - The right stakeholders are involved in the process and they are empowered to own the goals.
    - The personalities, commitment and passion of the individuals involved.

- The attitude of the players:
    - Spirit of sharing within the sector - There is a common willingness to learn, identify who does what well, identify what each service can learn from this and grow together.
    - Openness to undertake a collaborative approach.

- The process/structure of collaboration:
    - Clear understanding that the purpose of collaboration is established upfront.
    - There is a structured approach to outcomes (assessment, evaluation, research) and services share in the positive outcomes.

- Service providers missions are aligned and share the goal as part of their core business.
- There is external validity to the process of collaboration.
- Partnerships are long term and lasting within the sector.

Examples of effective regional collaboration

Northern Suburbs School Hub Pilot Project (NSSHPP) as detailed in section 2.2 this project is a unique and innovative strategy to provide earlier intervention for vulnerable children and families in the Corio/ Norlane area working with four schools targeting high needs communities. The primary objective of the NSSH program is to build the capacity of primary school staff to establish appropriate communication and referral pathways between Child FIRST, Child Protection and other relevant community services for children they are concerned for their safety and wellbeing. NSSHPP endeavours to educate key school stakeholders with knowledge on service identification, provision and engagement. Examples of collaborative practice improvement include:

- The NSSH worker has forged linkages between the Assistant Principal, the family therapist from neighbouring school and a parent educator from Bethany Community Support to develop and implement a new approach to group work within the school for students with anti social behaviour . The NSSHPP worker is developing new approaches in conjunction with the Primary Welfare Officer at another school l regarding group work for single fathers.

- The NSSH project has also identified a need to provide information and resources in regards to Best Interest Framework to schools. Planning has commenced for educational training sessions to be held for school staff in relation to the Best interest Framework, Barwon Child FIRST referral process and the role of the Community Based Child Protection. This strategy is to ensure the school staff are fully informed on intervention plans and frameworks for children engaged in these sectors.

Barwon Child and Family Services Alliance has seven partner agencies across the family services programs funded in the Barwon catchment and Child Protection BSW. This Alliance has developed significantly over the past four years and has been highly successful in establishing effective internal communication processes, managing centralised intake and developing new service initiatives including the Northern Suburbs School Hub Pilot Project as detailed above and linkages with other key sector and cross sector developments within the catchment. There have been a range of external case studies that have documented the successful outcomes of this alliance. Success factors that have contributed to positive collaboration have included shared understanding, management authorisation, shared goals and vision, shared leadership and drive to achieve change and collective approach and open and transparent processes. Please refer to Community based intake report 2006.
http://www.cwav.asn.au/resources/Publication%20Files/CACHE_DUVIE=478c98e76a719797a0babe15387d f5e7/Monograph%20No.%2012%20Community%20Based%20Intake%20Child%20FIRST.pdf;

Case study of two Alliances including Baron C&F S Alliance 2009 – Implementing Child FIRST at the Frontline – Experiences of Child FIRST and Integrated Family Services demonstrating collaborative, effective leadership and practice change. Approaches
http://www.cwav.asn.au/resources/Publication%20Files/Implementing%20ChildFIRST%20at%20the%20Fro ntline%20%20Experiences%20of%20ChildFIRST%20and%20Integrated%20Family%20Services%20staff.pdf

The final external case study has been undertaken in the KPMG – Evaluation of child and Family Services Reforms Stage 1 Report 2010
http://www.cyf.vic.gov.au/data/assets/pdf_file/0003/459453/CACHE_DUVIE=5ca29786c8e39f404d603669 bc936ce9/evaluation-of-the-child-and-family-reform-september-2009-interim-report.pdf

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Best Start Rosewall program has been a highly recognised partnership across the Early Years and Family Services sectors operating over eight years. The six partner organisations are DHS, DEECD, City of Greater Geelong, Barwon Health, Glastonbury, Bethany and community members. This partnership has also highly engaged local schools and early years programs to the partnership and has continued to evolve as local initiatives such as Neighbourhood Renewal, Education Regeneration project for Northern Suburbs schools and Linking Schools and Early years projects have commenced in the local area.

The project has implemented with a wide range of local and system improvement initiatives that have evolved from this partnership. These include redevelopment of the Rosewall Early Learning centre; supporting collocation of a range of early years program including, supported playgroups, counselling, parenting skills, employment training and so forth. This project has been externally evaluated and details can be sources at www.educaton.vic.gov.au/ecsmanagement/beststart/resources/evaluation_reports.htm

Improving Public Housing Responses – Strategic Project 2009 was a joint collaboration between Child Protection, Housing and Family Services in the Barwon catchment as one of two pilot projects for the Department of Human Services. This project was a response to the need to be more proactive with housing tenancy families who were at risk of early eviction. The highest risk category for eviction is single parent families. Geelong has a total of 3,566 public housing tenancies, of those 1015 are single parents and 260 couples with children. 60% need additional support to sustain their tenancies. Of these clients the most significant number who require assistance are the single parents. There was a need to enhance the co-ordination between Child Protection, Family Services, SHASP and the local housing office in the delivery of housing and support services to meet the needs of the shared client group. The recommendations all related to the common themes in the consultations across the three sectors areas: Lead*ership, Systems & Relationships that create proactive solutions for supporting families with children".* System wide coordination and communication issues were highlighted across the four key areas of leadership, connectedness, communication channels and shared knowledge, with recommendations on service improvement.

The outcomes of the Report can be viewed in the attachments. (*Please refer to Attachment 4*)

Healing Families project is a project undertaken in partnership with Wathaurong Aboriginal Cooperative and Bethany engaging with the local indigenous community, particularly elders, to increase awareness, understanding and support for families who are experiencing violence. The project is also enhancing the cultural sensitivity in mainstream family violence support services.

Placement Support and Family Services New Worker Induction program is a new initiative between CSOs and DHS partnerships and Child Protection to across Barwon South West Region to deliver a collaborative induction 5 day program for new staff within agency placement and support and family services. This program has been delivered twice over the past 12 months and provides a comprehensive training on common tools and process and introduction to the sector. This includes managers from programs, specialist services, Aboriginal services for cultural understanding session and so forth.

Other collaborative examples:
- Joint liaison processes across related services e.g. Child FIRST, Child Protection, and Maternity Services.
- Community education offered by Child First to key stakeholders across the sectors.
- Family Services/Child Protection and Family Violence Partnership Reference Group.
- Child and Family Services Mental Health Redesign Project. (Refer Section 2.2 for more detail).
- Drug and Alcohol and Family Services joint training initiatives such as Parents Under Pressure Training (PUP) funded by Health Division DHS for Barwon Health Drug and Alcohol, Bethany and Family Services staff to undertake joint training in this framework (12 weeks training and mentoring package).

Bethany Community Support   *Glastonbury Child & Family Services*

Criteria 5

The appropriate roles and responsibilities of government and non-government organisations in relation to Victoria's child protection policy and systems.

5.1   Given Victoria's distinctive history in relation to the role of not-for-profit community service agencies in caring for children and families in need, and the recent emergence of some for-profit organisations in the sector:

5.1.1   What is the most appropriate role for government and for non-government organisations (both for-profit and not-for-profit) in relation to child protection?

The following response covers elements of 5.1.1, 5.1.2, and 5.1.3.

The Child Protection system is a complex and high risk service response as demonstrated in all jurisdictions and there has been significant effort by governments to develop most effective policy and practice frameworks to address the complexity of the service and be responsive to the developmental and safety needs of children and their families.

Child Protection has many roles and functions across the continuum of intervention from receipt of reports for children to provision of longer term casework and permanent care interventions, along with specialist service responses such as Forensic responses, Adoption Services and Secure Welfare Services.

Review of the future role and key functions of Child Protection is a large and complex task which would undoubtedly require an independent policy review to inform government on this major consideration. Comprehensive consultation with the Community Service Sector and other key stakeholders are critical to this reform examination given the intrinsic role that these stakeholders hold across the continuum of child protection services in Victoria.

Broadly we see the most appropriate role for Government, in relation to Child Protection is as follows:

- Develop Legislation
- Lead the development of policy in conjunction with the sector
- Take responsibility for public information and promotion of child vulnerability and well being issues
- Funder and regulator of services
- Whole of government coordination
- Fund and establish sector wide research capability and form linkage with tertiary sector
- Delivery of forensic and specialist Child Protection functions

The most appropriate role for Government and non government agencies, in relation to Child Protection is as follows.

- Service provider for the continuum of child and family services
- Advocate for the needs of vulnerable children and families
- Partner to policy and sector development
- Participate and facilitate research and development

5.1.3   What is the potential for non-government service providers to deal with some situations currently being notified to the statutory child protection service, and would it be appropriate (as is the case in Tasmania) for referrals to a service such as ChildFIRST to fulfil the legal responsibilities of mandated notifiers?

Bethany and Glastonbury acknowledge that there are and will be the capability of non government organisations to respond effectively to some statutory child protection system issues. There are however a number of elements of a proposed transition of business that need careful and considered investigation/prior attention. These are highlighted, noting that this is a snapshot of strategic considerations such as:

- change to legislation
- role delineation of government and non government service provision and development of appropriate integrated governance frameworks
- relationship with other government jurisdictions
- Consideration of the legal supports and frameworks required
- work force matters including wage parity in across the sector
- information management
- risk transfer (and mitigation strategies)
- resourcing
- appropriate and adequate funding

There is potential to consider the following:

- Need to acknowledge that Child FIRST are currently receiving referrals from mandated professionals with regard to complex issues. There is significant potential to further consider this.
- Contracted case management roles – longer tem case management – provided by the non government sector.

- Further contracting out of Kinship Care Case Management to the non government sector.

- Further contracting out of Permanent Care Programs to the non government sector.

- Access and contact functions contracted to the non government sector.

- A governance framework for statutory Child Protection and contracted Child Protection systems and provide greater separation of service provider and service delivery functions currently held by DHS.

5.1.6   What are the strengths and weaknesses of current Commonwealth and State roles and arrangements in protecting vulnerable children and young people, for example through income support, family relationship centres, local early childhood initiatives such as "Communities for Children" etc? What should be done to enhance existing roles or address any weaknesses?

When identifying the strengths and weaknesses of current Commonwealth and State roles and arrangements in protecting vulnerable children and young people, for example through income support, family relationship centres, local early childhood initiatives such as "Communities for Children" we highlighted the following key weaknesses and issues:

- No national register to identify if children have been subject to reports to Child Protection

- There is inadequate connection at the policy and planning level between state and federal programs for example there is almost no regional planning interface between DHS funded Child and Family Services and the FaHCSIA funded Family Relationship Services (FRS) programs. The FRS programs are shifting focus from general to vulnerable needs of children and families. However there is limited evidence to demonstrate joint initiatives between State and federal Governments on the ground.
- Access to federal childcare subsidies for vulnerable children are complex and cumbersome with limited timeframes. Priority access to childcare for vulnerable children should be provided as a priority.
- Inability of Kinship carers to access Family Tax benefits is a significant issue.

Criteria 6

Possible changes to the processes of the courts referencing the recent work of and options put forward by the Victorian Law Reform Commission.

At this point we do not believe that we have the detailed knowledge to contribute to this section.

<u>**Criteria 7**</u>

Measures to enhance the government's ability to: plan for future demand for family services, statutory child protection services and out-of-home care; and ensure a workforce that delivers services of a high quality to children and families.

Bethany and Glastonbury believe that there is limited information that is transparently provided at a strategic level within the system on forecasting and demand related issues which is then effectively translated into facilitating resource allocation and service development/workforce management initiatives. Whilst attempts at this (information reporting) occur at least annually, it does not demonstrate a full picture of service activity (eg continuum of care), risk and need for services for vulnerable young Victorians from all providers. This is acknowledged as largely being an information management and resource issue which has significantly hindered effective and timely planning for appropriate and quality service provision and future workforce planning needs.

7.1   Given the resources required to provide appropriate services and care for children and young people referred to statutory child protection services and in out-of-home care, what is the likely future demand for services and what needs to be put in place to help sustain services and systems and plan for and meet future demand pressures?

Effective reporting tools that assist in analysis of need/demand for out of home care and statutory child protection services are required. These need to be accessible and timely for community service organisations to contribute effectively to planning for demand and for service improvement/organisational development to sustain services to meet the emerging needs/potential demands, particularly for high risk issues. It should be noted that there is currently a substantial delay in sourcing reports/information from the existing information management systems that are held by the funder on client management. There is not the resource capability or technical capacity to establish local/regional information management systems to trend and benchmark issues such as future service demand. This means that as service providers, there is an overwhelming reliance of information that is required to be entered (for accountability purposes) but not easily or effectively retrieved for service planning/accountability. This presents a significant challenge in mapping any workforce planning activity that could be matched with service development/improvement opportunities at a local and regional level.

Bethany and Glastonbury strongly encourage the Inquiry to consider the lack of accessible and appropriate information (on service planning/future demand and subsequently workforce needs) as a foundation system improvement issue.

7.1.1   Is there sufficient research into child protection matters to support government's ability to plan for future child protection needs? If not, how might government encourage and support sufficient research in this area?

Bethany and Glastonbury recognise that research and development is an essential element of identifying and understanding system and service improvement opportunities. It is acknowledged that this is not resourced and remains a significant concern. Community Services Organisations are requested to financially support research undertaken by academics from their current funding pool, this is not sustainable.

Government should ensure that research is independent and effectively funded in the longer term to assist in planning for future service needs. This is an essential requirement along with

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ensuring information (eg research) from other government departments (at state and national level) is used collaboratively to plan for and develop a service system and workforce that is responsive and appropriate into the future. It is acknowledged that research and some of the current findings/recommendations from relevant reports (on child protection and child and family service issues) cannot be put into an economic argument or influence funding allocations in their current format. It is suggested that an outcomes focus that demonstrates the value/social impact of initiatives be included along with clinical, workforce and system change issues.

Glastonbury has participated in an Out of Home Care pilot that has included evaluation but not research, this could have been an appropriate opportunity to undertake a research activity.

7.1.2 *How might those providing home-based care and residential care for children be most effectively recruited and supported?*

Glastonbury provides home based and residential care. Bethany provides kinship care. Comment in relation to effective recruitment and support reflects the organisations service provision activity.

It is recognised that there are two aspects to recruitment and support for volunteer carers and for paid residential carers, these are not necessarily interchangeable:

- Carers require an appropriate level of reimbursement

- Carers should be able to be supported to access Centrelink assistance (for kinship care) without difficulty or delay (if this is not part of a court order)

- Carers should be collaboratively recruited, supported and trained at a local and regional level (for home based foster care)

- Ongoing training for Carers is essential, this needs to be appropriately resourced

- There should be a limit to the number of organisations participating in the above strategy to enable effective support and importantly quality service provision

- Carers in residential care require intensive support usually because their entry level of qualification/education is limited, this means that there needs to be more resources focusing on quality service provision (using a therapeutic process) that is consistently applied (eg 24 hrs) to support positive care outcomes for high needs and vulnerable children living in residential care

- Funding for residential care needs review (assuming that the majority of children would be classified as a category 3 client), as should the allocation of placements to support (to residential units) to match with workforce management issues (eg rostering, skill and knowledge balance, needs of children and activities for school holidays and weekends etc)

- Role and function of the residential carer workforce needs to be reviewed (to balance skill and knowledge against need/demand). This should be at least achieved on a regional basis

- There needs to be a limit of the number of service providers undertaking residential care in regional areas to effectively support carer recruitment and support/training

- It is noted that generally residential carers use the experience of employment in residential care as an entry point to the community service system and have a limited tenure, strategies to ensure there is an effective career path and supported experiential journey to remain in the community services system is encouraged.

7.1.3   *What workforce development and retention strategies are required to meet the needs of the child and family welfare sector in the future?*

Please refer to the response in section 3.2

Criteria 8

The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency, and/or regulation to achieve an increase in public confidence and improved outcomes for children.

8.1 **There is currently a range of oversight processes involved in the child protection and care system. For example, Ministerial/Departmental inquiries into child deaths and serious injuries, internal organisational complaints procedures, and the statutory roles of the Ombudsman, the Victorian Auditor General, the Child Safety Commissioner and the Coroner.**

8.1.1 Are these processes appropriate or sufficient?

Bethany and Glastonbury recognise the importance and value of oversight from a service provider perspective.

The following comments are made from this perspective only:

- accreditation is a valuable tool and should be used within the context of oversight but needs to be appropriately funded/resourced and introduced with a consistent approach to enable validation of quality assurance activities

- consideration needs to be given to supporting a range of risk management tools/resources to assist in oversight activities that are of benefit to the longer term provision of child and family services (in a professional learning and organisational development capacity), tools/resources such as: critical incident debriefing, root cause analysis, reflective practice capability that are used widely in the health system coupled with a no blame culture would significantly add value to transparency in oversight activities

- Service improvement should be the focus of learning from system or operational failure in the children protection, care and support system; a clinical governance model that is inclusive and enables professional sharing of information (eg care management issues) to improve outcomes for children and mitigate/minimise risk or failure should be considered as part of the oversight system

- reorientation of the oversight system toward system improvement from its currently perceived responsibility (of identifying problems/solutions retrospectively) could demonstrate a shift of public confidence; for example, widening the brief of a child death review to universal service involvement (eg health services, school services, police) rather than only focus on the child protection and child and family service funded community service organisations involved

It is further suggested that:

- The Child Safety Commissioner be an independent body from government

- community visiting could be considered as a mechanism of independent assessment and monitoring for some elements of the child protection system (in an non adversarial capacity)

- use of the Ombudsman to facilitate and drive change/raise awareness of some of the issues within child protection and the care and support system should only be implemented as a last resort and that proactive and transparent mechanisms be introduced within government and with community service organisations as part of system development/improvement

Bethany Community Support   *Glastonbury Child & Family Services*

Bethany Community Support NEWPIN Early Years Program

Final Evaluation Report

TABLE OF CONTENTS

1 Executive Summary

1.1 Evaluation Background

The Bethany NEWPIN Early Years Program was established at Bethany Community Support in Geelong in 2004 as a component of the Family Support Innovation Project. The model is a therapeutic and support program for parents of children 0-5 years of age. If offers parents and children an opportunity to achieve positive change in their lives and relationships.

The evaluation was conducted by the Centre for Community Child Health. The aims of the evaluation were to consider whether the program components were delivered as intended (process evaluation) and to assess the extent to which the program aims were met over the evaluation period (impact evaluation).

The methodology includes the development of a program logic and collection of qualitative and quantitative data through: program observation; staff interviews; validated measures; staff reflections; member interviews; and Bethany NEWPIN internal evaluation processes.

The *general aims* of this program are:

For families to exhibit positive family behaviours; for families to have reduced child protection notifications and reduced re-notifications; children are kept safe and within the family environment; parents and children demonstrate reciprocal enjoyment and delight in the parent child relationship; parents and children to enjoy spending quality time together; increased social networks and community connectedness; children to have improved on some aspects of developmental domains; and families to have individual structured routines and rituals.

The **specific objectives** of the Bethany NEWPIN program are:

To improve positive parent child relationships; to improve social connectedness for families; to increase opportunities for children to reach their individual developmental milestones; and to improve parenting styles and practices

The **four** strategies of the Bethany NEWPIN program are to:

Promote positive parent child attachment; provide opportunities to develop social connectedness; provide opportunities for children to reach their developmental milestones; and provide intensive support within a structured, therapeutic and educative environment

A range of **indicators** have been developed to measure the achievement of the objectives through delivery of the strategies.

CCCH has developed an evaluation framework to evaluate the program. The aims of the evaluation are to identify:

- What if any are the demonstrable benefits of the Bethany NEWPIN Early Years Program to new and existing members in the four program target areas and whether members are satisfied with the program?
- What if any are the demonstrable ongoing benefits to members from having been a Bethany NEWPIN member once they have left the program?
- Whether it is necessary for Bethany staff to adapt the NEWPIN Early Years program to the needs of members. If so what form does this take and is it likely to affect the replication of the program in another site?

The evaluation also **aims** to:

- Through consultation with Bethany NEWPIN Early Years program staff, to facilitate the production of a program matrix which details the connection between the program's aims, activities and intended outcomes.
- Consider whether the program activities identified in the program matrix have been delivered as intended.

1.2 Key Findings

1.2.1 Achieving the evaluation aims

- The development of the program logic by staff in phase one of the evaluation, has provided a systemic approach in linking outcomes, objectives, strategies and activities.

- The program logic has proven to play a valuable part in connecting the different parts of the program, and has lead to delivery of a high quality program for vulnerable families.

- The program logic has been applied into a working document (program manual) that would be transferable in the Australian context to other areas of disadvantage.

- Staff reported the amount of time and effort taken to develop the program logic was immense however it has provided reflection on how they deliver the program, why they deliver it this way and whether it would meet the objectives.

- The four specific program objectives have been met: families are now socially connected, children have improved in their child development milestones, parent/child attachment has improved and parents have improved parenting styles and practices.

- Best Interests of the Child – the program focus through research, stakeholder input and incorporation of legislative reform (Children, Youth and Families Act 2005) has the best interest of the child and focuses on healthy parent/child attachment and assists parents to understand behaviours and processes that impact on their parenting and their child's development.

- Members have described changes in how members relate to their children, how they enjoy them more, the friends and social connections made at NEWPIN and the local community, and that they now have a better understanding of child development and how to promote this in their child.

- There have been no further interventions by Child Protection with any of the sample group members

- In closure summaries and post discharge interviews, 86% of children are engaged in early childhood services, (day care, kindergarten, playgroups and school). Prior to attending NEWPIN 23% of children had been engaged in early childhood services

- In closure summaries and post discharge interviews, 86% of previous NEWPIN members have either found work 24%, completed a certificate at TAFE 24%, involved in volunteering 19%, are linked with employment agencies 9% or have returned to secondary school 24%.

- Child Behaviour Checklist validated tool analysis shows an improvement in children's behaviour especially in the reduction of the percentage of children who are in the clinical and borderline categories and this has been maintained since discharge from the program.

- Implementation of the validated tools, especially the Parent Behaviour Checklist and the Interpersonal Support List, to measure parent and child outcomes has been hindered by factors inherent to the target population. This is also partly attributed to the difficulty in relating to cultural and language references of the U.S tool and also that it is primarily used for middle class families. However this was the best available validated tool.

- Mothers discussed feeling less aggressive and being more in control of their feelings and having an awareness that they need to talk over their problems and not bottle them up.

- The four core values – empathy, respect, trust and support were an integral part of the program.

- Bethany NEWPIN Early Years program has the ability to enhance different components of the diverse program depending on the individual needs of the members thus facilitating replication in other sites.

- Financial analysis of the unit cost has shown that delivery of Bethany NEWPIN Early Years program is comparable with other family service programs.

1.3 Emerging Considerations

Sytems Approach

Bethany NEWPIN's approach to delivery and development of the program has been based on a systems approach. The approach of developing linkages and collaborative practice models has complemented existing family services and provides a critical link between primary, secondary and

tertiary services, ie from early intervention services for all children through to specialist and statutory interventions.

Best Interests of the Child

Within this context Bethany NEWPIN Early Years program has as its focus the best interests of the child. Bethany NEWPIN's theoretical framework focuses on healthy parent-infant attachment and supports psychotherapeutic approaches to assist parents to understand behaviours and processes that impact on their parenting and their children's development.

Name of the Program

Bethany Community Support has reflected on the current Bethany NEWPIN Early Years program name and whether this is appropriate given the change in direction and focus of the program. Consideration needs to be given to the naming or marketing of this early intervention program at Bethany and also to have consistency of name if replication is to occur in other areas of disadvantage in Australia.

Staffing of the Program

Staffing of the program requires high level, multi skilled, flexible staff provided with resources for adequate supervision and ongoing professional development.

1.4 Conclusion and recommendations

Conclusion

Through a systematic approach to service delivery, incorporating the child's best interest principle, flexibility and diversity of activities to meet the needs of all families and resources provided for employment of highly skilled staff, staff supervision and ongoing professional development of staff, Bethany has been able to deliver an early years program that has successfully demonstrated marked improvement of the quality of life for high needs young families

This intensive program for high risk, vulnerable families seems to have value in the Australian context and the work delivered by Bethany NEWPIN Early Years program staff in developing the program logic and program manual could be readily transferable. This program model fills a gap for vulnerable families and meets the intensity of family need. The next step is to assess if the long term outcomes of this program remain sustainable within the family's external circumstances and lead to a continued reduction in child protection referrals.

Recommendations

The following recommendations arising from the evaluation findings are offered to inform the future work of Bethany in delivering the NEWPIN Early Years program.

- It is recommended that Bethany continues to develop the Bethany NEWPIN Early Years program model to guide practice and meet the ongoing needs of members.

- It is recommended that the Bethany NEWPIN Early Years program actively promotes the outcomes of this program and that this report contributes to discussion in the Early Years sector.

- It is recommended that the Bethany NEWPIN Early Years Program evaluation report is used to support future funding options for replication of this service delivery model in other areas of disadvantage.

- It is recommended that future long term evaluation is conducted to monitor the sustainability of changes made by past Bethany NEWPIN Early Years program members.

2 Introduction

2.1 Background to NEWPIN

What is NEWPIN?

NEWPIN (NEW Parent and Infant Network) is a centre based therapeutic befriending program for parents with children aged 0-5 years. The model originated in the UK in response to the needs of new mothers who were also experiencing issues such as isolation, mental ill health, family violence, social disadvantage, low self-esteem, and those who were at risk of neglecting or physically and emotionally abusing their children.

It seeks to break the cycle of destructive family behaviour by:

- Placing emphasis on emotional abuse as a precursor to physical and/or sexual abuse

- Developing the self esteem and emotional maturity of parents

- Bringing about lasting change in the quality of life for both parents and children

- Empowering parents and children to take care of their lives.

Who is NEWPIN for?

NEWPIN works with mothers and other primary carers of children who are in need of support in their role as parents. Individuals may refer themselves or be referred and may:

- Be suffering from post-natal or other forms of depression

- Feel unable to cope with raising children

- Feel unable to give their children the nurturing and care they need

- Be hurting their children or taking their anger out on them

- Feel isolated from family and society

- Feel valueless as individuals and parents

2.2 NEWPIN in Australia

The NEWPIN model was introduced to Australia in 1998 in the western suburbs of Sydney. The first NEWPIN program in Victoria was established by Bethany Community Support in Geelong in 2004 as a component of the Family Support Innovation Project. [1] The program is funded by the Victorian Department of Human Services as part of the Geelong Innovations Project and is named the Bethany

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[1] Uniting Care Children and Young People (2008), NEWPIN – Courage to Change Together, Helping Families Achieve Generational Change, Ch 14.

NEWPIN Early Years program. Initially the program at Bethany Community Support was named Bethany NEWPIN however 12 to 18 months ago the name was changed to Bethany NEWPIN Early Years program to recognise the focus of families with young children. Previously families and local services may not have been aware of the early year's focus of the program.

Bethany Community Support[2], a non-government agency in the City of Greater Geelong, was one of the initial eight sites in Victoria chosen to establish the Family Services Innovations Project. Geelong is one of the largest municipalities in Victoria, with a population of some 200,000.

In 2002 Victorian Government budget funds were set aside to establish eight Innovations Projects across the State. The strategic themes underpinning the projects included: prevention and diversion; flexibility and responsiveness to the complex and changing needs of families; community-based solutions to local issues; more effective support for Indigenous children and families; and capacity building to improve the effectiveness and efficiency of services.

Initial planning phase of the Geelong Innovation project included an audit conducted by Barwon South West Regional office of DHS identifying children in the area with involvement n child protection and their presenting characteristics. This report found a lack of collaboration between services and a need for assertive outreach and therapeutic interventions.

The Bethany Innovations program based their model, including the NEWPIN program on the above report, evidence based research and stakeholder input. The program planned to adopt a strong risk assessment process, assertive outreach, be goal-focused, and offer practical assistance, ongoing flexible support, regular case reviews, and accessible pathways in and out of the service.

Within the planning phase, the literature review identified the NEWPIN program as a best practice model to integrate into the broader Family Services Innovations Program. During the development and implementation of the NEWPIN Early Years program at Bethany, there was significant legislative reform and redevelopment being undertaken across the sector that impacted on the nature of service delivery and the targeting of services. This philosophy, and new legislative principles embodied in the *Children, Youth and Families Act 2005*, clearly influenced the development of the Bethany NEWPIN Early Years program to fit within the Victorian context and to ensure that the best interests of children were the central focus. Bethany is committed to providing children with the best possible start in life. The program is child-focused and works in collaboration with other early childhood programs and family services to best meet the needs of children and families, and acknowledges that the early years of a child's life are the critical foundation for a successful adult life.

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[2]http://www.bethany.org.au/www/newpin/newpin.html

Bethany NEWPIN Early Years program works from a number of theoretical approaches including Attachment Theory, Systems Theory, Strength Based Theory, Child Development, Solution Focused Therapy, Play Stages and Family Centred Practice. The model is a therapeutic and support program for parents of children 0-5 years of age. It offers parents and children a unique opportunity to achieve positive changes in their lives and relationships.

The development of the program logic in the first phase by Bethany staff, supported by CCCH staff was an important part of the evaluation. Staff were challenged to think clearly and reflect as they developed the outcomes, objectives, strategies and activities and how these sections all relate to one another. The program logic set out and guided the staff in what it is they set out to change. The program aimed to support members to break the cycle of destructive behaviour. The following section details the outcomes, objectives, strategies and activities as described in the program logic.

The *general aims* of the Bethany NEWPIN Early Years program are:

- For families to exhibit positive family behaviours.

- For families to have reduced child protection notifications and reduced re-notifications

- Children are kept safe and within the family environment

- Parents and children demonstrate reciprocal enjoyment and delight in the parent child relationship

- Parents and children enjoy spending quality time together

- Increased social networks and community connectedness

- Children will have improved on some aspects of developmental domains

- Families have individual structured routines and rituals.

Bethany NEWPIN Early Years Program Objectives

The objectives of the Bethany NEWPIN program are:

1. To improve positive parent child relationships

2. To improve social connectedness for families

3. To increase opportunities for children to reach their individual developmental milestones

4. To improve parenting styles and practices

The *four* strategies of the Bethany NEWPIN Early Years program are to:

1. Promote positive parent child attachment

2. To provide opportunities to develop social connectedness

3. Provide opportunities for children to reach their developmental milestones

4. Provide intensive support within a structured, therapeutic and educative environment

A range of indicators have been developed to measure the achievement of the objectives through delivery of the strategies.

Bethany NEWPIN Early Years Program Philosophy

The program philosophy is based on four core values as defined by the members (parents of NEWPIN); of Support, Equality, Empathy and Respect and these pervade every aspect of the NEWPIN Early Years program. They are practised by staff, members, children and volunteers and ensure a safe environment for all. The four core values are discussed in informal conversations, at member meetings, in both therapy and personal developmental groups, at volunteer and staff meetings. Members, volunteers, students and staff are encouraged to respectfully challenge one another if they believe that the four core values are not being practised as they are intended. Members have had involvement in the development of the core values giving ownership, understanding and driving the philosophy of behaviour at Bethany NEWPIN Early Years program.

The Four Core values

Support	**Equality:**
Listening	Everyone is equal, we are all the same
Believing in one another	We've all got good and bad qualities
Trust	Take people how you find them
Helping out	Never judge
Help with things you may struggle with Not judging	Be supportive
Empathy:	**Respect:**
Having an understanding and being understood	Treat people (especially your children) how you would like to be treated
Caring of people's emotions	Caring
Taking care with everyone's feelings	Speak respectfully to one another
	Be responsible
	Patience is a virtue
	Good manners
	Open and honest Listen and show interest

2.3 How does the Bethany NEWPIN Early Years Program work?

Program Description

Bethany provides a home environment adjacent to the Bethany main office in Geelong for the NEWPIN Early Years program. This freestanding facility provides a safe space for parents and children eligible to become Bethany NEWPIN Early Years members to meet and to address parenting challenges.

Bethany Community Support provides a range of support services, positioning the NEWPIN program within this large organisation which has improved collaboration between other Bethany program staff. Further collaboration with other universal, secondary, tertiary and other local family services has occurred. This partnership approach has created opportunities to enhance networking skills, improve the knowledge of Bethany NEWPIN staff and connect NEWPIN families to the local community. Staff have commented on the time and effort taken to maintain these links with other agencies and that this time must be factored in when developing new programs.

Bethany NEWPIN Early Years program works with families who experience multiple complex issues which impact their parental capacity. As the program has evolved it has integrated different aspects of casework such as assertive outreach

Members can either be referred by the Department of Human Services (DHS), Department of Education and Early Childhood Development (DEECD), non government organisations, doctors, schools / pre-schools, maternal and child health, family services or self refer as long as they meet the eligibility criteria. In order to be eligible members need to be:

- Able to attend the centre at least twice a week, either independently or by accessing a Bethany provided bus service if they live in the northern suburbs of Geelong

- Be the principal carer of a child under the age of five

- Have recognisable parent / child difficulties

The Bethany NEWPIN Early Years program promotes the development of parenting skills in its members through role modelling and communication by its staff. The program also provides a setting in which activities that promote the strengthening of mother and child relationships are conducted. Such activities include:

- A weekly therapeutic support group. This group provides members with the opportunity to share their experiences with other parents in a safe, supportive environment while their children are cared for in the playroom.

- A Bethany NEWPIN Early Years personal development program which includes:

  - Psycho-educational group work programs

- Creative play activities and parenting strategies

- One to one counselling on a short term basis at member's request

- Fortnightly members meetings

In addition members have access to a 24 hour peer telephone support network. Members can choose to be a part of the telephone support network and a list of participating members and their phone numbers is shared at the commencement of each term. The program also has an assertive outreach component.

The Bethany NEWPIN program was not developed overnight and required reflective practice of the staff and empowerment of the members to be more active in the daily program. Many conversations were had with members to discuss their needs and what they wanted to change. Key messages from members were that the activities and strategies be structured, be consistent and have a routine. This guided the Bethany NEWPIN staff in developing the program.

Members Personal Development program

The Personal Development program consists of a series of group sessions delivered at the centre in the therapeutic room to members providing information, support and opportunities to reflect and discuss the topic presented. The sessions are very interactive with constant members participation. Members speak highly of these sessions and the difference it has made to their lives and their relationship with their children. The decision on what session will be delivered depends on the needs of the members at that time.

The Members Professional Development program includes the following:

- Bodies are Great: Keeping Children Safe from Sexual Abuse. This group was co-facilitated by a counsellor from Barwon CASA and explores strategies to prevent sexual abuse of children.

- Keeping Children safe. This group aims to inform parents about child abuse, the effects of child abuse and neglect on children and how to protect children.

- Safe Start. This group is co-facilitated by staff from the Greater City of Geelong's Safe Start Program and educates families about safety in the home including supporting parents to conduct safety checks on their homes.

- Music Therapy. This group program is facilitated by a qualified music therapist who is supported by Bethany NEWPIN Early Years staff and supports mothers, and their children to learn to enjoy music and sing, move and dance together, with an emphasis on eye contact, trust and touch.

- Importance of Play. [3] This therapeutic and support group work program for parents and children based on child development theory, attachment theory and play theory has been developed, implemented and evaluated by Bethany NEWPIN Early Years staff. Members come away with an increased knowledge of child development at different ages, the impact on play activities and how to actively play with their children.

- Certificate in First Aid. This course was facilitated by a qualified First Aid instructor that educates and informs participants about First Aid and members become qualified with a Level 1 Certificate in First Aid specialising in paediatrics.

- Communicating Positively with Your Child. This group work program supports parents in their relationship with their children and educating them in positive communication strategies with their children.

- Mums and Bubs Group. This group work program aims to raise parent's awareness of their infants best interests and development needs. The focus of the group was on enhancing the mother child relationship whilst educating parents about how to best meet their baby's needs. The final session was co-facilitated by a parent educator who took members through a session on infant massage.

- Our Skills as Parents. This parenting group encourages parents to reflect on their childhoods, how they were parented, and how this affects the parenting choices and decisions they make. It encourages members to explore their feelings about the role of being a parent and develop confidence in understanding their children's needs.

- SEERS. The SEERS group is based on the four core values of support, equality, empathy and respect and was important in helping members to articulate these values.

Further information can be found in the NEWPIN Quality Assurance report 2007 and the NEWPIN Program Manual.

Bethany NEWPIN Activities and Strategies

The Bethany NEWPIN Early Years program consists of the following activities and strategies. These structured, targeted activities and strategies provide guidance, education and support to further develop the skills and knowledge of members. Different themes are planned and incorporated into

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[3] Napoli, K. & Howe, K. (2008). A new and innovative service response for vulnerable families: Establishing Newpin within the Victorian family services context. In L. Mondy & S. Mondy (Eds.) Newpin: Courage to Change Together, (pp175 – 188), Sydney: Uniting Care Burnside

the different activities each term depending on age of children, needs of families and the time of the year. The themes chosen may depend on the needs of the members or the time of the year ie the four different seasons, a special day or week such as mother's day or family week or an occasion such as Christmas.

The Centre Activities include:

- Therapeutic Support Group. This session facilitates the promotion of parent child attachment by educating and reinforcing attachment principles.

- Daily Parent Interaction Sessions. This session assists in the development of positive parent child attachment and improves parenting style and practice.

- Non Structured Time. This provides an opportunity for members to supervise, spend time with and respond to their children without the structure, routine and expectation of other sessions.

- Meal times. This provides opportunities for the development of appropriate peer relationships through social interaction at meal times.

- Daily Routine and Rituals. This supports the development of appropriate peer relationships, promotes parent child attachment, positive parenting practice and style and supports children. Normal family routines and rituals are role modelled and developed with members and children.

- The Circle of Security. This provides a simple visual representation of attachment theory to members in how they relate to their children.

- Excursions. Excursions provide the opportunity to facilitate family's connectedness to their communities and focus on the parent child relationship.

- Story and Song Time. This session encourages and models the importance of reading and singing with small children and encourages parent child attachment especially through eye contact and creates opportunities for children to reach their developmental milestones.

- Member meetings. These are held on a regular basis to discuss issues, projects and daily structure. Members take it in turns to chair and record minutes.

- School Holiday program. During the school holidays a modified program is provided to members and their children, both preschool and school age.

- Speech Therapy sessions. These sessions are provided by a speech therapist from early intervention children services and provides information to parents of normal language development and how to promote communication in their children.

- Open Days. An annual open day is held at the centre each year inviting member's family and friends, referral agencies and stakeholders. Members play a key role on this day, presenting information and showing people around the centre.

- Special Persons day. The centre is open twice per year for a special person of the family to attend. It provides an opportunity for that special person to visit the centre and participate in some of the daily activities. Members look forward to this day.

- Guest Speakers and Visiting Professionals. Bethany regularly invites guest speakers and other professionals to attend the centre about topics the members may have expressed an interest in. Examples include:

  Visiting professionals to members: speech pathologist, physiotherapist, occupational therapist, psychologist, MCH nurses, dietician.

  Guest speakers to members: Preschool educators from road traffic authority, dental health nurses, specialist children's staff, belly dancing workshops, hairdressers and Body Shop staff to talk about self care, representatives from TAFE and other education providers.

Other strategies include:

- Appointment support. Staff will support members to arrange appointments, organise transport and actively support families to attend and maintain links with other services and the greater community.

- Transition and closure processes. Members are supported as they work towards achieving their goals and moving on from NEWPIN.

- Therapeutic Loaded Conversations. These conversations are often about difficult issues or concerns but also may acknowledge change and achievements. The conversations are child centred and goal focused.

- Attendance at centre two times per week. There is an expectation that members will attend the centre at least two days per week. This assists in the development and establishment of replicable routines and structures by facilitating involvement in the daily routine of the centre. It also builds a strong trusting relationship between members and also between staff, members and children. This frames the positive therapeutic relationship

- Systemic Work with families includes assertive outreach, home visits, service collaborations, referral and liaison with services, family meetings and case conferences

- Assessment and Goal Review Process. This structures the program interventions to best support the parent child relationship and are an opportunity to review, discuss progress, celebrate achievements and set future goals.

- Playroom daily structure and plan of themes. These sessions are planned for each term depending on age of children, needs of members and children, and current theme.

- Therapeutic Letters. The breaking of trans-generational negative family behaviour and the development and strengthening of positive parent child relationships is supported through the use of therapeutic letters.

- St Luke's Bear Cards. This promotes positive parent child attachment through assisting parents and children to better articulate and organise their feelings.

- Four core values. These values are defined by members and provide a clear and sound base with which to conduct interactions.

- Healthy Food policy and Hygiene rituals. There is an expectation that parents will provide healthy choices for themselves and their children that provide a sound basis for replication of a healthy diet at home. Staff provide support to members in the establishment of sound hygiene practices at the centre which are also replicable at home.

Further information outlining more detail of these activities can be found in the Bethany NEWPIN Early Years Quality Assurance report 2007 and the Bethany NEWPIN Early Years Program Manual.

Staffing

Staffing of the program consists of a Manager, Children's and Family Support Worker, Children's Support Worker, a part time Transport and Support Worker and Volunteers.

The development of the team has occurred over time and is an integral part of the delivery of a quality program. Initially staff, though they were experienced family and early childhood support workers, found the program required a new way of thinking and practising especially around empowering the young families to be more active in the program. The team is required to have a strong focus and exhibit the four core values of the program. Qualities and characteristics required by the team members as reflected by staff include: ability to challenge and be challenged, creativity, innovation, self awareness and assuredness, degree of professional confidence and ability to say a strategy was not successful.

Bethany Community Support developed a partnership with Uniting Care Burnside (Sydney NEWPIN), to deliver initial training and support regarding development of the NEWPIN program to Bethany

NEWPIN Early Years staff in the early phase of the program. The initial NEWPIN program in the UK and Sydney included a befriending component however due to Bethany NEWPIN being a new program there were no previous members (parents). Bethany Community Support did have a large contingency of volunteers who were trained to assist in the NEWPIN program. The volunteers have been a valuable component in the day to day delivery of the program for families and staff.

Staff Professional Development

Bethany is committed to improving and developing the knowledge, skills and growth of its staff. Attendance at professional development sessions for Bethany NEWPIN Early Years staff has provided valuable knowledge and skills in developing the program. Resourcing of programs requires adequate funding for staff professional development for programs to continue to develop and be successful. Professional Development has included the following:

- Completion of Diploma of Social Sciences in Family Therapy by two staff.

- Legislation and Best Interest principles

- Attachment Theory and Trauma

- Compassion, Fatigue, Stress and Burnout

- Court skills training

- Neglect and Trauma

- Family Partnership Training

- Level 1 First Aid training

- Housing Forum

- Refugee forum

- Language Delay

- Visual tools to support language development

- Autism

- Parenting Plus

- Play and Literacy Training

- Vulnerable Infants – Identifying Populations and Presentation Patterns

- Women, Motherhood and Drugs forum

- Bruce Perry presentation

- Master Class with Naimi Eisenstadt – Sure Start

- Deakin University Writers Workshop

- Karl Tomm Workshop – Intervention, Interviewing and Reflexive Questioning

- Volunteer Screening

- Level 2 First Aid

- Graduate School of Social Science – Pre and Post Family Support.

- Proteus Leadership and Management six week course

- Other professional development has been provided by visiting professionals presentations from speech pathologists, drug and alcohol staff, staff from chemical dependency antenatal unit and infant mental health clinicians.

Staff have also been actively involved presenting at various conference, seminars and at other organisations, providing information regarding the journey of developing the Bethany NEWPIN program and outlining the challenges, learning's and achievements along the way. Presentations have included:

- ISPCAN September 2004 – The Voice of Women in Family Support

- National NEWPIN conference 2006 – two presentations –'NEWPIN in Victoria' and 'The Importance of Play'

- Down to earth and by the Sea – Williams Road family Therapy Conference March 2007 – NEWPIN – Support program for Mothers and Preschool Children with Significant Parenting Difficulties

- Royal Children's Hospital Mental Health Service August 2006 -- Infant Mental Health and the Impact of Family Violence

- Queen Elizabeth Centre conference November 2006 – The Importance of Play Group Work Program

- ACCAN conference November 2007 – Poster Presentation: NEWPIN Early Years Program – New Pathways to Restoring Relationships

- Down to Earth and by the Sea – Williams Road family Therapy Conference March 2008 – Reflecting teams in Practice

- Australian Institute of Family Studies – Families Through Life July 2008 – Poster Presentation- A NEW Way to Support Play in an early Years Program

Staff supervision

Staff supervision consists of weekly case discussion, monthly clinical supervision provided by the infant mental health practitioner at Children's Mental Health Services (CMHS), individual supervision conducted as arranged between manager and team member, and weekly peer supervision. Staff have found the time given to reflection has assisted in ongoing improvements to the program and created opportunities to develop strategies in managing the challenges of complex case management. At the end of each days session at the centre, staff reflect on the challenges and achievements as a team and plan appropriate strategies to be implemented.

Bethany NEWPIN Early Years program volunteers

One of the early innovations at Bethany NEWPIN Early Years was the use of volunteers within the centre. Bethany Community Support had a long history of working with volunteers and this ready pool of volunteers would be able to support the work of the staff. The volunteers have a current *Police Check* and *Working with Children Check*. The volunteers have attended extensive training by Bethany and are assigned to a staff member for the day and receive supervision at the beginning and end of the day. A monthly meeting for volunteers is held.

The role of the volunteers within the Bethany NEWPIN Early Years program include:

- Supporting and assisting staff in the day to day running of the playroom.

- Creating welcoming and supportive opportunities for parents and children to develop relationships, self esteem and creativity through play.

- Contributing to each child's autonomy and self development.

- Upholding and promoting the four core values.

The program also employs volunteers as relievers on a casual basis when staff require leave due to illness, training or annual leave. The use of volunteers as relievers provides consistency of approach for families and a familiar person.

2.4 Background to the CCCH evaluation of Bethany NEWPIN Early Years program

2.4.1 Previous NEWPIN Evaluations

There have been three studies of the NEWPIN program carried out in the UK, the most recent of which was conducted in 1993-94[4]. In Australia the program has been the subject of two research

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[4] Please refer to the NSW community builders website for more information:
http://www.communitybuilders.nsw.gov.au/sync/PPR3%20Supporting%20Families%20and%20communities.pdf.

studies and two small scale evaluations as well as the 2005 Nucleus Report on the Bethany NEWPIN Early Years program[5]. The research studies on the whole reported moderate to high level improvements on such measures as parental stress, risk of physical child abuse, reported parental self esteem and confidence and levels of depression. While some questionnaires and scales were used as part of the mentioned studies, many of the reported benefits of the program came from anecdotal observation. The current study uses qualitative, quantitative and observation research methodologies in the pursuit of producing the most accurate picture possible of the effects of the program and whether it is likely to be replicable in another setting.

2.4.2 Bethany NEWPIN Early Years Evaluation Aims

CCCH developed an outcome based evaluation framework to evaluate the Bethany NEWPIN Early Years program. The aims of the evaluation are to identify:

- What if any are the demonstrable benefits of the program to new and existing members in the four program target areas and whether members are satisfied with the program?

- What if any are the demonstrable ongoing benefits to members from having been a member once they have left the program?

- Whether it is necessary for program staff to adapt the program to the needs of members. If so what form does this take and is it likely to affect the replication of the program in another site?

It also *aims* to:

- Through consultation with Bethany NEWPIN Early Years program staff to facilitate the production of a program matrix which details the connection between the program's aims, activities and intended outcomes.

- Evaluate whether the program activities identified in the program matrix have been delivered as intended.

It was *hypothesised* by CCCH that the program:

- Has value in an Australian context.

- Will deliver improvements for members across all four objectives:

    o To improve positive parent child relationships

    o To improve social connectedness for families

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[5] The Nucleus Group, 2005, *NEWPIN Program – Study of Success Factors, Final Report*, The Nucleus Group, Melbourne.

      o   To increase opportunities for children to reach their individual developmental milestones

      o   To improve parenting styles and practices

2.4.3   Bethany NEWPIN Early Years program Internal Evaluation Processes

The program has two internal evaluation processes:

1. A 'progress form' or 'goal review form' which members fill out with assistance from NEWPIN staff every six months. This allows the comparison of forms over time, the identification of any changes made and the opportunity for the marking of achievements. The program proposes that seeing their progress from one report to another motivates members to continue.

2. An annual quality assurance procedure. This involves receiving direct feedback from members, collating statistics, a written report detailing the Centre's activities over the year, refining program needs and setting targets for the following year. This process is undertaken by the Manager, Executive Manager and a Manager Quality Assurance. The Quality Assurance Report 2007 can be seen in ***Appendix 1***

   The Bethany NEWPIN Early Years program is registered as a Community Services Organisation (CSO) and is undertaking Quality Improvement and Community Services Accreditation (QICSA), (Latrobe University) and Quality Improvement Council standards.

A review of these processes and accompanying documentation took place in phase one evaluation and contributed to the development of the program logic.

3 Evaluation Methodology

The evaluation of the Bethany NEWPIN Early Years program was undertaken by the Centre for Community Child Health. The aims of the evaluation were to consider whether the program components were delivered as intended (process evaluation) and to assess the extent to which the program aims was met over the evaluation period (impact evaluation). A two phase evaluation process was developed.

Phase One

The first phase of the evaluation commenced September 2006 and completed December 2006; the second phase commenced January 2007 until project completion in September 2008.

The first phase was primarily concerned with the development of the Bethany NEWPIN Early Years program logic in the form of a table known as a 'program matrix'. This program logic has been developed by the program staff with support from CCCH evaluation staff and can be seen in *Appendix 2.*

It was decided that specific program indicators relating to each of the four program objectives would be the focus of the process and outcome evaluation. The agreed program objectives are:

- To improve positive parent child relationships

- To improve social connectedness for families

- To increase opportunities for children to reach their individual developmental milestones

- To improve parenting styles and practices

Ethics approval was gained from the Royal Children's Hospital Ethics Committee for this project.

Phase Two

The second phase of the evaluation involved:

- A longitudinal outcome evaluation of past members, members who completed the program during the evaluation and current Bethany NEWPIN Early Years program members using validated measurement tools, worker reflections and member interviews.

- A process evaluation, employing both program observation and interviews with staff as the means of data collection.

The development of the program logic in phase one provides critical information for the phase two evaluation activities, as an effective evaluation is developed on the clarity of the underlying model. A

clear idea of the program logic provides the basis for asking whether the program has been implemented as intended (process) and is having the desired effect (outcome).

3.1 Process evaluation

The process evaluation consisted of program observation at four time points and worker interviews at two time points.

3.1.1 Program observation

The method of program observation was adopted as part of the 'process' evaluation'. A CCCH researcher observed the Bethany NEWPIN Early Years program at four time points (refer to Section 4, Evaluation schedule). Specific program activities were observed for each of the four program goals and an assessment made by the researcher as to whether the program was being delivered as intended, based on the program logic developed during the first phase of the evaluation. The observation was guided by a single indicator for program goals 1 – 3 and three indicators for program goal 4. The specific structure of the program observation can be found in Table 1.

The four activities chosen and their description and links to the relevant program strategies are detailed in Table 1.

Table 1   Program Observation

Program Observation - Process measure - participant observation				
Strategy	**Indicator**	**Activity**	**How the activity promotes the objective / indicator**	**Evaluation questions**
Promote positive parent child attachment	Mother responsible at all times	Daily Parent interaction session	Parenting in real time promotes the mother being responsible at all times as it provides an opportunity for staff to support and challenge parenting practices during routine daily activities, behaviour redirection and comforting and soothing their children	1. Was the activity delivered as described (process)? 2. Were parenting practices both supported and challenged during the activity? 3. Was behaviour redirection witnessed as part of the activity? 4. Were parents encouraged to and did they comfort and soothe their children?
To provide opportunities to develop social connectedness	Improved social skills and confidence	Meal times	Meal times in the centre improve social skills and confidence through encouraging staff, members and children to sit together at lunch time; this enhances the development of positive peer relationships thorough social interaction. Members instigate, join and enjoy lunchtime conversation with one another.	1. Was the activity delivered as described (process)? 2. Did meal times provide the opportunity for peer interaction and was this taken? 3. Did members instigate conversation with each other?
Promote child development	Children improve on some aspects of child development domains (for example they demonstrate improvements on language and communication, gross motor and fine motor skills and play)	Story and song time	Story and song time enhances children's development through providing a regular time for parents and children to enjoy sitting, listening to a story and participating in singing songs together. Children are participating in developmentally age and stage appropriate activities with their parents. Story and song promotes and enables the development of language, social, cognitive skills and confidence.	1. Was the activity delivered as described (process)? 2. Did children actively listen to stories and participate in singing songs? 3. Did members engage and encourage their children's participation?

Program Observation - Process measure - participant observation				
Strategy	**Indicator**	**Activity**	**How the activity promotes the objective / indicator**	**Evaluation questions**
Provide intensive support within a structured, therapeutic and educative environment	Parents have increased confidence in own parenting – decisive, follow through	Non-structured time	Non-structured time increases parents' confidence in their own parenting and their ability to follow through by providing them with an opportunity to put into practice what they have learnt. Parents are able during non-structured time to supervise, spend time with and respond to their children's needs without the structure and expectation of the more structured interventions. Parents are supported during this time, but encouraged to follow through independently. Parents, positive parenting practice is acknowledged and praised.	1. Was the activity delivered as described (process)? 2. Did parents supervise, spend time with and respond to their children's needs? 3. Were positive parenting practices acknowledged and praised?
Provide intensive support within a structured, therapeutic and educative environment	Families show an understanding of and replicate learning environments in settings external to the NEWPIN program	Non-structured time	Non-structured time assists parents to replicate learning environments in external settings by providing an opportunity for parents to supervise, spend time with and respond to their children without the routine, structure and expectation of the more structured interventions. Parents are supported during unstructured time by the therapeutic team; however non-structured time gives them an opportunity to practice new found skills without direct intervention by staff.	1. Was the activity delivered as described (process)? 2. Did workers provide support without direct intervention?
Provide intensive support within a structured, therapeutic and educative environment	Development of positive individual family and parenting rituals and routines that are replicable at home (e.g. birthday cakes, greetings, birthdays, mealtimes)	Non-structured time	Non-structured time supports families to establish routines and rituals in the family home as it is during this time in the centre that we may celebrate a birthday or an achievement. These special events are always acknowledged with a cake and time taken as a group to celebrate. Other rituals acknowledged in the centre include Christmas, Easter, Children's Week, Child Protection Week, Mothers' Day, Fathers' Day, Family Week, etc. These special occasions are marked both by activities, but also by general conversation about how families usually celebrate special events and how would families like to celebrate these events, what may they be able to do differently and how would this be for them and their children.	1. Was the activity delivered as described (process)? 2. Where special events acknowledged? 3. Was the way in which occasions are marked discussed?

3.1.2 Staff interviews

As a further measure of whether the program processes are being achieved brief interviews were held with program workers at two time points, June 2007 and June 2008. The staff consisted of four team members. Staff were asked if the specific strategies that make up the program were delivered as intended and that parents responded in the ways you would expect them to in respond to the program. Staff also provided information regarding staff issues, professional development, the influence of the program logic in delivery of the program and challenges within the program

3.2 Impact evaluation

Three different measures were used in the impact evaluation.

1. Validated measures: Child Behaviour Checklist (CBCL), Parent Behaviour Checklist (PBC) and Interpersonal Support Evaluation List (ISEL)

2. Member interviews, and

3. Staff reflection summaries.

3.2.1 Validated Measurement Tools

Three validated measures were selected for the impact evaluation in consultation with the NEWPIN team. These tools were completed in one or two sittings between worker and member at three time points through the project[6]. The original versions of the tools were adopted despite their often American use of language (e.g. 'diaper' instead of nappy). Program staff explained the meaning of such words as and when required, with the purpose of aiding clarification only. Descriptions of the tools chosen, with relevant information including the measure they are seeking to assess are contained in the tables below.

Tool Name	Child Behaviour Checklist (CBCL)
Purpose	To use a validated tool to analyse NEWPIN members' ratings of their children's behaviour against population norms over time.
Measure	Children's behaviour over time
Tool	The CBCL is a 99 item, validated, reliable and widely used parent – report measure which includes child externalising behaviour problems. The CBCL is a device by which parents or other individuals who know the child well rate a child's problem behaviours and competencies. The CBCL has previously been used to measure a child's change in behaviour over time which is why it was selected for the purposes of the current evaluation.

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[6] Initially four collection time points were selected however due to the time taken to enrol participants into the program the number of collection times was reduced to three.

Method	To be completed by NEWPIN members aided by workers.
Timing	Three time points

Tool Name	Parent Behaviour checklist (PBCL)
Purpose	To use a validated tool to analyse NEWPIN members' ratings of their parenting against population norms over time.
Measure	Parent / child attachment and parenting styles and practices over time.
Tool	The PBCL is an objective measure of how parents are raising their young children, ages 1 to 5 years. It can be used to assess parenting strengths and weaknesses so that educational and intervention efforts can be tailored to each parent's unique style. It can be administered to both individuals and groups. The scale consists of 30 items and includes three empirically derived subscales: Expectations, Discipline, and Nurturing.
Method	To be completed by NEWPIN members aided by workers.
Timing	Three time points

Tool Name	Interpersonal Support Evaluation List (ISEL)
Purpose	To assess the development of social support and connectedness for Bethany NEWPIN member families over time.
Measure	The social connectedness of families
Tool	The ISEL comprises four subscales: tangible assistance (material aid), appraisal (availability of someone to talk to about one's problems), self esteem (positive appraisal of self from others and positive comparison when comparing one's self with others) and belonging (people with whom one can do things).
Method	To be completed by NEWPIN members aided by workers.
Timing	Three time points

3.2.2   Interviews with Bethany NEWPIN Early Years program members

Program members were interviewed by staff and/or CCCH staff and two time points, June 2007 and June 2008. Interview questions were developed to assess:

- How beneficial the program had been for members and their children

- Are members doing anything different as a result of attending the program

- Are members parenting differently as a result of the program

- Is the time spent with their child different

- What were the best things about attending Bethany NEWPIN Early Years program

- What were the worst things about attending Bethany NEWPIN Early Years program

3.2.3   Staff reflections

Staff met at three time points following the member interviews and completion of validated tools. These time points were July 2007, December 2007, and July 2008. The reflections were collected to record staff's general impressions of how the member had approached the completion of the evaluation tools and if they had responded with answers that reflect their true situation. Staff also recorded other information of relevance and listed interventions completed with each member over their time. A written report was provided detailing reflections of each member.

4   Evaluation schedule

Evaluation Schedule						
Task	**Number of subjects**	**Responsibility**	**Time Point**			
			One Jan - June 2007	**Two** July - Aug 2007	**Three** December 2007	**Four** June 2008
Program observation	n/a	CCCH	X	X	X	X
Staff Interview	4	CCCH	X	Possible exit interview with staff		X
Staff reflection / summary	1 per member	NEWPIN	X		X	X
New member interviews	8	CCCH	X	If subjects leave - secure consent to stay in touch		X
New member tools	8	NEWPIN	X		X	X
Existing member interviews	14	CCCH	X	If subjects leave - secure consent to stay in touch		X
Existing member tools	14	NEWPIN	X		X	X
Past member interviews	4	CCCH	X			X
Past member tools	4	NEWPIN	X		X	X

5   Evaluation Findings

The following section details the evaluation findings. The findings are divided into two main sections, process evaluation and impact evaluation.

5.1   Process Evaluation

Process evaluation focuses on the extent to which activities are being delivered as intended. It answers the questions:

- Did the activity reach the target audience?

- Was the activity carried out as planned?

- What was the quality of the activity?

5.1.1   Program observation

A CCCH researcher observed the program over four time points: March 2007, July 2007, December 2007 and July 2008. Specific program activities were observed for each of the program strategies.

1. Promote positive parent child attachment

2. To provide opportunities to develop social connectedness

3. Provide opportunities for children to reach their developmental milestones

4. Provide intensive support within a structured, therapeutic and educative environment

Observation was conducted as to whether the activity was delivered as intended based on the program logic developed in Phase One of the evaluation.

Strategy One: Promote positive parent/child attachment

Activity observed: Daily Parent Interaction session

How the activity is described in the program logic:

> The Daily Parent Interaction session promotes the mother being responsible at all times. It provides an opportunity for staff to support and challenge parenting practices during routine daily activities, behaviour redirection and in comforting and soothing their children.

Observation:

Parents and children were observed engaging in the activity together. Activities observed at each four sessions varied. They included making Christmas decorations and the celebrations around Christmas, fruit and vegetable stamping, gross motor activity using mats and outside climbing equipment and a craft activity around the family theme.

Staff constantly role modelled normal behaviour for families when completing this type of activity throughout the session. If parents became distracted from their child they were encouraged to engage with their child again. If the child became distracted parents were redirected by staff to notice child's cues and redirect behaviour. Management of child behaviour at times was challenging for parents however staff supported parents on a one on one basis. Guidance was provided with clear, simple instructions given about the activity or how to manage the behaviour or how to soothe the child. It was observed that guidance was replicated by parents in the sessions.

An example of staff guidance is provided:

A member was observed not noticing that her son wanted to catch her attention. Staff asked the member "do you want to move your chair closer to child?" This prompt was observed to create the opportunity for more child/parent interaction -once the parent moved the chair closer, the child was observed to immediately smile up at the mother and the mother was then observed to engage more enthusiastically in the activity with the child.

Staff role modelled conversations with children to encourage parent child interaction. Members were challenged if not focusing on the child needs. Staff noted and gave positive praise to both children and members.

The aim of promoting positive parent child attachment was attained using normal parent child activities that could be easily replicated at home and in other situations. If a child was seeking attention from an adult other than their mother, staff were observed to ask the child "where is your mum?" thus making the mother responsible at all times. If a child needed comfort the staff would always return the child to their mother for soothing and nurture.

Parenting practices were both supported and challenged during the activity. Behaviour redirection was witnessed as part of the activity. Parents were encouraged to and did comfort and soothe their children.

It was concluded that this activity was delivered as intended and that mothers displayed that they were responsible during the daily interaction sessions.

Strategy Two : To provide opportunities to develop social connectedness

Activity observed: Meal times

How the activity promotes the indicator as described in the program logic:

> Meal times in the centre improve social skills and confidence through encouraging staff, members and children to sit together at lunch time. This enhances the development of positive peer relationships through social interaction. Members instigate, join and enjoy lunchtime conversation with one another.

Observation:

Meal times created an excellent opportunity to observe social connectedness. This was observed with parents and children sitting together with other families. Parents and children readily engaged in conversation with other parents and children. Parents and children were observed to enjoy the social part of meal times. Meal times also provided opportunities for staff to direct social skills for children, role model social interaction and challenge parents' behaviour and interaction with child.

Staff sat with members and children to have lunch, engaging in conversations and providing positive praise for such things as sitting at the table for the whole meal, trying new foods, using eating utensils, saying thankyou. All members sat next to their children and were encouraged to converse with their child and other members and children.

Members and children were observed to enjoy this time together with lots of conversation being conducted. Children were observed to display social confidence in having conversations with one another, asking questions of members or staff and using table manners. Healthy food choices were praised by staff.

At times members needed redirecting in responding to child's needs, and support and guidance if a child's behaviour was hard to manage at the table. Staff guided members to manage children in a comforting consistent manner.

It was concluded that the activity was delivered as described and meal times provided opportunities for peer interaction. It was observed that members interacted more enthusiastically over the four observation time points indicating improved social skills and confidence.

Strategy Three: Provide opportunities for children to reach their developmental milestones

Activity Observed: Story and song time

How the activity promotes child development as described in the program logic:

> Story and song time enhances children's development through providing a regular time for parents and children to enjoy sitting, listening to a story and participating in singing songs together. Children are participating in developmentally appropriate age and stage activities with their parents. Story and singing promotes and enables the development of language, social, cognitive skills and confidence.

Observation:

Children were observed to readily participate at age appropriate levels in the story and song time activities. They were observed to enjoy the routine of story time and learning the words and actions when singing. As described in the program logic, story and singing promotes and enables the development of language, social, cognitive skills and confidence.

Story and song time appeared to be a time that mothers and children looked forward to and enjoyed. Mothers sat in chairs in a circle with children in bean bags at their feet. One staff facilitated the activity while other staff joined the circle. Staff role modelled how the mother and child could be involved and intervened when it appeared the mother or child was not focused on the activity or needed encouragement on what to do.

Examples of story time

> A staff member started talking about Christmas and engaging the children in conversation. One of the children asked the staff member what she would like for Christmas. The staff member thanked the child warmly and said "that is a lovely question" and then gave a response. She then asked this child the same question and then went around the room asking the other children
>
> The children sang a song about the parts of the body. Depending on the age and development level of the child, many actions, rhythm and words were used. Mothers were involved as well. One mother with a small child in arms sang the song to the child and pointed to body parts. The child smiled readily at mother.

Staff were observed to involve the children in story time. Staff encouraged children to ask questions about the story and then started the story. Some children became very enthusiastic about the story while others were quietly absorbed in the moment. The staff members told the story very enthusiastically and engagingly, providing a role model for this at home. Where necessary staff supported the mother to manage children's behaviour and refocus on to the activity. At the end of the story a "goodbye song" which everyone contributes to, was sung, including an individual good bye to each child.

It was concluded that the activity was delivered as described in the program logic. A story and song time was delivered at the end of each day. Children were observed to actively participate in singing and listening to the story. Members were seen to engage and encourage their children's participation. Where this was not occurring, staff intervened and supported and guided mothers to redirect the behaviour of their child. Positive praise was given to mother and child when this was achieved. Children were observed over the four time points to have gained confidence, participate in the actions, singing and story telling.

Strategy Four: Provide intensive support within a structured, therapeutic and educative environment

Activity Observed: Non Structured Time – Focus - parental confidence

How the activity is described in the Program Logic.

> Non-structured time increases parent's confidence in their own parenting and their ability to follow through by providing them with an opportunity to put into

practice what they have learnt. Parents are able during non-structured time to supervise, spend time with and respond to their children's needs without the structure and expectation of the more structured interventions. Parent's are supported during this time, but encouraged to follow through independently. Parent's positive parenting practice is acknowledged and praised.

Observation:

Staff confirmed that each day of attendance members were provided with non-structured time. Members had the time to put into practice what they had learnt. Over the four time points members were observed to display behaviours that indicated they had an increase in parenting knowledge and skills in managing their children. Members were observed to participate in play activities with children, respond to child's cues and behaviour, and supervise children especially around safety. Examples observed were members setting up play activities such as a member playing with a visually impaired child and focusing on a tactile and auditory experience with the play activity, a member playing with dolls in the cubby with her child. Members were observed to be aware of strategies such as applying sunscreen and hats to children when playing outside and a member intervening when her child stood up on furniture.

Members implemented strategies to manage children's behaviour as in the following example.

A child was observed to be throwing a tantrum, the parent calmly moved the child away from the activity, used eye contact with the child, asked why he was upset, comforted him until he was calm then returned her child to play with the other children. Staff followed up with positive praise for member and child.

It was concluded that the activity was delivered as described in the program logic and that parents supervised, spent time with and responded to their children's needs during these sessions, It was observed that staff acknowledged and praised positive parenting practices

Activity: Non-structured time. Focus – replicate learning's to other environments

How the activity is described in the Program Logic:

Non-structured time assists parents to replicate learning environments in external settings by providing an opportunity for parent's to supervise, spend time with and respond to their children without the routine, structure and

expectation of the more structured interventions. Parents are supported during unstructured time by the therapeutic team however non-structured time gives them an opportunity to practise new found skills without direct intervention by staff.

Observation:

The activity was delivered as described in the program logic. Parents frequently displayed strategies and routines learnt in the structured sessions. These included behaviour management, routines, positive language expression, safe practices and hygiene principles. Members reported using these practices at home to staff and staff were often seen to praise member and child for using appropriate language, behaving in a certain way, replicating routines, having meals together, reading to child, replicating activities such as making play dough. Members mentioned that now they talk to their child, get down to their level and ask them what they want. Members were heard informing staff of what activities they set up at home with their children and that now they sit down to eat together.

Staff on the majority of cases were seen to provide support without direct intervention. However there were times that the member was unable to handle the situation, and the staff would intervene. Intervention would consist of guiding and supporting the member to apply the appropriate strategy followed with information of why it is suggested to act in this manner. Members were praised or in some cases challenged for how they managed the situation with the focus on the child and not judging the member.

It was concluded that the activity was delivered as intended and that staff provided support without direct intervention.

Activity: Non-structured time. Focus – establish routines and rituals in the family home

How the activity is described in the Program Logic.

> Non structured time supports families to establish routines and rituals in the family home. These are often special events such as Christmas, Easter, Birthdays, Family week, Children's week, Mothers Day, Fathers Day.

Observation:

In non structured time every day routines and rituals are celebrated at NEWPIN. If it is a birthday or special member's event that member or child are given special consideration by staff. Members mention how the routine of staff greeting everyone

upon arrival at the centre is valued. Often in their home environment this has not happened. Members and children are now seen to greet one another warmly upon arrival.

Routines around meal times appeared to be well established with occasional prompts from staff. Routines included washing of face and hands before meal, children sitting at table and waiting for mother to prepare lunch, younger children having bibs put on and strapped safely in highchair, no children in kitchen during meal preparation, washing after meal and cleaning teeth, cleaning up after the meal. It is hoped that these routines will be replicated at home.

An example of involving members in an event was observed around Christmas activities. Members were involved in discussion of how the occasion would be marked. Initially staff would ask the children lots of enthusiastic questions such as "does anyone have a (Christmas) tree at home, what does it look like, where will we put our centre tree, shall we make a place mat for Christmas lunch, who's coming to your place for lunch, who would like to make some decorations for their house". Families were also invited to have a photo taken with the tree.

Events were always recorded with lots of photos by staff and these were given to members and children. On discharge from the NEWPIN Early Years program families are provided with a collage of photos of their time in the program.

Activities at the centre were observed to include special events. Themes observed were Christmas, birthdays, and Family week.

The events are marked by activities and general conversations about how families celebrate these events, how the NEWPIN families would like to celebrate the event, what they could differently and how this would be for them and their children.

It is concluded that this activity has been delivered as described in the Program Logic and special events acknowledged. Discussion about how occasions were marked was observed regularly at the program.

5.1.2 Staff Interviews

Initial staff interviews were completed in June 2007 with a second interview completed June 2008. The program staff team consists of four members; NEWPIN manager, children's support worker, children and family support worker and part time transport and support worker. Volunteers were also involved in the program.

Staff reported that the NEWPIN program was being delivered as intended and constantly grows and changes in response to NEWPIN members' requirements especially incorporating the principle of the best interests of the child in program planning and delivery.

Achievements of the program objectives by staff

Staff were asked whether the specific objectives that make up the Bethany NEWPIN Early Years program were achieved:

- Promote positive parent/child attachment

- Provide opportunities to develop social connectedness

- Provide opportunities for children to reach their developmental milestones

- Provide intensive support within a structured, therapeutic and educative environment

Promote positive parent/child attachment

Staff have viewed the promotion of positive parent/child attachment as their core purpose especially in the area of planning and purposeful conversations. The participant and non participant observer roles lead to clear conversations with members about concerns in this area. This uses the power of observation with one staff member observing and one staff member providing direct intervention. It provides a reflective practice approach.

Education in the form of videos and discussions using the whiteboard and therapeutic conversations with members are always from the child's perspective, about support, education and not laying blame. Staff have found it can be a logistical challenge in planning and delivery of activities while still responding to the broad mix of ages attending each day and responding to higher need members. During the development of goals, parents are requested to set a goal for each child and a parenting goal. This then focuses on parent/child interaction and is reviewed regularly including formally at six month intervals.

The Circle of Security[7] is used as a simple visual representation of attachment theory. This educates and promotes attachment theory to parents and is used as a tool to educate, support and promote parent child attachment.

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[7] Early Childhood Australia Inc. Research in Practice Series, Volume 14, No.4. 2007

The daily routine and rituals set up at the centre support and challenge parents in daily activities, behaviour redirection, and comforting and soothing their children. The excursions provided allow for positive parent child attachment through facilitating a regular, age and stage appropriate parent child activity. The breaking of trans-generational negative family behaviour and development and strengthening of positive parent child attachment is promoted during family meetings, home visits, one on one parent/ child/ staff working together and parent and child interaction sessions. Meal time routines encourage parent child interaction. Non structured time enables members to supervise, spend time with and respond to their children without the more structured interventions.

These various activities provided at Bethany NEWPIN Early Years Program encourage a nurturing and attentive relationship between parent and child that includes positive affect, safe holding, eye contact, touch, smile and the fulfilment of infant/child's needs. The expectation of the program is that parents will provide supervision for their children at all times thus increasing parent child interactions. Staff are there to guide, support, educate and when necessary, challenge parenting behaviour and redirect to improve parent child relationships.

Other tools used by the staff include:

- Therapeutic letters sent to members, these provide a written acknowledgement of struggles, goals and achievement. It provides witness to the changes made in the parent child relationship.

- Therapeutic Loaded Conversations are conversations that aim to improve parenting practice styles by education, reinforcing and challenging parents about their relationship with their child. They increase parents' knowledge and understanding of their child's development.

All members attend therapeutic and educative group work which promotes positive parent child attachment by educating and reinforcing attachment principles. Members readily attend the groups and positive feedback has been received.

Provide opportunities to develop social connectedness

The staff response was that improved social connectedness has occurred through members attendance at Bethany NEWPIN Early Years Program and exposure to open days; Special Person's day at the centre; facilitating forums; running expos; linking with other services in the area; taking members' on excursions to the local neighbourhood centres, shops, and parks; encouraging friendships between members at the centre,

celebrating birthdays at centre and members given opportunities to speak at community events. Staff take the time to find out what is going on locally and promote this to the members or staff may bring a representative of a different organisation to the centre. Members also have twenty-four hour phone support service to one another.

The program expectation is that members will attend a minimum of two days per week with transport to and from the centre provided to families residing in the North Geelong area. Many members have commented that the criteria of having to attend the centre for a minimum of two days and being picked up by the Bethany bus gives them a reason to go out. Once at the centre there is the opportunity for members and their children to socialise.

Program staff focus on celebrations such as birthdays, special persons day, mothers day, graduations from the program, Easter and Christmas. All these events give an opportunity for families to socialise. Members also talk about the social events they have attended after being exposed to different settings during a Bethany NEWPIN Early Years program excursion or visitor to centre. Visitors may include early childhood professionals, TAFE educators and other services such as the library.

The program has set mealtime routines focusing on healthy foods, hygiene, sitting at a table, table manners and social interaction. Parents and children over time initiate conversations at meal times. Staff also sit and have lunch with members and children and role model conversations, provide positive praise, encourage the use of manners and where necessary redirect behaviour. Families report that following involvement in the program they have acquired a dinner table and eat together as a family.

The team offer a warm welcome and farewell when members and children arrive and leave the centre. This provides an opportunity for the development of appropriate socialisation skills. Staff report that they see these skills replicated by members and children at the centre and at home visits.

Provide opportunities for children to reach their developmental milestones

Opportunities provided in the program included the assessment of the current child's development and planned activities that were developmentally appropriate for each individual child. Child development activities were included in the assessment and goal review tasks that occur formally every six months and informally at daily sessions for each member. Development of the 'Importance of Play' manual and group educational sessions for parents has helped immensely with members now displaying improved knowledge of child development and talking about child development in conversations with one another and staff.

The Importance of Play group work program was developed to fill a service gap and evolved from practice to meet the specific needs of parents and children who have experienced significant difficulty in their relationships. The Importance of Play group work program was implemented incorporating educative, therapeutic and reflective components of attachment theory, child development and play theory.

The Importance of Play aims includes:

- To enable and encourage positive play interactions between parent and child

- To enhance the parent child relationship

- To develop parent's understanding and knowledge of their children's development and play

- To enhance and stimulate children's development

Child development was also promoted through activities like inviting other allied health professionals to the centre to provide Speech Therapy sessions and Music Therapist sessions with members and children. Feedback from parents highlighted the benefit and enjoyment of these sessions. Members describe how they now communicate with their child and how they sing and dance at home with their children. Employment of appropriate staff with relevant child development knowledge has improved the quality of sessions with families. Other activities provided by the program that promote child development include: assistance in transport to child specialist paediatric appointment, excursions, home visits, one on one parent /child/ staff working together, daily parent/child interaction session, story and song time, and structured and non structured playtime.

Provide intensive support within a structured, therapeutic and educative environment.

The staff responded that they delivered intensive support within a structured, therapeutic and educative environment. Improvement in parenting style and practices is achieved by staff taking a history from the member of parenting and how they were parented, their supports and strengths. Realistic goals are planned, strategies developed and implemented and reviewed at six monthly interviews. Real time parenting in the form of individual staff guiding, challenging, supporting and role modelling with parent and child at mealtimes, non structured time, daily activities, excursions and home visits provides help in establishing positive parenting styles. These can be transferable to any situation and become routine for the parent and child.

The opportunity for role modelling from other parents occurs and parents become more confident in setting clear boundaries for children.

Bethany NEWPIN Early Years program has developed a *common language* for staff, members and volunteers communication at the centre and families' homes. They are underpinned by the four core values of the program and give word for concepts, themes and are framed positively. They may be used to challenge members, staff, volunteers and children and can provide words for members when they are frustrated, angry, tired or simply silenced. Members are encouraged to take a copy home of the list of *common language* to their partner and extended family so it may be replicated in the home.

Comments from staff interviews raised the following issues

- ***Staffing***

There have been three changes of staff, creating the opportunity to look at the skill base and alter staff positions to better meet the needs of families. It was identified that there was a gap in a child centred focus and the need to up skill in family centred practice. It was also identified that there was a gap in a therapeutic role. Relevant staff were recruited and staff report the current team is a good fit.

Staff backgrounds include social work, nursing, family therapy, and early childhood and these characteristics of the different backgrounds appear to bring strength to the program. Concern was expressed about the effect of future staff turnover as it has taken time and effort to attain the current team dynamics.

- Staff have identified over time the ***qualities and characteristics*** required for NEWPIN to be successful. They include the following:

• Degree of professional confidence - self assuredness	• Work/life balance
• Humour	• Practical Skills
• Organisation	• Capable of breadth of tasks – ie from sandpit to Therapeutic Loaded Conversations
• Interested	• Innovative
• Creative	• Able to challenge and be challenged
• Able to have rigorous conversations with team members- may not always agree	• Willing to say it didn't work
• Know self – self awareness	

■ *Program Logic/ Program Manual*

The program logic was developed as a guide and as part of Phase 1 of the evaluation process. The staff were required to develop the program logic in Phase one of the evaluation. This took considerable time however it became a working document that in the future could be transferred to other services interested in implementing a similar model. It articulated why and how the program is delivered. The program logic supported the program staff to clearly articulate and document all facets of their program, their purpose and outcome.

Bethany NEWPIN Early Years staff stated the program model had changed in the Victorian context to be in line with the legislative changes and to have the focus on the best interests of the child. The befriending component of the original UK and Sydney programs was changed and the use of volunteers implemented. These factors were included in development of the program logic.

Once the program logic was completed, staff were motivated into developing a program manual, Appendix 3, which they felt was a more practical tool. Each staff member was given responsibility to develop separate components of the manual, developing ownership of the document. The aim of the manual was to develop a living document that set out the how and why of the program and what to expect. Bethany NEWPIN Early Years staff have written two book chapters to be published in NEWPIN: "The Courage To Change Together" a history of NEWPIN in Australia. This is to be published by Uniting Care (Sydney) in October 2008 a comprehensive account of the 10 years of Newpin operating in Australia, published by Uniting Care Burnside and edited by Linda Monday and Dr. Steven Monday.

■ *Challenges of NEWPIN*

Initial referral

Initial referral requires a lot of intense work in contact, developing a relationship and managing the client on the waiting list. Sometimes an immense amount of work is completed during this time with the client opting to not enrol in the program. During this phase staff may assist clients to engage in crisis management and refer to other services that are more appropriate. Staff feel frustrated that this work is not recorded in time and activities completed.

Attendance of members at Bethany NEWPIN Early Years Program

Staff have found providing an assertive outreach component of the program to new members when members first commence at the program helped maintain attendance at the centre for the two days. An assertive outreach strategy was also used as an

intervention when member's attendance dropped off. Decreased attendance was usually the result of a family crisis and the increased support by staff and the development of strategies to resolve the crisis assisted the member to get back on track. It was found that during a crisis a member would either reduce or increase their attendance at the centre.

Teamwork

Teamwork constantly requires work – all staff members must work from a team perspective, even when working individually with a member. Trust is essential in showing a united front to members and having a similar approach and perspective to their work. The team discussed the need to critically reflect on practice and challenge each other about their work. This then provides a positive role model for members on how to resolve conflict in a mature respectful manner. The team struggled initially to work in a different way however over time this has developed.

Staff's ability and confidence is on show and staff must be able to discuss situations in front of members and other staff. Managing the complexity of problems and member to member conflict is constant. Members also will try to split staff which requires tactful management. For example a member may have completed a one to one session with a staff member, agreed on a plan of action and then approach another staff member to change this plan.

Staff commented on the uniqueness of the program and the importance of empowering parents and active parent involvement in the program for successful outcomes of families. The work required constant reflection and discussion and improvement in documenting and recording such as the use of therapeutic letters and goal review for families. Staff had to constantly work on team dynamics and be open and honest with one another.

Staffing of the centre requires experienced staff with background knowledge of the principles that guide delivery of the Bethany NEWPIN Early Years program. Members also take time to trust new staff. Staff feel obligated to go to work when unwell as often there is no appropriate back fill. A reliever list is currently being developed however developing the skill base in new staff can take time.

Further comments from staff

        o Exit planning – staff have incorporated exit planning for members from the program, especially around goal setting, goal review and goal

assessment. Staff initiate discussion on exit planning at entry into the program. Staff continue to focus on exit planning from the program in regular conversations with members.

o New work reforms program – this has implications for the members. Under federal legislation, once their child turns six years of age the members are required to be seeking employment. Linking parents to not just supportive services but also education services leads to members being better prepared. Bethany NEWPIN Early Years program has incorporated opportunities for further education and linked members with employment agencies so they are better prepared. Some members have completed a food handling course, Level 1 First Aid course specialising in paediatrics and others have enrolled in a TAFE course on exit from the program. Members report volunteering and finding employment.

o Children, Youth and Families Act Legislation – this legislative reform has a stronger focus on the best interests of children and cumulative harm. The program has moved toward this, especially in terms of recording. Previously they would look at things in isolation but are now looking at cumulative effects of harm on the child.

o Non structured play time – staff mentioned that this session could be difficult. It requires the staff challenging the members to remain child focussed, and that this is a time to interact with your child, not a time to gossip with other members.

o Group work activities to remain engaging for all members – staff mentioned the challenge of this in making sure the activities continue to be interesting and motivating for the existing members as well as the newer members.

5.2 Impact Evaluation

5.2.1 Validated Measurement Tools

The three validated measurement tools selected were the Child Behaviour Checklist, Parent Behaviour Checklist and the Interpersonal Support Evaluation. Data was collected at three collection time points, the first Jan-July 2007, the second at December 2007 and final collection point June 2008.

Child Behaviour Checklist (CBCL)

The purpose of the CBCL is to provide a standardized benchmark to compare members' ratings of their children's behaviour against population norms over time. This checklist is validated for children aged eighteen months to 5 years and the forms are designed for self administration by the respondents who have at least 5th grade reading skills. For respondents who have difficulty completing the form, it can be read out aloud by the interviewer who writes the respondents answers on the form. This was the case for some of the NEWPIN members. The form consists of 118 questions relating to child behaviour.

The CBCL can be measured in syndrome scales and can be scored in terms of three broad groups, internalising which reflects self, externalising which reflects attention problems and aggressive behaviour and the third which is a total score or sum of the internal, external, sleep problems and any other problems that are not on the other syndromes.

Internalizing problems consists of four subscales and comprises problems that are mainly about self. They are described as emotionally reactive, anxious/depressed, somatic complaints and withdrawn.

The externalizing area consists of two syndromes; attention problems and aggressive behaviour.

The third problem area is ***sleep problems***.

The score is measured as a T score; below 65 is considered within normal range, 65 to 70 is borderline but high enough to be of concern and above 70 is considered in the clinical range and of concern. The T score is measuring children's behaviour as compared against population norms

Table 1 and Graph 1 reflect data in the total, internalising and externalising data.

Table 1

	Total	Internalising	Externalising
June 07	62	57	57
Dec 07	53	51	51
June 08	57	54	56

Graph 1
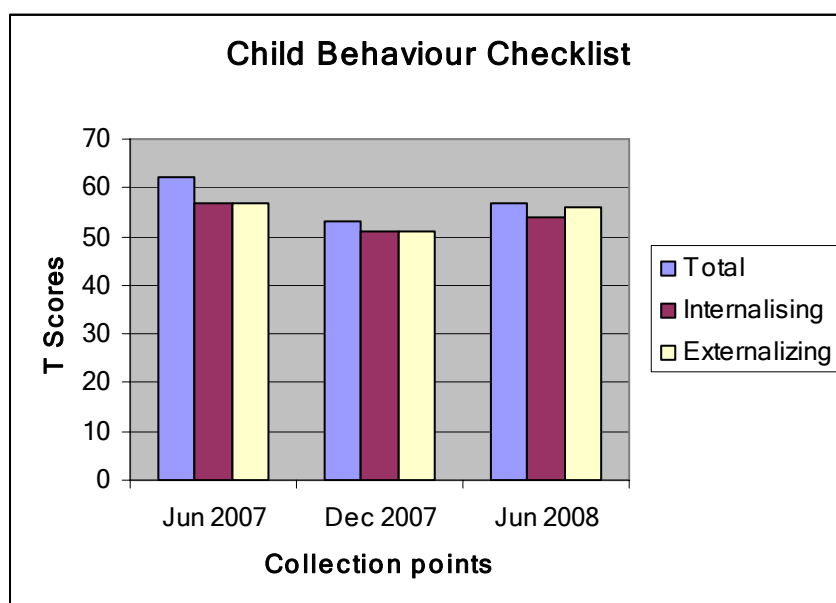
Average T scores of children attending Bethany NEWPIN Early Years Program were below the borderline and clinical levels for intervention and in the normative range. There were however individual children who were in the *borderline* and *clinical* category.

The *clinical* category indicates that significant problems are evident and a child needs professional help.

The *borderline* category indicates that this child scores between the normative range and the clinical range. In such cases categorical distinctions are less reliable. A borderline range informs us that concerns have been reported and more information is required through further assessment and observation to assist practitioners to make more differential decisions.

Table 2 gives us more information regarding the children who are on the borderline or clinical category for the CBCL in regard to behaviour and shows improvements since attending the NEWPIN program for the majority of children.

Table 2

	Total		Internalising		Externalising	
	Clinical %	Borderline %	Clinical %	Borderline %	Clinical %	Borderline %
June 07	39	22	22	33	39	16
June 08	33	5.5	27	11	22	22

Analysis of CBCL results.

Internalising:

Children in the clinical category show an increase of 5% over 12 months. Children in the borderline category show a reduction of 22% over 12 months – meaning there have been a large number of children who have moved from the borderline to the normative range over the 12 months demonstrating a reduction of behaviour problems about self, such as being less emotionally reactive, less anxious/depressed, having less somatic complaints and withdrawn problems. However a small number of children have moved into the clinical range.

Externalising:

Children in the clinical category show a reduction of 17% over 12 months. Children in the borderline category show an increase of 6% - meaning a large number of children from the clinical range have moved into the normative or borderline range indicated improvement in the behaviour of children in the areas of attention problems and aggressive behaviour.

Total:

Children in the clinical category show a reduction of 6% over 12 months. Children in the borderline category show a reduction of 16.5 % over 12 months – indicating overall there has been a reduction in behaviour problems over 12 months.

Parent Behaviour Checklist (PBCL)

The purpose of the PBCL is an objective measure of how parents are raising their children. It is to analyse the NEWPIN members' rating of their parenting against population norms over time and assess their strengths and weaknesses. In this evaluation we are measuring the parent/child attachment and parenting styles and practices. The checklist is validated for children 1 year to 4 years and 11 months and parents with a reading skill of 3rd grade.

The scale consists of 30 items and includes three empirically derived subscales: Expectation, Discipline and Nurturing.

Expectation: measure a parent's developmental expectations – ie "*My child should be old enough to share toys."*

Discipline: assess parental responses to problem child behaviours - ie "*I yell at my child for whining.*"

Nurturing: measure specific parent behaviours that promote a child's psychological growth – ie "*I read to my child at bedtime.* "

Normative average T Score is 35-65.

Table 3 reflects the PBCL average T scores in the three subscales over the three collection time points.

Table 3

Collection Point	Expectations	Discipline	Nurturing
June 2007	47	45	50
December 2007	49	45	47
June 2008	44	50	49

Graph 2
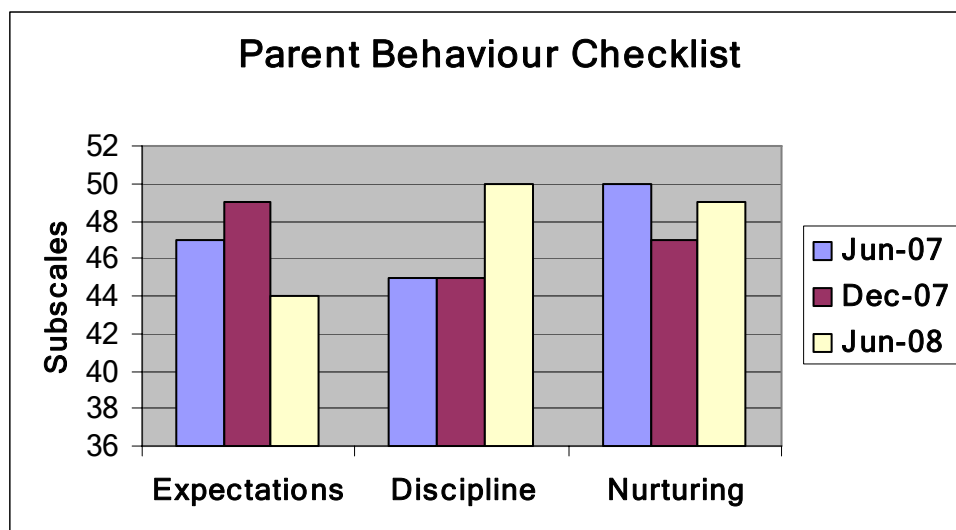
The three subscales – expectations, discipline and nurturing show minimal changes over the different collection time points however all results are within the average norms of the population.

Other factors that may affect the PBC results are: ethnic background, number of children in the family, educational level of the parents, economic status of the family, age of the parent, developmental level of child, behavioural difficulties of the child, who provides care for the child and mental and emotional status of parent. The Bethany NEWPIN members may have many factors contributing to the PBC results.

PBCL scores for this group would suggest an average range of parenting and would need to be considered within the context of other assessment findings and other factors such as socio economic that may influence the findings.

Interpersonal Support Evaluation List (ISEL)

The purpose of the ISEL is to assess the development of social support and connectedness for families over time. In this evaluation we are measuring the social connectedness of families.

The ISEL comprises a measure of four 10 item subscales as well as an overall support measure. The four subscales are:

- Tangible assistance - perceived availability of material aid

- Appraisal – the perceived availability of someone to talk about one's problems

- Self esteem – the perceived availability of a positive comparison when comparing oneself to others

- Belonging – the perceived availability of people one can do things with

Score interpretation of ISEL

0 = least amount of support

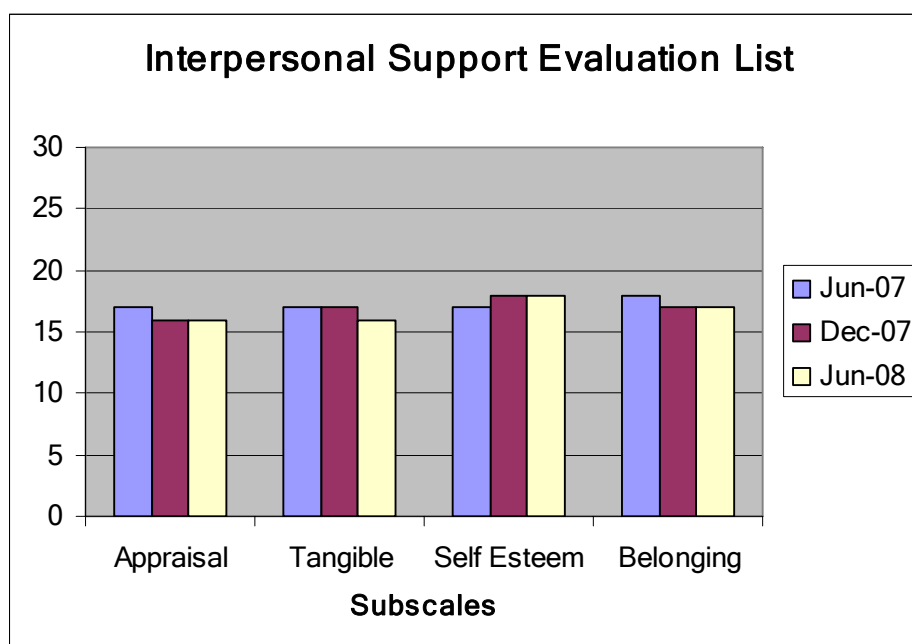30 = most amount of support for that social support function/subscale

120 = most amount of support for the total ISEL

Table 4 and Graph 3 show results of the ISEL scores over three collection time points.

Table 4

Collection Point	Appraisal	Tangible	Self Esteem	Belonging
Jun-07	17	17	17	18
Dec-07	16	17	18	17
Jun-08	16	16	18	17

Graph 3

Interpersonal Support Evaluation List

Analysis of subscales scores would indicate members have average interpersonal support and show minimal variation over the three time points as compared to population norms.

Other measures of social connectedness used in this evaluation report show more positive results and need to be considered in the evaluation. These other measures give a stronger positive result and reflect that through the program members have gained new friends, have some one to talk over their problems and to do things with and that the program has assisted them with material aid. The ISEL results can however provide a starting point for discussing social connectedness with families and an opportunity to reflect with members what they really think.

Validated Measures Outcomes Summary Reflections

In the CBCL tool, good improvements have been shown in the behaviours of children. Overall the results from the three validated tools demonstrate family's results measure in the average normative ranges and that the three validated measure tools results suggest some discrepancies in results in some instances to other evidence provided through goal reviews, worker reflections and member interviews.

Staff worker reflections had indicated in some cases that member completions of these tools were not reflective of the child's development or behaviour. Members reported finding the length of the tool and some wording of the tool difficult to complete. When interpreting these results consideration needs to be taken in that this group consists of high risk families whom may have been referred through child protection to the

program and families may in some instances reflect a distorted view to please the professional.

The strengths of these tools is in what it tells you in terms of objective effectiveness of the program based on independent assessments. The tools can identify starting points for discussion with parents about what they think is happening. Discussions with other professionals can also be held to discuss and plan appropriate interventions. The tools have also been used to evaluate changes over time such as if there has been any movement over time and whether scores have moved from the clinical range to the borderline or normative range which was clearly shown in the CBCL results.

The limitations of the tools have been the length and wording of some of the tools for parents, the demographic factors of the group and the newness of the tool for staff to implement. The validated measures cast some doubts in validation results and completion of these tools. More weight should be given to the other measures used in this evaluation which demonstrate effectiveness of the program.

The value of these tools can be enhanced when interpreting the results with multi evidence data such as program observation, goal review and parent and staff interviews such has occurred in this program. The divergence of information can create opportunities for discussion in planning effective strategies and intervention.

5.2.2 Interview with NEWPIN members

The collection points of interviews with NEWPIN members occurred at three time points; initially between March and June 2007, December 2007 and final collection point at June 2008. The following summary gives a snapshot of emerging themes from the member's interview questionnaire as completed by members.

- Age of children ranged from three months to 6 years,

- Length of program involvement ranged from two weeks to three and a half years

- Twenty-five members were enrolled in the program

- Gender of the child was not always recorded

In response to the question "Do you feel that your participation in the program is good for you?" the majority of participants responded positively, one said no as she didn't like the other mothers and another stated she attended due to a court order.

Participants gave the following reasons why they thought NEWPIN was good for them:

- They looked forward to the socialisation with other mothers, assistance given with the children, the education and information provided, and that coming to Bethany NEWPIN Early Years program was a reason to get out of bed/house, they described an improved relationship with their children, improved emotional state, and liked the support and some one to talk over concerns.

Participants spoke positively about the Bethany NEWPIN Early Years program and the strong influence it has had in changes they have made in their lives and that it had been very beneficial for them.

In response to the question "Do you feel that your participation in the program is good for you/your child?" all participants responded positively.

Participants gave the following reasons why they thought the program was good their child:

- Provided an opportunity to socialise with other children and adults, improved child development and behaviour, helped with transition to day care, playgroup, kindergarten and school, the program provided child focused activities, members reported learning how to soothe and comfort child.

Participants spoke about the assistance the program has given them in relation to their child/children. They regularly commented on the how the routines provided some organisation and plan for the day and that the children seemed to like this. Being better socially connected has had positive outcomes for the children, who now are taken out to the park, library and other places with their parents and they too have more friends and are happier and more sociable. They exhibited more knowledge about child development, safety, and play and appeared more affectionate with their children.

In response to the question "Do you feel that you do anything differently as a result of your involvement in the program?" The majority of participants responded positively. Comments included:

- "I do lots more things with her, go out on more outings, visiting, cooking and gardening with her."

- "Yes, I interact with kids in a better way- I was a young mum and not ready to be a parent and be aware of what kids need."

- "I don't get angry or hit, try and work out why she is like this, left a violent marriage as I learnt what harm it could do to my child."

- "I mix with nicer people, talk about my problems, set boundaries and don't growl or smack children."

- "View children as little people and that they have feelings and allow them to express themselves. Bethany got me into a routine and now I am starting to mix in the community."

- One member said she would *"have to experiment."* Two participants responded they do nothing differently.

The families appear to exhibit improved nurturing skills and relate better to their children. They talk about yelling and smacking less and talking to their children. They also talk about the different boundaries they now put on some relationships with partners and previous friends so they and their children are safer.

In response to the question: "Do you feel that you do anything differently as a result of your involvement in the program and is the time you spend with your child/children different?" all participants responded positively except for one. Comments included:

- "I don't yell as much as I get my child to listen"

- "I read to her now and spend more time with her like play outside"

- "Sometimes I can solve my own problems using NEWPIN strategies"

- "I am more focused on my child and get down to her level and play with her

- I appreciate the time with her more"

- "I am more aware of my child's needs, am able to set boundaries and show I am interested, play music and dance with child now"

One responded "they do nothing here different to what they do at home; another said she did nothing different.

In response to the question:"What are the best things about coming to the centre for the program?" All parent comments were positive and the following comments were made.

- "Excursions, friends, go out of the house more and am more motivated. I can do a lot more things by myself rather than having my mother by my side"

- "Interacting with the kids and support from other parents"

- "Lovely staff that help me and give support. Made friendships, mix socially and share problems"

- "Greeting from staff when I arrived. They always asked me how my day has been – sometimes that is the only time someone asks me how I am"

- "Dealing with past experiences in therapeutic groups, share experiences with other parents, share strategies, space to air things and not be judged"

- "Social support, I talk a lot more"

- "Showed me how to nurture my child"

- "Better than other programs, handle good and bad times, teach you things other programs don't"

In response to the question:"What are the worst things about coming to the centre for the program?" participants had the following comments.

- "Putting up with some of the other mothers"

- "Bitching amongst other mother's and interference"

- "Nervous at first, different, couldn't express myself as I had no confidence and took time to establish trust"

- "Sometimes staff were arrogant and rude, felt I was back in high school"

- "Staff get grumpy when I am not child focused. That is OK as they only have my child's safety in mind."

- "Staff get on my back but I know it is to get me back on track"

- "Some parents not helped as much as others. The people who were in crisis more than others got more care and you felt like you couldn't ask for support some times."

General comments about NEWPIN included:

- "If no NEWPIN I would have stayed at home and bottled things up, been an angry mum and not trusted any one."

- "If no NEWPIN I would have probably have left my child in the porta cot and gone in each four hours to feed her. I didn't know I had to talk and interact with her. She only showed excitement to other visitors."

- "If I didn't go to NEWPIN I would have had a nervous breakdown"

- "Since going to NEWPIN I am linked into the community ie kinder, school and Geelong hospital. NEWPIN helped me to keep going and assist me to get out of a violent relationship. Staff supported and challenged me. I now talk a lot more. Would recommend NEWPIN to anyone."

Less positive comments included:

- "Maybe 20% of 'NEWPIN' helped. Not sure if I didn't go to 'NEWPIN' if it made a difference. I was too young and didn't grow up until I left 'NEWPIN'. Maturity may have helped me take on more of what 'NEWPIN' offers. I still meet with friends made at 'NEWPIN'."

- "Some parents not helped as much."

- "Bit of a shock when you first come as everyone had their own groups"

Overall Member interviews gave very positive responses to the program and described enthusiastically the changes they have made to themselves and their children's lives for the positive. Many emphasized how emotionally they now feel in control and feel more confident as parents. Being more socially connected to the community and having friends with children has been very valuable and is demonstrated in the number of connections they now have with early childhood services and adult education and employment.

5.2.3 Staff reflections

The staff met at three time points following the interviews with members. These time points were July 2007, December 2007 and July 2008. The reflections were collected

to record staffs general impressions of how the member had approached the completion of the evaluation tools and if they had responded with answers that reflect their true situation. Staff also recorded any other information of relevance and listed the interventions completed with the member over their time with Bethany NEWPIN Early Years program. Themes highlighted show:

- Staff reflected on how the members responded to the tools. Of the 25 recorded members, eighteen members were reported by staff as giving an accurate reflection. Of the remaining 25 members recorded, one member disengaged and another at the 3rd data collection did not have care of her child. Some members were reported to have an idealistic reflection of their children around emotions and behaviour.

- Two mothers had an intellectual disability, one child was hearing impaired, one child was visually impaired and two children were developmentally delayed. Case notes review of member's shows many have had association with child protection due to environmental neglect, poor attachment and attunement to child/children, limited interest and confidence in parenting, family violence, and drug use. Other issues highlighted include maternal depression, teenage parent, child with marked global delay, child health problems such as anaemia and mother with intellectual disability.

- Staff reflections have identified many improvements of members since engagement with the program. These include: showing more interest in child; improved parenting confidence and capacity; mothers enrolled in TAFE course or completed course such as food handling course; mother drug free and setting boundaries with partners and friends; evidence of craft and play activities at home with child; being warm and attentive to children; improved skills in self care and child care; member enjoying and delighting in child more and socialising outside of Bethany NEWPIN Early years program with other members. This information is supported by evidence from the goal review forms and closure summaries.

- Prior to attending NEWPIN Early Years, 4 children were in day care and 1 child attended Kindergarten. This represented 23% of children being engaged in early children services prior to attending NEWPIN. In closure summaries 86 % of children from families who have been discharged, (18 out of 21 families) from the program were recorded as

being engaged in early childhood services such as playgroups, day care, kindergarten and schools. Many were assisted in this transition by program staff. This is a marked improvement of 63%.

- Of the discharged mothers, 86% (18 out of 21 mothers) have either found work – 24%, completed a certificate in TAFE – 24%, been volunteering – 19%, are linked with employment agencies – 9% or have returned to school – 24%.

The improvements identified have been enabled through the following activities and interventions initiated by the program staff to supplement direct support to the individual families.

- o Setting goals and goal review with members

- o Family conferences and family meetings

- o Support with housing services

- o Support with transition of children into school, playgroup, day care and kindergarten

- o Outreach support and home visiting

- o Support parent with transition into TAFE and brokerage for parents to attend TAFE, transition to return to school

- o Referrals to maternal and child health services, general practitioners, paediatricians, specialist children services, disability services, child protection and case workers, family services, employment services, Vision Australia, playgroups and young mums group.

- o Brokerage for food vouchers, assistance to attend courses, carpet cleaning and child's swimming lessons

- o Liaison and collaboration with child protection and a wide range of universal, secondary and tertiary services and professionals

- o Transport and support to attend appointments and the centre

- o Skills and role modelling in child care/behaviour, child play activities, hygiene, housekeeping, self care and parenting confidence and capacity as part of the program logic

o Educational groups such as

    o Importance of Play, Therapy Group, Mums and Bubs group, Our Skills as Parents, School and Kinder Readiness sessions, Self Esteem sessions, Safe Start – safety in the home, Parent/child interaction sessions and many more.

o Bethany NEWPIN Early Years program also provided support when members were required to attend court.

6 Evaluation Discussion

CCCH developed an evaluation framework to evaluate the Bethany NEWPIN Early Years Program. The aims of the evaluation were to identify:

- What if any are the demonstrable benefits of the Bethany NEWPIN Early Years Program to new, existing and past members in the four program target areas and whether members are satisfied with the program?

- What if any are the demonstrable ongoing benefits to members from having been a Bethany NEWPIN Early Years Program member once they have left the program?

- Whether it is necessary for Bethany staff to adapt the Bethany NEWPIN Early Years program to the needs of the members? If so what form does this take and is it likely to affect the replication of the program at another program site.

The evaluation also *aims* to:

- Through consultation with Bethany NEWPIN Early Years Program facilitate the production of a program matrix which deals with the connection between the program aims, activities and intended outcomes.

- Evaluate whether the program activities identified in the program matrix have been delivered as intended.

6.1 Achieving the evaluation aims

In considering whether the aims of the evaluation were met the following questions are addressed.

What if any are the demonstrable benefits of the Bethany NEWPIN Early Years Program to new, existing and past members in the four program target areas and whether members are satisfied with the program?

Worker reflections, member interviews and validated measures (CBCL), have shown the benefits to new, existing and past members of the Bethany NEWPIN Early Years Program. The aims were:

- To improve positive parent/child attachment

- To improve social connectedness for families

- To increase opportunities for children to reach their individual development milestones

- To improve parenting styles and practices

Demonstrable benefits have been seen in the four program target areas and members have described the benefits from attending the program. They have described changes in how they relate to their children, how they enjoy their children more, the friends and social connections made at the centre and the local community. Members describe how they have a better understanding of child development and how to promote this in their child and described parenting strategies learnt through the program and replicated at home and other places.

Member interviews reflect their satisfaction in the program. They have responded positively when questioned if the program had been good for them and their children and described many things they were doing differently as a result of the program. They described more positive strategies and styles in parenting and that the time spent with their children was now more enjoyable.

Members describe how they are better connected to their children and understand and relate to them more, that they are more sociable and connected to the community, that they have a better understanding of child development and what are appropriate activities for their children, and that they are more confident as a parent in parenting and managing their children.

CBCL analysis shows an improvement in children's behaviour especially in the reduction of the percentage of children who are in the clinical and borderline categories.

What if any are the demonstrable benefits to members from having been a Bethany NEWPIN Early Years Program member once they have left the program?

Of the twenty-five members evaluated and interviewed over the three collection time points, at the final collection time point in June 2008, nineteen are past members and six are existing members. Members describe many benefits from having been a past Bethany NEWPIN Early Years Program member and the information and strategies that they still replicate.

Many report still maintaining friendships with other members from Bethany NEWPIN Early Years program, going out with children and parents together on social outings and ringing one another for support.

Closure summaries provide detail on services families are linked in with and that most children are still engaged in other early childhood services such as day care, playgroups, kindergarten and school. Mothers also report being part of the kindergarten committees. Members have demonstrated personal growth with mothers volunteering, having completed a course or enrolled in an educational course including two young mothers who have returned to secondary school, and with some mothers employed and others seeking employment.

Members report maintaining routines learnt at the program such as meal time routines and sitting at the table to eat, having a routine in the morning to be on time for kindergarten and school, healthy food choices and hygiene routines. Activities demonstrated at the centre and home visits are now often set up for children at home although some mothers reported finding enough time hard. Mothers report singing and reading to children on a regular basis at home.

Mothers discussed feeling less aggressive and being more in control of their feelings and having an awareness that they need to talk over their problems and not bottle them up. They remember parenting strategies learnt in the program and most of the time implement these strategies.

CBCL results reflect ongoing improvements in children's behaviour. On completion of the final collection point past members showed lasting improvement in children's behaviour over the past 12 months and since discharge from the program.

Was it necessary for Bethany staff to adapt the NEWPIN Early Years program to the needs of members? If so what form does this take and is it likely to affect replication of the program at another site?

The Bethany NEWPIN Early Years Program is guided by the program logic to provide a consistent approach however different parts of the program may be enhanced, and individual goals set and reviewed depending on the needs of the individual child. Term plans are implemented after reviewing goal outcomes to guide activity focus, developmental level of children and parenting skill of parents. Some parents may need more individual care than others and parents are enrolled in the different personal development/educational groups on offer depending on their individual needs.

The changing needs of members and program focus would not effect the replication of the program at another site. The development of the program logic and now the emerging program manual has developed clear information and guidelines to implement the program. Bethany also has an internal annual quality assurance program to monitor outcomes. When interviewing members, they have asked why there are not other 'NEWPIN' sites in Victoria.

The program logic defines the objectives, how this would be measured (Indicator), and the activities required to meet this objective. The program manual describes the philosophy and values of the program, aims, theoretical approaches, legislation and practice principles. The program processes from referral to discharge and the different activities and strategies provided in the program are outlined in the Bethany NEWPIN Early Years Program manual and Program Logic.

Replication of this program at other sites in Australia would be quite achievable. Processes set up by Bethany provide clear guidelines for set up and ongoing delivery of the program. The program also incorporates a quality assurance component to facilitate a changing environment.

Financial analysis of the unit cost has shown that delivery of Bethany NEWPIN Early Years program is comparable with other family service programs. The program has been aided by a donation from a philanthropic source to fund the Speech Therapy component at the centre and provision of staff clinical supervision from an external facilitator.

Through consultation with Bethany NEWPIN Early Years staff facilitate the production of a program matrix which details the connection between the program's aims, activities and intended outcomes.

The Bethany NEWPIN Early Years Program staff in consultation with CCCH developed a program matrix/logic over the time period of September 2006 to December 2006. Staff reported the amount of time and effort taken to develop this document was immense however it has provided reflection on how they deliver the program, why they deliver it this way and if it would meet the aims of the program. It has informed their practice. The program logic details the connection between the program's aims, activities and intended outcomes. Staff report learning and reflecting in the development of this program logic and that this was then the impetus in development of the program manual which they see as an ongoing working document.

Evaluate whether the program activities identified in the program matrix have been delivered as intended.

The program activities in the program matrix/logic have been delivered as intended. The process evaluation through program observation and staff interviews has evaluated how the activities have been delivered, and demonstrated they were delivered as described in the program logic and indicators met. All four program target areas were delivered as intended. Further information can be found in section 4.1.

The evaluation of the Bethany NEWPIN Early Years Program has shown that it has value in an Australian context and has improved all program-target areas.

6.2   Outcomes

The following section outlines the desired outcomes of the program as originally developed in the evaluation framework and the achievements derived from the evaluation. Impact and process evaluation findings from NEWPIN member interviews, program observations, staff interviews, staff reflections and validated measurement tools have described activities that give evidence to achieving these outcomes.

Short term outcomes for this program were outlined as:

- Families to exhibit positive family behaviour

- Reduced notifications to child protection

- Reduced re-notifications to child protection

- Children kept safe and contained within the family environment

- Parents and children to demonstrate reciprocal enjoyment and delight in the parent child relationship

- Parents and children enjoy spending quality time together

- Increased social networks and community connectedness

- Children to have improved on some aspects of developmental domains

- Families to have developed their own individual structured routines and rituals.

Families to exhibit positive family behaviours

During the program observations members were seen to spend more time interacting with their children in a positive manner. Members mentioned in interviews how the centre program was a positive environment to learn positive behaviours, and that the time spent at the centre was child focused. They now talk how they are more patient and allow the children to express their feelings. Many talked about how they now mix with nicer people, don't argue with partner as much and one parent discussed her awareness of how violence can impact on the child and has since moved out of this relationship. Members mentioned how they feel less aggressive and are more emotionally settled. One member stated that "she was more aware of her child's needs,

boundaries to set, and that she tries to show that I am interested in my child and have conversations with my child."

Parents and children to demonstrate enjoyment and delight in the parent child relationship.

Program observation demonstrated parents playing together with children in lots of different activities with both parents and children smiling, talking, clapping and laughing with one another. During member interviews past parents reported enjoying their children now and knowing how to play with their children. "I enjoy being with my child, I praise my child, I now know about comfort and nurture so I hug, and touch my children more" Staff reported observing parents enjoying and showing delight with their children at home visits and when completing final collection data with past and present members.

Parents and children to enjoy spending quality time together.

During member interviews mothers described the increase time they now spend with their children and the enjoyment they and their children receive from it. They described different activities they now take there children to such as playing in the park, going to the library and swimming lessons. Comments were "I take the kids out and do things with them, enjoyed the excursions at 'NEWPIN' with children, I am more focused on my child, 'NEWPIN' has made us connect together, previously felt being a parent was like a job, now appreciate time with children."

Increased social networks and social connectedness

Closure summaries recorded by staff identified children attending day care, playgroup, kindergarten and school. Mothers were members of kindergarten committees, volunteering in the op shop and at school, working part time, had completed or enrolled in study and many were seeking employment. Members described different outings and connections and all except one member described friendships made at the program that they still maintained. Many had commented that previous to the Bethany NEWPIN Early Years program they just stayed at home and watched the television. Member comments included" starting to mix in the community, school, and local footy club, I now go out socially with friends made at the program; my children have friends, more sociable."

Children to have improved on some aspect of developmental domain.

A previous research project completed by Deakin University in 2007[8] investigated developmental and play abilities of children attending Bethany NEWPIN Early Years program. Literature highlights the risk of children being exposed to neglect and poor

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[8] Unpublished, Neal,S.(2007). Children from NEWPIN: Developmental and Play Abilities

parent child attachment and the effect on child development delay and play developmental delay.; (Hildyard & Wolfe, 2002). [9] It was identified at Bethany NEWPIN Early Years program that children were more delayed in play than developmental skill. A project recommendation was for the program to implement a literacy program to encourage play as well as social and language development. The centre has implemented an "Importance of Play program', speech therapy sessions and music therapy with parents and children and a regular Song and Story Time each day. This provided improved opportunities for children to reach their developmental milestones.

Members report learning more about child development through attending such things as the Importance of Play sessions with staff and applying these learning's in activities with their children. Attendance at the speech therapy sessions has also improved their knowledge about age appropriate communication and provided mothers with hints on how to promote language.

Members also report enjoying the Song and Story time sessions with children. Children were observed over the four time points to have gained confidence in language skills, participated in the actions during the song and know the words of the song to sing.

Families to have developed their own individual routines and rituals

NEWPIN puts a strong focus on developing normal family routines and rituals for families at the NEWPIN program. This is very apparent and observed in the program observations and was the most reported improvement from members. All members mentioned the development of routines at interview. They discussed how much more structured their lives were and how more settled the children were. Past members discussed how they still continue these routines and rituals at home and have developed individual routines such as organising clothing and school lunches the night before, setting times for getting up so their child is not late for kindergarten. The most common routine mentioned was around meal times and included sitting together to eat. Mothers mention how they and there children love the routines. Some mothers described the routines as 'learning mother skills and being in control.'

Children are kept safe and contained within family environment

Members describe being able to provide a safer environment for their children. They now have an awareness of how violence affects the child and have moved out of violent relationships. Closure summaries describe mothers being drug free. Members also describe how they now choose "nicer people" to socialise with. Members are

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[9] Hildyard, KL., & Wolfe, D>A. (2002). Child Neglect: developmental issues and outcomes. Child Abuse and Neglect, 26, 679-695

provided with education at the centre in the form of personal development programs such as :

- Bodies are great: Keeping Kids Safe from Sexual Abuse. The group opened discussion about member's own experience of sexual assault. Members became familiar with Barwan CASA service, the referral process and services offered. The group raised awareness of sexual assault on children and assisted parents to discuss and explore strategies to keep children safe.

- Keeping Children Safe. A child protection officer co-facilitated these sessions with NEWPIN staff informing the members about notifications, investigations and what child protection looks for and how they work with families. Members were informed and educated about what constitutes child abuse and neglect and its effects on children and their development. The sessions also provided a safe place for parents to reflect on how they were parented and how they are parenting their own children. The sessions raised the status of children in the centre and provided resources to support parents.

- Safe Start: This group was co-facilitated by staff from the City of Greater Geelong Safe Start Program. Members found this group helpful and informative. Home safety checks have since been conducted, poisons have been moved in the house to safe locations, fire alarms checked and fire evacuation plans completed for their homes. Members disclosed and discussed issues of concern around safety in their homes.

- Certificate in First Aid: Ten members successfully completed this certificate specialising in the 0-8 year old child. This increased member's knowledge and skill in first aid and members were reported as very enthusiastic.

During the program one child was moved out of the family home due to a family court order and another child moved in with extended family while the mother recovered from a serious car accident.

Reducing child protection notifications and re-notifications.

Staff report many members being referred to the program with multiple child protection notifications however since leaving the program these members have recorded no

further ongoing interventions by Child Protection. The Victorian State Government provides statistics about child protection notifications and re-notifications on the general population which is recorded in regions, however no individual statistics are provided to individual services about child notifications. Bethany NEWPIN Early Years Program questioned if their service could be identified as the reason why there had been no repeat of notification since discharge or was it a result of interventions from other services the family may be engaged in.

6.3 Considerations of Key Findings

The evaluation of the Bethany NEWPIN Early Years Program has identified a number of findings.

Program Logic

Development of the program logic for Bethany NEWPIN Early Years program has been based on an outcomes framework and has been one of the critical factors in achieving the desired outcomes. The program logic provides a plan to develop outcomes, objectives, strategies and activities that are linked to meeting individual complex family needs. Impact and process evaluation indicators were also developed to measure program objectives.

The program logic has supported staff to articulate the practice of the program, the purpose of interventions and their outcomes. Organisations can learn from this program how effective the development of the program logic has been in delivering positive outcomes for families and staff.

The staff at Bethany, through the program logic, questioned why they do things and challenged one another to do better using the program logic as a base. It has provided a tool for reflection on what they do and how they deliver the program and prompted improvements in the program. The desired outcomes were achieved with the program logic as a guide and parents reported improved positive family behaviours, feeling good about themselves and feeling happier, and their children being happier. Families genuinely expressed through interviews enjoyment of the Bethany NEWPIN Early Years Program activities.

NEWPIN Internal Evaluation Processes

Bethany NEWPIN Early Years program has internal evaluation processes with members 'goal review form' and an annual quality assurance procedure which provide information of value for service provision and outcomes for families.

The 'goal review form' is filled out each six months with assistance from staff. This allows comparison of change over time, the identification of any changes made and the opportunity to mark achievements with members. The program proposes that seeing their progress from one report to another motivates members to continue.

The annual quality assurance procedure involves direct feedback from members, collation of statistics, a written report detailing the Centre's activities over the year, refinement of program needs and setting targets for the following year. This process is undertaken by the manager, executive manager and the manager of quality assurance.

These processes are an integral part of the program and have contributed to the success of the program.

Staffing

Through staff reflections and interviews, it has become apparent that the program requires highly skilled early childhood workers and family support staff with specific qualities and characteristics.

In developing the program, staff have been required to have high level communication skills with other team members, NEWPIN members and other services. Members will at times try to split staff in decisions made. Staff are required to be comfortable with having their work being on display, and that they themselves may be challenged by another staff member or NEWPIN member and that in some cases they may be told that the wrong course of action was taken. The staff have built up very respectful relationships with one another, managing conflict maturely and thus role modelling this to members that family conflict can also be managed in a mature way.

Having the program logic and manual as a guide for delivery of the program and the program philosophy of the four core values (Equity, Respect, Support, Empathy), provides continuity of care and a common vision for staff and thus members.

Supervision of staff has been carefully planned into the program. It consists of weekly case discussion, monthly clinical supervision with an external facilitator, individual supervision conducted as arranged between manager and team member and weekly peer supervision. Staff meet at the end of each day's centre session to review the day and discuss any problems or achievements that have been noted. The supervision time was seen as an integral part of the program giving staff time to reflect on practice with high need complex families. Bethany Community Support has allocated appropriate resourcing to provide adequate staff supervision and ongoing professional development for staff. This is a key consideration in delivery of a program such as this

in developing skills and knowledge of staff to meet the needs of complex, vulnerable families.

Child Focus

The centre activities, weekly group therapy, home visits, counselling, one to one parent/child/staff interactions, role modelling, therapeutic loaded conversations and personal development groups were all planned around the goals of the program and all have a child focus. This central focus of everything provided at the program is about the child, creating a common vision amongst staff and members. All members were attending the centre because they cared about their children and wanted support in parenting.

The program challenges members to change parenting styles, behaviours and practices and make the child the central person, not the adult. When staff challenge a parent about how they may be 'supervising their child, hygiene practices, the language used in front of the children or the violent relationship that they have involved their child in', change is always focused in questions to the parent of what are the affects on the child –' how do you think he feels, what do you think he wants'. Members appear to take on the support, guidance, redirection and information if it will help their child. This method also takes away the judgement factor for the parent by staff having a strong child focus and using positive language, giving reason to the change and constantly praising when even small achievements are made.

Social Connectedness

Many of the members, past and present discussed that before this program they were isolated and lacked supports in their community for themselves and in caring for their children. The criteria of attending the Bethany NEWPIN Early Years program at least twice per week and transport (Bethany bus) being available to most of them, was the stimulus to attend even though at times they found it hard to get organised and be there on time. Once at the centre members report making lasting friendships and that they now have a group of mothers and children to socialise with. Parents now take their children to child focused activities such as the library, swimming and play in the park. Most children are engaged in early childhood services such as playgroup, day care, kindergarten and school. Most mothers now have other interests outside the home such as volunteering, employment or study.

 Many highlighted the social connections they made at the centre as one of the best benefits of the program not just for themselves but also the children. Members were also exposed to other local services through representatives visiting the centre, open days or program staff collaborating with other services. Rituals and routines such as

meal times and the friendly greeting on arrival exposed members to appropriate socialisation skills. The program has provided an opportunity for families to connect with one another and the local community.

Promote Opportunities for Children to Reach their Developmental Milestones.

Promotion of child development was one of the four program objectives. In all activities at the centre and home visiting staff focused on child developmental learning's for parents and demonstrated and provided information on what would be appropriate for the age and stage of their children. Previous evaluations had shown children at NEWPIN were delayed in play activities affecting their developmental skills. Staff responded by developing the 'Importance Of Play program and personal development sessions for parents, inclusion of music therapy, speech therapy and song and story time sessions in the program. The daily parent/child interaction sessions also assisted children to develop in the different developmental domains. Each parent at the six monthly review in their goal review forms were to identify a child development goal for their child.

Parents were observed to have a better understanding of child development, how to promote child development in their child and understand how important play was to their children. Staff observed at home visits different activities set up for children that focused on play and child development.

Methodology

Implementation of the validated tools to measure parent and child outcomes from the four program areas has been hindered by factors inherent to the target population. Staff members reported members having difficulty in completing and understanding the wording of tools, that the number of questions in each tool was lengthy and staff describe members as having idealised expectations of their child's behaviour and development.

NEWPIN member families are more likely to be affected by socio economic factors such as; educational level of the parents, economic status of family, age of the parent, developmental level of child, behavioural difficulties of the child, who cares for the child besides the parent, and the mental and emotional status of parent which could affect interpretation of results. Because of the discrepancies in results of these tools especially with the PBCL and the ISEL one could place doubt on their validation. The other multi evidence data produced by other measures in this evaluation has shown the program has been very effective in providing positive outcomes for this population.

The CBCL results however was able to show improved children's behaviour over time and would reflect that parents have applied the information provided through the program in parenting strategies learnt, education and support by staff.

On reflection the validating tools may not have been the most suitable for this cohort of families although the results do provide opportunities to discuss the results with families and plan strategies and interventions. Consideration should be given to investigating or developing a different set of validated tools to provide a more accurate measure when evaluating families complex, high risk factors.

6.4   Emerging Considerations for the model

Systems Approach

Bethany NEWPIN Early Years Program's approach to delivery and development of the program has been based on a systems approach. This has been incorporated in the program logic linking outcomes, objectives, strategies and activities and has been integral to the achievements of the program. Therapeutic and educational sessions and tools have then been planned around the program logic in developing and delivery of the activities, indicators and meeting the individual needs of the members. The internal quality assurance processes in place have provided evidence of the programs progress and contributed to the development of the program logic in phase one. Organisations would find this a successful strategy in development of new programs and ongoing review.

Child's Best Interest

Bethany Community Support's NEWPIN Early Years Program has made changes to its program focus by incorporating the significant legislative reform and redevelopment undertaken in Victoria and embodied in the *Children, Youth and Families Act 2005.*

Within this context the program has as its focus the best interests of the child. Bethany NEWPIN Early Years Program's theoretical framework focuses on healthy parent-infant attachment and supports psychotherapeutic approaches to assist parents to understand behaviours and processes that impact on their parenting and their children's development. Bethany NEWPIN Early Years Program practice is child centred and family focused, with all practice centred on the best interests of the child. This method of delivery was more acceptable to parents in making changes as the focus was on the benefits to the child and not a judgement of their parenting.

Flexibility

Bethany NEWPIN Early Years program has consistently demonstrated flexibility to meet the changing needs of families and legislation. As the program has developed changes have been implemented. These have included:

- recruiting staff to have a stronger focus on child development and family centred practice

- adapting program activities to have a stronger child focus and incorporate legislative changes

- responding to research outcomes and developing activities that support importance of play for children's development

- inviting allied health professionals to provide educational and practical support for parents especially around language development

- Developed networks with other local services and working in collaboration with these services for the best interests of the child.

Delivery of Outcomes

Through a systematic approach to service delivery and the child's best interest principle, members attending Bethany NEWPIN Early Years Program have been enabled to make changes in their parenting, feel good about them selves, socialise and connect to their community and have a better understanding of child behaviour and development. Evaluation has shown improvements in the four program goals and attainment of evaluation aims.

Four Core Values

The four core values were an integral part of the original NEWPIN program, (Support, Equity, Empathy and Respect). Bethany NEWPIN Early Years members have defined the values as they interpret them. These values have been incorporated into the program with members and staff using these as a guide and vision to how the program is delivered and how members, staff and children will behave and relate to one another. Members are challenged if behaviour is outside these four core values. The values create a philosophy for the centre and have been seen to be replicated outside the centre.

Name of the Program

Bethany Community Support has reflected on the current NEWPIN name and whether this is appropriate given the contemporary development, direction and focus of the program. The roots of the program is based on the original U.K model, however the evidence based practice research and development has demonstrated considerable

evolution and necessary evolvement to ensure the service has the best fit with current and future needs of the members. Therefore in further consideration of the program and its replication in other locations, the emphasis needs to be focussed on the current program model whilst acknowledging its origins. Continuing discussion on the most appropriate name for the program would be valuable.

Consideration needs to be given to the naming or marketing of this early intervention program at Bethany and also to have consistency of name if replication is to occur in other areas of disadvantage in Australia.

6.5   Conclusion

Families attending Bethany NEWPIN Early Years program were often referred through child protection, with many children suffering from neglect, poor attachment and parents lacking in parenting confidence and socially isolated. This evaluation has shown the program logic developed has addressed these areas and has been very successful in improving outcomes for families. Development of the program logic has proven to be a valuable part in evaluation and development of this high quality early years program that would be transferable to other settings in Australia.

The work is intensive and requires highly skilled staff to deliver the program. Staff have shown a strong commitment to families and have been very enthusiastic and positive in working with families. The role modelling of staff in working with families in all program activities has been a key asset in assisted parents to make positive change in a non-threatening, non judgemental manner.

The diversity of activities and strategies delivered in the program model is wide and many however it provides flexibility in meeting the individual needs of these complex families. If the diversity was reduced it would not create challenges, adequate education and interest for members nor meet the needs of children.

Funding and resourcing of these types of programs needs to incorporate adequate supervision for staff when working with complex families and adequate allowance for ongoing professional development. These have been shown in this program to contribute to the development of quality staff and delivery of a quality early intervention program at Bethany for at risk families.

Currently Commonwealth and State governments are significantly concerned about the rising child protection notifications and the need to intervene with early intervention programs to prevent child abuse and neglect.

The Bethany NEWPIN Early Years Program has been shown to provide interventions that have positive outcomes for children and young families. The evaluation has demonstrated that the Bethany NEWPIN Early Years Program objectives have:

- Improved positive parent child relationships

- Improved social connectedness for families

- Increased opportunities for children to reach their individual developmental milestones and

- Improved parenting styles and practices.

This intensive program for high risk, vulnerable families seems to have value in the Australian context and the work delivered by Bethany NEWPIN Early Years program staff in developing the program logic and program manual could be readily transferable. This program model fills a gap for vulnerable families and meets the intensity of family need. The next step is to assess if the long term outcomes of this program remain sustainable within the family's external circumstances and lead to a continued reduction in child protection referrals.

7. Recommendations

The following recommendations arising from the evaluation findings are offered to in form the future work of Bethany in delivering the NEWPIN Early Years program.

- It is recommended that Bethany continues to develop the Bethany NEWPIN Early Years program model to guide practice and meet the ongoing needs of members.

- It is recommended that the Bethany NEWPIN Early Years program actively promotes the outcomes of this program and that this report contributes to discussion in the Early Years sector.

- It is recommended that the Bethany NEWPIN Early Years Program evaluation report is used to support future funding options for replication of this service delivery model in other areas of disadvantage.

- It is recommended that future long term evaluation is conducted to assess the sustainability of changes made by past Bethany NEWPIN Early Years program members.

8. References

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9. Appendices

1. **Bethany NEWPIN Early Years Quality Assurance Report 2007**
2. **Bethany NEWPIN early Years Program Logic**
3. **Bethany NEWPIN Early Years Program Manual**

Northern Suburbs Schools Hub Pilot Project

Overview

The Northern Suburbs Schools Hub Pilot Project aims to inform systemic and procedural development in earlier intervention responses that aim to ensure the health, safety and wellbeing of children and improve family functioning. The scope of this project is to do this through the utilisation of existing resources for vulnerable children in primary schools to:

- Trial innovative practices
- Identify clear referral pathways across schools, Child Protection and the Family Service sector
- Promote the early identification, assessment and response to reduce risk factors for children
- Strengthen service co-ordination
- Improve communication and understanding between key stakeholders and service providers
- Promote protective factors directed at positive health, safety and wellbeing for identified children
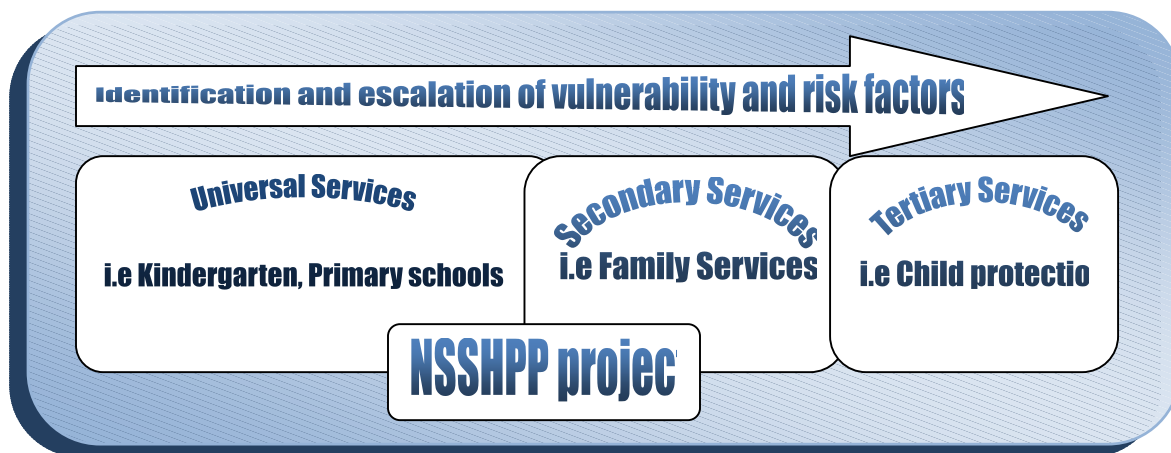
The NSSHPP further aims to develop and evaluate frameworks and processes to enhance earlier intervention responses across the Education and Family Service sectors. In this context, the term 'earlier intervention', as detailed in the Strategic Framework for Family Services document, relates to providing a critical, timely and responsive intervention that occurs when a child or family's vulnerability has been identified but before they escalate to a Child Protection intervention.

This pilot will particularly focus to improve the service co-ordination and delivery with a view to reduce the potential impact of cumulative harm. It will run over a 3 year period, utilising a 3 phase process which will incorporate routine planning and evaluation processes.

Target group

The target group for Family Services as defined by the **Strategic Framework for Family services** are vulnerable children, young people and their families who are:

- likely to experience greater challenges because the child's development has been affected by the experience of risk factors and/or cumulative harm,
- at risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.

The target group for Family Services includes circumstances where concerns may have been raised about the safety, stability, development and overall wellbeing of children, but where families are unwilling to acknowledge the need for, or to seek, assistance.

Target group for Northern Suburbs Schools Hub Project:

Targets for 2009/10 are 59 entry level cases (590 hours) and one group across 4 sites.

The NSSHPP will have a focus on children and families that have experienced or present with concerns that may relate to chronic neglect and cumulative harm. These children and families are likely to be presenting with issues such as; erratic school attendance, personal hygiene issues, inadequate diet, poor social skills etc. Particular attention will be given to those families where there is known current or historical service involvement in relation to these issues, and it is perceived that there has been, over time, little improvement in the situation for the child.

The eligibility criteria for phase 1 of the project is proposed as vulnerable children in grades 2,3 and 4, and families displaying a range of complex risk factors and needs. This can be reviewed in subsequent years to ensure that the program is appropriately targeted.

There will also be capacity for limited individualised service intervention that is based on the identified needs of the target group and the capacity and flexibility to consult in relation to other vulnerable children and families that may not meet the proposed eligibility criteria.

Due to the developmental nature of the project, all identified target groups and subsequent activities will be reviewed annually.

Objectives

The NSSHPPobjectives are:

Objective 1: Develop capacity building strategies to enhance service response to vulnerable children and families within school setting.

Objective 2: Targeted service intervention based on needs of school and presenting families- Early Intervention Focus

Objective 3: Develop and implement improved collaborative service planning tools and processes.

Objective 1:
Develop capacity building strategies to enhance service response to vulnerable children and families within school setting

Strategies	Tasks	Measure	Timeline	Responsibility
Service Mapping of existing support services within Education system, Child and Family Service System and identify key networks and partnerships of stakeholders.	Develop resource directory specific to services providing support to residents of the Norlane / Corio area.	Service directory provided to schools electronically and as a hard copy.	End Oct 09	NSSHPP worker
	Promote the use of existing resource directories.	"Who Do I Turn To?" (Lifeline) service directory distributed to each school.	Complete	NSSHPP worker
	Promote existing child and family services, activities, groups and programs to school staff by distributing information to key school staff.	Quarterly meeting with key school staff to report success in accessing relevant services information.	Quarterly from Nov 09	NSSHPP worker
	Examine and create opportunities for key presentations for relevant programs to school staff.	No. of in-service presentations delivered.	Commencing Term 1 2010	NSSHPP worker
	Promote information of school based activities, open days and special occasions to Family Service staff and NSSHPP stakeholders.	Information distributed	Immediate and ongoing	NSSHPP worker
	Develop an package with associated referral forms and information to assist streamlining access to local programs and services offering child and family support..	Resource folder available in each school.	Start of term 1 2010.	NSSHPP worker,
	Develop a information card/ poster for display at schools and distribution to families about relevant local support services.	Card/ Poster completed and distributed. No. of referrals received to Child FIRST from project stakeholders.	Term 1 2010	NSSHPP worker and working group.
	Access and provide information to schools about current and planned services within the Corio / Norlane area.	Feedback provided by schools.	Immediate and ongoing	NSSHPP worker

Identify communication gaps between the Education, Family Services and Child Protection sectors and scope mechanisms to improve communication regarding targeted children.	Undertake survey with school staff in regards to satisfaction with current information and communication mechanisms between family services, child protection and schools regarding vulnerable children	School staff survey completed.	End of 2009	NSSHPP worker and key stakeholders
	Improve referral pathways to appropriate support services supporting vulnerable families in schools.	Referral pathways flowchart completed and distributed to key stakeholders.	End of 2009	NSSHPP worker
	Develop agreements between Child Protection, the Family Service sector and schools in relation to case intervention/ case management processes and ensure appropriate referral processes for schools to make reports to Child Protection and/or referrals to Child First/ family services.	Number and quality of referrals received by Child FIRST from project stakeholders.	March 2010	NSSHPP worker, working group
	Develop a client survey tool in consultation with key stakeholders and Bethany's Quality Manager and complete with each client .at closure of each case.	Client feedback tool completed.	End of 2009	NSSHPP worker

Define the role and function of the NSSHPP *worker* in relation to referral pathways to Barwon Child First, Child Protection and the broader family services sector	Referral pathways finalised between NSSHP, Barwon Child FIRST and the Community Based Child Protection worker.	Agreed referral process documented. Terms of Reference and the Partnership Agreement documents signed by all parties.	December 2009	NSSHPP/ CF Co-ordinator and Child Protection.
	Define the role of NSSH project worker when: - a family service provider is engaged with the family when concerns for the safety and wellbeing of the child being are raised by the school, - Child Protection cease involvement with a family. and there are no identified support services in place.	Report on IRIS referral data Number of consults with the Community Based Child Protection worker.	December 2009 Start term 1 2010	NSSHPP worker / Child First Co-ordinator and Child Protection
Identification of communication needs / training opportunities for partners.	Develop and deliver a training package that informs the roles and responsibilities of all parties and promotes collaborative practice in relation to supporting vulnerable children.	Training packages documented and delivered to the education, family services and child protection sectors.	January 2010	NSSHPP working group
	Identify key issues that challenge school staff and investigate and promote participation in existing training opportunities that address these issues.	Issues report documented and scoping of appropriate training identified for school staff.	End of December and ongoing	NSSHPP worker / working group
Plan Phase 2	In conjunction with Project Working Group review achievements of Phase 1 work plan and process development of Phase 2 Objectives	Review report of Phase 1 and Phase 2 Objectives developed	May 2010	NSSHPP Working group

Objective 2:
Targeted service intervention based on needs of school and presenting families- Early Intervention Focus

Strategies	Tasks	Measure	Timeline	Responsibility
Provision of short term case management/ case co-ordination / assertive outreach / short term interventions by the NSSHP P worker.	Define the parameters of NSSHPP worker's short term intervention with families based on the prescribed targets.	Service targets achieved - 59 cases and 590 hours.	Immediate and ongoing	NSSHPP working group
		Track the number of re-referrals reports coming through the NSSH project.	Immediate and Ongoing	NSSHPP worker
	Track the outcome of sample group of cases to assess the family situation post intervention by NSSH worker.	Current risk situation for children No. of re referrals and Child Protection reports	April 2010	NSSHPP worker
Provision of Secondary consultation on a needs basis for target group.	Develop a parental consent agreement and consultation proforma for schools to consult with NSSHPP worker.	Consent form and proforma developed and distributed	Complete	NSSHPP worker and working group
		Number of consultations made to NSSH worker x school	Ongoing	NSSHPP worker
Facilitate referrals to Child FIRST and other service providers as required.	Where assessed as appropriate facilitate referrals to Child First for family services allocation	Number of referrals allocated to Barwon Family Services Providers	Immediate and Ongoing	NSSHPP worker

Facilitate client based group work programs addressing needs as identified by schools.	Build the capacity of schools to engage with relevant family service stakeholders to participate with and enhance existing client based groups addressing the issues identified.	One group per school per annum Client satisfaction survey results.	June 2010	NSSHPP worker Other community service agencies Schools

Objective 3:

Develop and implement improved collaborative service planning tools and processes

Strategies	Tasks	Measures	Timeline	Responsibility
Engage and promote linkages with key networks relevant to the NSSHPP.	Participation and distribution of information and projects undertaken by key networks including Corio Norlane Development Advisory Board; Community Schools Pilot ; Education Regeneration Project ; Best Start, Early Years Networks; Child and Family Alliance and other identified networks.	Feedback reported in NSSHPP working group minutes No. of Presentations re NSSHPP project at relevant community networks.	Ongoing	All Project representatives
Promote case coordination to enable robust support to be built around each child and their family.	Develop and scope procedures for an agreed common approach to managing and supporting vulnerable children and their families. Education and training for Care Teams to be developed and utilised by Child Protection, Family Services, Education Staff , family members and other relevant stakeholders.	Case studies promoting a care team approach	June 2010	All Partners

Framework to Enhance Early Childhood Development

Professional Development is collaborative and ongoing

Professional practice is strength-based and family centred

Local best practice is shared and celebrated

Service delivery is influenced by community data and family consultations

Long-term Outcome

Every child has the opportunity to have the best start in life

Short-term Outcome(s)

A better connected, responsive and evidence based early years service system

Local awareness and knowledge

Service providers are aware of local services and supports and are responsive to community needs

Local collaborations and multidisciplinary practice

Families access a service system that meets their needs in a timely manner

Referral pathways and processes

Children participate in high quality early childhood education and development services

Objectives

1. To increase service provider's awareness of local services and supports
2. To increase communication between child and family community services and early childhood education and development services

3. To increase information sharing between local family services and early childhood services
4. To increase the opportunities for professionals and agencies operate in partnership and work collaboratively to meet the needs of individual families

5. Increase the number of children referred from family services to early childhood education and development services
6. Increase the number of children participating in early childhood education services

Outcomes and Objectives	Strategies and Activities	Evaluation Indicators

Local awareness and knowledge
 	
 Local service providers are aware of each other's services and supports and are responsive to community needs
 	
 • To increase service provider's awareness of local services and supports
 	
 • To increase communication between child and family community services and early childhood education and development services
	1. *Provide and support information provision about local services throughout the community, specifically Child FIRST and family services*
	     o Review and revise the current Child FIRST Communication strategy to consider how this can be used to coordinate information provision throughout the community
	     o Identify existing local service directory to build into service information provision – lifeline local service directory
	     o Run targeted information sessions for local professionals - Utilise existing service networks, meetings, forums and professional development and offer one-off sessions when requested.
	
	 2. *Support and contribute to opportunities for family services and early childhood services to interact and network with each other*
	     o Contribute to proposed DEECD professional forum pilot
	     o Advocate to the Child FIRST/Family Services Alliance for local service providers to actively participate in local service networks to feed early childhood information back to family services organisations
	
	 3. *Support and contribute to building on existing models for ongoing communication between early childhood services, Child FIRST and family services*
	     o Work with DEECD/CoGG Innovations project to use learnings from and further develop Early Start mentoring model
		Impact indicators
		
		 • Professionals report greater awareness of other local services
		
		 • Professionals report new connections between professionals are established
		
		 • Professionals report greater awareness of where to access information about local services
		
		 Process indicators
		
		 • Child FIRST and family services Communications Strategy is reviewed and identifies communication pathways and processes for action
		
		 • Service information sessions are held and attended
		
		 • The Lifeline local service directory is promoted
		
		 • Contribution to DEECD professional forum
		
		 • Child FIRST Alliance considers and investigates local service network participation as a key element within family services position descriptions
		
		 • Demonstrated communication and collaboration with DEECD and CoGG
		
		 Evaluation tools
		
		 • Questionnaires for professionals
		
		 • Session evaluation forms – Service information sessions and Community forum
		
		 • Project quarterly reports - ECD worker reflections

Outcomes and Objectives	Strategies and Activities	Evaluation Indicators

Local collaborations and multidisciplinary practice
 	
Families access a service system that meets their needs in a timely manner
 	
• To increase information sharing between local family services and early childhood services
 	
• To increase the opportunities for professionals and agencies operate in partnership and work collaboratively to meet the needs of individual families
	4. *Establish clear local information sharing processes between family and early childhood services in line with DHS Information sharing protocols*
	
	    o Clearly communicate DHS Information sharing protocols throughout family and early childhood services (through Community Education Pack)
	
	    o Provide secondary consultation advice and support for family services using the community education pack to build on existing communication mechanisms ensuring the family services case managers regularly communicate with Early Childhood Services about individual children/families
	
	5. *Enhance collaborative practice between family and early childhood services*
	
	    o Explore opportunities to involve early childhood services in case/care planning with family services and/or find effective ways to communicate to ensure that vulnerable children do not fall through the cracks
	
	    o Advocate to the Child FIRST/Family Services Alliance and Early Childhood Networks for innovative collaborative practices to be communication and trialled
		Impact indicators
		
		• Key information is appropriately shared between all services involved with individual children/families (with family consent)
		
		• Professionals report increased local collaborations across sectors and professions
		
		• Services/professionals report receiving clear, consistent and relevant feedback about referrals made
		
		• Families report timely and effective support
		
		Process indicators
		
		• Information relating to privacy, information sharing and consent is communicated
		
		• Secondary consultation support provided by ECD worker to Child FIRST, Family Services and Early Childhood Services, where applicable.
		
		• Innovative collaborative practices are investigated and communicated
		
		• Feedback mechanisms are communicated and actively used by family services case managers and early childhood services
		
		Evaluation tools
		
		• Questionnaires/Interviews for sample families
		
		• Questionnaires for professionals around information sharing and collaborative practice
		
		• Activity specific evaluation/reflection templates for individual collaborative practices trialled
		
		• Project quarterly reports - ECD worker reflections

Outcomes and Objectives	Strategies and Activities	Evaluation Indicators

Referral pathways and processes
 	
Children participate in high quality early childhood education and development services
 	
• Increase the number of children referred from child and family community services to early childhood education and development services
 	
• Increase the number of children participating in early childhood education and development services (kindergarten, childcare, Maternal & Child Health)
	6. *Establish consistent local IRIS data entry approaches for family services*
	
	   o Provide refresher sessions for Child FIRST and family services staff around IRIS definitions and data entry regarding children engaged in early childhood and development services.
	
	7. *Provide easily accessible referral pathways into Child FIRST*
	
	   o Review and adapt Child FIRST referral processes and pathways
	
	   o Communicate Child FIRST streamlined referral processes and pathways
	
	8. *Build the capacity of local professionals to refer and support families engagement in services and programs*
	
	   o Provide a 'Community Education' pack, with a focus on:
	
	     ▪ Local service promotion (see outcome – Local awareness and knowledge)
	
	     ▪ Local information sharing processes and DHS protocols (see outcome – Local collaboration and multidisciplinary practice)
	
	     ▪ Information around the needs and experiences of vulnerable families and children
	
	     ▪ The challenges faced in accessing and remaining engaged with early childhood services
	
	     ▪ Innovative strategies to engage vulnerable families
	
	     ▪ Information Sharing protocols
	
	9. *Build the capacity of family services to support the development needs of children 0-5 years*
	
	   o Provide secondary consultation as required to family services staff with a focus on:
	
	     ▪ Enhancing and strengthening the development of family services action plans to ensure appropriate responses to the developmental needs of vulnerable children are assessed and planned, including
		Impact indicators
		
		• Consistent definitions for IRIS data entry used and reflected in IRIS data reports
		
		• Early years service professionals report a greater awareness and user-friendliness of Child FIRST referral processes
		
		• Family services report knowledge and active use of strategies to identify, plan for and refer/support children's development needs
		
		• Families report feeling supported throughout referrals
		
		• Number of referrals to early childhood services
		
		• Children's attendance/participation in early years services
		
		Process indicators
		
		• IRIS definitions established and communicated
		
		• IRIS training refresher session held and attended
		
		• Community Education pack delivered
		
		• Secondary consultation support provided to family and early childhood services
		
		Evaluation tools (templates)
		
		• Evaluation forms and interviews for professional development sessions
		
		• Questionnaires for professionals
		
		• Questionnaires for families
		
		• Project quarterly reports - ECD worker reflections

	appropriate access to universal services is identified and enabled ▪ Assessing and making recommendation on appropriate local service responses to address early childhood developmental needs.	

Improving Public Housing Responses
Strategic Project 2009

Bethany Community Support

CONTENTS

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- ✓ Social Housing Advocacy and Support Program (SHASP) Bethany
- ✓ Supported Accommodation and Assistance Program (SAAP) Bethany
- ✓ Child Protection Program (DHS)
- ✓ Family Services (DHS)
- ✓ Salvation Army Supported Housing Service (SASHS)
- ✓ ChildFIRST Alliance Members from:
  - Bethany Community Support
  - Glastonbury Child and Family Services
  - Diversitat
  - City of Greater Geelong
  - Wathaurong Aboriginal Cooperative
  - Bellarine Peninsula Health Service

EXECUTIVE SUMMARY

Project Background

One of two pilot projects for the Department of Human Services Improving Public Housing Responses Strategic Project commenced in Geelong in April 2009 and was completed in July 2009. This project was a response to the need to be more proactive with housing tenancy families who where at risk of early eviction. The highest risk category for eviction is single parent families. Geelong has a total of 3,566 public housing tenancies, of those 1015 are single parents and 260 couples with children. 60% need additional support to sustain their tenancies. Of these clients the most significant number who require assistance are the single parents.

There was a need to enhance the co-ordination between Child Protection, Family Services, SHASP and the local housing office in the delivery of housing and support services to meet the needs of the shared client group.

The key agencies and DHS programs involved in this project in Geelong were:

- ✓ Social Housing Advocacy and Support Program (SHASP) Bethany
- ✓ Supported Accommodation and Assistance Program (SAAP) Bethany
- ✓ Child Protection Program: (DHS)
- ✓ Family Services (DHS)
- ✓ Office of Housing (DHS)
- ✓ Salvation Army Supported Housing Service (SASHS)
- ✓ ChildFIRST Alliance Members from:
    - Bethany Community Support
    - Glastonbury Child and Family Services
    - Diversitat
    - City of Greater Geelong
    - Wathaurong Aboriginal Cooperative
    - Bellarine Peninsula Health Service

Summary of Findings and Recommendations

It was important in creating recommendations for the project that "how it really works now" was observed. Numerous strengths in the current system were identified which require further development and support.

The overall mantra of all persons involved in the consultation centred round providing *"Leadership, Systems & Relationships that create proactive solutions for supporting families with children."*

However, the issues associated with the four following identified themes have led to a lack of early intervention and enabled problems to escalate.

Theme 1: Leadership
Substantial goodwill between workers in all program areas and a desire to work together for the benefit of the client was apparent. This was evidenced by positive examples of program staff working together or moving between programs for employment and maintaining previous working relationships. There were examples of the "investing up front" style of leadership which resulted in the time being allowed for the creation of strong relationships between programs on an official and non official basis.

The Regional Coordination Initiative (High Risk Tenancies) was highly valued by those staff who had been involved and it was evident that good work by all programmes had been done in developing quality guidelines for staff in Housing to guide their work. A protocol was also in the process of being developed between Child Protection, Housing and Disability Services.

Leadership often cited a feeling of frustration over the conflict between the Privacy Act, the driver of KPIs and the desire for collaboration and sharing information. This issue was systemic; however there appeared to be some evidence of leadership moving from seeing it as a barrier, to a client best interests approach.

Leadership and team members described and experienced huge workloads which developed a culture of "being too busy" to undertake a full induction about each others programs and roles. As a time saving measure, not attending meetings that mattered and/or not being inclusive of all programs was the culture that developed. As a result, this impacted on the leadership required to hold teams and individuals accountable for implementing and adhering to the protocols, quality guidelines and flow charts that have been created using best practice guidelines. Following on from this is the development of a 'silo' mentality of the programs. This was evidenced from a Departmental level through to the case workers.

Theme 2: Connectedness
There was a strong connection between ChildFIRST and Child Protection and this was underpinned by a clear and effective governance structure. Productive relationships between the Office of Housing and the external housing support programs (SHASP, SAAP and SASHS), along with positive collaboration between the Aboriginal Housing Worker (SHASP and SAAP) and Wathaurong Family Services was also evident.

A shared understanding between programs of the complexities of the client group was not apparent.   In areas that did not have a clear and effective governance structure, there was a lack of cross program understanding of each other roles, responsibilities and objectives. This resulted in misconceptions about what each program could and couldn't do.   A lack of cross program understanding of client target groups, referral pathways, processes and procedures was also identified. Maintaining feedback loops between workers and programs was cited as an issue.

Theme 3: Communication Channels
The project highlighted the existence of barriers to coordination and communication between the programs areas and with the clients themselves. It was identified that these issues occurred at a client/worker level, at a program and systems level, and at the leadership level. Communication issues at the case worker /client level resulted in a lack of access to key information from other program areas. The ineffectiveness of the feedback loop between staff from different program areas was highlighted by the inconsistency in returning of phone calls and emails.   This inconsistent communication led to a lack of early intervention and therefore problems tended to escalate.

Housing, SHASP and SAAP staff appeared to be excluded from case-planning processes within the Child Protection Program. This was evident even in case conferencing situations where family support agencies were involved and clients had serious accommodation issues.   On the few occasions they had been included, the outcomes were very positive.

Theme 4: Shared knowledge
The different and inconsistent data kept within the programs, together with the lack of a shared database, led to the inability of programs to identify shared clients and support them accordingly.

System wide coordination and communication issues were highlighted. It was evident that housing was not incorporated into existing formal structures and was often isolated from other service systems. Due to different databases, there was no sharing of vital information across program areas. Also highlighted were the lack of formal communication channels between the Housing programs and the Child Protection and Family Services program and no formal measures for collaboration and coordination between programs.

The resulting recommendations are not to be seen as solutions in isolation, but are four themes that require a combined implementation in order to commence addressing the issues. These key recommendations and actions were identified as a result of the consultation and analysis phase of the project.

Recommendation 1:   **Leadership for investing up front in relationships**

                    Strategies: *Leadership that supports a team approach across all programs*
                                         Leadership in addressing Privacy issues
     Leadership training to implement the quality practice guidelines for HSO's

Recommendation 2:   **Connectedness between programs on every level (client & case worker, program, systems and leadership levels) forming a circle of response around clients needs**

     Strategies: *Development of knowledge about other program roles and processes*
     Shared Meaning Development (particularly in relation to the complexities and desired outcomes for the client group)
     Development of formal communication channels for key information exchange

Recommendation 3:   **Formal, informal, effective and efficient communication channels**

     Strategies: *Completion of feed back loop needs to be formalized and case noted in files, and the referrer from other programs notified*
     Formal and informal opportunities to meet and exchange information by inviting other programs to staff meetings
     Interlinking Database

Recommendation 4:   **Sharing of case planning knowledge relevant to other program areas**

     Strategies: *Involve all key players in the communication and feed back loop in relation to referral responses*
     Develop a shared understanding of the point at which information should be shared to enable earlier intervention
     Involve all key players in the communication and feed back loop in relation to client case planning

Introduction to Trial of 'Connectedness between Programs on every Level '

A combined forum was held to trial the above key recommendation. Staff and management from each of the programs were present at the combined forum. The aim of the forum was to engage the participants in experiential learning based on hearing about each other's programs and ascertaining if it had changed their level of awareness and sense of connectedness to each other.

The outcome highlighted the need for such forums to be a starting point for future induction programs and to be held on a regular basis. Comments such as "a desire for this kind of forum to happen again; putting a face to a name; and seeing each other's faces," were very helpful for the purpose of relationship building and easing future contact. In some cases they went on to say that they were only a floor away from each other but had never met.

Listening to each other talk about their roles on a typical day broke down the myths and misconceptions held about each others programs. As such, there was an overall consensus that it was a great forum and a positive start to moving forward.

PROJECT BACKGROUND

Families with children living in public housing are at greater risk of housing breakdown than any other client group and they have disproportionately high levels of intervention by Child Protection. This is particularly so for single parent families.

Many of these families have experienced homelessness and the support services they have received while homeless have ceased their involvement at the point that their family entered long term housing.

A range of significant initiatives over the past three years or so has sought to strengthen responses to families at risk. These include, Child FIRST, SHASP, and changes to the public housing segmented waiting list to enable families to enter via the supported housing segment when they are clients of family services and have an urgent housing need.

A dedicated joint response to this target group across the local Housing Office, SHASP and the ChildFIRST alliance agencies will enhance capacity, resilience and functioning of these families and lead to an enhancement in the outcomes for this client group.

PROJECT AIMS AND OBJECTIVES

The aim of the system review demonstration project is to bring together public housing managers and staff, Child Protection Managers and workers, ChildFIRST and SHASP providers to identify the key elements of a best practice model for sustaining families in public housing. [1]

The objectives of the project will be to:

➲ *Enhance co-ordination between Child Protection, Family Services, SHASP and the local housing office in the delivery of housing and support services to meet the needs of the shared client group.*

➲ *Enhance communication and referral pathways to facilitate access to each systems services*

➲ *Develop processes and practices to improve the use of existing housing, child protection and family services resources in delivery of services to meet the needs of the shared client group*

➲ *Promote collaboration across areas of specialisation and encourage the exchange of expertise and knowledge between each system's workforce*

➲ *Collaborate in the development of new and innovative approaches to meet the immediate and longer term needs of the shared client group.*

The Target Group are families (with an emphasis on single parent families) who are:

➲ *Clients of the regional CP&FS systems and are living in public housing*

➲ *Clients of the regional CP&FS system and are requiring public housing including those in the homelessness system*

➲ *Public housing tenants and are requiring CP&FS supports*

➲ *Clients of homelessness services in transition to public housing and requires CP&FS supports*

Specific outcomes desired in terms of the project deliverables are:

➲ I*dentification of strategies that will maintain and enhance the joint understanding between stakeholders that is established through the project*

➲ *Identification of tools and processes (particularly in the areas of needs identification and referrals) for housing staff to improve service responses for the client group*

➲ *Identification of strategies to improve service coordination between the local housing office, SHASP, Child Protection & Family Service system clients in the provision of services for the common client group*

➲ *Identification of processes that can enhance collaboration between Social Housing and Support program and the Child Protection and Family Service system clients, including potential for coordination in determining the most appropriate support provider for new clients from amongst the service stakeholders*

➲ *Identification of practices that support the information sharing provisions of the Children, Youth and Families Act (CYFA)*

➲ *Identification of any barriers that impact on housing services capacity to engage families in appropriate referrals for support and make recommendations re strategies to improve service response*

➲ *Implement and test practice improvements to improve coordination between the local housing office, SHASP, Child Protection and Family Services system clients in the provision of services for the common client group as agreed across key stakeholders*

➲ *Increase understanding between the Office of Housing, Social Housing and Support program, and the Child Protection and Family Service system at the local level as to the roles, responsibilities and scope of each provider.*

KEY PRINCIPLES

The following are the guiding principles behind the project.

A Fairer Victoria [2] is the Victorian Government's social policy statement. The statement sets out the actions the Government will take to address disadvantage in Victoria:

- improve access to services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure people get the help they need at critical times in their lives.

These actions involve new initiatives and reforms to the way services are delivered to the people of Victoria.

The support for High Risk Tenancies Strategic Project (DHS, 2006) [3] identified the key elements of successful approaches to support for high-risk tenancies to be the following:

- flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- client engagement, the development of trusting working relationships over time
- early and appropriate referral and interventions
- joint working where appropriate
- planning and coordination of service delivery.

PROJECT METHODOLOGY

The process to achieve this document included six phases:

1.   Meetings with **Project Steering Committee and Project Management Group** for clarity of scope, outline of project, communication strategy, consultation list and monitoring of project and ratification of themes

2.   **Analysis of User and Practice Data** - It was established that as a large portion of the data was not fully reliable, due to lack of mandatory collection of key housing data, the project outcomes would focus on qualitative data for the purposes of this project.

      Analysis of Policy Data included various documents to ensure the future directions of the project are consistent with policy directions, legislative requirements and expectations.

3.   The **Key Stakeholder Consultations** were undertaken via three steps.

      Step 1   Focus Groups and one on one consultation with leadership groups, management and staff of all key programme areas. These commenced in April 2009 and concluded in May 2009. Fifty-nine (59) program staff attended the focus groups, and six (6) staff attended individual meetings. All were consulted regarding the following five (5) key areas:

      i.   Their own roles and processes with clients
      ii.   Access to and referral to other services to assist and support their clients
      iii.   Strengths in the current system
      iv.   Barriers to good coordination and communication with other programmes
      v.   What would improve their capacity to work more effectively with the complex client group

      Step 2   Group and Individual meetings with key managers and leaders from the programs were also held to discuss the identified strengths, barriers and solutions resulting from the focus groups, with a view to obtaining their feedback and further input.

      The purpose of these sessions was to inform the key themes and recommendations of the 'one pager' in step 3, the discussion paper and presentation in phase 4.

      Step 3   A key themes 'one pager' was developed from the consultations and analysis, which directly informed the recommendations, which were, trialled in the phase 5 combined forum workshop. In addition, it directly informed the future direction of the project and its action plan.

4. **Discussion Paper and Presentation** - The Project Steering Committee and Project Management Group were informed of the key findings from analysis (phase 2) consultation (phase 3) highlighting the key barriers and improvements.

    This process allowed a shared agreement for the barriers and improvements required which informed the Final Report. It also allowed a shared agreement for which key recommendations would be trialled and the goals for the Combined Forums Workshops (phase 5).

5. **Combined Forum Workshops** were held on June 2nd, 2009 to trial an implementation phase of the agreed key recommendation of "connectedness on every level". 32 representatives from leadership and staff from all the programs involved set about to achieve the goals to inform the final recommendations and action plan.
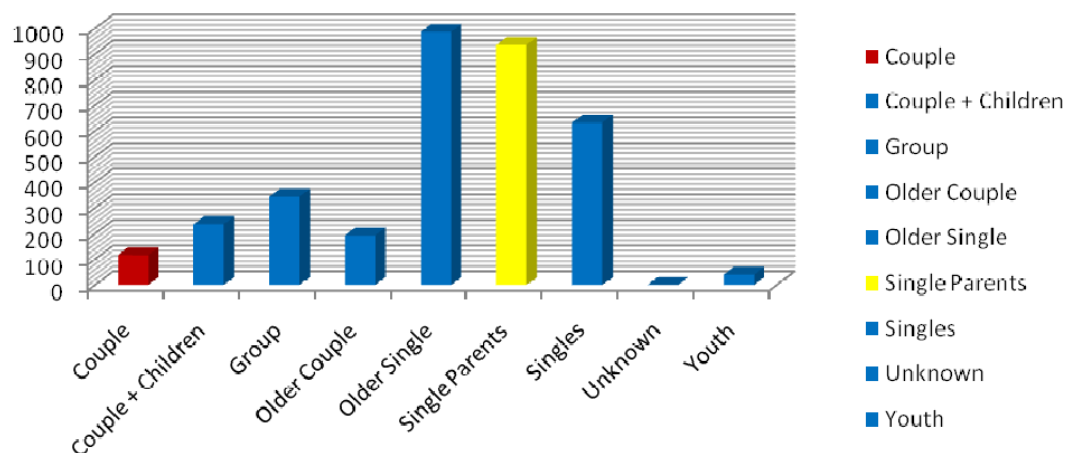
    This process enabled the first draft of the key findings, recommendations and action plan. This draft document would be circulated to the Project Steering Committee and Project Management Group for comment and feedback.

6. The **Final Report** details the recommendations and implementation strategies, encompasses the outcomes of the above five phases and delivers a clear and concise document which details the future directions and opportunities for the project.

SUMMARY OF KEY ISSUES – USER AND PRACTICE DATA ANALYSIS

The following graphs are created from data obtained from the Office of Housing. It applies to the Geelong Office as at the end of March 2009.

Tenancies by Household Structure

This graph was developed from the above data and illustrates the very high number of single parent families in public housing compared with couples with children.

- Total public housing tenancies 3,566 (90% of the stock is in the City of Greater Geelong).

- 1,015 single parents and 260 couples with children

- 60% potentially need additional support to sustain their tenancies.

Segmented waiting list data was sourced from the Geelong Office of the Office of Housing as at the end of March 2009.
The segment 1 and 3 waiting lists are the avenue by which most of the vulnerable families seen by Child Protection and Family Services
access public housing. Segment 1 is the recurring homeless and segment 3 are either homeless or in inappropriate, unsafe, insecure,
or overcrowded housing or have an urgent medical need.

Segment 1 by Houshold type

2- 5%

36- 95%

- Couple + Children
- Single Parents

Segment 3

31.13%

586, 87%

- Couple + Children
- Single Parents

Segment 3 - Single Parent Families

1% 3%

10%

11%

9%

6%

60%

- Inappropriate Housing - Family Re-unification
- Inappropriate Housing - Severe Overcrowding
- Inappropriate Housing - Unsuitable Housing
- Insecure Housing - Homelessness
- Unsafe Housing Domestic Violence
- Unsafe Housing - Serious threat of physical violence
- Urgent Medical Need

Segment 1 is the recurring homeless and of this group of 38 prospective tenancies 95% are single parents.
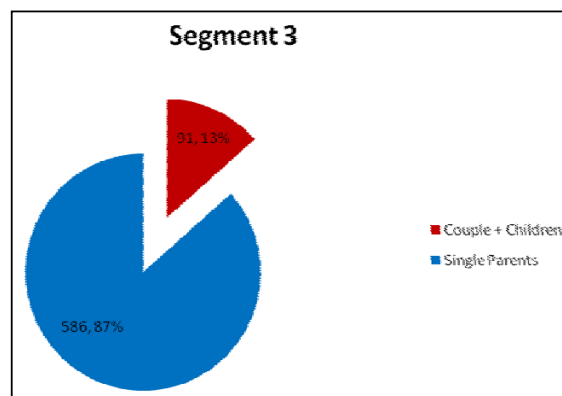
Of the total of 677 on the Segment 3 waiting list 586 or 87% are single parents.
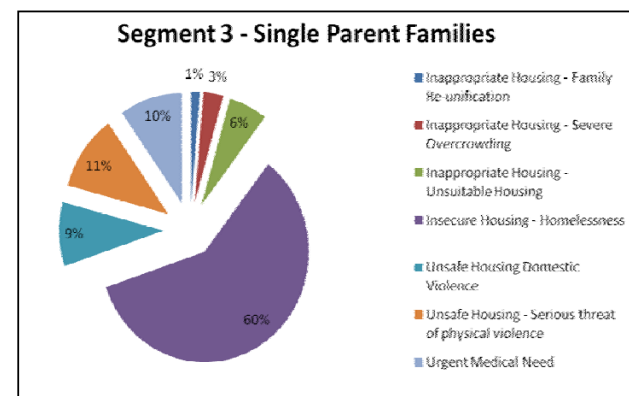
This pie chart shows a breakdown of the reasons for entry to public housing via the segment 3 waiting list.

Insecure housing or homelessness accounts for 60% of the single parent families on the segment 3 waiting list.

The following data was sourced from the SAAP and SHASP Teams co-located at Bethany Community Support and covers the period from 1 July 2008 until 30 April 2009. The data shows the high percentage of families with children being provided with a service by both teams.

A high proportion of these families are also likely to currently have support from family services or to have had such support in the past. Some will have had involvement or will currently be involved with Child Protection Services.

Although no reliable correlative data was able to be obtained from either Family Services or Child Protection, anecdotally both programs report a very high proportion of their caseload are either homeless/on the segmented waiting list or public housing tenants (estimated to be 90% for Child Protection and about 80% of Family Services clients).

SAAP Clients by Family Type

- Blended de facto
- Non-custodial parent
- Nuclear family
- Sole cusodial parent
- Sole parent (custody unclear)
- Other substitute family care
- Other

2.5%, 1.25%, 1.25%, 7.5%, 8.75%, 5%, 27%, 41.25%, 3.75%

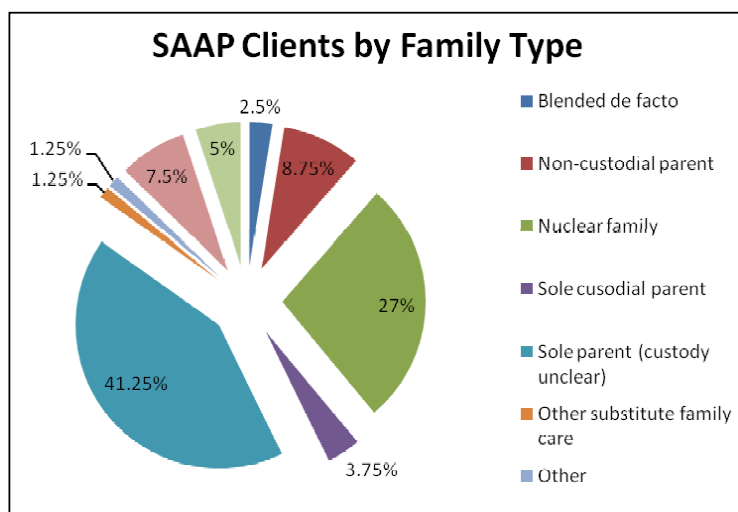**SHASP tenancies by family type**

- Single parent
- Single person
- Couple with children
- Couple without children
- Family Other
- Not entered*

27.5%, 36.4%, 25.1%, 6.5%, 1.7%, 1.4%

The Supported Accommodation and Assistance Program (adult program for the over 25 age group) take referrals from the "Opening Doors" Barwon Intake system for the homeless which is Managed by the Salvation Army.

The youth Intake and SAAP program is managed by Barwon Youth

The majority of the client group are families 68.25% with the majority of families being single parent families
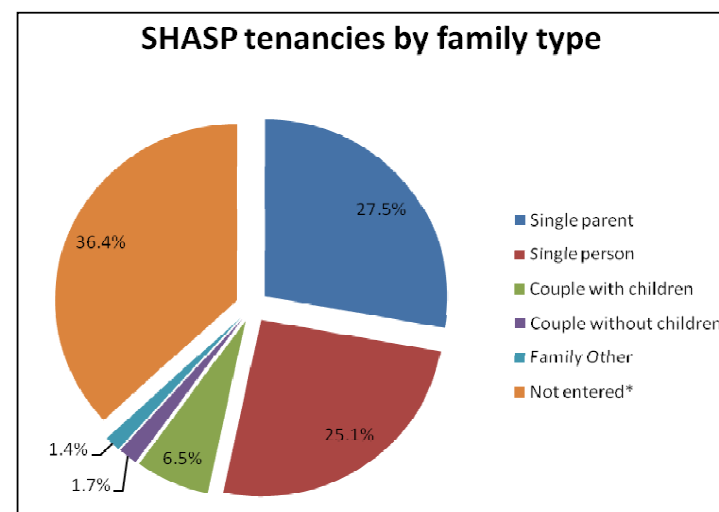
The SHASP team receives most referrals from the DHS public housing program at a fortnightly allocation meeting.

These referrals are all considered by the OoH to require intensive support to sustain the tenancy.

Referrals from other agencies and self referrals can also be taken through a community intake point.

SUMMARY OF KEY ISSUES – POLICY AND RESEARCH ANALYSIS

There are many federal and state government policies and pieces of legislation which impact on the co-ordination between Child Protection, Family Services, SHASP and the local housing office in the delivery of housing and support services to meet the needs of the shared client group. These can affect the ability of the organisations to enhance the communication and referral pathways to facilitate access to each systems services and information.

For example, the Federal Government's Information Privacy Act (2009) ensures privacy of all clients' information, in order to protect the client from any bias or prejudice that the misuse of this information may cause. The State Government, Child Youth and Families Act (2005) on the other hand permits, indeed mandates the sharing of information in a child's best interests. Other key policy directions such as the Hospitals and Health Reform 2009, and the Disability Services Individual Support and Choice Program underpin the service provision direction where the client is the centre of the circle of care and describes how funding will be based on outcomes achieved with clients, rather than just services provided.

On a state level, the Victorian Government has numerous policies, departments and strategies which set the scene for service delivery and incorporate policies and procedures regarding enhancing the capacity, resilience and functioning of families with children living in public housing. The following are instrumental in their effect on service provision and delivery.

A Fairer Victoria and Quality Framework [2] is the Victorian Government's social policy statement. The statement sets out the actions the Government will take to address disadvantage in Victoria. These actions involve new initiatives and reforms to the way services are delivered to the people of Victoria.

- Improve access to services
- Reduce barriers to opportunity
- Strengthen assistance for disadvantaged groups and places
- Ensure people get the help they need at critical times in their lives.

The *Department of Human Services Departmental Plan 2008-09*, [4] has two key focuses that are directly relevant and relate to the following:

- Children youth and families
- Protecting and promoting the safety, health, development, learning and wellbeing of children and young people throughout childhood is a central part of a high-performing human service system.

For families this means: Parents and families are enabled to care effectively for their child and are supported to act in his or her best interests.

For communities this means: Communities recognise and respect children and young people, value their diversity and culture, and build connectedness and resilience amongst them and their families.

For supports and services this means: Victoria has the right mix of places, professionals and high quality programs to meet the changing needs of children, young people and families, to provide opportunities, promote positive outcomes, intervene early and prevent harm.

Housing Assistance can be seen as the foundation for clients to improve their circumstances, a concept strongly embodied in a high performing human services system. Over the medium to long term, the focus of effort will be to:

- increase the supply and quality of social housing
- forge stronger and more effective partnerships with other parts of government, communities, the non-government sector and local agencies to achieve better housing
- improve the wellbeing of Victorians living in circumstances of disadvantage, notably through the broader application of Neighbourhood Renewal principles and substantial improvements in the response to Victorians experiencing homelessness, people with a disability and Indigenous Victorians

A range of significant initiatives over the past few years has sought to strengthen responses to families at risk. The implementation of initiatives under the ***Children, Youth and Families Act 2005***, [5] has seen the creation of Child FIRST (Child and Family Information Referral and Support Teams) as the 'point of entry to an integrated local network' prescribed by Section 22 of the CYFA. This includes clearly defined and accessible referral pathways for vulnerable children, young people, families and professional referrers to Family Services and other relevant services.

Within the public housing sphere, the Social Housing Advocacy and Support Program (SHASP) was implemented to assist tenants to establish successful long term tenancies and provide crisis intervention when tenancies are failing. An evaluation of this program is about to commence. In addition, the Regional Coordination Initiative (High Risk Tenancies) develops integrated service responses to clients, both individuals and families, who are identified by the region as presenting challenges to the service system. Although clients in high-risk tenancies are the client group targeted to benefit from this initiative, clients with complex issues referred by other programs are also assisted.

Most recently, the Department of Human Services has approved changes to the Early Housing component of the Public Housing Segmented Waiting List that will enable families to enter through the Supported Housing Segment when they are the client of Family Services and have an urgent housing need. A dedicated joint response to this target group across the local housing office, SHASP and the Child FIRST alliance agencies will enhance capacity, resilience and functioning of these families and lead to an enhancement in the outcomes for this client group.

The support for ***High Risk Tenancies Strategic Project (DHS, 2006)*** [3] identified the key elements of successful approaches to support for high-risk tenancies to be the following:

- Flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- Client engagement, the development of trusting working relationships over time
- Early and appropriate referral and interventions
- Joint working where appropriate
- Planning and coordination of service delivery.

On a program level, there are numerous policies, strategies and quality guidelines that inform enhancing the capacity, resilience and functioning of families with children living in public housing for each of the key program areas.

The **Office of Housing, Client Home Visit Scheme Guidelines (July 2006**) [6] describe how *"Home visiting provides staff and tenants with the chance to build rapport and for a positive exchange of information. It also aims to identify issues early that may impact on the tenancy or the tenant's wellbeing."* Office of Housing (OOH) policy *"requires staff to prioritise home visits to better sustain high risk tenancies through early intervention and linking to support. This includes instances where a breach of tenancy agreement has been identified, including rental arrears."* The guidelines also require "Referral to Social Housing Advocacy and Support Program (SHASP) for any early signs of risk.

The **Office of Housing** has **Quality Practice Guidelines (200?)** [7] which were formulated based on the contribution of workers. Some of the desired skills and behaviour for the Office of Housing staff with other agencies and clients are:

- Creative skills for early intervention
- Quality communication skills, such as talking, actively listening, reflection, clarification, own behavioural awareness
- Relationship-building skills, such as strong working relationships and protocols developed with other agencies, being collaborative, being courteous and respectful to other agencies, regularly attend network meetings and invite other agencies to staff meetings
- Active referral process

With reference to current research philosophies, one of the key desired outcomes is for collaboration. An article by Jan Horwarth and Tony Morrison (2006) [8] on "Collaboration, integration and change in children's services: Critical issues and key ingredients" details the concept that collaborative partnerships exist along a continuum from informal to whole agency collaboration. Table 1 demonstrates the features of collaborative endeavours.

Table 1

Communication	Co-operation	Co-ordination	Coalition	Integration
➔		➔	➔	➔
Low level collaboration				High level collaboration
Limited or no formal agreement				**Formal agreements**
Agencies remain autonomous				Agencies sacrifice autonomy
Work towards different targets & goals				Work to shared goals & targets
Agency maintains control of resources and funding				Joint responsibility for resources and funding
Staff managed by individual service				Staff managed by partnership
Focus on individual case				Focus on whole service
Decision-making responsibility of agency				Joint decision making
Collaboration likely to be voluntary or within guidance				Clear mandate for collaboration at government or state level
Variable practice dependent on individual				Specific focus of activity outlined in strategic plans
Affiliation to own agency/discipline				Affiliation to partnership
Accountable to agency				Accountable to partnership
Agency focussed		➔➔➔➔➔➔		**Collaboration focussed**

In addition, there are predisposing factors which influence the strategic level collaboration activity. Table 2 shows a flowchart of ingredients for collaboration.

Table 2

Pre-disposing Factors
History of agency relations
Existing informal networks
Individual agency cohesion

Mandate
Shared need/anxiety for joint working
Political support
Shared goals connected to core business
Shared terminology
Strategic planning/commissioning
Capacity to collaborate
Links to other partnerships

Membership & Leadership
Appropriate level of representation
Understanding of membership vis a vis core
business and level of collaboration
Impact of change of membership
Service users as primary stakeholders
Collaborative champions

Machinery
Governance
Collective accountability
Information Systems
Shared performance indicators
Audit
Service delivery co-ordination
Common assessment
Partnership Model
Funding

Process
Shared values re: user involvement
Multi-disciplinary training
Building trust
Role clarity
Role security and respect
Communication
Shared training
Engaging practitioners

Outcomes
Clear, qualitative, measured over time

Similarly of interest and supportive of the notion of collaboration and partnerships is the document 'Understanding & Leading Inter-agency Partnerships" by Tony Morrison in partnership with Berry Street (January 2009). [9] In his presentation he describes the Current Child Welfare Drivers:

- From paternalism to partnership
- From collaboration to integration
- From child protection to safe guarding
- From operational to strategic joint thinking
- From outputs to outcomes
- From separate to shared accountability
- From professionalism to managerialism

He defines the essence of collaboration as being "the combination of skills produces an outcome which could not be achieved as effectively or efficiently by other co-operative means."

Furthermore he looks at the five levels of collaboration as being:

- Communication – just talking together
- Co-operation – small scale joint working
- Confederation – more formal but no sanctions
- Federation/Coalition – joint structures, some ceding of autonomy
- Integration – relinquish old identity, form new organisation

In terms of leadership Morrison sees some implications for leaders. "We need fewer descriptions of tasks and instead learn how to facilitate processes. We need to become savvy about how to foster relationships and nurture growth and development. Organisations seek order in physical and structural elements but real order exists in the underlying set of relationships and deep natural processes of growth and self renewal. After so many centuries of separation and fragmentation the challenge to discover new ways of thinking and sensing that allow us to comprehend the whole."

H Lownsborough and D O'Leary (2005) – The Leadership Imperative: Reforming Children's Services from the Ground Up" [10] – see leadership as "The everyday practice of leadership is central to meeting the challenge of establishing shared direction across increasingly complex systems and communities; whilst being rooted in an ethical commitment to children. Leadership is the nexus that enables people to take risks and go beyond their familiar practices."

SUMMARY OF KEY ISSUES – CONSULTATIONS

Step 1 of the **consultation phase** was the establishment of key focus groups. These groups included leadership groups, management and staff of all key program areas, these being:

- Office of Housing (DHS)
- Social Housing Advocacy and Support Program (SHASP) Bethany
- Supported Accommodation Assistance Program (SAAP) Bethany
- Child Protection Program (DHS)
- Salvation Army Supported Housing Service (SASHS)
- Child First Alliance Members including Bethany Community Support, Glastonbury Child and Family Services, Diversitat, City of Greater Geelong, Wathaurong Aboriginal Co-operative and the Bellarine Peninsula Health Service.

All were consulted regarding the following five (5) key areas:

- Their own roles with clients
- Access to and referral to other services to assist and support their clients
- Strengths in the current system
- Barriers to good coordination and communication with other programmes
- What would improve their capacity to work more effectively with the complex client group

From these consultations the following five (5) key issues were identified.

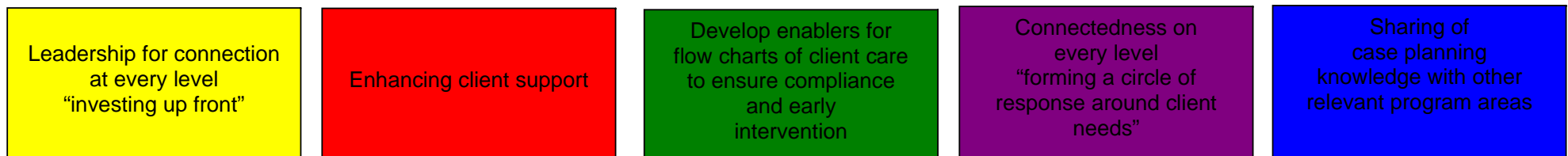| Communication issues at the case worker / client level	Cross Program understanding of roles and processes	Shared understanding of the complexities of the client group	System wide coordination and communication issues	Leadership for investing in future

See Appendix 1 for the breakdown of key strengths in the current system
See Appendix 2 for the full breakdown of issues, barriers and improvements required.

Step 2 of the consultation phase saw the **facilitation of group and individual meetings** with key managers and leaders from the programs. The goal of these sessions was to discuss the identified strengths, barriers and solutions resulting from the focus groups, with a view to obtaining their feedback and further input.

Influenced by the user practice, policy and data analysis, and including the outcomes of step 2, a key theme 'one pager' was established. This document directly informed the key recommendations, which were to be, trialled in the phase 5 Combined Forum Workshop. In addition, it directly informed the future direction of the project recommendations and its action plan. The key themes for the 'one pager' were refined to:

Leadership for connection at every level "investing up front"	Enhancing client support	Develop enablers for flow charts of client care to ensure compliance and early intervention	Connectedness on every level "forming a circle of response around client needs"	Sharing of case planning knowledge with other relevant program areas

See page 27 for the "one pager" of consultations key themes

Step 3 of the consultation phase saw the undertaking of the **combined forum and trial implementation** of an agreed key recommendation. It was decided the key theme to trial would be "connectedness on every level."   Thirty-two (32) representatives from leadership and staff of all the programs were involved. The aim of the forum was to achieve the following goals to inform the final recommendations 'one pager' and resulting action plan.

1.   Participants raised level of awareness of consultation outcomes about strength, weaknesses and barriers to good communication and service coordination in the interest of the client and staff satisfaction.

2.   Participants engage in a key recommendation from the project 'connectedness on every level' by:
    a.   Developing shared knowledge and awareness of each others clients and roles
    b.   Relationship development
    c.   Shared meaning development
    d.   Development of formal communication channels for key information exchange
    e.   Being involved in brainstorming strategies for implementation
    f.   Experience hearing about each other and developing connections

Outcomes from the forum were as follows:

1.   Participants all acknowledged the consultation outcomes presented.

2.   A staff member from each of the six programs described *a day in the life of their programs.* This resulted in all participants gaining a raised awareness of the other programs. This was evidenced by statements such as "I didn't now what Maternal Child Health did" and "I had no idea what Child Protection did". This process culminated in:
   - a desire for this kind of forum to happen again
   - establishment of relationships and creating an ease with each other for future contact. Evidenced by comments such as "putting a face to a name" and "seeing each others faces" and in some cases they went onto say that "we are only a floor away from each other and have never met".
   - the breaking down of the myths and misconceptions held about each others programs
   - a general consensus that this was a great forum and a great start to moving forward.

3.   Participants partook in a brain storming session identifying actions for the recommended solutions under the following headings, leadership, program and client / worker.

      This process enabled the first draft of the key findings, recommendations and action plan. This draft document was compiled and circulated to the Project Steering Committee and Project Management Group for comment and feedback.

4.   Participants refined the 'one pager' document (page 27) taking into consideration the agreed recommendations and actions as derived from the input during these consultations. The overall mission of 'Relationships which create proactive solutions for supporting families and children' was developed from the information and guidelines from the included programs.

Key Recommendations and Actions

Relationships which create proactive solutions for supporting families and children

Leadership, Systems & Relationships that create proactive solutions for supporting families with children

⮩ *Leadership for investing up front in relationships*

- Leadership that supports a team approach across all programs

- Leadership that supports team taking time for appropriate induction about other programs

- Leadership in addressing Privacy issues

- Leadership and training to implement the quality practice guide lines for HSO's

⮩ *Formal and informal effective and efficient communication channels*

- Completion of feed back loop needs to be formalized and case noted in files, and the referrer from other programs notified

- Formal and informal opportunities to meet and exchange information by inviting other programs to staff meetings

- Inter-linking database

⮩ *Connectedness between programs on every level (client & case worker, program and leadership levels) forming a circle of response around clients needs*

- Development of roles and client knowledge and awareness

- Shared Meaning Development

- Relationship Development

- Development of formal communication channels for key information exchange

⮩ *Sharing of case planning knowledge relevant to other program areas*

- Involve all key players in the communication and feed back loop in relation to referral responses and client case plans

- Develop a shared understanding of what point information should be shared to enable earlier intervention

- Involve all key players in the communication and feed back loop in relation to client case planning

RECOMMENDATION STRATEGIES AND ACTION PLANS

Vision: ***Leadership, Systems & Relationships that create proactive solutions for supporting families with children***

- improve access to services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure people get the help they need at critical times in their lives
- flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- client engagement, the development of trusting working relationships over time
- early and appropriate referral and interventions
- joint working where appropriate
- planning and coordination of service delivery

Recommendation 1:   ***Leadership for investing up front in relationships***

RECOMMENDATION STRATEGY		RECOMMENDATION ACTION	
1.1	Leadership that supports a team approach across all programs	1.1.1	Ensure that DHS Regional Director and Agency CEO s endorse the recommended actions that will be translated into program plans and practices.
		1.1.2	Leadership that supports team taking time for appropriate induction about other programs
		1.1.3	Ensuring that program practice frameworks are consistent with each other and facilitate integration across program areas
1.2	Leadership in addressing privacy issues	1.2.1	Leadership from the top to raise level of confidence in staff for understanding of privacy legislation and working with the legislation in a solution focused way.
		1.2.2	Enhance program and individual workers understanding of information sharing provisions in the CYP Act and how it links to best interests of the child.

1.3	Leadership and training to implement the quality practice guide lines for HSO's	1.4.1	Development of a checklist or screening tool for housing workers when sign up to a tenancy occurs which includes asking clients about their use of other support services when there are children involved.

Vision: **Leadership, Systems & Relationships that create proactive solutions for supporting families with children**

- improve access to services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure people get the help they need at critical times in their lives
- flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- client engagement, the development of trusting working relationships over time
- early and appropriate referral and interventions
- joint working where appropriate
- planning and coordination of service delivery

Recommendation 2: **Connectedness between programs on every level (client & case worker, program and leadership levels) forming a circle of response around clients needs**

RECOMMENDATION STRATEGY		RECOMMENDATION ACTION	
2.1	Development of roles and client knowledge and awareness	2.1.1	Develop a broader cross program understanding of access points and referral pathways. - a staff member with portfolio for housing in Child Protection and one for child protection and family services in housing with requirement to handover role when portfolio holder absent.
		2.1.2	Develop a better understanding of each others roles and processes via 6 monthly invitations to team meetings between all program areas to update with new information and feedback about how well co-ordination between the program areas is progressing.

2.2	Shared Meaning Development	2.2.1	Induction Programs
			   - Induction program for new staff - spend one day working in each program within DHS across the region
			   - Raised awareness of universal service systems
			   - Induction program to be developed for relevant programs outside of DHS
			   - "This is what I do" forums to share staff role information.

		2.2.2	Enhancing and supporting client literacy skills - Early advocacy role for SHASP

			- Education re-how we talk to/engage clients - Strategies for supporting clients with processes and procedures - Increase clients knowledge about services and how they can work together for their benefit.
		2.2.3	More joint problem solving - Team leaders to support housing workers in discussing concerns observed at home visit with child protection worker.
2.3	Development of formal communication channels for key information exchange	2.3.1	Formal linkages between public housing/SHASP and Child FIRST by: - Housing's regular attendance at ChildFIRST alliance meetings to exchange information. - Attendance by SHASP worker at Child FIRST intake/allocation meeting if maintaining accommodation is an issue during the initial assessment of the client – phone link up is an option. - Co-location of SHASP worker with public housing teams at DHS on a part-time rostered basis.

Vision: *Leadership, Systems & Relationships that create proactive solutions for supporting families with children*

- improve access to services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure people get the help they need at critical times in their lives
- flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- client engagement, the development of trusting working relationships over time
- early and appropriate referral and interventions
- joint working where appropriate
- planning and coordination of service delivery

Recommendation 3:   *Formal and informal effective and efficient communication channels*

RECOMMENDATION STRATEGY		RECOMMENDATION ACTION	
3.1	Feed-back loops between programs to be formalized	3.1.1	Completion of documented protocol between Housing and Child Protection and Disability Services Feed-back loop needs to be formalized and case noted in files that referrer from other program has been informed of referral outcome/action.
3.2	Formal and informal opportunities to meet and exchange information by inviting other programs to staff meetings	3.2.1	Office of housing and SHASP to meet regularly with child FIRST alliance
		3.2.2	Creating social opportunities for staff to get together
3.3	Inter-linking database	3.3.1	Access to CRIS common client layer for Housing Workers and more information available on common client layer.

Vision: **Leadership, Systems & Relationships that create proactive solutions for supporting families with children**
- improve access to services
- reduce barriers to opportunity
- strengthen assistance for disadvantaged groups and places
- ensure people get the help they need at critical times in their lives
- flexibility (meaning the capacity to negotiate and tailor arrangements), flexibility in the type and duration of service response, flexibility of resources
- client engagement, the development of trusting working relationships over time
- early and appropriate referral and interventions
- joint working where appropriate
- planning and coordination of service delivery

Recommendation 4:   **Sharing of case planning knowledge relevant to other program areas**

RECOMMENDATION STRATEGY		RECOMMENDATION ACTION	
4.1	Involve all key players in the communication and feed back loop in relation to referral responses and client case plans	4.1.1	Family services and child protection contact Housing and record name of the tenancy worker to have on record when required in future case planning. Also send an email to the relevant tenancy worker re their involvement.
4.2	Developing a shared understanding of the point at which information should be shared to enable earlier intervention and include in Housing/Child Protection Protocol.	4.2.1	Housing notifies child protection if a known client when legal action occurs due to rent being 14 days in arrears and notifies ChildFIRST of families where involvement is not known.
		4.2.2	Include housing in Child Protections check list
		4.2.3	Joint environmental visits together with Child Protection (where they are already involved) and housing is perfect starting point and gives a good message
		4.2.4	Joint visits with support services at 6 week first visit with housing worker
4.3	Involving all key players in the communication and feedback loop in relation to client case planning	4.3.1	Housing tenancy workers and/or SHASP or SAAP worker to be consulted when case planning where sustaining appropriate housing is an issue

4.4	KPI's for joint case planning	4.4.1	Quality guidelines which ensure inclusive case planning occurs

IMPLEMENTATION AND REVIEW

At a meeting of the Project Steering Committee held on 11 August, agreement was reached on the following strategies for moving forward with the recommendations from the report:

Implementation of the recommendations in the report will be driven by a regional implementation group of senior regional managers from DHS and the NGO sector who will assign responsibility for implementation tasks and review progress at regular intervals.

To ensure leadership in relation to implementation the report will be signed off by the CEO of Bethany Community Support and sent to the DHS Regional Director, Barwon-South Western Region for endorsement prior to forwarding to the Office of Housing centrally.

REFERENCES

1   Improving Public House Responses Strategic Project, Project Brief.

        Prepared by Housing Policy, Policy and Communications Branch, Housing and Community Building Division, 11th February 2009

2   A Fairer Victoria & the Quality Framework 2009

        www.dvc.vic.gov.au

3   Support for High Risk Tenancies Strategic Project

        Department of Human Services, October 2006

4   Department of Human Services Departmental Plan 2008-09

        www.dhs.vic,gov.au

5   Children Youth and Families Act (2005)

        www.legislation.vic.gov.au

6   Client Home Visit Scheme Guidelines, Office of Housing (July 2006)

        www.housing.vic.gov.au

7   Quality Practice Guidelines, Office of Housing

        www.housing.vic.gov.au

8   Jan Horwarth and Tony Morrison (2007) [8]

        "Collaboration, integration and change in children's services: Critical issues and key ingredients"

9   Tony Morrison in partnership with Berry Street (January 2009)

'Understanding & Leading Inter-agency Partnerships"

Reading Materials

10   H Lownsborough and D O'Leary (2005:33) Demos

"The Leadership Imperative: Reforming Children's Services from the Ground Up"

APPENDIX 1 – KEY STRENGTHS OF THE CURRENT SYSTEM

- Proven working model of good relationship and communication strategies between Child Protection and Family Services

- Proven working model of good relationship and communication strategies between Housing and Housing Support Services

- Good collaborative relationships within the aboriginal housing and family support sectors

- Proven working model of good one-on-one relationship between case workers when they meet and work together.

- Spirit of Good Will

- Acknowledgement of lack of knowledge of each others services

- Clients in segment two have a much lower eviction rate as they have a support package around them.

APPENDIX 2 – BREAKDOWN OF ISSUES, BARRIERS AND IMPROVEMENTS

The following tables detail the breakdown of issues, barriers and improvements required, as identified in step 1 of the consultation phase.

Communication issues at the case worker / client level	
Barriers	**Improvements Required**

• The lack of access of individual workers in all program areas to information or alerts, that will enable them to make contact with other workers already involved with a client or who may have been involved with a client in the past to enable:
 	
  - Early intervention for appropriate support
  - Joint work to resolve client issues
  - Preventative action to avoid exacerbation of issues putting tenancy at risk.
  - Involvement of all relevant parties in case conferencing or case planning or at least knowledge of a case plan effecting joint clients.
 	
• Being able to contact the right person in Housing and obtaining assistance for clients who have low levels of literacy filling in forms and interpreting processes such as rebates and agreements.
	• More joint visits made to clients in the first six week period after they move into their house (housing worker and case worker together) and when referrals are made to other services as a way of introducing the service provider.
	
	• Inclusion of housing workers and housing support workers in case planning when appropriate as accommodation is often critical to the family's well being and stability.- one overall case plan.
	
	• Earlier intervention by housing and housing support workers to prevent escalation of issues putting tenancy at risk.
	
	• Extending the provision of SHASP services to ensure that clients are engaged with other support services prior case closure.
	
	• More awareness by housing workers of universal service system such as MCH as an effective non-threatening way of introducing support to families with young children.
	
	• More assistance from housing for people who have low literacy skills. Can duty worker help with this or client liaison person?

Cross program understanding of roles and processes	
Barriers	**Improvements Required**

• Lack of understanding between program areas of the roles of different workers, the processes involved and the pathways through the service systems:
 	
   - Client target groups
   - How to make an appropriate referral
   - Processes within each service system e.g. segmented waiting list, rental arrears process and rebates in housing, Child Protection process of notification, investigation and substantiation, case-planning/re-unification, and the role of CPCPW and Child First in diversion
	• Develop ways of exchanging information and learning about each other's roles, program processes and common issues on a regular basis. eg Joint professional development or a forum a couple of days per year.
	
	• More widespread education and information about the Barwon Intake system for homeless families would help with awareness and knowledge about housing support services. Sometimes OOH workers don't even know to refer.
	
	• Better understanding of referral pathways eg. capacity to refer directly to SHASP and SAAP, information about the Barwon Intake system for the homeless and the difference between Child First and Child Protection could improve timeliness of intervention.
	
	• Short written definitions of housing, housing support programs, child protection and family services would be useful to workers.

Shared understanding of the complexities of the client group	
Barriers	**Improvements Required**
• Capacity of housing workers to be able to screen complex clients for appropriate referral with a limited family history • Different cultures between program areas leading to different understanding of client's problems and their priorities. • Understanding the conflict between the responsibilities of tenants in relation to their housing and to neighbours and all the other complex issues they are dealing with. • Understanding of cultural differences between ethnic groups eg some clients assume that DHS information is shared between all DHS workers/ departments and this isn't the case. • Difficulties with gaining client consent to share information or finding out from client if other services involved - client may be too embarrassed or afraid of Child Protection intervention.	• Develop a shared understanding of the complex clients issues joint forums and professional development. • Joint problem solving of issues effecting joint clients eg .low literacy levels of clients and cultural diversity issues.

System wide coordination and communication issues	
Barriers	**Improvements Required**
• No consistently effective and reliable communication channels particularly between Housing and Housing Support Services on the one hand and Child Protection and Family Services on the other. • Isolation of housing from the rest of the service system. Housing staff including SAAP and SHASP workers are rarely contacted about joint clients and less often invited to case plan meetings. • Better follow up and feedback is required when clients are referred to other services by the housing worker – don't know what is going on with the client. • Capacity to share information within DHS when there are children involved (DHS has a duty of care). Worker – don't know what is going on with the client.	• Develop more efficient and effective ways of communicating with each other and being able to find out who is involved with the client e.g. housing property lists could be shared with Child Protection so they can identify who the housing worker is for their client. Reception is currently used as the means of finding out which housing worker is involved with a client. Is there a better way? • Access by housing workers to common client layer on CRIS – could then find out who else within DHS is involved. - ? one consent for all DHS information so this can be shared. • Maybe use KPIs to build in formal evaluation measures around early referral and case planning. • Relationships and feedback loops between services could be improved. The aim is to prevent CP involvement through earlier intervention and SHASP and SAAP workers usually have engaged with the client and can provide good support around the client. Housing staff don't seem to be recognised as having an important role. CP orders on families also often cite the provision of stable housing as a condition of re-unification of children and this is where housing support staff should be working with CP and FS. • Information exchanges between program areas on a regular basis to inform of operational changes – priority issues, forms etc.

Leadership for investing in the future	
Barriers	**Improvements Required**

• Conflicting requirements between legislation and policy eg.
  - The privacy Act and legislation prevents freedom of information about clients to other programs
  - Other government policies require information must be shared in order to have a proactive approach to the clients needs
 	
• Privacy – staff and manager not confident about the boundaries of the Act therefore everyone is cautious
 	
• Leaders describe frustration and exhaustion of being stuck in the middle
 	
• Housing can give information to other programs but other programs such as Child Protection can't give their information due to legislation and privacy issues.
	• Privacy – managers need to empower staff to "have a go"
	
	• Need for staff to understand each other programs legislative requirements to allow solutions to occur.
	
	• Need for improved feedback loops between program areas

• Staff can't afford to take off time to have orientation – education with other programs. Culture of "too busy"	• Leadership required for "investing up front" culture. Staff need to do orientation and some regular (6 monthly) training or induction together – The upfront investment will ensure an improved team approach or shared approach and support retention issues with the staff • A more comprehensive regional induction is required to gain more knowledge about other program areas eg. shadowing workers in other program areas for new employees or in first 6 months of employment.
• A lot of protocols, quality guidelines and well thought out flow charts exist—some of these have even been informed by leaders and staff on the ground- but they are not enacted or drive the way business is done	• Leadership that educates (or organises education) role models and holds staff accountable to achieve the key identified protocols and quality guidelines

Leadership for investing in the future … continued

Barriers	Improvements Required
• Sharing the right information is difficult due to housing having a low profile • Low turnover of staff in housing and high turnover of staff in child protection – staff leaving every 6 months adds to the lack of team • Comments between programs such as "I didn't know what you guys where doing" • Information often appears to be hidden when trying to get relevant information about clients between programs	• 6 monthly or yearly induction of new staff to all programs related to housing tenants • Continue induction / orientation on a regular basis to ensure continuity of knowledge • Create a sense of belonging to a "team" through shared orientation and professional development • Staff happy and stay longer in team approach – "cross pollination of jobs" • Leadership needs to support staff having time off "up front" to ensure they are more sustainable in the long term • Rotate staff through programs as need up the profile of each programs role "keep telling the story" • Need to get workers together • Rotating systems for inductions • Staff meetings / share meetings
• Other programs see housing as the solution – 'Get them into housing and all their problems are solved'	• Shared knowledge of how clients once in housing still need services – often end up evicted and back in the system • Need to include housing in the system – part of the care team and part of the feedback loop

• The "silo" mentality that exists • Staff from different departments who work in the same field, share the same clients and work in the one building but don't know each other.	• All clients and staff are part of the DHS • Create a culture of the client being the centre of the circle of care
• Internal IT systems don't link between programs	• Shared understanding of reporting programs

APPENDIX 3 – KEY PROGRAMS INVOLVED IN THE PROJECT

- ***Child Protection Services***

    The objective of the Child Protection Service is to protect children and young people aged 0-18 years from significant harm resulting from abuse or neglect within the family unit and to ensure that they receive services that deal with the impact of abuse and neglect on their well-being and development.

    Child Protection Services cover intake, investigation and assessment of notifications of child abuse and neglect, and the case managed activities associated with protective intervention and preparing and making a protection application through the courts, following the investigation and substantiation of child abuse.

    Child Protection Services undertake the supervision and management of children and young people on protective orders living at home, the statutory supervision of children and young people who are unable to live at home, and work towards the return home of children a young people on statutory orders, where separation has been necessary.

    Child Protection Services are provided directly by the Department of Human Services.

    Service Redevelopment
    Over the past 3 years the *Children, Youth and Families Act 2005* has been progressively implemented.
    The new Act introduces a range of new statutory requirements and the key features of the new legislation include: identification of a broader service continuum and responsibility for vulnerable children across child protection and community service organisations, defining the best interests of the child as the paramount consideration, introduction of stability planning, leaving care provisions, and inclusion of new orders.

- ***Family Services and Family Support Innovation Programs***

    Family Support Innovation Projects aim to work in conjunction with established community based Family Services and Department of Human Services Child Protection services to:
    - Divert a significant proportion of families currently reported to child protection services (including those prematurely reported), into earlier intervention community-based family support service
    - Minimise continuing reports of clients and the progression of families into the child protection system, through the provision of earlier intervention Family Services
    - Provide improved service capacity and responses for families with complex needs who may not come into contact with child protection services

    These aims are incorporated within the broader objective of the Family Services program, which is to promote the safety, stability, and wellbeing of vulnerable children, young people and their families, and to build child, family and community capacity and resilience.

Family Services (together with Family Support Innovation Projects) provide a range of activities to support vulnerable children, young people and their families, which may include: intake, active engagement, assessment, casework (community-based case management), counselling, in-home support, and group work, as well as providing other support and information activities where appropriate.

In most cases an initial assessment will be conducted with the family to determine the level, priority and type of service required.

The service approach employed by community service organisations supporting vulnerable children, young people, and their families:
• Provides a suite of services tailored to meet the needs of the child, young person and their family
• Provides earlier intervention services to avoid premature involvement with child protection services where there are risk factors and/or neglect/cumulative harm indicators present for children and young people, and their families
• Provides short and longer term support tailored to families with complex needs
• Uses a child-youth centred, family-focussed approach to ensure services are provided in the 'best interests' of the child
• Works collaboratively with child protection to develop effective diversionary responses aiming to prevent families' progression into the statutory child protection system.

The majority of Family Services are funded by DHS but provided by community service organisations.

The target group for family services and family support innovation programs is families with children aged 0 to 18 years, or parents expecting a child, who are experiencing significant difficulties in providing a safe and stable environment to ensure the wellbeing of their children. Families requiring Family Service support generally have complex needs, which may impede a child's development if appropriate supports are not provided in a timely manner.
Priority access will be given to families with complex needs where risk indicators or indicators of neglect/cumulative harm relating to the child are present, and where families are currently or likely to be prematurely reported to child protection services.
Risk indicators may include factors affecting parenting capacity such as: the presence of mental illness, intellectual disability, substance abuse, family violence, social and economic disadvantage, insecure housing or homelessness, involvement with child protection or the justice system or teenage parenting.

Service Redevelopment

In 2007, Community Based Intakes for Family Services were developed as part of the staged process to establish sub-regional intakes across the State. These intakes build on the central intakes established as part of the state wide expansion of Family Support Innovation Projects.
Participation in sub-regional/service catchment area community based intakes for Family Services is anticipated to be a future requirement for all Family Services programs.

- ***Maternal and Child Health Services - Enhanced***

  The objective of the Maternal and Child Health Enhanced service is to promote a comprehensive and focussed approach for the promotion, prevention, early detection, and intervention of physical, emotional or social factors affecting young children and their families in contemporary communities. The Enhanced Maternal and Child Health Service (MCHS) complements the Universal Maternal and Child Health Service to ensure parents experiencing significant parenting difficulties, vulnerable families and families with children identified at risk of harm, in particular children up to 12 months of age, receive more intensive support. This is to be delivered via a flexible model of service delivery with the aim of preventing and minimising entry into secondary and tertiary services.

  The Enhanced MCHS provides more intensive, assertive outreach support, which includes home visiting and group work for parents experiencing significant parenting difficulties.
  Delivery of service and activities is to be based on a flexible model of service utilising a multidisciplinary team using a model of service tailored to the needs of the particular client group.

  Enhanced Maternal and Child Health Services are funded by State Government and managed and delivered by local government in community settings or by other locally based community services.

  The target group for the service is vulnerable families identified as having additional needs: Indigenous families, a parent with a disability and mothers with identified risk factors, with emphasis on families with children up to 12 months of age.

Service Development

In the Barwon-South Western Region, City of Greater Geelong the Enhanced Maternal and Child Health Service also receives Family Support Innovations funding and is a partner in the Family Services Alliance and the Community Based intake service, ChildFIRST.

Public Housing Infrastructure Programs

- *Social Housing and Support Program (SHASP)*

  The SHASP program emphasises sustaining and supporting tenancies in Public Housing with the aim of preventing homelessness and improving outcomes for tenants.

  The primary activities associated with this emphasis are:
  -      Establishing successful tenancies by providing new public housing tenants who have a high risk of tenancy failure with tenancy support to establish and enable ongoing maintenance of their tenancy.
  -      Intervention where a public housing tenancy is breaking down to resolve factors placing the tenancy at risk.

  Delivery requires holistic assessment that explores the full range of issues impacting on the tenant, planning to identify how these issues can be addressed (tenancy action plan) and subsequent co-ordination of the linkage to other services as appropriate to the individual's need. This requires a case management type approach including the development, within a framework, of principles, standards and ethics that enhance client choice, responsibility and maximise positive outcomes for the client.

  Referrals for these responses come to SHASP via the OOH. This does not exclude the generation of referrals for SHASP from other community sector organisations or from actual applicants and tenants (self referrals).

  The SHASP program is funded by the office of Housing, DHS but is delivered by Community Service Organisations.

- *Supported Accommodation and Assistance Program (SAAP)*

  The SAAP program provides assistance to people who are homeless or at risk of homelessness to assist people to move through the crisis and/or homelessness to independence, and maintain appropriate, secure and sustainable housing.

  The program provides help to young people, single adults, and families who are homeless or at risk of becoming homeless including women and children experiencing domestic violence.

  Services provided under SAAP include crisis accommodation, (crisis services, women's refuges, youth refuges, family and singles crisis housing), transitional support including outreach services, telephone information and referral services and Homeless persons support services also known as day centres.

  The assistance provided by SAAP workers is tailored to the individual person and family's needs through case management ranging from a single session to more extensive contact and support. The support offered includes, outreach, crisis refuge accommodation, assessment and referral, early intervention, brokerage, counselling and advocacy. SAAP services support people in a variety of ways, both by direct assistance and/or

linking clients to other agencies. SAAP services work closely with Transitional Housing programs including Housing Information and Referral and Transitional Housing Establishment Funds.

In 2001, the Victorian Government introduced Children's Resource Workers to assist SAAP services to meet the needs of children accompanying carers into homelessness services.

The SAAP program is funded by the office of Housing, DHS but is delivered by Community Service Organisations.