

Submission to the **Protecting Victoria's Vulnerable Children Inquiry**
by St Luke's Anglicare.

Response to the Inquiry's Terms of Reference



RESPECT | HOPE | FAIRNESS

www.stlukes.org.au

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1.0 Background to St Luke's

St Luke's is a well established non profit community welfare organisation in rural Victoria and Southern NSW, with a 32 year history of providing support services to children, young people and families. St Luke's operates within the Loddon Mallee region of Victoria and in southern NSW. St Luke's main office is based in Bendigo with regional offices in Kyneton, Maryborough, Castlemaine, Echuca, Swan Hill, Deniliquin and Albury.

St Luke's commitment is to the most disadvantaged and marginalised people in the community. Our clients experience a range of issues including family breakdown, lack of appropriate housing, exclusion from educational and employment opportunities, lack of material and financial resources, mental health issues and substance misuse.

St Luke's purpose is to assist people to make positive changes in their lives, be connected and contribute to their communities. St Luke's is committed to practices that promote justice and hope and challenges actions that devalue, disadvantage and discriminate.

St Luke's organisational framework comprises two main service areas: Children, Youth and Family Services (CY&FS) and Community Services.

Programs operating under our CY&FS umbrella include out of home care, youth support services, family support services, childrens services and placement prevention services. Our Community Services area delivers a range of programs which provide support and rehabilitation opportunities to people with a mental illness or those with a disability. In addition our Community Services delivers victims of crime support, gamblers help service and also operate a community building and research unit which develops and delivers initiatives that help create stronger and safer communities.

In addition to these service areas, St Luke's also operates Innovative Resources, the publishing arm of the agency. Innovative Resources grew out of the work of the agency and has created a number of published materials which reflect St Luke's approach to practice and service delivery. The range includes therapeutic card sets, books and stickers which are used by human service professionals in many different roles, both in Australia and internationally.

St Luke's approach to practice has been built on the strengths approach. The agency is committed to strengths based and solution focused approaches in our work with clients, communities and colleagues. This approach orients us to focus first on listening and identifying the individual person's strengths and resources, to understand clearly their goals and aspirations for the future and then support them in addressing any barriers. We believe this approach provides better outcomes than those that prioritise the identification of problems and deficits. Specifically we believe that:

- People can change
- Each person is a unique individual with much to offer
- People exist in a broader family, community and social context which influences their decisions
- The importance of social justice
- The importance of partnerships
- The need for sensitivity to age, culture and gender
- The need for child centred, family inclusive practice

2.0 St Luke's Children, Youth and Family Services

2.1 Children, Youth and Family Services delivered by St Luke's

St Luke's delivers a range of children, youth and family services with many of these services included in the scope for review by the Inquiry. These include:

- **Family Support**
 - Integrated Family Support Services (Swan Hill, Central Goldfields and Bendigo LGA's)
 - Child FIRST (Loddon Campapse sub-region)
 - Parenting Assessment and Skills Development (Loddon Mallee region)
 - Family Preservation (Loddon Campapse sub-region)
 - Finding Solutions (Loddon Campapse sub-region)
 - Family Coaching (Loddon Campapse sub-region)
- **Out of Home Care**
 - Foster Care and Circle (Loddon Campapse sub-region)
 - Adolescent Community Placement (Loddon Campapse sub-region)
 - Intensive Case Management Service (Loddon Campapse sub-region)
 - Residential Care (5 units for Loddon Campapse sub-region)
 - Kinship Care (Loddon Campapse sub-region)
 - Permanent Care and Adoption (Loddon Mallee region)
- **Youth Services**
 - Youth SAAP (Bendigo LGA)
 - Youth Connections (Central Goldfields, Mt Alexander and Bendigo LGA's)
 - Leaving and After Care Support (Loddon Campapse sub-region)
 - Youth education programs (Bendigo LGA)
 - Reconnect (Central Goldfields, Mt Alexander and Bendigo LGA's)
 - Youth Support Service (Bendigo LGA)
 - Youth Family Mediation (Loddon Campapse sub-region)
 - Youth Justice Community Support Service (Loddon Campapse sub-region)
 - The Loddon Mallee Youth Mentoring Co-ordination Project
- **Children's Services**
 - Pre-School Field Officer Program (Loddon Campapse sub-region)
 - Inclusion Support Services in Kindergartens (Loddon Campapse sub-region)

2.2 Learnings and Reflections

During the past 30 years St Luke's has gained considerable experience in delivering services to vulnerable children, young people and their families which has enabled the agency to identify some key learnings. These include:

- **Strength based practice needs to underpin the work with children, young people and families**

St Luke's incorporated the strength based practice framework into its work in the early 1980's in response to a deficit focused approach that was prevalent within the sector at that time and within the agency. Deficit focused practice often left clients feeling disempowered and

discouraged despite their best efforts to address the issues for themselves and their families. Deficit focused practice did not seek to fully understand the capacities and resources of the family and interventions were worker driven, not client owned. This resulted in poorer outcomes and less chance of sustainable change for families. On the other hand, strength based and solution focused practice focuses on building a partnership with the client, supporting the client to identify their resources, recognising success and achievements whilst, at the same time, supporting the client to recognise the safety issues for their children and family.

St Luke's experience of using strengths based practice highlights the need for this framework to underpin all work with vulnerable families as it fosters participation and ownership by the client in addressing safety issues for children and maximises opportunities for sustainable change. The strengths approach is incorporated into every aspect of the work from clients owning their own files, to assessment tools enabling the family to identify their story and child safety needs, through to ensuring case planning processes respect, support and maximise client participation.

- **Service delivery needs to be underpinned by the principles of child centred family focused practice**

St Luke's experience shows that a child centred family focused practice is critical to building successful outcomes. A child centred approach ensures the safety and developmental needs of children and young people are being met and addressed. A family focused approach recognises the central role families have in ensuring the safety and wellbeing of children and directly supports families to take an active role in supporting their children.

Whilst the term "child centred family focused" is often used in the sector and in service specifications and may be seen as an obvious approach to the work, it is a complex approach and a challenging one to ensure in practice. In the protective and out of home care systems it is St Luke's experience that child centred family focused practice is not fully incorporated and this often results in the child's needs not being fully met and/or families being disempowered and not encouraged in their role.

- **Client feedback and hearing the voice of the child and young person is fundamental to providing services**

St Luke's has developed a comprehensive client feedback system that focuses on clients (children, young people and families) giving direct feedback to workers on their performance and on the outcomes they have received from a service. It also aims to increase client input into the design and functioning of services through the use of focus groups and interviews. St Luke's experience is that introducing this type of system is challenging and difficult as our service culture does not easily incorporate client participation and challenge.

St Luke's has learnt that a client feedback system that promotes and maximises client participation and input is essential to outcome based service delivery. Sadly, there is not in Victoria a common client feedback system across child protection and child family welfare services. Often the voices of the child and young person and families are not adequately heard in the decision making processes and the sector struggles to build case planning procedures where the client's voice is clearly heard. There is still a strong tendency in the statutory sector to 'do for' or 'do to' families than 'do with'.

- **Service design needs to be flexible in meeting the needs of clients rather than clients having to fit into narrow service parameters**

The child welfare service system in Victoria is plagued by a myriad of service designs and models that each focus on a particular client issue. Our system is not designed to be holistic in nature. Services come with their own set of individual rules, strict entry criteria, guidelines and procedures that tend to direct practice. Practitioners become focused on compliance to guidelines and issues focused in their responses rather than focusing on holistic outcomes for clients.

Service specialisation has also created a 'deskilling' and many workers feel ill-equipped to work across a range of issues facing children, young people and families. As a result, a key strategy in the sector is the practice of referral to another agency that workers feel has the answer. Referral is not a service outcome.

With the multiple services involved with a child, young person or family there is often no one service that takes responsibility for ensuring continuity of service delivery or for ensuring a primary case management role. Each service has its own case plan and there is often a carving up of people's lives into segments and working with the client in a disjointed way. A client trying to negotiate this kind of system is constantly challenged by different boundaries and practices which means they are often confused and frustrated. Many people fall through the gaps.

A key underlying cause of this situation is the way government funding bodies operate across family support, housing, mental health, alcohol and drug, youth services and childrens services. State funding bodies are keen to get their funding out there for their issue with little coordination and planning across funding streams. Further complicating this situation is the way the Commonwealth funds issue based service models regardless of how this links with State funding. Time and time again we see the roll out of funding that has little correlation to existing service systems and designs. Consequently, we just overlay new funding alongside or over existing services and we end up with very disjointed service systems. Sadly, the sector then spends a lot of time looking at how to link up and work together. Partnerships have become the answer to our complicated service system with many funding bodies requiring partnership in service delivery, but really these partnerships, whilst providing some benefits, have had little impact on reconfiguring the service system.

The situation has been further complicated by the way funding bodies identify targets to be achieved. They don't relate to addressing child, youth and family vulnerability and disconnection. Targets are mostly about outputs not holistic outcomes. Child, youth and family issues are a result of a complex set of interacting circumstances that are not single issue based. Responding to highly vulnerable clients requires a service system that responds to vulnerability, not just single issues.

St Luke's has learnt that better outcomes can be achieved if we try to break down service boundaries and service criteria. These learnings have come through the development of the Connect Central Youth Services and the Family Coaching Pilot.

- *Connect Central Youth Services*

Connect Central Youth Services (CCYS) is an integrated youth service bringing together five youth services into one single service entity. The youth services include Reconnect (FACHSIA funding), Youth Connections (DWEER funding), Youth Family Mediation (DHS Office of Housing

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funding), Youth Support Service (DHS Youth Justice funding), and Youth Homelessness Early Intervention (DHS office of Housing funding). A key feature is a single intake, assessment and response component that responds to all requests around youth vulnerability and disconnection. Ongoing youth support based on addressing youth vulnerability is provided to young people and families where required through the youth services that sit within CCYS, regardless of service criteria and boundaries.

CCYS has been developed in partnership with the Bendigo Better Youth Services Pilot as a means to simplify the youth service system in Bendigo and to provide a centralised intake and gateway to youth services within the local government area.

CCYS provides a simple system for young people, families, schools, police and DHS to access youth support. Feedback from service users and referrers includes not having to navigate the range of service criteria and boundaries.

o Family Coaching Pilot

Four Family Coaching Pilots have been established in Victoria (two metro, two rural) with the aim of responding in a more effective way to children and young people who are at risk of coming into care or have come into care for the first time. Each pilot site includes a mainstream program and an Indigenous program. In the Loddon Mallee pilot, the mainstream and Indigenous components have been combined into a single program.

In the development of the Pilot model the agencies involved tried to address the following questions:

- o How do we enable more effective and earlier responses to families where children are at risk of coming into care?
- o How do we develop service responses that enable sustainable change for families?
- o How do we ensure that there is a joint response across mainstream and Aboriginal agencies to Aboriginal families where there is a risk of children coming into care?
- o How do we integrate the Family Coaching Pilot into the existing placement prevention and reunification programs without adding further complexity to the system?

To address these questions and issues as stated, the model developed by St Luke's, Njernda Aboriginal Corporation and Bendigo District Aboriginal Co-operative in partnership with DHS Child Protection and DHS Placement & Support Division included the following features:

- o The development of an intake, response, assessment and review team (IRAR) across St Luke's, Njernda, BDAC and DHS. The role of this team is to provide an immediate response to any family where there is an immediate risk of a child or young person entering care or has entered care and to design the most appropriate service response.
- o In order to enable the IRAR concept to work effectively, it was imperative that DHS Child Protection was restructured internally to coordinate and manage referrals. DHS allocated a Unit Manager to oversee all referrals for placement prevention and reunification and to be a member of the IRAR team. This has helped eliminate the need for child protection workers to negotiate individually with the range of placement and prevention services.
- o As well as addressing children's safety with families, service responses are designed to be holistic in nature and to work towards change that is sustainable by families. To achieve this goal, assessments and work with the family are focused not just on the immediate protective issues, but to include other areas of family life including financial

literacy, parents employment/education needs, domestic coaching, community linkages and supports.

- The development of a “One Family, One Plan” approach.
- A range of additional interventions have been added to individual casework including family group work and vocational programs.
- A commitment of all agencies that any agency resource will be available to support Aboriginal families where any Aboriginal child is at risk of coming into care or has come into care.

Implementing this type of model both internally with agencies and across child protection is challenging and difficult. Historical approaches and current service culture are barriers. As discussed, the tendency to adhere to existing service criteria and guidelines is difficult for workers to move away from. However, early indications and learnings from the pilot indicate that better outcomes are achieved for families when supported by this type of model and approach. There has been a reduction in the number of Aboriginal children coming into care and a reduction in the number of children under the age of two years coming into care. Prior to the pilot, many children were coming into care unnecessarily due to the lack of co-ordination of services and planning. However, the pilot is showing that if there is a change in the way services are constructed and integrated, then better outcomes can be achieved.

- **Early intervention is critical to achieving outcomes**

The term ‘early intervention’ is widely used in the sector and there are a myriad of understandings and definitions regarding what this term means in the context of child and family welfare. In stating that early intervention is critical to achieving outcomes, the use of the term is in the context of providing the right responses at the critical times and that early intervention is a continuum and requirement no matter when the family may interact with the secondary and tertiary service system.

The learning for St Luke’s about early intervention in the child protection context is that there is significant delay in providing responses to families at the beginning of the intervention. At the early stages of child protection intervention, the focus is on risk assessment with the child protection role being essentially one of investigation, Court intervention and service referral. There is considerable delay in building plans with families and, from St Luke’s experience, this can be months after a child has come into care. Whilst it is critical that there is risk assessment at the initial stages of the intervention, there also needs to be at the same time a strong focus on family engagement and development of support plans with the family that respond to children’s safety and the range of family needs and issues. The Family Coaching Pilot is starting to demonstrate that if the gap in time between investigation and support is closed, there are better outcomes for children and families. Feedback from Child Protection on the current work of the Family Coaching Pilot is that there has been a noticeable decrease in Court work by CPU due to closing the time gap between investigation and support.

This approach to early intervention in the youth area has also shown very positive results. St Luke’s has invested considerable effort into supporting early intervention approaches to youth homelessness and the development of Connect Central Youth Services has been an important development in this area. Local data for the Bendigo local government area shows that the number of young people presenting as immediate homeless has dropped by 40% over the past six years.

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- **Respect and mutual learning must underpin our relationship with Aboriginal communities and organisations**

Of great concern to Aboriginal communities and the child welfare sector is the over-representation of Aboriginal children and families in the child protection and out of home care systems. To address this issue requires a strong partnership between Child Protection, family services providers, out of home care providers and Aboriginal communities and organisations. This partnership needs to be built on respect and mutual learning and for this to be achieved, mainstream services need to own and address their cultural incompetence. Mainstream cultural incompetence is often demonstrated in a lack of respect for, and understanding of Aboriginal processes and approaches. Sadly, this cultural incompetence across the statutory and non-Government services is contributing to the over-representation of Aboriginal children in the care system.

St Luke's is acutely aware that cultural competence is an area to address internally. St Luke's experience from working with Aboriginal agencies and communities is that addressing cultural incompetence means that needing to look at, understand and address our own privilege as a result of discriminatory policies and practices. Too often the answer is considered to be as simple just sending staff to a cultural training session or asking Aboriginal agencies to teach us about cultural competence. We need to own the issue, examine our own prejudices and racism, examine our service processes and build respectful relationships with Aboriginal communities and agencies. Only then will we be able to work with Aboriginal people in reducing the over-representation of Aboriginal children in care.

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

Considerable research has been conducted into the risk factors that underlie child abuse and maltreatment which do not need restating in this submission. However, from St Luke's experience, the key risk factors include family violence, drug and alcohol use, social isolation, poverty, unemployment, and serious conflict in relationships. Underlying these factors is a key issue, namely, the trauma experienced by many parents during their own childhood and adult life. Also impacting on parent's ability to ensure their own children's safety and wellbeing is their experience of the parenting they received and observed as a child.

Addressing child abuse at a whole community level is both challenging and complex. However, St Luke's would argue that there are some initiatives that can be implemented to utilise the learnings from the Public Model of Health.

At a preventive end, more focus is required on establishing that children's safety and wellbeing is a community responsibility and not just the responsibility of protective services. In addition, community programs should be developed to educate the community about supporting children in their early years and the need to provide a safe and caring environment. This should also include information about how families can access support not only through secondary services but through universal services including maternal and child health centres.

There is also a need to target communities where there is a high prevalence of child abuse and protective intervention. Programs such as Neighborhood Renewal give promise to what can be

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done to support vulnerable families in vulnerable communities. These programs enable families to be connected to, and supported by, their local community through community building activities and local employment initiatives.

Family violence is a key factor in child protection intervention with families. However, the resources allocated to family violence prevention and intervention are sadly lacking. Within the Loddon Campaspe region the local family violence agency is overwhelmed by family violence referrals both by victims and through the police.

There is evidence that in local Government areas that have Best Start programs (30 out of 79 LGA's have a program) there is a higher overall investment and commitment to children's services.

Recommendations

- **Community education programs be developed to inform the community about children's safety and wellbeing needs and how to access support.**
- **Increase and ensure ongoing funding and resources for Neighborhood Renewal programs.**
- **Ensure targeted employment and vocational programs within all Neighborhood Renewal areas.**
- **Increase funding to family violence agencies to support activities and programs that both prevent and address family violence.**
- **Ensure Best Start programs are available in all LGA's.**

3.2 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.

From St Luke's experience there are some issues with adult, universal and primary services not seeing child safety and wellbeing as an issue which they have a role in addressing through their work. In particular, adult services such as mental health and alcohol/drug services tend to see their role as primarily being with the adult. Their assessment process and interventions need to take into account the children of an adult client and the impact the client's condition may be having on the family as a whole. However, the Families and Parents with a Mental Illness (FaPMI) program have demonstrated a new approach to connecting mental health and family service responses. FaPMI needs to be further extended and resourced. Given that adult services are connected to families through their work, there is a need for mental health and alcohol/drug workers to be trained in the Best Interest Practice Framework. This framework helps workers gain an understanding of children's safety and wellbeing issues within the Best Interests Framework and how to engage families around child safety and wellbeing issues.

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There are concerns that there is a very low participation rate of families at risk with children's services such as Maternal and Child Health. The recent DHS initiative, through the early childhood projects within the Family Services alliances, has been an attempt to address this issue. Whilst this is a positive attempt to address this concern, there is a more fundamental problem that needs to be addressed. The current design of universal children's services does not adequately meet the needs of vulnerable families. The services work for families who are support seeking and have the means, including transport, to access these services. There is a clear need to develop models of children's services targeted towards engaging and supporting vulnerable families. In particular these services need an outreach capacity to enable them to meet with and engage families in their own environment. Again, there is a need for all staff within children's services to be trained in the Best Interest Practice Framework.

Of concern is the lack of long term support that is available to vulnerable families that who are identified early through ante-natal and Maternal and Child Health services. St Luke's would strongly advocate for service models that support vulnerable parents from pregnancy through to the early years of their child's life. Currently, seriously vulnerable parents may be referred to family support from primary health services but the level of intervention and capacity to work long term with families is limited. Service models that include family support workers, early childhood workers and maternal child health nurses working as a team around a vulnerable family need to be explored and developed. The Queen Elizabeth Centre has developed and trialed this type of program (called Tummies to Toddlers) and the outcomes from this program are very promising.

An emerging and concerning issue is the lack of school readiness for many children. In particular, local data in the Loddon Campaspe region highlights a worrying number of children whose language and literacy skills are seriously under developed for children of school age. Many of these children are from vulnerable and at risk families. Given language development is tied to children's attachment and interaction with parents, there is a clear need to invest in children's language development programs through supporting a parent's ability to interact and engage with their children. Currently, there are a significant lack of available programs designed to support children's language and literacy development despite there being a range of innovative and effective programs, for example, Mother Goose and Reading Recovery.

Recommendations

- **Develop models of support that are available to vulnerable parents, particularly young parents from pregnancy through to pre-school. Service models to include pre and post natal care, outreach family support, parenting education and education/vocational support.**
- **Develop models of outreach and group based children's literacy and language development programs that support parent's interaction with their children through creative play and reading.**
- **Ensure that workers in adult services (mental health and AOD services) and in early childrens services are trained in the Best Interests Practice Framework.**
- **Develop models of outreach maternal and child health services and also locate these services within family support agencies.**

3.3 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.

3.3.1 Family Services

Family Services can be classified into two categories namely Child FIRST/Integrated Family Support Services and Placement Prevention Services. Both these areas of the service system need to be considered given the role they play in supporting families.

○ ***Child FIRST and Integrated Family Support Services***

St Luke's strongly endorses the changes that have occurred in the past three years with the development of Child FIRST and the enhancement of Family Support Services through the development of the integrated family services model. Prior to these changes, family support services were difficult to access given the differing and varying entry points and the delivery of effective family services was compromised by the great variation in practice frameworks and service models. Many families who were at risk were not able to access support in a timely manner. It was a frustrating system for families seeking support and a difficult system to navigate for referring agencies.

The changes that have been implemented have greatly improved access for families through the Child FIRST model. Whilst Child FIRST is a challenging model to deliver and maintain it has been one of the most significant and positive service developments to have occurred in recent times. The development of the integrated family services model has also brought significant and positive change. For the first time all family services are operating within the same service framework which is underpinned by the Best Interest Practice Framework. There is greater consistency in the delivery and practice of family support services across Victoria and this we believe has improved the depth and quality of family support services.

However, there remains some significant challenges for Child FIRST and Family Support Services. Whilst there has been an increase in resources, meeting demand remains an ongoing issue and challenge. The design of the new system is being compromised by the lack of service capacity. This is evident in the family services data which shows that the hours of service delivery to vulnerable families is well below the hours of support originally intended to be delivered. Currently, the funding formula for family services allows for on average 64 hours of service delivery to families. However, due to demand and need for throughput, the average hours of service delivery is well below 64 hours. Consequently re-notification rates remain high. Demand also means that the entry point for family services is continually being pushed to the crisis end of the scale and families who want an earlier intervention are unable to access support.

Within the Loddon Campaspe sub-region family support agencies have developed some very creative interventions, particularly through the use of group work interventions with families. These group work programs include family wellness and tuning into kids. Many agencies have seen great success in delivering group work programs with vulnerable families in addition to

outreach casework. However, the current funding structure and service specifications do not adequately support and recognise group work as a critical intervention with vulnerable families.

Recommendations

- **Increase significantly funding to Child FIRST and Family Support Services to enable current demand to be met and to enable the length and intensity of support to highly vulnerable families to be increased.**
- **Evaluate current use of group work programs within family services and develop statewide models for the delivery of group work.**
- **Increase funding to allow for group work programs to be delivered by family support services.**

○ ***Placement Prevention and Reunification Services***

Placement Prevention and Reunification Services form part of the continuum of the family support system within Victoria. This includes services like Family Preservation (or Family First), Finding Solutions and the Parenting Assessment and Skills Development Service. Locally within the Loddon Campaspe sub-region this also includes adolescent and foster care reunification programs. The new Family Coaching pilots fit within this continuum.

From St Luke's experience there have been significant service capacity and design issues relating to the support of families whose children are at imminent risk of coming into care or have come into care. Whilst it can be argued that the integrated families services model should be a vehicle to support these families it is clear that under the current model, family support services is not well situated to provide the level of support required. That system focuses more on families who are being diverted from child protection. Placement prevention and reunification services are targeted towards this group of families but there are significant limitations in the current design of these services. These include:

- Many of the services are time limited and designed to provide a short intense intervention to reduce the risk of child coming into care and/or to support reunification. For example, family preservation provides eight weeks of intense support and following this intervention it is intended that other services can pick up the support needs of families. It is clear that the length of intervention is not adequate and that other support services available do not have the capacity to support these families.
- There is a lack of service capacity across placement prevention and reunification services. Prior to the Family Coaching pilot in the Loddon Campaspe sub-region the amount of funding for placement prevention and reunification in Loddon Campaspe was 12% of the combined funding for all family support and placement prevention services. There has been very little placement prevention funding dedicated to Aboriginal families with most of the funding sitting in mainstream services. There is clearly an inadequate level of funding across both mainstream and Aboriginal services to meet service demand and needs. In reality this means that children and young people are unnecessarily

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coming into care or staying in care due to lack of service capacity to work with families on reunification planning and is a contributing factor to the over-representation of Aboriginal children in care.

- The current configuration of placement prevention services is weighed down by inflexibility in service specifications, targets and guidelines. The design of the services and the need for throughput to meet targets means that the circumstances of families must fit into the service rather than services having the flexibility to meet the needs of families.
- The ability for child protection workers to work alongside placement prevention workers is limited due to their own staffing capacities. Unless child protection workers have the time and capacity to work closely with placement prevention services then the intervention is compromised.
- The process for referral to the range of placement prevention services has been complicated and disjointed. There has been no single point of coordination within Child Protection for referrals and no panel or team of placement prevention providers to work in partnership with Child Protection to plan the best response for families.

As discussed the Family Coaching Pilot in the Loddon Campaspe region has attempted to address a number of these issues particularly through the development of the placement prevention intake and response team that sits across Child Protection, St Luke's and the Aboriginal agencies.

Recommendations

- **That all current funding for placement prevention and reunification services including the family coaching pilot funding be consolidated into one program. The program must include specifically allocated funding for meeting the needs of Aboriginal families.**
- **That a single placement prevention and reunification program model including the current Family Coaching pilots be extended across all Victoria with one program located in each Child FIRST catchment. The model for the program to include the establishment of placement prevention and reunification intake and response teams within each catchment. The teams to comprise of Child Protection staff and CSO staff from both mainstream and Aboriginal agencies.**

3.3.2 *Statutory child protection services, including reporting, assessment, investigation procedures and responses;*

From St Luke's experience issues which have impacted on Child Protection have been the vacancy rates across their staffing at all levels, changes in Child Protection personnel and the impact these factors have on staff experience. These issues are also evident within the community service sector.

The issues around staffing levels and capacity have been well documented and publicised. However, the consequences are serious. St Luke's, through its work with Child Protection, has seen a lack of availability of Child Protection staff to do joint work with families, delays in case planning decisions and a lack of available support staff to support children's contact with their families when the child is in care. The results of these staffing issues are delays in enabling the right supports to be placed around the child and family at critical times and children staying in care unnecessarily. Recent efforts in the Loddon Mallee region to address this issue have been effective and the positive results of increased staffing capacity are evident.

The high level of negative publicity has also had an impact on morale of Child Protection and sector staff. The fear by staff of making a mistake due to this negative publicity and scrutiny pushes workers to make decisions based on 'making sure nothing can go wrong'. Decisions made in this context can mean the long term interests of children, young people and their families are not planned for nor properly understood. Sadly, in the public debate about child protection there has been little understanding of the risk nature of child protection and out of home care work. When workers are working from a position of avoidance of risk then the quality of decisions are likely to be compromised. The very nature of work involves making sound risk assessments and judgments based on all available information. From St Luke's experience, we see that the pressure to avoid risk has meant children and young people unnecessarily staying in care or there are such tight restrictions put on children and young people's contact with families that the stepping stones to building reunification are seriously compromised. For young people, this fear of making a mistake and risk avoidance means that for many young people they are not allowed to experience the normal development stages and adolescent experiences.

Other issues impacting on child protection work include:

- **The time gap between child protection intervention and implementation of family supports**

As discussed previously in this submission, there exists a time gap between the protective investigation and the beginning of support interventions. To effectively intervene and support a family particularly where there is a risk of children coming into care and/or a child has come into care, there has to be immediate supports put around the family. Families respond better to protective investigations when they also see supports and encouragement to address the safety needs and wellbeing needs of their children.

The service model outlined previously in the section on placement prevention and reunification would be the type of model that could address this issue.

To achieve this change would require a different practice on behalf of child protection and a shift in thinking by community service organisations.

- **Need to fully embed the Best Interest Practice Framework**

The development of the Best Interest Practice Framework in Victoria across all Family Services, Out of Home Care and Child Protection has been a significant development. However, St Luke's believes we are yet to fully embed the framework across the whole sector and to fully realise the potential of this framework to reconfigure service design and models.

Training in the framework across the sector has lacked funding and a long term strategy. Apart from the initial training there has been little attention given to ongoing implementation of the framework. Strengths based practice is integral to using the Best Interest Practice Framework yet no resources and plans have been in place to train all workers in the Family Services, Out of Home Care and Child Protection in the Strengths approach.

Practice frameworks like the Best Interest Practice Framework cannot be fully implemented unless there are also changes in service design and models. Good practice can be impeded by poor service design yet there has been no review of our current service models and approaches using the lens of the Best Interest Practice Framework. For example, the current myriad of service criteria, service boundaries, service referral processes and the time gap between investigation and support does not enable workers to be fully using the Framework nor does it enable families to experience the level of support when needed.

- **"One family, One Plan" across all services**

Feedback from families about child protection and the wider service system is that they find it complicated, bewildering and confusing. Similarly workers find it difficult to understand and coordinate services as a case manager with protective services or out of home care services. A key reason behind family's experiences of the service system is the range of service plans developed for families (not with) by the many services that can become involved with a family. Further complicating this system is the range of assessments and referral tools used by services with many assessment processes not building on one another. There can also be multiple plans within statutory services and this is evident when families have children in care across more than one region.

With many services involved with a family there is often confusion of roles and no clear person who coordinates the service system around and with a family. Families can easily fall into service gaps and workers can spend considerable time trying to navigate and negotiate service roles and interventions. St Luke's believes we need to move to an approach where there is one plan for a family. This should also include other services outside the protective, family services and out of home care sector, namely: disability services, youth justice, mental health services, family violence and alcohol/drug services. Tied with the development of one family, one plan should also be one designated case facilitator across these services whose function is to ensure there is one plan built with and around a family with a focus on maximising the family's participation in the planning process.

This goal of integrated service delivery is aspired to by the sector and considerable effort has gone into trying to achieve this through partnership building and interagency collaboration. However, no amount of partnership building, alliances, interagency collaboration and discussions on integrated service delivery will address this issue until there is a fundamental

change in practice and systems on the ground. St Luke's believes that to achieve this change would require legislative change and a shift in service culture and direction.

- **Access to specialist advice within Child Protection**

Assessing child safety and protective concerns is extremely challenging for protective workers. As discussed, making decisions to avoid making mistakes has serious consequences and equally concerning is not having the proper specialist information and advice to help identify safety concerns and risks for children. Child Protection carries these decisions on their own and often these decisions have to be made immediately within a context of changing circumstances for families.

To support thorough and defensible decision making on the part of Child Protection, St Luke's believes that there needs to be a greater multi-disciplinary approach to the construct of Child Protection teams. It would be helpful for Child Protection to have within their service, direct access to advice from the mental health, alcohol/drug and Disability disciplines. St Luke's has experienced a CAMHS worker being located with its statutory youth services for many years and the value of the advice that can be delivered through secondary consultation and joint work is extremely beneficial. Similarly, the Loddon Mallee Child Protection office in Bendigo has adult mental health and CAMHS workers co-located with Child Protection staff and these workers add considerable expertise to decision making and case direction.

- **Client Feedback**

Hearing the voice of the child and families has been a priority of the sector for the past few years. As discussed in this submission, client feedback based on outcomes and worker performance is crucial to delivering effective services and supporting the engagement of families. Currently there is no client feedback system for child protection and across the sector despite many agencies reviewing and working on feedback systems. Whilst it is a challenging area for services and workers, it can produce considerable benefits for the client and workers.

- **Processes for case plan meetings**

Feedback from families in the child protection system highlights their frustration at the current processes and the physical environment for case planning and care team meetings. These meetings provide a great opportunity to enhance family engagement yet often they are conducted in a manner which discourages participation. Long wordy reports in language which is heavy with jargon, unfriendly meeting environments, too many professionals at meetings and poor preparation of clients for the meeting are just some of the factors which contribute to a family's frustrations. It could be said that this approach is at the level of psychological violence against children, young people and families.

Recent client feedback to St Luke's from families whose children are in care highlighted the issue of safe space for meetings. Families felt that a safe space created for care team meetings had a significant impact on their participation and engagement in the meeting process.

St Luke's believes there needs to be a review of child protection meeting processes, meeting spaces and the design and construction of Child Protection reports.

Recommendations

- That child protection in partnership with the community service sector adopts a holistic model of protective intervention that includes family engagement, early provision of family supports, and safety planning in conjunction with the current approach of child risk assessments, investigation and protective intervention.
- That a review of the training plan for the Best Interest Case Practice Framework be undertaken and that the strength based practice training be delivered for all child protection, family service and out of home care workers.
- That in cases where there is a statutory order in place on a child that the Department of Human Services and Department of Health adopt a policy of "One Family, One Plan" across its funded services and this principle be enshrined in legislation through amendments to the Child Wellbeing and Safety Act 2005.
- That specialist workers from the fields of early childhood development, mental health, alcohol/drug and Disability be co-located within child protection to provide advice on planning for child safety through secondary consultation and joint family visits.
- That a client feedback system be developed across child protection, family services and out of home care with a focus on service outcomes and feedback about worker skill and performance.
- That a review of child protection meeting processes, meeting spaces and the design and construction of Child Protection reports be undertaken in conjunction with the community service sector.

3.3.3 Out-of-home care, including permanency planning and transitions

St Luke's provides a range of out of home care services to over 100 children and young people in the Loddon Campaspe sub-region through the provision of home based care and youth residential programs. In addition St Luke's supports over 40 families through the kinship care program.

Provision of out of home services is the most challenging aspect of St Luke's work and an area of work in which we feel a great sense of responsibility as do all agencies who provide out of home care services in Victoria.

From our experience, Out of Home Care services enhance a child's care and their family's wellbeing when there is:

- Well trained, resourced and experienced staff across home based and residential care
- Well trained, resourced and available home based carers
- Highly functioning care teams with the time and capacity to plan around a child's needs
- Well developed Looking After Children processes
- Strong practice frameworks underpinning the work including strength based practice and trauma informed care
- Proactive involvement of child protection in the care team process
- Early linkages to support for families and the engagement of families in the care team process
- Capacity for out of home care to thoroughly engage with and support a child's biological family
- Clear and well developed Best Interest Plans
- Well developed reunification plans where it is planned for a child or young person to return to the family.
- Solid practice in developing life story books with children and young people.
- Strong understanding of and commitment to Aboriginal Cultural Competence by staff and carers
- Well developed processes around family contact and staff availability to support family contact
- Minimisation of placement changes
- Availability of Indigenous carers in order to meet the Aboriginal Placement Principles
- Strong partnerships with Aboriginal agencies and services to facilitate meeting the needs of Aboriginal children in care
- Educational programs available to ensure children and young people have access to education
- Availability of children's literacy and language programs to enhance children's language and literacy development
- Resourced respite options available for carers.
- Clear processes for addressing quality of care issues

However, the current service models and resourcing of Out of Home Care severely impact on the ability of an out of home care agency to provide the optimum conditions for the care of children and young people as described. Key issues facing Out of Home Care include:

- **Home based care system under increasing pressure**

From St Luke's experience the home based care system is under increasing pressure and its ability to meet current demand and provide the level of care required is severely compromised. We are experiencing real challenges in recruiting carers and maintaining a sufficient carer pool that can meet demand for new placements and offer the level of respite required for carers providing long term care. Being the only agency providing home base care in the Loddon Campaspe sub-region increases the pressure on St Luke's and many agencies providing home based care in rural areas face similar challenges. Carer feedback highlights these challenges and many carers are concerned about the difficulties they face in caring for children and young people with very challenging behaviours due to past experiences of trauma. Many feel worn out with more being asked of fewer carers. St Luke's would seriously question whether the current structure and resourcing of home based care allows for a viable program in the long term.

Resourcing carer recruitment, training and assessment needs urgent attention. The processes adopted in 2007 for the training and assessment of carers ie Shared Stories, Shared Lives and Step by Step has clearly increased the quality of carer training and assessment, however, these processes increase the length of time required to recruit, training, assess and accredit a new carer. No additional funding was allocated to allow for the new processes and additional resources have had to be added by agencies to support the recruitment and retention of carers.

It is increasingly more difficult to recruit and maintain carers for adolescents particularly where there is very challenging behaviours being exhibited by young people. St Luke's believes that further investigation is required into alternative 'in home' models for adolescents. The DHS Out of Home Care Reform document identified the need for additional models of home based care and this included the Specialist In-Home Care model. There have been challenges in introducing this model but the thinking and rationale behind the model does raise the question and the need for home based care in Victoria to move towards the introduction of a professional carers model to be run in conjunction with current home based care.

The current reimbursement level to carers is a disincentive to the recruitment and retention of carers particularly with more and more being asked of carers. There is an urgent need for a review of carer reimbursements with a view to significantly increase carer payments.

The Circle program offers real insight into the type of home based care models that should be uniform across all home based care. The key features of the program include the therapeutic clinician position attached to the program, carer compensation that enables carers to be fulltime, higher unit cost funding that enables decreased caseloads for Circle workers, trauma informed practice that underpins the work of the carer and care team and more intensive involvement of child protection in the care team processes. If we are to provide optimum care for children and young people then the Circle program must form the basis for all home based care in Victoria.

- **Residential Care**

Serious challenges continue with the delivery of Residential Care programs. The needs and behaviours of the young people placed in residential care considerably stretch the capacity of the program to provide the required response to meet the needs of the young people. Whilst a residential care model is absolutely necessary within the suite of out of home care services, it is St Luke's view that the current design of the residential care model is severely limited and it struggles to meet the desired outcomes.

The issues to be addressed with the current model include:

- Too many young people per unit. Supporting and managing up to four young people per unit impacts on the amount of individual time that can be spent with each young person.
- Double staffing needs to be a minimum for each unit but funding models do not allow for this level of staffing for all units. Often units are staffed by one worker at critical times.
- Lack of funding to allow therapeutic clinician support to be attached to each unit.
- Lack of funding to provide educational programs for residential care and other personal development programs.
- The current funding model does not enable residential care workers to be tied to the social work section of the SACS award. This award level would enable greater recognition of the work of residential care staff, and the recruitment of a broader range of staff with existing social/welfare work qualifications and experience in the field.
- Given current demand issues there is little capacity to design the right residential care response for the individual young person and to match the young person to a unit that will best suit their needs. There is a need to develop specialist units for young people with a Disability and also a need for a specialist residential response to young people with a history of sexual offending.

The therapeutic pilots within Victoria offer real hope for the future of residential care in Victoria and clearly point to the type of model required to achieve the best possible outcomes for the young people. This model should form the basis for all residential care in Victoria.

- **Care models for Aboriginal children and young people**

The current ability of out of home care system to put into practice the Aboriginal Placement Principles is in question. St Luke's is acutely aware of our ongoing failure to meet the requirements of these principles. Aboriginal children in St Luke's care make up around 20% of children under 12 years of age yet few are placed with Aboriginal carers.

Within the Loddon Campaspe catchment local discussions are being held between DHS Placement and Support, local Aboriginal agencies (Njernda and Bendigo District Aboriginal Cooperative and St Luke's to explore options for the development of Out of Home Care services within local Aboriginal agencies, to identify ways to increase the number of Aboriginal carers within mainstream services and to explore other care models for Aboriginal children and young people. This work is only at a beginning point and whilst no quick solutions have been identified, it does point to a need for project funding to support work on identifying care models for Aboriginal children and young people.

- **Development of children's language and literacy skills**

Of concern and an ongoing challenge, is meeting the language and literacy needs of children and young people in care. Poor language and literacy skills development in early childhood has a profound impact on children and young people in care and their ability to fully participate in education and to socially interact with peers. In addition, many young people leave care with poor language and literacy skills and this greatly impacts on their ability to secure employment and to have the necessarily social skills to build community connections. This issue for care leavers was evident in the recent research conducted by Monash University and St Luke's on the current situation of care leavers within the St Luke's Leaving Care/After Care program.

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St Luke's believes greater attention needs to be given to this issue. The agency has begun employing a part-time children's literacy worker within the home based care program but this is only a small response to a very serious issue. As a beginning point, the focus of the work is supporting carers in their role in building children's language and literacy skills.

- **Access to education**

The partnering agreement between the Department of Human Services and the Department of Education and Early Childhood Development (DEECD) is currently in place to meet the educational needs of children and young people in care. The agreement works reasonably well where the child is stable in their educational setting, however the agreement does not provide a framework for meeting educational needs if the child or young person is not in mainstream education.

The delivery of education to young people in care is highly inadequate particularly for those young people who cannot be maintained in mainstream education. There are no educational structures for supporting these young people or effective co-ordination across DHS and DEECD. It would appear to St Luke's that the roles and responsibilities between DHS and DEECD for providing education to young people who are outside mainstream education is not clear.

For many out of home care agencies, the only alternative has been to develop their own programs to meet young people's educational needs. However, these programs are not adequately funded or resourced. St Luke's has over the past five years delivered a Deemed Enrolment Education Program for young people in care but this program is clearly underfunded with the agency experiencing serious funding deficits in the program to provide basic educational opportunities. St Luke's subsidised the Deemed Enrolment Program in 2009/10 by \$150,000. An evaluation of the St Luke's Deemed Enrolment program was conducted in late 2009 by John McDougall Consulting. The report highlights the issues associated with meeting young people's educational needs in Out of Home Care and makes important recommendations that should be considered. This report is attached to this submission.

- **Resourcing leaving care and after care support**

Many of the issues facing care leavers has been well researched and documented in Victoria particularly by Phillip Mendes from Monash University School of Social Work. The research highlights the poor outcomes for care leavers and it is an indictment on our care system that only in recent times in Victoria that leaving care services have been developed for young people who have been in care. Whilst this is a step forward there is still considerable work to be done in supporting care leavers.

This submission refers the Inquiry to the recent research report *"From Dependence to Independence: Examining the support needs and pathways of young people leaving state care in rural Victoria"*. The research was conducted by Phillip Mendes in partnership with St Luke's and the report highlights key issues facing care leavers and details a series of recommendations that need to be considered if we are to improve outcomes for care leavers. In addition to the recommendations contained in this research report, St Luke's wishes to highlight areas that need to be addressed. These include:

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- Current legislation requires support be provided to care leavers up to 21 years. We believe this should be extended to 25 years.
- There is a need for specific vocational and educational responses for care leavers as the system within the current Jobs Australia Network for supporting young people does not meet the needs of care leavers.
- There needs to targeted housing resources allocated to care leavers. Care leavers currently compete for housing from within the transitional housing and homelessness services and this often means that care leavers do not have access to stable housing arrangements.
- The current funding for care leavers support services is inadequate given the high number of care leavers and there is a need to dramatically increase funding to ensure all care leavers are provide with the level of support they require.

- **Best Interest Planning and Reunification Planning**

St Luke's is greatly concerned at the delay in Best Interest Planning for children in care that causes children and young people to remain in care unnecessarily and/or delays in permanency planning processes for children who will not be returning to their biological family. Clearly the staffing issues facing Child Protection impacts on their capacity to ensure prompt Best Interest Planning. This issue also goes to the heart of how we plan at the beginning of child protection intervention and how we ensure joined up planning across Child Protection, Out of Home Care, Family Services and Placement Prevention/Reunification Services. As discussed there is a need for adopting a "One Family, One Plan" approach to ensure proactive Best Interests planning processes.

- **Resourcing Family Contact (Access)**

Of great concern to the sector is the current arrangements and resourcing of children's contact with their families when the child is in care. This issue was particularly highlighted through St Luke's client feedback process with parents whose children were in Out of Home Care. Families expressed real frustration at the cancellation of family contact due to the lack of available staffing and the lack of opportunity to have family contact on birthdays and significant days ie Christmas, Easter, and family anniversaries. Of further concern, is the lost opportunity for building parenting skills and family relationships that can occur through family contact particularly where family reunification is the goal. Contact time should be a significant opportunity for coaching parenting skills and staff for that purpose.

It is concerning that in cases where family reunification is the goal that a lack of resources means family contact is only at a minimum and there is no capacity to continually increase family contact given the plan to return children to their families.

St Luke's strongly believes that well resourced family contact services in child friendly facilities be developed and that this program be delivered by the community service sector. Included in this service should be specialist workers experienced in play therapy and parenting skills development.

Recommendations

- That the Circle program be adopted as the standard for delivering home based care in Victoria and that funding be allocated to achieve this standard.
- That dedicated funding be allocated to support the training and assessment processes introduced in 2007 and additional funding be allocated to support campaigns for the recruitment of home based carers.
- That a review of carer reimbursements be undertaken and that payments are increased to reflect the current and significant role of carers.
- That the current therapeutic residential care pilots based on the Sanctuary model be adopted as the standard for the delivery of residential care services in Victoria and funding be allocated to implement the current pilot models across all residential care programs.
- That two young people per unit be adopted as the standard for all residential care units.
- That the funding model of residential care enable double staffing for all units and salary costs to be based on the social work section of the SACS award.
- That specialist residential care units be developed for young people with a Disability.
- That a specific project be developed incorporating Aboriginal agencies, DHS and mainstream services to explore and develop care models for Aboriginal children and young people.
- That a specific language and literacy program(s) be developed for all children and young people in Out of Home Care.
- That DHS and DEECD in partnership with Out of Home Care agencies develop a well funded model of alternative learning settings for young people who cannot be maintained in mainstream education.
- That current legislation is changed to ensure support to care leavers up to 25 years of age.
- That specific vocational and educational responses for care leavers be developed to ensure there is a guarantee that all care leavers have access to educational and vocational opportunities.
- That targeted housing resources be allocated to ensure all care leavers have access to stable accommodation and housing.
- That the current funding for care leaver support services be increased to ensure all care leavers up to the age of 25 have access to support.
- That family contact services be established to support children's contact with their families and the service model incorporates a capacity to support and enhance parenting skills and capacities.

***3.4 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.***

- **Common practice to underpin service collaboration**

As discussed in this submission, a key underpinning of service collaboration is the ability of services engaged with children and families to work from the same practice framework. If services are not operating from the same framework, then in reality interagency collaboration becomes difficult to implement and no amount of protocols and arrangements will address the issue. St Luke's believes that the current Best Interest Practice Framework should be the universal practice framework linking all services working with vulnerable children, young people and their families. The framework has a strong foundation in strengths based practice and a clear approach for engaging with families and assessing risk and safety issues for children.

- **Service planning**

The current arrangements for service planning for children, young people and families across the three tiers of government could be best described as disconnected and disjointed. As discussed in this submission, there is a range of services that don't necessarily connect with one another and further complicate an already difficult system for families and workers to navigate.

What is also clearly evident is that service collaboration and planning is also done in service area silos. Many alliances (that include Government bodies and service providers) exist to further service collaboration and integration, however this planning occurs in the narrow spectrum of a particular type of service. Examples of this include the Office of Housing Opening Doors Alliances (called Local Area Service Networks), the Family Violence Consortia and the Family Service Alliances that oversee Child FIRST and Integrated Family Services. These planning and partnership groups attempt to coordinate service delivery for a particular issue and all have the task of planning at a regional level. However, each service area works with vulnerable families with a complexity of interrelating issues yet the issues for the families cross over these segregated areas of funding and service delivery. Sadly, there is little service planning across these alliances. Similar issues occur across mental health, youth services and alcohol/drug services.

How to move forward from this situation is not easy but there are examples of service planning which do give some insight on how progress in the future. Planning needs to occur not only at the regional level, but also at the local LGA level and the approach developed by the newly reformed Go Goldfields Alliance gives real hope for what can be done at a local LGA level. The Alliance brings together local government and local service providers from health, welfare services, family violence, education, Disability, police and neighbourhood renewal. The Alliance has a common aim, ie to work together to support vulnerable children, young people and families in the Central Goldfields Shire. This is rare example of good local planning and collaboration across a range of service systems. Attached is the local plan and governance arrangements developed by Go Goldfields Alliance.

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The development of the Family Service Alliances has been a positive step forward and these alliances have been able to implement at a regional level the Child FIRST and Family Service reforms. These Alliances show great potential and could be a basis to build a platform of service planning across all child, youth and family services.

Recommendations

- **That consideration be given to the development of LGA based local planning authorities who have the responsibility in conjunction with Government funding bodies to coordinate service delivery for vulnerable children, young people and families at a local level.**
- **That the current Family Services Alliances be extended in their role and responsibility to coordinate service planning at a catchment level and that these Alliances include representation from family services, homelessness services, family violence, mental health, youth services and alcohol & drug services.**

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

• Current roles of child protection and non-government service providers

St Luke's believes that the current responsibilities and roles for Child Protection and the non-government service providers should remain as they currently exist. We believe that the role of Child Protection as it now stands in investigating and responding to reports of child abuse and neglect and the role of Child FIRST in responding to significant wellbeing reports should not be changed. It would not be appropriate at this point for Child FIRST to respond to situations currently being notified to Child Protection and for Child FIRST to fulfill the legal responsibilities of mandated notifiers.

The development of Child FIRST is really in its early days, and the system is slowly being bedded down with third party referrers ie schools, health service services and police. There is a growing awareness that Child FIRST has the role to respond to concerns about the wellbeing of children where it is clear there is not a situation of sexual or physical abuse.

The area to consider for change is in the current role performed by Child Protection in case coordination. There is often confusion regarding the roles performed by Child Protection workers and non-government service providers in coordinating the plan for a family, particularly those families where there is ongoing statutory involvement or likely to be ongoing involvement. As discussed, St Luke's supports the development of a one family, one plan approach across all services for all statutory cases but this approach requires a wraparound case facilitator to bring

services together and to work with and engage the family in building the family plan. St Luke's believes that there is a strong argument for non-government agencies to perform this wrap around case management role given that the services required to support the family lay within the non-government sector. This role being performed by a non-government agency does not, and should not take away from the statutory role and authority of child protection. This type of role is currently performed in case contracts where there is an ongoing statutory order or involvement but we believe this type of role could be extended to cases which are in the early stages of child protection involvement.

- **Current Commonwealth and State roles and arrangements in protecting vulnerable children**

As a provider of a range of Commonwealth and State Government funded services that support vulnerable children, young people and families, it is very evident that the coordination between Commonwealth and State Governments is not well developed and requires serious attention. For example, in the planning of youth services there is little coordination, a duplication of effort and a poor understanding of how the range of services can be integrated to respond to the needs of youth vulnerability.

With the Communities for Children program there was little planning on how this program connected with Child FIRST and the Integrated Families Services system and how Communities for Children could add capacity to the overall family service system.

As with State Government departments, there is a critical need for both the State and Commonwealth Governments to plan together the best use of funding resources and to avoid service duplication.

- **Strengthening the capability of organisations in the non-government sector**

Workforce development is a key issue facing the non-government sector and this requires serious resourcing and planning. The non-government sector is being asked to do complex work and this requires experienced workers with a degree of maturity and practice sophistication. However, the current poor salary scales for non-government workers means that most mature practitioners quickly move to management roles and the practice face of the system is mostly staffed by the most inexperienced workers. We need a practitioner stream that staff can advance through, incentives and encouragement for staff to remain as practitioners and ensure staff are well remunerated for this professional decision. Within this context, it is imperative that the current Equity Pay case be supported by State Government as this will provides a real opportunity to build the professional base of the child welfare sector.

Over the past five years, more and more has been asked of the non-government sector by State Government that impacts on the resources and capacity of a non-government agency. In particular, agencies are being asked to participate in a range of partnerships and alliances as part of service implementation, and there has been an increasing level of compliance measures introduced including the registration standards for child welfare agencies. There is no dispute that many of these initiatives are required and helpful, but at the same time there has been no additional funding to cover this work by agencies. For many agencies, this has impacted on management capacity and additional agency resources have had to be secured to cover this work. It is also evident that government departments have introduced and funded staffing

positions to oversee the range of compliance measures and partnerships but has not recognised the impact on the non-government sector of these initiatives.

Recommendations

- That the State Government support the current Equity Case for workers in the child welfare field and that unit funding for services better recognise the need to build the professional base within services.
- That the current costs for participation in partnership development and compliance initiatives be recognised in the current unit costing of services.

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

St Luke's endorses the thrust of the Victorian Law Reform Commission report on the Childrens Court, in particular the need to move away from an adversarial system and procedures that reflect processes in the criminal court. As highlighted, most child protection cases are resolved through negotiation and the processes in the Childrens Court should reflect this reality.

St Luke's endorses the proposal for family conferencing to be used as a process within the Childrens Court as a means to reach child centred agreements. This approach reflects the need to be providing supports earlier to families in child protection interventions and to be engaging families including extended family in the development of a support and safety plan for children.

3.7 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.

- **Future demand for services**

As discussed in this submission, the current demand on out of care services is extremely high and there is increasing pressure on the system. Also identified in this submission have been areas for service improvements which can reduce the demand on out of home care services. These include:

- The redevelopment of placement prevention and reunification services. The Family Coaching pilots present a real opportunity to help redesign the current system but there is a need to collapse the current funding of placement prevention services into one single program.
- Increased focus on early planning when a child or young person comes into care, thus reducing placement drift.

- **Workforce development and retention strategies**

The current system stands or falls on the skills of our staff and the ability to retain highly skilled and qualified staff. This is both at the practitioner and leadership/management levels. Clearly current pay levels and the lack of pay equity compared to equivalent work in the human service field are a disincentive for staff. Taking this into account there is a need for considerable investment in workforce development. Initiatives should include:

- The development of a diploma and/or degree course in child and family welfare. It is clear that workers trained in welfare and social work do not have the required skills and knowledge in child and family welfare and considerable resources are spent by agencies training and orientating staff. A specialist course would enable key areas of the work to be covered in detail including understanding the Best Interest Practice Framework, strengths based practice, trauma informed care, Looking After Children framework, care team practice and case management skills and processes.
- The development of a leadership/management course that focuses on the child welfare field. Key areas of the course should include the development of supervision practice, team development, service planning and evaluation, interagency collaboration and partnerships, staff wellbeing and self care and understanding legislative and policy context of child and family welfare services.

- **Research**

Ongoing research in the child and family welfare field is critical. Whilst there are many areas that could be covered from a research viewpoint, two areas of research that we would consider a priority are:

- Understanding children's language and literacy development and practical approaches to addressing this area of children's development.
- Practical approaches to delivery trauma informed care.

Both these areas are critical to meeting and understanding children and young people's needs and whilst there is considerable knowledge available in these areas, there is little in terms of practical tools to address these areas.

Recommendations

- **That a tertiary qualification in child and family welfare be developed with the course content focusing in the work in the child protection, family services and out of home care sectors.**
- **That a post graduate leadership course be developed with a focus on leadership and management skills in the child welfare sector.**
- **That research projects be funded in the areas of children's language development and practical approaches to deliver trauma informed care.**

***3.8 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.***

St Luke's has been reflecting on the need for a community visitor and advocacy service within out of home care to ensure that the needs and issues of children and young people are heard independently of the service provider and the Department. St Luke's believes that serious consideration needs to be given to introducing a community visitor and advocacy program in Victoria.

St Luke's has prepared a discussion document on this issue. Please see the attached document regarding the development of the community visitor and advocacy service. The document outlines two models for consideration.

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Ensuring Quality and Community
Confidence through the
development of a Community
Visiting and Advocacy Service for
Children and Young People
in Out of Home Care.



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April 2011

Proposal to Protecting Victoria's Vulnerable Children Inquiry for a Community Visitor and Advocacy Service

Summary of Proposal

This submission by St Luke's addresses Terms of Reference three (3) and eight (8) of the Protecting Victoria's Vulnerable Children Inquiry. It addresses issues of quality (3) within Victoria's Out of Home Care (OoHC) services and public confidence (8).

St Luke's is an experienced provider of foster care, adolescent community placement, residential care and other forms of youth housing to children and young people unable to live within their own family. We recently commenced kinship care services. For some time St Luke's have been concerned about issues of quality and confidence in Victoria's out of home care services and have been active in developing approaches that address identified gaps and needs, for example, developing approaches to assist young people successfully transitioning from care to independence.

Most recently we have been considering how the development of a **Community Visiting (CV) and Advocacy program** could provide both a check on quality and help redevelop community confidence in Victoria's Out of Home Care (OoHC) services.

CV and Advocacy programs operate in some other Victorian jurisdictions and within some other State OoHC services. The operation of CV and Advocacy programs within OoHC services is a developing field in Australia. The largest program is in Queensland and reports are promising. We summarise programs across Australia assisted by the excellent discussion paper "*A Community Visitor Program for Children in State Care*". Office of Guardian Children and Young People. SA 8/2010.

This submission looks at two ways a CV and Advocacy program could be developed in Victoria to benefit children and young people in OoHC:

- Development and operation of a CV and Advocacy program within the community services sector with the assistance of an authority such as the Office of the Child Safety Commissioner (OCSC).
- Development and operation of a CV and Advocacy program through a statutory authority such as the OCSC.

Considerations relating to both approaches are discussed including:

- The role of the CV and Advocacy program, and visitor, and where they would "fit" within the current OoHC system in Victoria.
- The need to have and be seen to have independent authority in the operation of a CV and Advocacy program.
- Cost considerations.
- The use and availability of well trained volunteer visitors.

In conclusion, we are of the strong view that a CV and Advocacy program would be a valuable addition towards protecting Victoria's vulnerable children and young people through providing both an authoritative and expert check on quality and a significant step towards redeveloping community confidence in Victoria's Out of Home Care (OoHC) services.

Community Visiting and Advocacy Programs: What are They?

CV and Advocacy programs have been developed nationally and internationally to promote the rights and monitor the wellbeing of different population groups in residential or inpatient facilities, foster care homes, secure sites and other accommodation services. Although the aims of schemes and programs vary, **common purposes** are:

- Improving outcomes for population groups
- Enhancing the voice of the consumer via first hand information
- Identifying systemic issues to be addressed

Other aims include:

- Mentoring,
- Improving knowledge about rights
- Ensuring agency accountability
- Improving conditions and monitoring the wellbeing and safety of people.

Population groups who have benefited from such schemes include the aged, children in alternative care, those incarcerated and people accommodated in mental health or treatment facilities.

What is the Need?

The difficult nature of the OoHC field in Victoria is well documented and includes:

- The increasingly complex nature of children and young people entering care with increasingly complex needs and challenging, and in particular aggressive behaviours.
- The realisation that children and young people entering care all display trauma/abuse-related symptomology and that therapeutic interventions and special care is required.
- Funding models which encourage congregate care when more individualised approaches are needed.
- Workforce and workforce planning issues
- Increasing requests on scarce volunteer carers
- Decreasing community confidence in the state of the OoHC system and individuals and organisations responsible for its operation.

"We have a special responsibility for children in state care. Their parents are unable to care for them safely and the court has decided that the state must act as parent, by arranging care and decision-making. The state is not a good parent. The responsibility for them is shared among many and the potential for disagreement and tension is high. Amidst this imperfect and sometimes fractured parenting is the child, who will bear the costs of arguments, delays, moving, and disregard.

For this reason, among others, a visiting scheme is often proposed and sometimes adopted.

Visiting by an independent person whose sole interest is what is happening to the child and what the child thinks about what is happening, is a safeguard against oversight, abuse, mistreatment, and silencing.

The benefits of independent visiting are advocacy by an adult when required, regular monitoring of circumstances, more rapid identification and resolution of problems, and supporting young people to make sound decisions." Office of the Guardian for Children and Young People. SA 8/2010.

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In discussion with the Victorian Office of the Child Safety Commissioner (OCSC) during preparation of this submission, it was confirmed that shared responsibilities and the failure of the helping network to work in unison was a concern and was in the background of many concerns expressed to them by young people.

The Current Situation in Victoria

There is no Community Visiting (CV) and Advocacy program for children and young people in out of home care in Victoria. There is however a CV program operating within our disability sector. The Victorian 'Community Visitors Program' operates under the *Disability Act 2006* and is attached to the Office of the Public Advocate. The community visitors are volunteers empowered by law to visit Victorian accommodation facilities for adults and children with a disability or mental illness at any time (at least once every month), unannounced. Their main role is to monitor and ensure the wellbeing of residents, that their rights are promoted and their needs are met. Issues are resolved in consultation with staff and management and more serious issues are referred to the Office of the Public Advocate.

Each year community visitor's visit up to 5,000 people with a disability who live in a variety of residential premises managed by the government or registered disability service providers. Approximately 1,000 different places are visited each year including institutions, congregate care settings and shared supported accommodation.

Within Victorian Out of Home Care Services

As mentioned, there is no Community Visiting (CV) and Advocacy program for children and young people in out of home care in Victoria.

There are a number of regulations and practices which, if they all are applied effectively by Community Services Organisations (CSO's), DHS and others, should protect the rights of children and young people in out of home care, and encourage good responsible practice:

At the Agency Level

- Specific information and education regarding rights and responsibilities
- Good ongoing case management
- Supervision structures
- The creation of Care Teams and meetings
- Effective use of the LAC framework
- Client feedback procedures and mechanisms
- Annual caregiver reviews
- Complaint procedures and mechanisms
- Agency practice audits
- Inquiry following critical incidents.

Across the OoHC field

- Promotion of rights and responsibilities of children and young people in OoHC by the OCSC
- Quality of Care audits by DHS following complaint or concern
- Liaison with OCSC following complaint or concern
- Investigations by the State Ombudsman following a complaint
- Periodic organisational audits on behalf of DHS in relation to performance against the Registration Standards for Community Service Organisations 2007

The Situation Elsewhere

The following information is taken from the excellent discussion paper "*A Community Visitor Program for Children in State Care*". Office of Guardian Children and Young People. SA 8/2010.

Queensland

The largest CV program for children in Australia is Queensland's 'Community Visitors Program', which operates under the *Commission for Children and Young People and Child Guardian Act 2000*. Community visitors report to the Children's Guardian and Commissioner and are independent of any other government department or community organisation. Children and young people in residential, foster, relative and secure care are visited once a month and the visitors' primary role is to provide advocacy, facilitate resolution of concerns and grievances and monitor children's wellbeing and physical health.

After each visit, community visitors prepare written reports relating to the Standards of Care within the *Child Protection Act 1999*. In 2008–09, over 55,000 child reports from visits to foster homes and other locations were submitted and another 3,191 site reports were generated from visits to residential and other visitable sites.

The Queensland CV program is evaluated each year via a survey completed by children, young people and carers. These surveys have found that consistency, reliability and trust were key parts of the CV role, as was the connection with "someone I can talk to and feel very comfortable with."

This program employs over 200 visitors, each on a two-year contract. Visitors are paid around \$40 per hour for visiting and report writing. Supervisors and CV coordinators are permanent government employees.

From 1 March 2010, the Queensland Commissioner has targeted its resources to those children most in need by reducing the frequency of visits to other children to bi-monthly or quarterly visits.

New South Wales

The New South Wales 'Official Community Visitors Scheme' is coordinated by the NSW Ombudsman and reports to the Minister for Disability. This program visits children, young people and adults with a disability living in full-time residential care and licensed boarding houses. The aims of the NSW program are:

- Promoting improvement of services to those with a disability in full-time residential care
- Encouraging and assisting resolution of problems raised by residents
- Prioritising visits to those least likely or able to complain
- Information gathering for the Minister and Ombudsman regarding matters affecting welfare, interests and condition of residents.

The visitors' role is described as the "eyes and ears of the Minister" and a "voice for people in care". Linked to a mentor (an experienced visitor) for their first six months, there are 30 trained visitors. Visitors report issues to the Ombudsman. Visits are often planned, and visitors are encouraged to meet with senior management of an organisation at their first visit. Unplanned visits can also be conducted to monitor the service on a day-to-day basis. Whilst the Ombudsman decides the minimum number of visits for each service each year, the visitor can visit more often depending on the circumstances. As a result, some services are visited every few weeks, others every month or two, and the majority are visited twice each year.

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Tasmania

In 2009 the Tasmanian Commissioner for Children commenced a CV pilot program to visit 20 children in foster care each month for 12 months. The visitors' goals are informal monitoring and to provide children with someone independent who they can talk to about what is and is not working. The volunteer visitors come from a range of backgrounds and complete training in preparation for the role. The children are aged between eight and twelve years. Reports are required to be produced by visitors within 48 hours of visits. No communication with statutory case managers is undertaken by the volunteers as all communication must go via the CV coordinator.

Australian Capital Territory

The ACT Public Advocate provides a program to visit children in hospital psychiatric care, secure care and residential services. The visitor is a paid professional advocate.

South Australia

The Office of the Guardian for Children and Young People have released a discussion paper following Round Table scoping of the issues and opportunities for the development of a CV program in South Australia.

Overseas

United Kingdom

The *Children Act 1989* (UK) requires local authorities to provide independent visitors for those children in care who have limited, poor quality or no contact with their birth family. Independent visitors are adult volunteers who aim to establish a consistent, positive adult-child relationship.

Independent visitors undertake the role for one child or young person only. The independent visitors are engaged by the local authority or by a non-government organisation. From background research it appears that eligible children are introduced to an independent visitor by their social worker, or are referred by carers, other professionals or via self referral. Where possible, the child and independent visitor have similar backgrounds, hobbies or interests.

The independent visitor role is more of a mentor-friendship role than an advocacy or conflict resolution role, with no formal reporting required. When critical issues arise, the matter is referred by the visitor to the child's social worker or the Youth Justice Board.

United States of America

The Court Appointed Special Advocate (CASA) program began in Seattle, Washington in 1977 and now operates in 49 US states. Almost 250,000 children are involved.

The CASA model is a variation of the more typical CV model. Advocates are court appointed and the purpose of the CASA program is to ensure abused and neglected children receive high quality, timely and sensitive representation in court hearings regarding their needs and best interests.

Each CASA volunteer has one child whom they engage with and advocate for. The service is provided particularly throughout the period of court hearings. The program, to date, appears to be positive, with reported results of increased rates of reunification and shorter periods in foster care.

A Community Visiting and Advocacy Program for Victoria.

Regardless of the approach adopted there are essential common features that would be required for a CV and Advocacy program to be successful:

Independence, Time and Ability

Two key themes contributing to the success of CV and Advocacy programs are reported in research in this area, these being:

- The independence and perceived independence of the CV and Advocacy program and those associated with it. There is the need to be, and be seen to be, partisan and independent by children and young people.
- Having the abilities, time and other resources to develop consistent, trusting relationships between visitors and children and young people.

Independence

As can be seen above, Australian CV programs in this area are operated by statutory authorities at arm's length from the influence of government and service providers. In the UK, CV programs are operated by the same large and diverse local authorities that provide OoHC services under a structure that allows for some distance and independence from service provision.

Having the Time and Ability

Some CV programs have paid visitors, some have volunteers. The literature in this and related areas has a lot to say about the benefits of paid workers over volunteers and vice versa. St Luke's are well aware of the debate around the professionalisation of Foster Care.

Frequency of Contact

The development of a trusting relationship contributes to the success of CV programs. On the other hand, frequency of contact should be proportionate to the role of the CV and Advocacy program and in general terms not as frequent as caseworkers, mentors and other support workers. There is the recognition that visits should be more frequent at critical times of the child or young person's transition through care, for example at the time of placement, when transitioning from primary to secondary school or when preparing to leave care and return to family or independent living.

Focus, Authority and Role

Focus.

The focus of the CV and Advocacy program would be on the child/young person's Best Interests as defined through the "Best Interests Framework for Vulnerable Children and Young People". DHS 2.2007

Authoritative Reference Points

- The Child Wellbeing and Safety Act 2005 and in particular the Charter (of Rights) for Children in Out of Home Care OCSC.
- The Children, Youth and Families Act 2005.
- The Registration Standards for Community Service Organisations 2007

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- The Mission, Values, Approach and current Direction of involved CSO's.
- Generally regarded good practice arising from the above and detailed in summaries, practice manuals, audit indicators and the like.

The Role of the CV and Advocacy Program

The role of CV program around the country varies, ranging from those that monitor safety and standards to those that connect young people or residents to community activities and other opportunities.

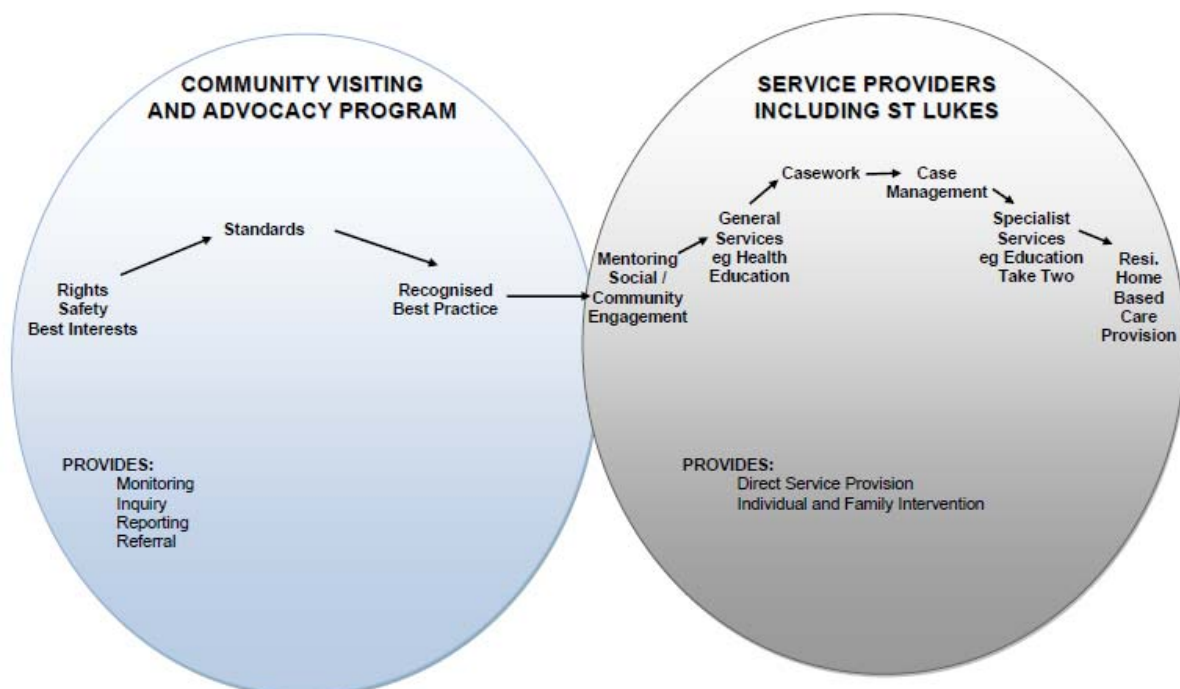
The **role and information/reporting arrangements** of the CV and Advocacy program and the Community Visitor need to be **crystal clear and unambiguous**. A sometimes confusing array of people pass through the experience of children and young people in care and the role of the CV and Advocacy program and the Community Visitor should not confuse an already crowded situation that includes:

- Caseworker
- Case Manager
- Residential care staff
- Home based carers
- DHS child protection worker

and often also includes:

- Specialist worker e.g. Take Two
- General service providers e.g. family counselling/therapy
- Educational support/staff
- Mentor/community engagement worker
- Cultural assistance/recognition worker or organisation

For reasons of clarity within this complicated area it is suggested that the CV and Advocacy program operate as follows:



With the following Role:

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Particular attention would be paid to:

- The appropriateness and standard of the home environment
- Being heard, including opportunities for feedback or complaint.
- Feeling safe and respected
- Inclusion or participation in education, recreational and other community activities
- Opportunities for having fun
- The development of life skills including those that contribute to independence
- The appropriateness of contact with family and culture
- The effectiveness of the child or young person's Care Plan and activities that result from this.

The Role of the CV and Advocacy program would be to ENQUIRE into:

- Whether the Charter for Children in Out of Home Care (OCSC) was being met.
- Whether generally recognised and required good care and practice indicated in the Children, Youth and Families Act 2005, the Registration Standards for Community Service Organisations 2007 and the Mission, Values, Approach and current Direction of relevant CSO's; were being met.
- Whether the care and service provided is within normal community expectations; the Community Visitor reflecting the expectations of the surrounding community.
- Whether the child or young person has adequate information upon which to make most important life decisions.

and to ADVOCATE on their behalf

- to those individuals and bodies that can further assist, support or represent them.

and to provide regular summative REPORTS and ADVICE

- to the relevant authority, organisation or government.

and to independently INVESTIGATE

- when referred situations requiring an independent reference point.

Two Practical Approaches

We have considered **two approaches** to how, in practical terms, a CV and Advocacy program could develop and operate within the Victorian services environment.

1.

Development and operation of a CV and Advocacy program **within the community services sector** with the assistance of an Authority such as the Office of the Child Safety Commissioner (OCSC).

2.

Development and operation of a CV and Advocacy program **through a statutory authority** such as the OCSC.

1. Developed and Operated Within the Community Services Sector.

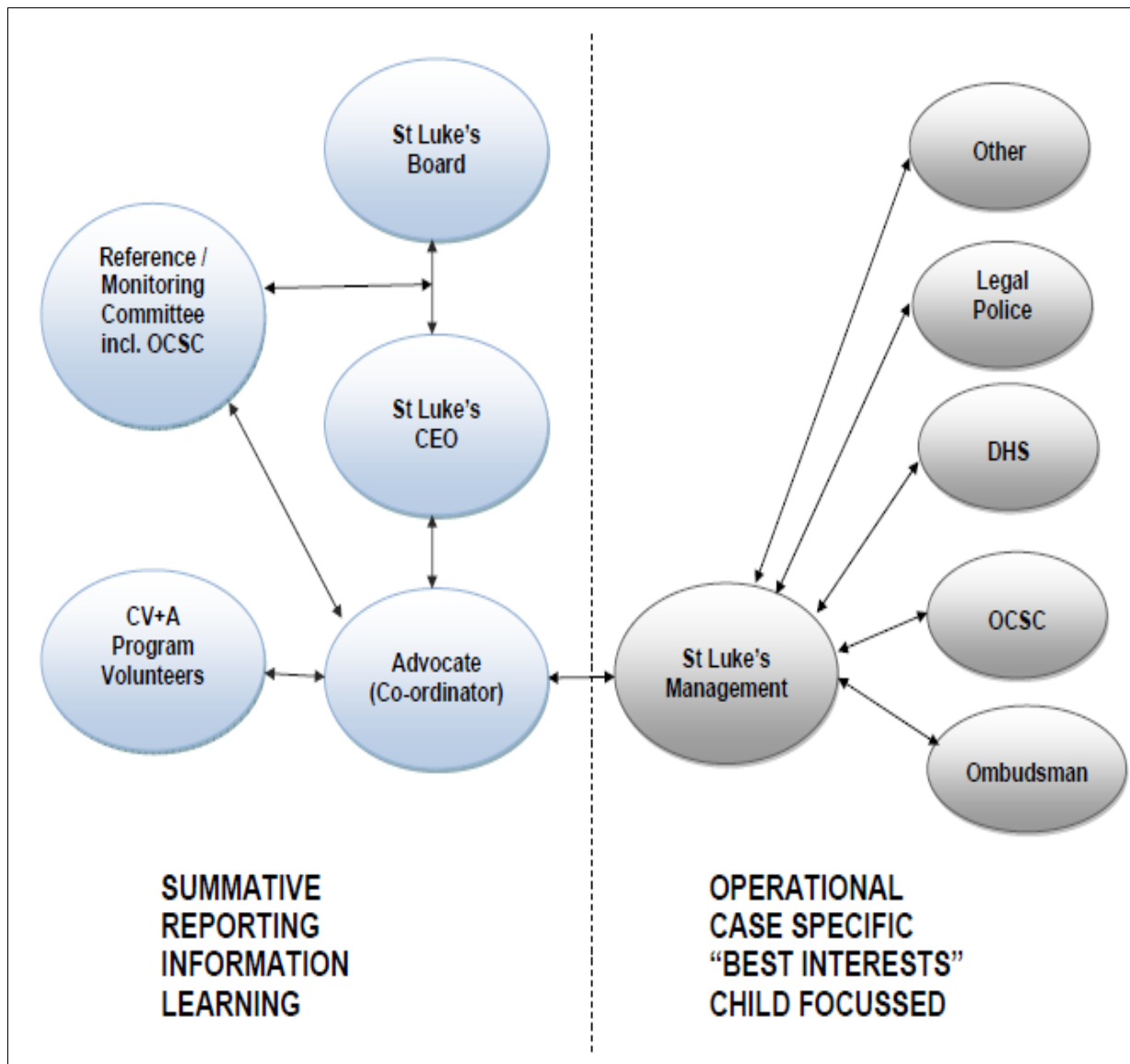
This approach would see the CV and Advocacy developed and operated by a CSO (e.g. St Luke's) or a grouping of CSO's.

As noted earlier, the actual and perceived independence of the CV and Advocacy program would be crucial to its success and could happen through unique internal reporting arrangements, having the authority to inform relevant authorities of concerns and having a Reference/Monitoring Committee that included representatives of the OCSC and other bodies. The CV and Advocacy program could be a contracted service with the terms of the contract highlighting the ability and authority of the CV and Advocacy to act independently. It is important to note that information and reporting protocols would ensure that for example St Luke's management was aware of all reports/information going to other bodies so as to avoid the potential for the disjointed and unconnected action mentioned earlier.

As noted this approach could be developed and operated by a CSO or a group of CSO's working through agreements.

For the purposes of example only St Luke's is referred to in the following diagram of reporting and working arrangements.

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Practical Aspects of this Approach

Independence and Authority

- The information provision and reporting requirements would be separate from those of the service provider. In this respect it has different reporting requirements to other program areas.
- The CV and Advocacy program would have the authority to inform relevant authorities of areas of concern; after consultation with the appropriate area of St Luke's or the CSO involved.
- The CV and Advocacy program would have a Reference/Monitoring Committee that was convened by the program and included in its membership representatives with rights/advocacy authority and/or experience such as the OCSC and legal organisations.

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The Advocate/Coordinator

This could be a contracted appointment for reasons of cost effectiveness and independence.

The **role of the Advocate/Coordinator** could include:

- Overall responsibility for the program
- Development of program specifications that included performance indicators, program description, protocols, roles and responsibilities.
- Recruitment and training of CV's; assisted by St Luke's where appropriate.
- Supervision and support of CV's
- Design, development and participation in action learning processes that would identify learnings applicable to the OoHC field.
- Visits to children or young people as required.
- Regular reporting to the Board of St Luke's and the Reference/Monitoring Committee.
- Liaison and contact with other bodies on a case by case basis as required.

The equivalent time fraction of the Advocate/Coordinator depends (to a relatively small extent) on the size of the program; whether it be all OoHC or residential care only.

Volunteer Community Visitors.

There would be an emphasis on recruiting experienced and qualified volunteers with a background in the human services. Volunteers would be registered through St Luke's for insurance purposes. They would be reimbursed expenses. Best practice considerations would guide supervision and support, recognition and retention practices. The number of volunteer CV's required depends on the size of the program; whether it is all OoHC or residential care only.

The Number of Volunteer Community Visitors Required?

Assumptions

- Four visits per month for each CV
- Comprehensive visits of up to 2 hours duration should occur every 2 months, with more frequent visits occurring around critical transition points.

Program Coverage	Approx. visits p.a.	Number of volunteer CV's required
All OoHC Services	980	22
Residential Care service only	150	3

A Pilot Program

It is suggested that this approach could developed as a pilot program to operate over two years. There would be nothing like it, operated by CSO's in Australia. Other CSO's apart from St Luke's have expressed interest in the area. This area has been widely discussed for a number of years in Victoria. As a pilot program it may be able to attract a co-host or financial and other support from other bodies.

An evaluation component is included in the estimates

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Cost Year 1

This guesstimate is for demonstration purposes only and is based on an ungrouped program operated by St Luke's only.

St Luke's currently have around 100 children and young people in OoHC programs:

Residential Care	16
Foster Care	53
ACP	34

This costing is for a program which includes all in OoHC, and only those in residential care (however it is interesting to note suggestions in the literature that home based foster care placements should be prioritised for CV programs as the settings are private and under less scrutiny than residential care settings!)

Includes Establishment

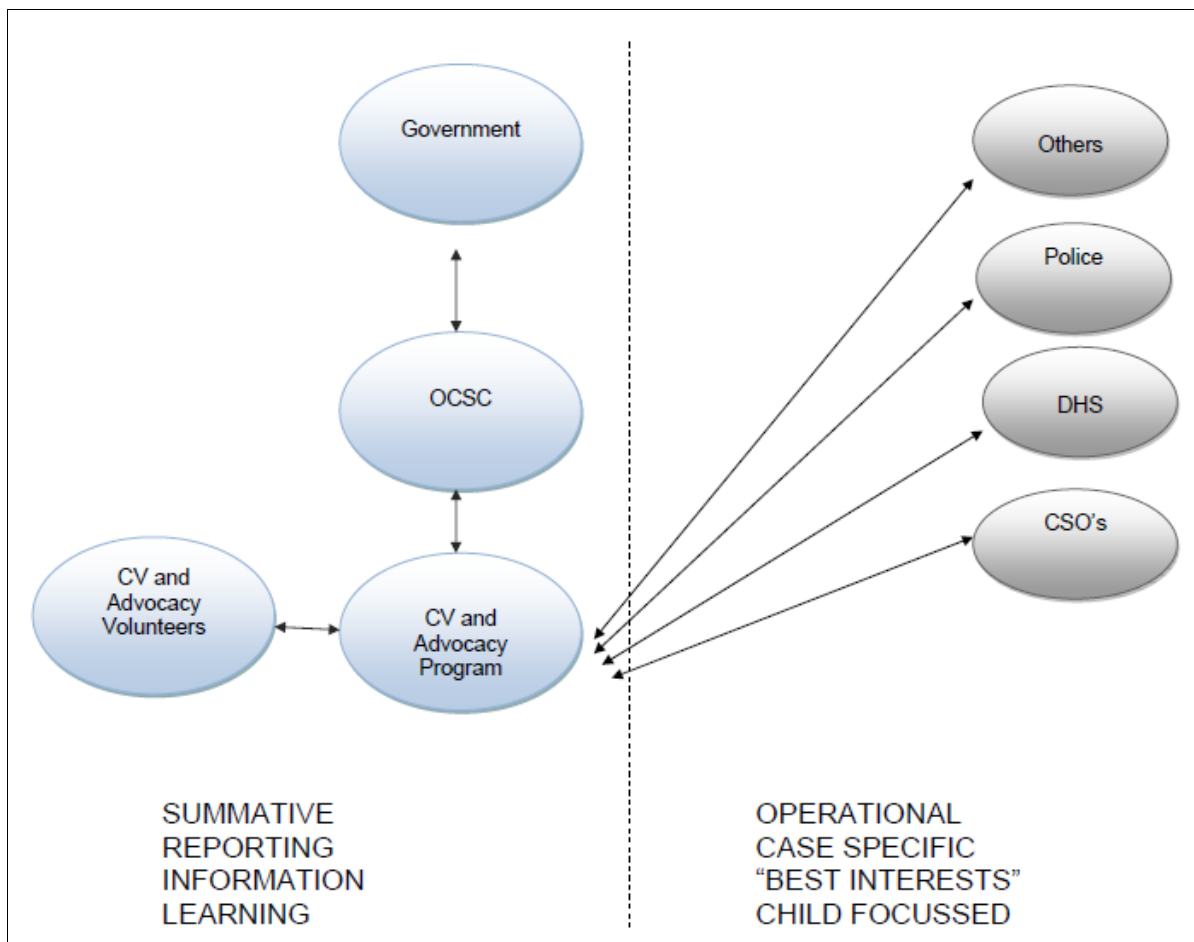
Component	\$ p.a. OoHC	\$ p.a. Resi only
Advocate/Coordinator. Contracted position. Equiv of 2.5 consulting days pw Equiv of 1.5 consulting days pw	60000	35000
Recruitment of CV's	2000	1000
Training of CV's	5000	1500
Reimbursement of CV expenses.	12000	1500
Evaluation. Progressive and summative.	15000	12000
Establishment. Promotion. Other program costs. Contingency.	8000	4000
TOTAL	\$102,500	\$55,000

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2. Developed and Operated Through a Statutory Authority

This approach would see the CV and Advocacy program developed and operated by a statutory authority such as the Office of the Child Safety Commissioner.

As noted earlier, the actual and perceived independence of the CV and Advocacy program would be crucial to its success and this approach has some advantages in that independence and authority is clearly defined. For the purposes of example the OCSC is referred to in the following diagram of reporting and working arrangements.



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Practical Aspects of this Approach

Independence and Authority

- The CV and Advocacy program would see the powers and reach of the OCSC increased.
- The current reporting and networking arrangements of the OCSC would be reviewed to ensure that along with the increased powers and reach, liaison and networking arrangements with other bodies including DHS and CSO's were maintained if not strengthened.

The Role of the CV and Advocacy Program

The role of the CV and Advocacy program would be as stated earlier:

To ENQUIRE into

- Whether the Charter for Children in Out of Home Care (OCSC) was being met.
- Whether generally recognised and required good care and practice indicated in the Children, Youth and Families Act 2005, the Registration Standards for Community Service Organisations 2007 and the Mission, Values, Approach and current Direction of relevant CSO's; were being met.
- Whether the care and service provided is within normal community expectations; the Community Visitor reflecting the expectations of the surrounding community.
- Whether the child or young person has adequate information upon which to make most important life decisions.

and to ADVOCATE on their behalf

- to those individuals and bodies that can further assist, support or represent them.

and to provide regular summative REPORTS and ADVICE

- to government.

and to independently INVESTIGATE

- when referred situations requiring an independent reference point.

Still Involving Volunteer Community Visitors.

The involvement of appropriately reimbursed volunteers are considered appropriate in relation to the goals of the program and the need to increase community confidence in our ability to look after Victoria's vulnerable children and young people. There would be an emphasis on recruiting experienced and qualified volunteers with a background in the human services. The number of volunteer CV's required across Victoria would be considerable, regardless of whether the program covered all OoHC or residential care only.

The Number of Volunteer Community Visitors Required?

We are not in a position to estimate accurately the number required across Victoria, however assuming:

- Four visits per month for each CV

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- Comprehensive visits of up to 2 hours duration should occur every 2 months, with more frequent visits occurring around critical transition points.

Based on the percentage of clients in this area that St Luke's has, as a percentage of all CSO's, there may be upwards of 600 volunteer CV's required. This is discussed later.

A Pilot Program

It is also suggested that this approach should be developed as a pilot program to operate over two years and benchmarked against another e.g. the program in Queensland operated by the Children's Guardian and Commissioner.

Cost Year 1

We are unable to accurately forecast the cost of having this approach, developed and operated by the OCSC. There would be economies of scale and scope across Victoria, as would there be if CSO's were to group together to operate a program, but also challenges in recruiting and maintaining control of a program such as this over a state-wide area.

Discussion.

Volunteers or Paid Community Visitors?

Some few CV programs have **paid visitors**, some have **volunteers**.

The literature in this and related areas has a lot to say about the benefits of paid workers over volunteers and vice versa. St Luke's are well aware of the debate around the professionalisation of Foster Care.

It is interesting to recount some of the relevant findings of research into Victorian mentoring programs with young people, particularly one program that assists young offenders. The volunteer mentors were perceived by the mentees as "different" to their juvenile justice (paid) workers as they were volunteers; they were involved with them because they wanted to be involved, not because they were paid to be involved. They rated their relationship with mentors higher than "workers" across a number of fields.

The need to keep the role of CV programs clearly separated from others involved with Children and young people is paramount.

Volunteer recruitment and retention is difficult in some associated areas. In the case of this proposed CV and Advocacy program it is thought that because of the attractive nature of the program, the boundaries around involvement and the supports that would be available, the recruitment and retention of suitably experienced and qualified Community Visitors may not be too difficult an issue. From our own perspective the networks and groups within St Luke's and the Anglican Diocese of Bendigo may well be fruitful recruiting grounds.

In General, it is thought that volunteer Community Visitors could provide the basis for a good quality program in this area. Recognised good practices in relation to the recruitment and retention of volunteers, such as those indicated in the National Standards by Volunteering Australia Inc. 2001 would need to underpin the programs operations.

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Frequency of Contact

As mentioned, the development of a trusting relationship contributes to the success of CV programs. On the other hand, frequency of contact should be proportionate to the role of the CV and Advocacy program and in general terms not as frequent as caseworkers, mentors and other support workers.



There is the recognition that visits should be more frequent at critical times of the child or young person's transition through care, for example at the time of placement, when transitioning from primary to secondary school or when preparing to leave care and return to family or independent living.

What is the most effective frequency of visits, having regard to the best interests of the child or young person, their critical transition points and cost/resource considerations?

Following consideration of this, we feel that comprehensive visits of up to 2 hours duration should occur every 2 months, with more frequent visits occurring around critical transition points. The child or young person would have contact numbers for the CV and Advocacy program to request contact or assistance in between visits.

For and Against

In discussions during the preparation of this submission, the following views were expressed:

In Favour of the OCSC Developing and Operating a CV and Advocacy Program 	In Favour of CSO's Developing and Operating a CV and Advocacy Program 
<p>There is the need for independent advocacy for children and young people, independent of the system of care that looks after them. Current systems are not working as well as they should. The current system in Victoria is under stress and reactive and will remain so due to the complex and difficult nature of the situation.</p> <p>There is the need for a support and advocacy program that sits outside of the resource and other constraints endemic to the OoHC industry. Resources are diverted to stress points at the expense of good ongoing support and advocacy for children and young people. There is a need for a proactive approach that is not affected by stress and crisis within the OHC area.</p>	<p>There is the need for independent advocacy for children and young people, independent of the system of care that looks after them. Current systems are not working as well as they should. The current system in Victoria is under stress and reactive and will remain so due to the complex and difficult nature of the situation.</p> <p>If the current systems are working and effective :</p> <ul style="list-style-type: none"> • Case management and quality systems (including client feedback and complaints) within CSO's • Annual caregiver reviews and staff appraisals • Investigation of allegations of abuse in care by CSO's and DHS • Complaints handling by the OCSC and Ombudsman.

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<p>Only an independent statutory authority can achieve this. The necessary level of independence required is best achieved by an advocate outside of the care system and the CSO, with statutory powers.</p>	<ul style="list-style-type: none"> • Education and awareness of Rights by CSO's and OCSC • Audits of performance against registration standards and accreditation under the Act <p>Then there is not the need for another level of advocacy and inquiry. A CSO operated program can complement what already exists.</p> <p>Arrangements can be made via contracting, employment and reporting/informing arrangements that will give the CV and Advocacy program an effective level of independence. A Reference and Monitoring Committee would add more independence</p>
<p>There is the need for a “normal eye” to be cast over the care provided by CSO's, DHS and others. While standards may be met, care settings may not represent community or organisational expectations. They are sometimes austere, impersonal, and not visually or sociologically connected to the local community. Staff may get desensitized regarding what is reasonable and normal.</p> <p>The OCSC is able to oversee a community based program by developing further links with CSO's and others. If volunteer CV's are involved this will further enhance the program.</p>	<p>There is the need for a “normal eye” to be cast over the care provided by CSO's, DHS and others. While standards may be met, care settings may not represent community or organisational expectations. They are sometimes austere, impersonal, and not visually or sociologically connected to the local community. Staff may get desensitized regarding what is reasonable and normal</p> <p>CSO's are by nature community based and their staff and supporters reflect community expectations. They are best positioned to reflect community expectations and capitalise on the links they have with community.</p>
<p>Visiting by an independent person whose sole interest is what is happening to the child and what the child thinks about what is happening, is a safeguard against oversight, abuse, mistreatment, and silencing.</p> <p>The OCSC has this independence and sole purpose.</p>	<p>Visiting by an independent person whose sole interest is what is happening to the child and what the child thinks about what is happening, is a safeguard against oversight, abuse, mistreatment, and silencing.</p> <p>This sole interest can be developed by a CSO or group of CSO's if built into the structure and reporting arrangements of the program.</p>
<p>Volunteers present an effective and normal approach to these children and young people. Their status and skills are most appropriate. They enable a cost effective</p>	<p>Volunteers present an effective and normal approach to these children and young people. Their status and skills are most appropriate. They enable a cost effective</p>

Proposal to Protecting Victoria's Vulnerable Children Inquiry for a Community Visitor and Advocacy Service

<p>program. Engagement contracts and other good practices help recognise, reward and retain volunteers.</p> <p>The OCSC is able to develop effective mechanisms, perhaps in conjunction with CSO's, to recruit and maintain volunteer CV's.</p>	<p>program. Engagement contracts and other good practices help recognise, reward and retain volunteers.</p> <p>CSO's are best equipped to recruit and maintain volunteers based on their current expertise and experience.</p>
<p>Salaried arrangements for CV's would attract skilled staff and employment contracts encourage meeting mutual obligations.</p> <p>Salaried arrangements would make a CV and Advocacy financially unviable.</p>	<p>Salaried arrangements for CV's would attract skilled staff and employment contracts encourage meeting mutual obligations.</p> <p>Salaried arrangements would make a CV and Advocacy financially unviable.</p>

Risk

During discussion in the preparation of this submission, and as indicated in the literature, the following risks associated with a CV program with a volunteer base were mentioned:

- Risk to the relationship between the CV and young person when the (volunteer) CV unexpectedly delays or terminates contact. Further loss experienced by the child or young person.
- Financial risks associated with working in a functional area (OoHC) and large geographic area where costs have been historically high and difficult to control.
- Difficulty recruiting suitable volunteers. (This maybe more the case if the program was working only with residential care clients, however less would be required.)
- Risks associated with determining the appropriateness of program member's background and personality in dealing with children and young people in vulnerable circumstances. The risk of inappropriate, damaging and/or illegal interactions with children and young people.
- Risk to the image of the developers and operators if the CV and Advocacy program falters or fails.

Conclusion

We are firmly of the view that a CV and Advocacy program for children and young people in OoHC would assist greatly in ensuring that standards were met, that quality considerations were kept high on the agenda and that community confidence is restored in services for Victoria's vulnerable children and young people.

Our view is based on our experience in this area both as a service provider and well grounded community services organisation.

We would welcome the extra scrutiny that a CV and Advocacy program would bring to our practices and programs and feel our colleagues would be of similar mind. A CV and Advocacy program should not falter for fear of what it may uncover.

While there are cost considerations, our focus is on all children and young people in the care of DHS and CSO's in Victoria. Limiting the program to only those in residential care does not appear to be cost effective. There would be a disproportionate relationship between necessary costs and numbers of children and young people involved.

There are at least two approaches that could be adopted to the development of a CV and Advocacy program in Victoria and we feel either is feasible. There are disadvantages and advantages associated with both and our background does not point us more favourably in one direction or the other. We would be most supportive of either approach being developed.

A voluntary base would seem to be required due to cost considerations however there are some indications that the voluntary relationship is in fact favoured by children and young people in similar circumstances to those in OoHC. CSO's would seem well positioned to recruit suitable volunteers to this program.

There are risks associated with the development of such a program however these risks fall within the existing knowledge and practice base of the OoHC field generally.

An opportunity exists to develop a unique and informative program within a sector that is looking for ways to move forward and improve the quality of service, experiences for children and young people, and the confidence that the Victorian community has in our OoHC services.

This discussion paper was researched and prepared with the support of John McDougall from ***John Mc.Consulting*** for St Luke's Anglicare.



RESPECT HOPE FAIRNESS

Review of:

DEEMED ENROLMENT PROGRAM

Education Services from the Youth Resources Team



"It's a pretty hard place to get into."

OCTOBER 2009

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1. INTRODUCTION

St Luke's Children, Youth and Family Services delivers a range of youth services across the Loddon Campaspe region including:

- Out of Home Care (home based and residential),
- Intensive Case Management Service,
- Youth Housing and Support Service,
- Reconnect/Family Mediation Service,
- Leaving/After Care Support Service
- Youth Resource Team (education/day programs)

A key issue experienced by these services, particularly those supporting young people on statutory orders, is the high level of non-participation of young people in school and/or mainstream educational and vocational programs. The Intensive Case Management Service (ICMS) notes that many of the young people participating in the service have left school at around 12 to 13 years of age. In the Housing Service, the average age of leaving school is 14.5 years.

It is within this context that St Luke's approached the regional offices of the Department of Education and the Department of Human Services in late 2005 to discuss how the educational needs of young people, particularly those in out of home care and under the age of 15 years, could be further assisted. From these discussions the Deemed Enrolment Program (DEP) took shape, commencing operations in 2006.

The DEP has developed in size and scope since 2006 and in July 2009 it was decided by St Luke's to formally review the program.

A grant was provided through the office of Ron Lake, Regional Director of the Department of Education and Early Childhood Development to assist with the review.

St Luke's engaged a consultant, John McDougall, to undertake the review.

A Reference Group assisted with direction. The Reference Group members were:

- Dave Pugh, CEO
- John Bonnice, General Manager, Children, Youth and Family Services
- Carol Cope, Team Leader, Youth Resources Team.

2. QUESTIONS, APPROACH, METHODOLOGY

A. THE INITIAL QUESTIONS

The following questions were drafted and formed the basis for this Review:

1. What elements of the model work best?
2. What is the financial cost of the model and what are the funding gaps?
3. What is the impact of the program over the three year period?
4. How might it be improved?

B. THE APPROACH

From these initial questions it was decided to develop a full description of the program including a summative Program Logic Statement that included summaries of:

- The Client Group
- Program inputs including human and physical resources, skills and processes.
- Program goals viewed from both the perspective of the young person and at the program level.
- The overall program outcome/expectation.

The Review would then analyse performance in relation to these elements of the summative Program Logic Statement (PLS).

In relation to reporting on the findings of this Review, it has been decided to also report on findings as they relate to expected performance of the elements of the PLS.

This report includes recommendations at Section 5.

★ When discussion has informed a subsequent recommendation it is noted thus.

C. THE METHODOLOGY

This Review included the following:

- Workshop (held 9.9.09) with Youth Resources Team (YRT) staff and follow up individual discussions.
- Detailed discussions with the Team Leader YRT.
- Standardised discussion with students $n = 9$
- Standardised discussion with parents/carers $n = 5$

-
- Standardised discussion with key stakeholders including regional and head office DHS staff, regional DEECD staff and senior representatives of the six participating secondary colleges in Bendigo and surrounding area.
 - Standardised discussions with case managers from St Luke's ($n = 2$) and DHS ($n = 2$).
 - Other discussions held with a Community Services Organisation offering educational services to a similar client group and a representative from a neighbouring DEECD region.
 - Analysis of program and client statistics, assessments and documentation over the last three year period.
 - Analysis of program financial data.
 - Environmental scan to summarise issues, policies and other factors effecting, or likely to affect, the DEP in future.

Standardised interview formats are included as an appendix.

3. PROGRAM DESCRIPTION

A. ENVIRONMENTAL and POLICY CONTEXT

REASONS FOR EARLY SCHOOL LEAVING

The reasons for early school leaving were observed in 2006 as including:

- Schools exiting young people for specific behavioural issues or incidents.
- Inability of schools to be inclusive of young people who are “challenging” to the school system and challenge the authority of the school system
- Young people feeling socially isolated and in other ways unable to cope personally within the school system
- Young people not coping with the day to day routines and expectations of schools
- Lack of relevant school curriculum
- Inability to keep up academically
- Family and social network patterns, events and norms that mitigate against participation in a school setting.

Research has consistently indicated that the most effective way of ensuring that a young person is prepared for adulthood is to develop supportive connections with institutions, networks and organisations with educational components. Staying on at school or being re-engaged with a learning environment enhances the likelihood of a successful transition to adulthood.

From St Luke’s work with these young people it seemed clear that one solution to help address this issue was the need to create a range of programs that provide a stepping stone or bridge for young people to support them in re-engaging with school or other mainstream educational and vocational based programs. Many of the young people had been outside of the education system for a considerable period and it was clearly not as simple as just placing young people back into standard school settings.

POLICY CONTEXT

The DEP currently operates in a complex policy environment derived from the Children’s and Young Persons Act 2005 and the Education and Training Reform Act 2006. Particular policy and priorities in relation to the young people making up the DEP target group includes:

- **The Partnering Agreement** between DHS and DEECD, which aims to ensure children in out of home care remain connected with school and have better outcomes. Each child is entitled to a Student Support Group (SSG) which develops an Individual Education Plan (IEP) to support and keep the student in school.
- **The Student Engagement Policy** (2009) currently being operationalised within all Victorian schools which develop “whole of school” links and strategies around school culture, attendance and engagement of vulnerable students. The operation of this policy

is expected to see schools taking more responsibility for those students at risk of disengaging from education.

- **The Bendigo Education Plan** which is underpinning a “mini revolution” and redevelopment of schooling in Bendigo. Amongst other changes, the structure of classrooms and classroom teaching to reflect open classrooms and more personal mini schools is occurring. Rebuilding programs totaling up to \$18 million per secondary school are taking place.

★ **The DEP receives no capital funding. This is referred to in a recommendation.**

- **The Review of Alternative Education Settings** being undertaken by DEECD following a consultation and scoping exercise by KPMG. The outcome of this review will influence the future direction of the DEP in a number of ways. St Luke's was consulted as part of this review and the deemed enrolment approach is one of those referred to in relation to possible future directions. For a deemed approach to be a fully developed and equipped alternative education pathway a number of changes and significant additional resources would be required. DEECD are about to release a Directions Paper following the KPMG involvement.

★ **This Review and the Student Engagement Policy highlights a number of issues that impact on the operation of the DEP and are referred to throughout this report. There are recommendations made regarding these issues.**

- **Victoria's Plan to Improve Literacy and Numeracy Outcomes.** The Council of Australian Government's. Largely referring to strategies within registered school settings, these plans describe individual and family wide approaches to improve literacy and numeracy outcomes with students that reflect the DEP target group.

All of these agreements, policies and plans will or should influence the operation of the DEP in future and are referred to throughout this report.

B.

THE DEEMED ENROLMENT PROGRAM

THE DEEMED ENROLMENT PROGRAM TAKES SHAPE

From these discussions in 2005 it was agreed that a Deemed Enrolment Program (DEP) would be piloted. The program was first piloted in 2006, initially involving 14 young people. The number of participants has steadily grown to see 45 young people offered places for the beginning of the 2009 school year. More have entered the program as the year has progressed, as discussed later in this report.

THE TARGET GROUP

- Young people aged 12–16 years who have been outside of the school system for an extended period.
- Young people who have disengaged from school where there is little likelihood of reengaging with a mainstream educational program or facility without participation in a bridging program.
- Young people who have exited school following serious behavioural issues or events that placed other students and/or themselves at risk and whom the school considers unmanageable.

PRIORITY AREAS FOR ELIGIBILITY

- Young people in out of home care (OOHC), on Protective Orders or Youth Justice Orders or accessing Child First associated youth/family services.

MAIN FEATURES OF DEP



Potential participants in the DEP are identified by St Luke's caseworkers and other staff, other community services organisations, DEECD, DHS, local secondary schools and others prior to commencement of the school year.



St Luke's assessment panel checks referrals for eligibility and appropriateness.



The young person is enrolled at a local secondary college and whilst they do not attend the school on a daily basis they are "deemed" to be enrolled as a student of that school.



A caseworker is assigned to all young people (many already have casework/case management support due to their "statutory" status) to identify their educational interests, learning goals/needs and the supports which would help achieve goals and learning interests. This caseworker maintains support throughout the period of the young person's participation in DEP.



An education team is formed to support the young person's education. Included in the team are the young person, their family, St Luke's or other caseworker, school representative and a representative from St Luke's Youth Resource Team (YRT).



With the support of this education team, an education plan is developed with the young person and how this could be achieved is identified. The plan is based on the young person's interests and learning goals.



The enrolment and education plans must be completed by February 28. This is the date when schools are audited for their yearly enrolments. The education plan and record of meetings of the education team provides evidence of the young person's enrolment.



The young person is enrolled at a particular year level and their education plan is targeted and prioritised towards completing that year level in English and Mathematics.

The education plans incorporate other educational needs including "hands on" programs like carpentry and other educational mediums such as music, arts and drama.



The caseworker, in conjunction with St Luke's YRT, develops these other educational programs and options for the young person to consider. Programs both within St Luke's and externally are utilised. The St Luke's YRT provides a range of alternative educational and vocational programs that include:

- Individual specialist teaching in literacy/numeracy.
- Personalised outdoor education/recreation with a mentor/recreation officer.

Small group programs in:

- music,
- art,
- youth enterprise,
- drama,
- carpentry,
- bike mechanics.



The young person is encouraged to maintain any connections with mainstream educational settings that they may have and/or develop these wherever possible assist with the goal of re-engagement with a mainstream educational, training or vocational facility.



St Luke's acts as the coordinator of the program for a period of up to two years ensuring the education plans are developed, the education meetings occur and the required programs are in place.



The DEECD per capita funding associated with the enrolment at a local secondary school (currently \$5000 per student per annum) is accessed by the DEP throughout the year to develop a range of educational programs that meet the young person's educational needs. St Luke's invoice against this funding at the end of each term. A one-off charge per student (currently \$800) to help support the administration/coordination costs of the program is also charged. Funding to support the DEP is also received through the Australian Children in Residential Care (CIRC) funding, currently approximately \$60,000 per annum and the DHS Adolescent Support Program, currently approximately \$130,000 per annum.



St Luke's uses the funding to "buy" programs and support the operations of the YRT. Salary costs of teachers and instructors make up the majority of the YRT costs of operation.



Progress is regularly reviewed. The education team meets twice a term to review the plan and progress and to celebrate successes. Periodic reporting and review structures are in place involving young people, parents and carers and organisational representatives.



For 2009, there were 45 deemed enrolled students as at 28 February. More young people were later engaged in programs within the YRT suite of services. These young people do not attract deemed enrolment reimbursement from local secondary colleges or reimbursement via CIRC or DHS. St Luke's invoice the referring body for the full cost of the program offered to these young people.

WHERE THE DEP "SITS" WITHIN REGIONAL SERVICES

In Bendigo, a range of initiatives have been developed to address early school leaving, student wellbeing, re-engagement of young people not participating in educational settings and the provision of alternative settings and programs. These initiatives include:

Connect Central in Schools. A coordinating pilot program operated in 2008 that had success in re-engaging young people 13–16 years with school settings.

School Engagement Officers and programs are increasingly being developed in secondary colleges that involve a specialist working with vulnerable young people and increasingly, the development of educational programs and tutoring in alternative settings (e.g. neighbourhood houses) that attract vulnerable young people and other community members.

DOXA School provides an alternative setting for young people at risk of early school leaving and, after a period of six months involvement, aims to re-engage young people within a formal education setting.

NETschool operate as an annex of Bendigo Senior Secondary College with young people 15–20 years old who experience difficulties with mainstream schooling and choose to participate in this specialist setting and/or its online learning community.

Regional Teaching Unit has operated an intensive withdrawal program for students up to 15 years of age for a term followed by gradual re-engagement with a mainstream school setting. The teaching unit will not operate in 2010.

Trade and practical skill based initiatives. During the course of this review a number of small initiatives were identified, some for students up to the age of 15, that had work oriented training components.

And of course, the **DEP**.

A number of contributors in this review agreed with the view expressed by one key stakeholder:

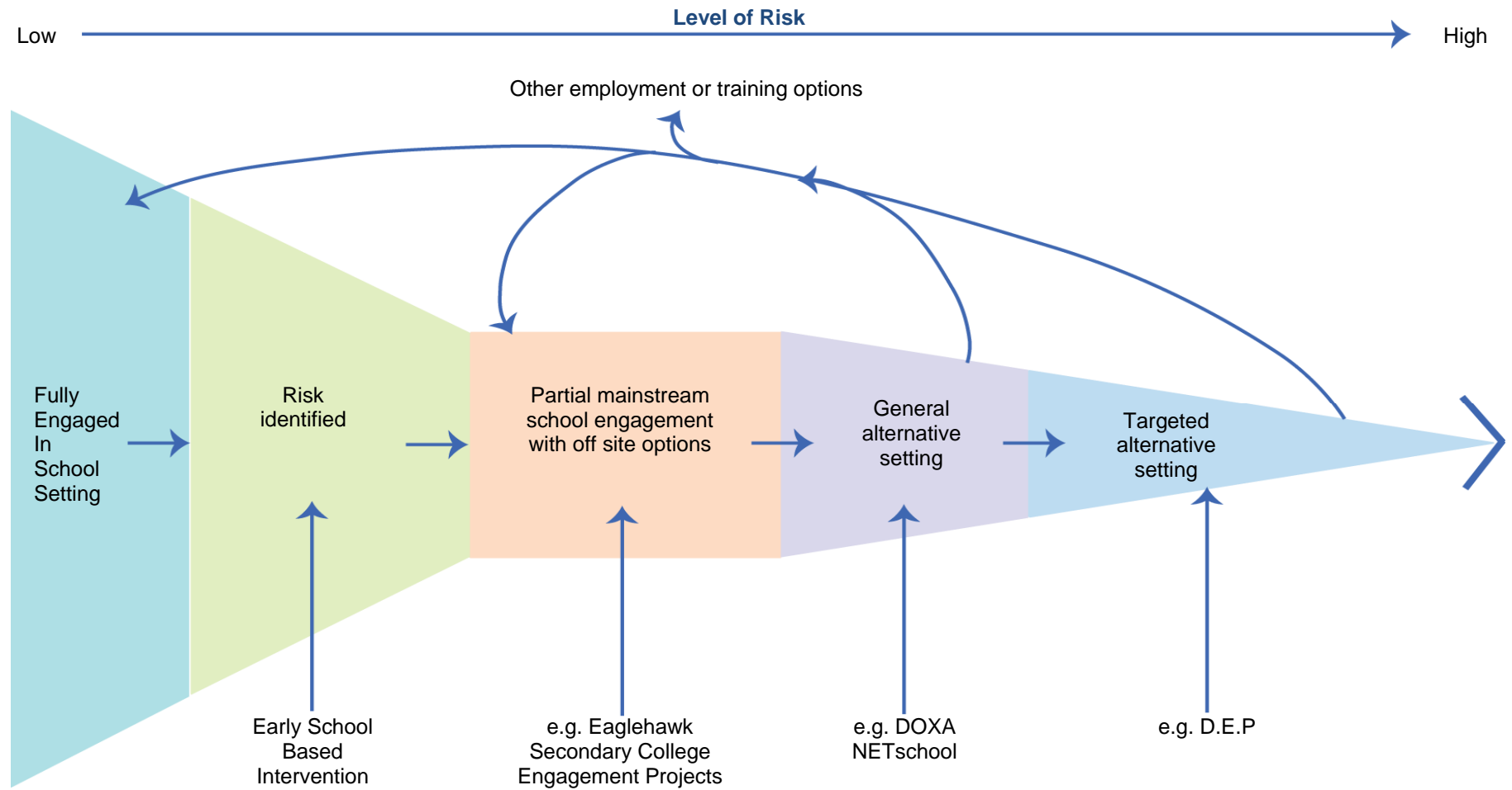
“As a whole our region’s alternative education services are underdeveloped, poorly funded, not well coordinated as a whole and not well promoted and understood.”.....key stakeholder.

The current **Review of Alternative School Settings** being undertaken in Victoria and referred to earlier may have significant implications for the future of the DEP. This Review may reach a statewide conclusion similar to the one above. The DEP at St Luke’s was studied by KPMG and for the first time children and young people in out of home care were identified as a group with specific circumstances and needs, alongside Indigenous, CALD and students with a disability.

★ St Luke’s and other service providers do need to influence this review as it considers future service direction in Victoria.

To clarify where the DEP “sits” within the regional services network the following diagram was developed based on a continuum of service types and the risk of a young person falling out of schooling.

THE RE-ENGAGEMENT CONTINUUM



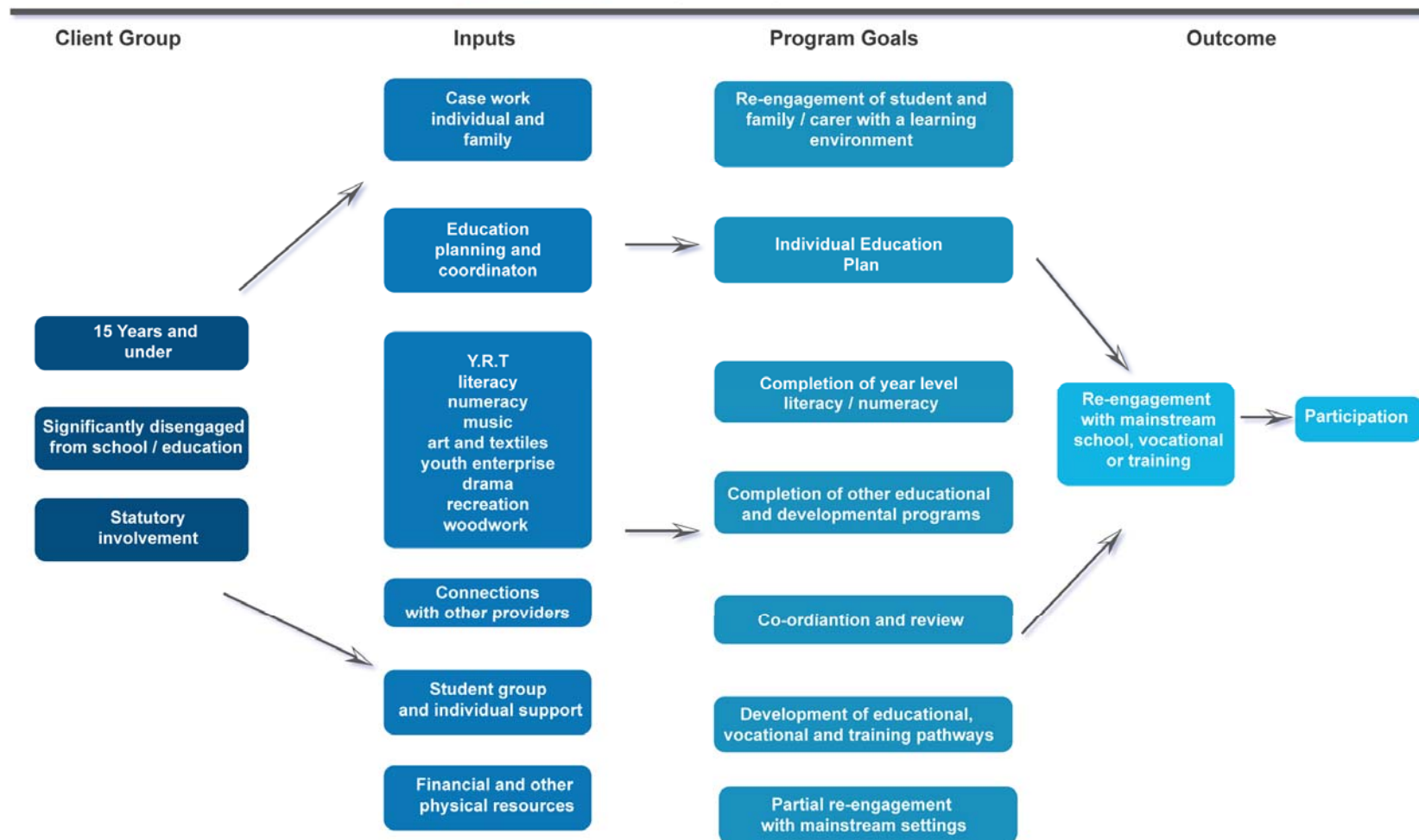
C. PROGRAM LOGIC STATEMENT

The following DEP logic statement was developed to summarise the key elements of the program and a basis from which performance could be described. The **key elements** include:

- The Client Group
- Program inputs including human and physical resources, skills and processes.
- Program goals viewed from both the perspective of the young person and at the program level.
- The overall program outcome expectation.



Deemed Enrolment Program. Program Logic



4. FINDINGS

Based on Key Elements of the DEP Logic Statement

A. THE CLIENT GROUP

The target/client group for the DEP includes young people aged 12– 16 years that have been outside of the school system for an extended period, have disengaged from school and there is little likelihood of them re-engaging with a mainstream school without assistance. Young people may have been excluded from school settings due to behavioural issues or events.

Priority is placed on young people in out-of-home care (OOHC), on Protective Orders or Youth Justice Orders or accessing Child First associated youth/family services. (See Section 3B of this report for a more detailed description).

“The DEP is working at the “pointy end” of the continuum, taking young people who will not or cannot engage with other educational programs”.....staff member.

The DEP does appear to be maintaining its expressed focus and priorities in this area.

REFERRAL SOURCE at ENROLMENT

Referral Source	2006	2007	2008	2009
ICMS	2	7	5	2
ACP	1	2	1	3
Youth Connect		3	2	1
Resi Care	5	6	12	11
Stat. Family Services	5	1	4	1
DHS/Youth Justice	1		7	5
DOXA			1	3
BDAC				1
BCH		1	1	
Centacare				2
School Referrals		3	13	16
Total <i>n</i>	14	23	46	45

Young people may be represented in more than one category, e.g. those referred from schools may have statutory family services or OOHC involvement as well.

The program appears to be increasingly accepted by schools.

GENDER at ENROLMENT

Gender	2006	2007	2008	2009
Male	8	18	33	29
Female	6	5	13	16
Total <i>n</i>	14	23	46	45

The program consistently attracted more males than females reflecting the relative ratios present in Youth Justice, OOH and school disciplinary and expulsion statistics.

AGE at ENROLMENT

Age at Enrolment	2006	2007	2008	2009
11 yrs			2	
12 yrs		3	1	
13 yrs	5	2	7	6
14 yrs	7	13	21	17
15 yrs	2	4	11	16
16 yrs			3	6
Total <i>n</i>	14	23	46	45

The DEP has experienced an increasingly older range of participants and now has more than half (54%) of participants aged 15 years or older.

HIGHEST YEAR LEVEL COMPLETED at ENROLMENT 2009

Eligible level at enrolment	Highest level at enrolment.				
	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9
Yr 7		7		1	
Yr 8	1	2	7		
Yr 9		2	5	4	
Yr 10		2	2	4	
Total <i>n</i>	1	13	14	9	

Note: the above table does not reflect the students who have been referred from Kalliana School or MEC – (Maryborough Education Centre) Special Education Centres.

Of note here is the gap which increases with the age of the student. This table does not reflect standards achieved or the year level that the young person is performing at, for example, in mathematics and English. The DEP program performs the National Assessment format (NAPLAN) testing on young people after enrolment which gives an indication of the year level at which a young person is performing. Follow up testing is not done, meaning this test as a measure of change over time is not available.

★A recommendation is made regarding this.

COMPLEXITY AND DIFFICULTY

In discussion with school representatives it was clear that they were referring the most difficult to manage students to DEP. If attending school, generalised aggression and involvement in violent incidents was the most common concern. Many referring schools mentioned the multi-layered nature of young people's issues and saw St Luke's as a most appropriate auspice for an educational and broader family service.

"St Luke's is the best manager of this sort of educational service, with these young people and their families. Especially when the DEP is joined up with other services like ICMS. Before DEP there was nothing for them in Bendigo"....School Principal

PRIORITY STUDENTS

The DEP prioritises young people in out-of-home care (OOHC), on Protective Orders or Youth Justice Orders or accessing Child First associated youth/family services. Funding from DHS is received in the form of Adolescent Support Grant funding to assist 16 young people at risk and CIRC funding to assist seven young people in residential care placements. These grants contribute to meeting the operating costs of DEP. Over the last two years, DHS and DEECD have also provided one-off non-core funding including brokerage funding to maintain program operations during periods of financial shortfall. This is discussed in greater detail later in this report.

Current DEP enrolments do give priority to these students. Recently, 1:1 specialist teaching and other elements of the DEP have commenced operating from the therapeutic residential setting operated by St Luke's.

A SECOND CLIENT GROUP

A secondary client group has developed. Young people are referred to the Youth Resources Team on a fee-for-service basis by other organisations such as Youth Justice Services or other CSO's. St Luke's raise a levy dependent upon the level of service accessed based on a standardised hourly rate. These arrangements see a second group of participants joining in some of the activities undertaken by DEP participants. These arrangements are described in greater detail later in this report. During the consultation there was some concern expressed by DEP funding bodies that this second group of full fee-for-service participants were accessing some services paid for through DEP funding, however this does not appear to be the case. As many as ten extra full fee-for-service participants have accessed elements of the YRT service at any one time throughout 2009.

B. INPUTS

1. YOUTH RESOURCE TEAM SERVICE COMPONENTS

INDIVIDUAL SPECIALIST TEACHING IN NUMERACY AND LITERACY

The core/compulsory component of service is individual specialist teaching in numeracy and literacy. This 1:1 approach reflects the individualised approach of the DEP. It is an intensive and costly approach which is valued by staff and students and which is considered essential to the reported success of the DEP. Young people participating in the DEP were adamant regarding the value of this approach.

"It's cool. I like being the only one and not having others hassling me; and its not embarrassing... because I can't read much."...young participant.

The benefits of learning via this 1:1 approach were commented on by others including parents/carers.

"He has started reading in bed. I can't believe it."...parent

Young participants receive between 2–4 hours of 1:1 specialist teaching per week. Most participants who were spoken to wanted more hours and were quite clear regarding why this approach benefited them. Reasons included:

- Avoiding the embarrassment of displaying deficits in a social/public setting.
- Not being subject to peer pressure, distractions or bullying.
- Liking the teachers and the casual, personal atmosphere.

RECREATION / MENTORING

Young people are offered and encouraged to add participation in this area; designed to increase community awareness, social skills, health, welfare and fitness. This component of the program has increasingly adopted a 1:1 approach due to the lack of social skills and behavioural issues of young participants. This component of the program was commented upon most favourably by young participants who appreciated the approach for much the same reasons as those mentioned above. Limited funding affects the participation rate and not all students are able to access this component of the program.

ART and TEXTILES

MUSIC

BIKE MECHANICS and WOODWORK

These components of the program are usually run in small group settings with a maximum of 4 - 5 students, however 1:1 tuition is made available in these areas if required. They aim to engage young people in pleasant activities while developing expression, problem solving, social and other skills.

Drama has been offered in the past but current funding constraints have seen this removed from the syllabus.

“These services might look like social settings but initially they engage very difficult young people and they are a reason why the DEP is popular with kids. We have had an 11 year old boy say he wants to “go deemed” rather than go to secondary school. We told him no way at his age”. Funding body representative.

YOUTH ENTERPRISE

Participation in work trials and work experience is offered through partnerships developed with external service providers. This component of the DEP is still developing and was commented on by many during the consultation as a positive way for the program to develop in future.

★ A recommendation is made in this area.

THE SUCCESS PARADOX

Throughout the consultation, attention was drawn to the success of the DEP arising from the 1:1 and small group nature of the program; enabling personalised attention and teaching. This was mentioned as a major contributor to the success of the DEP by:

- Young participants
- Casework staff
- Parents/carers
- Program staff
- Key stakeholders including funding body representatives and school representatives.

A paradox was also reported:

As young participants engage with a learning environment that features a 1:1 personalised learning environment they are less likely to re-integrate with mainstream educational, training or employment environments that are unable to replicate this individualised approach.

This dilemma was mentioned by many, not as a weakness of the DEP but as a feature that needs to be taken into account as young participants transition from the DEP to their next stage or program. The DEP has generally good relationships with referring/participating schools and aims to operate a program that combines or maintains some participation through the week in activities at the referring/participating school. It has proven difficult for young people to develop or maintain

this involvement (mentioned later in this report). In cases where young people have successfully re-engaged with the referring school this re-engagement has been gradual and very carefully handled by all parties.

This paradox was also referred to by some who noted that young participants generally benefited by developing a peer group under the supervision of the DEP but as they further progressed, their social networks became increasingly connected with young people of similar background and circumstances and the broadening nature of a more general education was reduced making transition to the next stage more difficult. Again, overcoming this unintended consequence of the DEP was seen to lie in careful re-engagement or integration with the next stage or program.

★ **A recommendation for further development relates to these areas.**

The physical location of the DEP was seen as an important connection to the young person's next stage or program. This is referred to later in this report.

“THE DEP WORKS BUT THERE ISN’T NEARLY ENOUGH OF IT”
Key Stakeholder

This was a very strongly held view.

- Due to funding limitations, the average contact time available to a participant in the DEP is currently approximately **9 hours per week**.
- DHS base their attempts to secure top-up funding on the basis of supporting **8 hours per week** attendance.
- Many participants have 6 hours attendance per week or less.
- The young person with the most contact hours has regularly attended **18 hours per week** (this young person fully expended his funding allocation prior to the end of Term 2 2009).

There are a number of reasons for this situation including the fact that per capita funding passed on to St Luke's by participating schools and used to cover staffing costs are initially allocated to the school with the expectation of a teacher/class ratio of 1: 25.

St Luke's support a number of 1:1 specialist teaching arrangements with this allocation. Financial arrangements and performance are discussed in greater detail later in this report.

The majority of young participants are not regularly attending classes or activities at their referring/participating school and the DEP is their only educational experience. This was viewed from a number of angles:

*“Who has the **duty of care** for these young people when they are not participating in DEP during normal school hours? The school they are enrolled in? DEECD? DHS? St Luke's? or their parents?” ...school representative.*

"I know they have limited attendance but if it wasn't for DEP they would be receiving no education. There should be more of it. The system is still letting these students down"... school representative.

2. EDUCATION PLANNING, SUPPORT and COORDINATION

There are a number of regular reporting and planning mechanisms undertaken during participation in the DEP including:

- Individual Education Planning.
- Education Support Groups.
- Regular (bi-term) reporting on progress via support group and other means.
- Reporting (term) to parents, carers and case managers/workers.
- Attendance records
- Participation and progress notes following each education session.
- Program reporting and accountabilities according to St Luke's processes.

This area of performance is well regarded by all stakeholders including carers/parents.

St Luke's and the DEP achieve the aspirations of the Partnering Agreement between DHS/DEECD for children and young people in OOHC settings. In Victoria there are approximately 3000 children and young people in out of home care attending 800 different educational settings, 600 of them having only one child in OOHC at their school. The Partnering Agreement binds those responsible to prepare and activate an Individual Education Plan and an Education Support Group. In spite of this requirement, according to DHS and LAC records only between 50% - 60% of those in OOHC settings have these supports and plans in place.

"Another good thing about DEP is that all kids have a plan and support"... DHS representative.

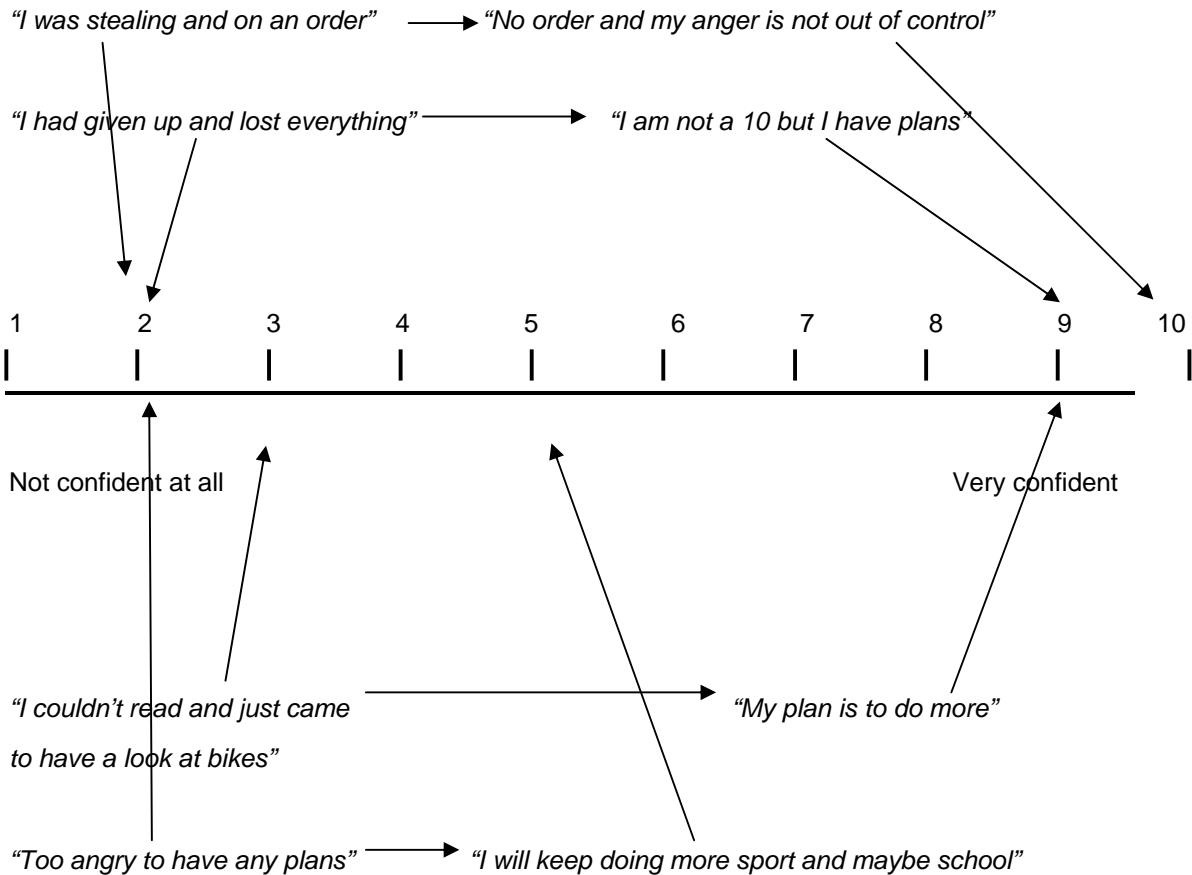
As noted earlier, the age of participants is stretching beyond 15 years. Most of these young people are referred from Special Education Settings. These young people are required to have Managed Individual Pathways Planning formats in place leading to eligibility to apply for Futures for Young Adults funding and opportunities. A query was raised during the consultation as to whether the planning processes currently in place satisfy these requirements for this group of young people? **★A recommendation regarding this has been made.**

During the consultation, young people participating in the DEP were asked to rate their **level of confidence regarding future plans** on a 10 point scale at two time points:

1 = when they first commenced in DEP

2 = October 2009

Some comments included:



While only a sample, respondents were clearly indicating a change in the way they felt about their future

3. CASEWORK - INDIVIDUAL and FAMILY

While not referred to as an integral component of DEP or the YRT, the benefit of this being closely connected to the operations of DEP was referred to by DEP program staff, funding body representatives and other key stakeholders. For the purposes of this review it is added as a component of the full DEP program.

DEP program staff identified the benefits that have occurred through a close connection between DEP and individual and family casework and case management. They also identified opportunities to extend this connection further, building upon what has worked well in the past. The need to further develop formal connections across St Luke's in relation to holistic planning and support was identified as were the opportunities to utilise more of the products developed by St Luke's Innovative Resources for this client group.

★ A recommendation for future development relates to this area.

4. FINANCIAL and OTHER RESOURCES

A. FINANCIAL AND FUNDING

During the consultation, there was general agreement by all, including funding body representatives that the DEP is significantly under resourced and under funded.

The funding arrangements for the DEP are complex.

Funding comes from four sources:

Via Deemed Enrolment

Students are enrolled at a local secondary or specialist education setting. These schools, who may or may not have referred the student, allocate their per capita annual allocation to the DEP which invoices the school for work undertaken at the end of each term.

Secondary schools have \$5000 core funding per student plus an \$800 admin allocation available for the school year which is invoiced and accessed by DEP on a fee for service basis.

Specialist settings have the \$5800 mentioned above plus equity funding of approximately \$3000 available for the school year.

On average approximately \$6,500 per student per annum is currently available from this source.

Adolescent Support Funding DHS

An amount of approximately \$130,000 per annum (16 targets) is received for adolescent support. This contributes to the operating costs of the YRT/DEP.

CIRC Funding - Community Education/DHS

An amount of \$60,000 per annum (7 targets) is received to support the education of young people in residential care settings.

Other Fee-for-Service, Contingency Funding, Brokerage and Chook Raffles.

The average DEP student receives approximately 9 hours of contact time per week, with approximately half spent in 1:1 arrangements. As noted earlier the funding made available to the DEP by participating schools is based on a student/teacher ratio of 1:25.

In practice these annual deemed enrolment allocations available from participating schools, mentioned above, is usually fully expended during term 3, leaving no allocated income to support operations for the remainder of the year.

Over the past two years, St Luke's has raised fee for service charges that have been met by the regional offices of DHS, DEECD and schools. This extraordinary situation has worked via the goodwill of these funding bodies that have scrounged resources from other areas. St Luke's has contributed through the allocation of resources; and quite literally, with working bees and raffles.

"When kids go to DEP I initially think our school has failed them. I get over that and am determined to assist them all I can to succeed at DEP. They may return in fact a few have"... school representative.

"They are our kids so we have to try and find the money for education.....from I don't know where, there is none allocated"... DHS representative.

The commitment of the regional DHS office to resource and otherwise assist with the operations of the DEP was most noticeable.

"THE DEP WORKS BUT THERE ISN'T NEARLY ENOUGH OF IT"

Through these extraordinary arrangements, the YRT and the DEP manage to just break even each year; however the fee for service arrangements, if viewed as a discrete cost centre, presented a significant loss of approximately \$75,000 for 2008/2009. The current fee for service rate charged by St Luke's of \$45 per hour may need to be reviewed. The allocation of contact hours to students is the balancing item. Drama was dropped from the syllabus last year due to funding constraints and the average weekly contact time of approx 9 hours per student was regarded by all those consulted with as most inadequate.

INDUSTRY STANDARDS AND RECOGNISED GOOD PRACTICE

A small number of other CSOs are associated with educational programs for a target group similar to that of the DEP. These CSOs, including St Luke's, meet regularly and discuss issues associated with operations including costing. Information was gathered from other CSOs during this consultation.

Student Contact Hours

There was general agreement during this consultation that a program of this type should, if the state was making a commitment roughly equivalent to the duty of care and service it has in regard to the provision of appropriate education services to this disadvantaged group, provide at least 4 hours contact time for students every day of the week. **Twenty hours contact time per week was considered a minimum requirement** by contributors to this review and by other service operators. This is in stark contrast to the 9 hours per week on average currently provided to DEP students.

Staff/Student Ratios

The 1:1 specialist teaching arrangements that the DEP has managed to preserve is very much regarded as a necessary component of a program reengaging this difficult to reach target group. Other service providers try to incorporate this and other very low student/teacher ratios in their operations. This ideal is difficult to maintain under the various funding arrangements used by other service operators, however it is absolutely regarded as the most important contributor to successful outcomes in this area.

“One bit of advice to St Luke’s. Hang on to that 1:1 approach as it is what has made the most contribution to them being as well regarded as they are. If they let it go it will slip away”... other service provider.

Auspice and Management Arrangements

The current review in Victoria of Alternative Educational Settings is expected to provide detailed analysis in this area.

There appear to be **three basic approaches** used by service operators:

Registered School

This sees an organisation such as a CSO register as the operator of a private school and then operate an alternative setting through educational grants, fees/levies and other sources. Berry Street Victoria and MacKillop Family Services operate such schools.

Annex of a Registered or Government School

This sees a school develop a specialist annex sometimes in partnership with a welfare organisation and operate an alternative or more flexible setting to that of the parent school. “Community Schools” adopt this approach. These settings do not generally target the same students as the CSO Registered School or the DEP approach. The NetSchool operated by BSC in Bendigo is an example.

The DEP approach is an unusual approach that was developed with little precedent and is now attracting attention and possible duplication in some other parts of Victoria.

During discussions it was determined that the **benefits of the DEP approach** over the CSO Registered School approach are seen to be:

- Closer relationships between the education, child youth and family services sections of the operating organisation.
- Closer links and sharing of responsibilities and practice between the operator of the DEP and local schools and education settings.
- The potential to have a truer and more constructive partnering arrangement between the operator, DEECD, DHS and their agents.

- A more “normal” community based setting than that provided by some other arrangements; assuming a healthy degree of shared student activity with other service providers.
- Greater ease in transitioning young people into other pathways than in some other settings.

THE COST OF GOOD RESPONSIBLE PRACTICE

Making up the shortfall via recurrent funding

On average approximately \$6,500 per student per annum is currently available from deemed enrolment sources to assist the operations of DEP. This amount includes the equity funding received by students referred from specialist settings.

It is estimated that to avoid the funding shortfall mentioned above and maintain the average of 9 contact hours per week for the full school year, \$14,000 per student per annum is required. This extra requirement of \$7,500 per student approximates the amount St Luke’s raise each year from fee for service claims, contingency funding, brokerage and fundraising, plus what is required to make the model sustainable. Based on 45 DEP enrolments per annum the cost of the current annual shortfall is **\$337,500 per annum** and although St Luke’s and partners including DHS and DEECD have managed to raise some of this amount over the last two years, the ability to do this in future is by no means guaranteed.

Working towards the benchmark of 20 hours contact time per week

Current cost of 9 hours contact time per week = $\$14,000 \times 45 = \$630,000$.

Cost of 20 hours contact time per week = $\$31,111 \times 45 = \$1,400,000$.

The extra cost of increasing the contact time per student per week from 9 hours to 20 hours and maintaining a commitment to 1:1 specialist teaching arrangements and small group learning would be approximately **\$770,000** per annum.

Summary

To meet industry and good practice considerations, an increase to 20 hours per week student contact time while maintaining personalised learning commitment:

Overcoming the current shortfall	337,500
Achieving the benchmark 20 hours	770,000
Total	\$1,107,500 per annum

COST BENEFIT CONSIDERATIONS

Little has been done in this area however in regard to the DEP priority target group, the Centre for Excellence in Child and Family Welfare undertook a two year research project during 2003-2005 which documented the life pathways of 60 young people aged between 19 and 25 years who had been in State care. The study identified in care factors that contributed to outcomes, many of these relating to young people having suitable educational opportunities, connections to learning settings and preparation for independent living. Importantly, a cost – benefit analysis estimating the long term costs to the State of not supporting young people through their transition to adulthood was undertaken.

It was estimated that for a typical cohort of 450 young people who leave care in Victoria each year, the direct cost to the State resulting from poor outcomes is \$332.5 million per annum over the next 39 years. The cost of adopting measures that would impact on this amount and improve outcomes was 11% of the cost of the poor outcomes.

★ **Recommendations for future development relate to this general financial and funding area.**

B. BUILDINGS and SPACE

The DEP operates across a number of small locations, the point that all paths cross at some time during the week being the Chutzpah building in Hargreaves Street. The buildings are small and not purpose built.

DEP staff were asked "If you could change one thing concerning the DEP what would it be?"

The overwhelming response was "***more resources and more space.***"

The current state and configuration of the buildings does present obstacles for teachers and instructors in performing their duties to the best of their ability. The need for more space, lighting, room for equipment and storage, work specific areas, etc., was mentioned by all staff. Young participants asked for more space and wanted to be able to work in an area where "***people weren't barging in on you all the time***".

C. TEACHING EQUIPMENT AND OTHER RESOURCES

DEP staff expressed the desire to improve and update the stock of teaching aids and equipment feeling they did not have access to the most up to date resources. Surprisingly, they have little access to the products of St Luke's Innovative Resources and the view was expressed that the successful business model that IR uses should perhaps be adapted to allow the DEP program access to resources for DEP students and their families.

★ **A recommendation for future development relates to this area.**

D. CURRENT LOCATION OF SERVICES

There was a great deal of discussion regarding the current location of the Chutzpah building and others. A whole gamut of opinion was received across a range of options.

"Kids hanging around the Mall"

"Not a good look for St Luke's"

"Move to an outer setting where there is space".

"It should look and feel like a school."



"Should be in the education precinct"

"It's the kids CBD as well"

"If it was funded adequately they wouldn't be hanging around"

If there was one convergent view it was that St Luke's should work towards having the DEP operate from within the BRIT/Education Precinct. This was suggested to encourage interaction with other educational opportunities, provide an appropriate social setting and potential peer group and "normalise" the setting rather than have a discrete and more noticeable presence.

★ A recommendation for future development relates the future building type and location.

During the consultation there was discussion initiated by other educational and welfare services around the possibility of the DEP trialing outreach approaches. The clearest example was in Wedderburn where the Secondary School and Centacare are attempting to operate a community tutoring program in a classroom located behind the Centacare office in the main street. They are struggling and wondered if the DEP could make some contribution at that location. Wedderburn College has two DEP enrolments for 2009 necessitating students traveling to Bendigo.

★ A recommendation for future development is made regarding this.

E. OTHER RESOURCE and ORGANISATIONAL CONSIDERATIONS

There were some other issues raised during the consultation:

The YRT is a complex work area with significant responsibilities in both the client services and administration areas.

Organisational Structure

The DEP organisational structure is very flat with 20 full- and part-time staff reporting to the Team Leader. While it could be said that in some cases there are not the same supervisory requirements within this program area as some others, St Luke's Supervision Policy should still be able to be used as a guide to ensure that staff are adequately supported. The creation of a senior position or the like, to assist with supervision, accountability and workload could be considered.

Remuneration

The Team Leader position is classified within the Community Services award structure while most other staff are considered within Educational awards. The perception resulting from this is that teaching staff are paid at a higher hourly rate than their supervisor. This issue is common within similar settings and St Luke's may be advised to fully review the Team Leader position including benchmarking against a somewhat similar position such as that at MacKillop Family Services Barwon. Even then there are major differences between the two positions.

Succession/Absence Planning

A great deal of day to day knowledge regarding professional and administrative areas rests with the Team Leader. Much of the interaction with other service providers including funding bodies is done by the Team Leader. The DEP seems vulnerable to a period of absence by the Team Leader. The creation of a senior position could assist in generalising the knowledge base and better equip the program to cope with absence.

★ A recommendation relates to these three areas.

C. PROGRAM GOALS

1. RE-ENGAGEMENT WITH A LEARNING ENVIRONMENT

In developing the program logic statement this was considered the prime goal or shorter term objective of the program. As described earlier, the client group is not attending or is in the process of disengaging with educational settings and opportunities. Some, along with their families and friends, are openly defiant of educational institutions and authority when referred. The “show rates” or attendance rates that are achieved by the DEP indicate that this initial attitude towards educational settings and opportunities is able to be turned around. While a small number do not “show” or attend following the commencement of the school year and are replaced by others, those that are connected to the program in March are developing strong attendance patterns. The following figures for June 2009 are used as an example:

SHOW RATES OF PRIORITY STUDENT GROUP. JUNE 2009

Show Rate %	<i>n</i>
Less than 50%	2
51% - 70%	3
71% - 90%	8
Above 91%	5
Total n	18

Priority group includes OOH and other statutory services involvement. Some were not able to attend in June due to external circumstances.

During the consultation a number of respondents identified that the DEP was well regarded by young people and that some wanted to attend it by choice.

The cover of this report shows a typical scene; young people wanting to get into the Chutzpah building during the lunchtime break!

As mentioned earlier, the 1:1 focus of the specialist teaching and recreation/mentoring components and the small group approach of the other DEP components are thought to be integral to success in re-engaging with a learning environment. The assertive outreach approach of the recreation/mentoring program has resulted in an attendance rate of almost 100% and is thought to be an important contributor to overall success of the DEP.

During discussion it was clear that there are some examples of the DEP engaging with parents and family members who had not had positive relationships with educational organisations and institutions. This partly unintended benefit could be better understood and perhaps formalised as a component of the DEP.

“Those people are great. He is learning things and I get along with them as well”... grandparent.

2. WORKING TOWARDS YEAR LEVEL LITERACY/NUMERACY

This goal was identified during the development of the Program Logic Statement. As mentioned earlier, there is no testing undertaken to determine whether there has been any change from the level identified via NAPLAN testing shortly after enrolment.

★ A recommendation refers to this area.

There were a number of examples given of young participants improving literacy and numeracy skills during their participation in the DEP. Examples were practical and included:

- Being able to read movie and TV guides.
- Using public transport and transport timetables.
- Reading the sport section of the newspapers.
- Starting to enjoy magazines associated with an area of interest.
- Planning shopping and purchases.
- Other examples of increased financial literacy.
- And..... starting to read in bed.

From the perspective of young participants, the individualised program that is received in this area is valued.

"They don't treat you as dumb".

"I am more confident and not as shy now."

"I have some friends now."

"They are good company. I can have a laugh".

"I trust these guys and that's pretty hard for a student".

"I read research books, not stories. They should have more research books on things like body piercing".

... young DEP participants.

3. PARTIAL RE-ENGAGEMENT WITH MAINSTREAM SETTINGS and DEVELOPING EDUCATIONAL VOCATIONAL and TRAINING PATHWAYS

While some younger DEP participants are re-engaging with their referring school, and in a few cases the re-engagement is focused, gradual and successful at this stage beyond expectations; most young participants do not return to their referring school and in those schools that have deemed to enroll a student for the purposes of enabling participation in the DEP, they may never sight the student.

“When we refer to DEP that is the last we see of those kids. They don’t come back.” ... school representative.

Engagement with other service providers of alternative or special settings is clearly an option to be followed in these situations. The stated overall outcome of the DEP in re-engaging young people with **mainstream** school, vocational or training settings may be expecting too much too soon. The identification and development of transitional pathways may be a more reasonable overall outcome.

The DEP has developed transitional pathways and opportunities for students apart from the option of re-engaging gradually with the referring school. Options used have included:

- DOXA School
- NetSchool operated by BSSC
- Work experience and other opportunities through Access Employment arrangements
- Pepper Green Farm Group Training
- BRIT pre-employment opportunities.

These opportunities and transitional pathways have been identified as an area for further development by the DEP. ★ **A recommendation is made in this area.**

As noted earlier the DEP students participate fully in Individual Education Planning and Student Support arrangements. Those that are 15 years and over and referred from or eligible for Special Education Settings are advised to have Managed Individual Pathways Planning formats in place leading to eligibility to apply for Futures for Young Adults funding and opportunities. It is unclear as to whether the current planning formats used by the DEP are adequate to assist with the planning functions requested of these students. ★ **A recommendation relates to this area.**

D. THE EXPECTED OVERALL OUTCOME

The expected overall outcome of the DEP is stated to be “**re-engagement with mainstream school, vocational or training settings**”.

REPORTED OUTCOMES 2006 - 2008

Outcome	2006	2007	2008
Withdrawn	1	2	6
Pre-apprenticeship	3	1	2
Employment	1		4
Relocated	2		3
YTC	1		1
School return. Mainstream.	1	6	11
School return. Other	2	2	
DOXA			1
Rollover to next year	3	12	18
Total <i>n</i>	14	23	46

This review has not determined whether students have maintained connections with these settings.

★ **This should be the subject of further study and a recommendation relates to this area.**

As noted earlier, the stated overall outcome of the DEP in reengaging young people with **mainstream** school, vocational or training settings may be expecting too much too soon. The **identification and development of transitional pathways**, and then their use by young people, may be a more reasonable overall outcome.

★ **A recommendation relates to this area.**

During the consultation, participants (staff, key stakeholders, parents/carers), were asked “**how they measure the overall success or otherwise of the DEP?**”

The following responses were representative and widespread:

“Attendance - just the fact that they are going to school at least part of the time is a big success”

“I judge it on what I see, and I see increased confidence with these young people”

“I attend Education Plan Review meetings and hear about change associated with the young people I used to know”.

“I think there are less placement breakdowns with kids attending the DEP”.

“Their behaviour - especially the aggression and violence. It has reduced and against expectations, two have returned to school part- time”.

5. SUMMARY and RECOMMENDATIONS

This review suggests that the DEP and the DEP approach have demonstrated effectiveness over the last three years. Effectiveness has been demonstrated at the individual level in relation to client/student outcomes and at the program level in relation to achieving program goals for this difficult target group. In spite of this the DEP is poorly funded and resourced and the contact time the service is able to deliver to students each day is below what is desired by all.

Within alternative settings there is evidence to suggest that the DEP and similar deemed enrolment arrangements are an appropriate form of intervention for students at the “pointy end” of the risk continuum.

The DEP has emerged as a regional initiative operating outside the boundaries of existing program areas. It deserves legitimacy and a substantial and reliable funding base.

There is action and review currently occurring at the statewide level which St Luke’s and other service providers need to influence in order to improve the funding and program base of the DEP and to promote its visibility.

STATEWIDE LEVEL

1.

It is recommended that St Luke’s along with other CSOs seek further input into the Review of Alternative School Settings currently underway in Victoria. The assistance of The Centre and VCOS should be sought in developing support and exerting influence upon this Review. The Review should be influenced in relation to:

- **Articulating a fair funding base for the DEP.**
- **Describing and legitimising a program model that allows the DEP and similar arrangements to operate legitimately within the State’s educational services.**

2.

It is recommended that independent of the Review of Alternative School Settings, St Luke’s prepare a case and submission for funding to DEECD of the DEP, which recognises the full operating costs of the program, including the full costs of operating a program that achieves the generally recognised benchmark of 20 hours contact time per week.

The current development of Retention Policy and associated practices across all Victorian schools has significance for the target group of the DEP. It is reasonable to suggest that schools will be encouraged to develop their own alternatives for some students that would previously have been referred to the DEP and this is a positive development. Some schools are already developing significant engagement practices. Also, the Bendigo Education Plan is being activated without a great deal of reference to the target group for DEP. It could be seen that DHS are more committed to the education of the DEP target group than DEECD.

REGIONAL LEVEL

3.

It is recommended that St Luke's promote its position and expertise to the point where it is accepted as having legitimate influence over the roll out of the Bendigo Education Plan.

4.

It is recommended that St Luke's re-state the target group for the DEP with participating schools; taken that some schools will be expected to retain students they have referred to the DEP in the past. This re-statement could include a workshop with participating schools that updated them on the broader program model and logic statement described in this report.

This review has developed a Program Description that differs in a few cases from that which has been promoted. It suggests that the overall goal of the program as it stands is inappropriate and fails to fully recognise the achievements the program and participants have made. The overall program goal should recognise the identification and development of further transitional pathways for young people rather than the current aspiration of re-engagement with mainstream educational, training and vocational settings.

It is recognised that reengagement with traditional educational settings is a very difficult task and one made complex by the success of the 1:1 and small group approach of the DEP. In spite of this some success has occurred, due to the careful and gradual re-engagement process undertaken in partnership with the school. Not all schools consulted with displayed the skills or attitude to competently handle this re-engagement.

ORGANISATIONAL and PROGRAM LEVEL

5.

It is recommended that the overall goal of the program be changed to read..... The identification and development of transitional pathways to employment, education or training for young people.

6.

It is recommended that in future development the 1:1 student /specialist teacher ratio and small group tuition which is clearly behind the success of the DEP, be preserved at all cost.

The 1:1 student /specialist teacher ratio and small group tuition is widely regarded as contributing to the success of the DEP. It is a costly model and may come under pressure as the program is further developed. There is the feeling that this approach must be preserved at all costs.

7.

It is recommended that the current fee for service rate of \$45 per hour be reviewed to ascertain whether full cost recovery is feasible and/or desirable.

8.

It is recommended that a priority area for future development be the identification and development of further transitional pathways for young people through partnering arrangements with other service providers.

In future it will be in the best interests of students if there is further development of strong connections with other service providers so that an array of transitional options are available. This was suggested as a priority area for future development.

9.

It is recommended that in future developments, consideration be given to locating the DEP within the BRIT/ Educational Precinct.

The future location of services within Bendigo, and possible outside of Bendigo was discussed during this review. There was the feeling that the DEP would benefit in future by being located within the BRIT/Education Precinct and that the DEP could trial having a small presence in Wedderburn at the joint WSC/ Centacare community classroom being established in the town centre.

10.

It is recommended that consideration be given to trialing a presence in the joint WSC/ Centacare community classroom being established in the Wedderburn town centre.

11.

It is recommended that NAPLAN testing in numeracy and literacy be periodically performed to measure change against the baseline measures currently obtained shortly after referral to the DEP.

While there is a great deal of observational and experiential data to attest to the success of the DEP, an opportunity to measure change over time in literacy and numeracy competence is not being realised.

12.

It is recommended that St Luke's in conjunction with the Principal of Kalliana School determine whether the current planning and support formats of DEP meet the requirements of participants eligible for special equity assistance and whether a planning approach that encompasses Managed Individual Pathways Planning would have benefit to all DEP participants.

The age of participation in DEP is increasing beyond 15 years mostly due to participation of students referred from specialist education settings. These students should benefit from Managed Individual Pathways Planning and other planning approaches that assist with development towards independence. It is uncertain as to whether the current planning and support formats of DEP based on Individual Education Plans and Support Groups meet the requirements of this group of young participants. All participants may benefit from this planning approach.

13.

It is recommended that future developments take in to account the need to improve and increase accommodation and work space.

14.

It is recommended that an audit of current equipment against that required for staff to perform at their optimal level be carried out and that the value of this shortfall be requested from DEECD.

The adequacy of current buildings was discussed along with the need for improvements to the availability of equipment and materials for young participants. There is the view that more space is required and that equipment levels limit staff abilities to perform at their optimum. Service could be improved in this area.

15.

It is recommended that St Luke's Innovative Resources be requested to assist with the provision of teaching aids and other products to the DEP.

16.

It is recommended that processes be identified that further increase joint involvement, collaboration and planning process between the DEP/YRT and other program areas of St Luke's.

The benefit of strong connections between the DEP and the YRT and other program areas of St Luke's was attested to and the desire to improve these connections, for the benefit of program participants, is strong. This extends to the case planning and case coordination area mentioned earlier, where the benefits of linking Best Interests and Educational planning processes have been identified. The benefits of breaking down internal "program silos and boundaries" was mentioned by many staff members during the consultation.

17.

It is recommended that the establishment of a senior staff position with some responsibilities for supervision, accountability and workload be considered.

This review noted that the DEP/YRT has a very "flat" organisational structure that has implications for staff support and supervision and the distribution of workload across the program. Issues of parity and succession/absence planning also became apparent.

18.

It is recommended that a full review be carried out on the Team Leader's position including benchmarking it against positions with similar responsibilities identified in the body of this report.

19.

It is recommended that Innovative Resources (IR) be approached to determine ways that young people and their families participating in the DEP can benefit further from IR products and expertise.

APPENDIX

INTERVIEW SCHEDULES



REVIEW OF THE DEEMED ENROLMENT PROGRAM

DISCUSSION GUIDE

With Students

Contact/involvement with the program?

General impressions of the program.

What was your previous experience with a school setting?

How is it different now?

Are you learning things?

Best features of the program.



How could the program be improved and developed?

Examples of any of the above. (Noticeable, observable, measurable.)

What are your plans following the DEP?

Level of confidence regarding future plans.



Not confident at all

Very confident





REVIEW OF THE DEEMED ENROLMENT PROGRAM

DISCUSSION GUIDE

With school representatives, caseworkers/managers, DHS/DEECD, YR team.

AT THE PROGRAM LEVEL

Contact/involvement with the program?

General impressions of the program.

Goals and achievements of the program.

How is success or change measured?

Examples of any of the above. (Noticeable, observable, measurable.)

Best features of the program.

How could the program be improved and developed?

AT THE INDIVIDUAL/STUDENT LEVEL

Contact with participants in program.

General impression of impact program is having.

Goals and achievements of program at the student level.

How is success or change measured?

Examples of any of the above. (Noticeable, observable, measurable.)

Best features of the program at student level.

How could the program be improved and developed at the student level?



REVIEW OF THE DEEMED ENROLMENT PROGRAM

DISCUSSION GUIDE

With parents/carers

AT THE PROGRAM LEVEL

Contact/involvement with the program?

General impressions of the program.

Is the program welcoming/accessible?

Examples of any of the above. (Noticeable, observable, measurable.)

Best features of the program.

How could the program be improved and developed?

AT THE INDIVIDUAL/ STUDENT LEVEL

General impression of impact program is having.

Have you noticed any changes that may be due to participation in the program.

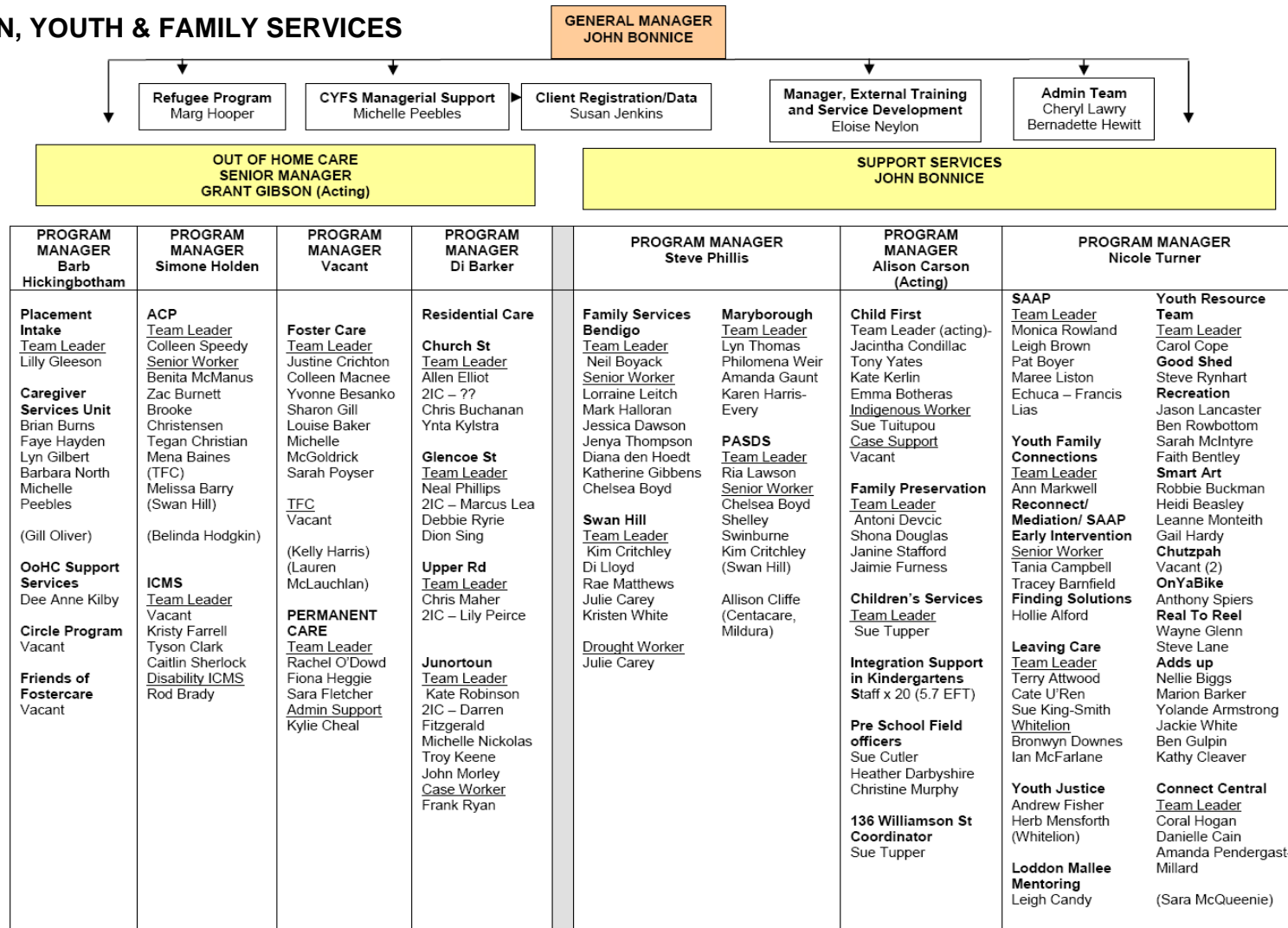
Examples?

Are you kept informed of your students progress and participation?

Best features of the program at student level.

How could the program be improved and developed at the student level?

CHILDREN, YOUTH & FAMILY SERVICES





GO GOLDFIELDS ALLIANCE

GREAT OUTCOMES. An Action Plan for the Future of our Families 2011, 2012, 2013.

An Action Plan to address the needs and meet the aspirations of our families in the Victorian Central Highlands.

December 2010

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GO GOLDFIELDS Alliance

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

SUMMARY

The **Go Goldfields** Alliance is a **comprehensive** and **innovative joined up approach** to **place based service provision and planning**.

We are working towards an environment that **promotes social, economic and physical opportunities and wellbeing** for our community members living within the Central Goldfields area.

We strive towards the provision of truly **integrated service provision and planning** in our area; **overcoming the constraints and barriers** that hinder the delivery of the best possible service to families in the Central Goldfields area.

The **Go Goldfields** Alliance has a **unique and very broad base** with an Executive and Members from more than twenty organisations operating community services in the Central Goldfields area plus key individuals. Organisations that have developed the **Go Goldfields** Alliance to this stage and represented on our Executive include:

- **Central Victorian Health Alliance**
- **Central Goldfields Shire** and related project areas
- **Goldfields Education and Learning Centre**
- **Maryborough District Health Service. Community Services** and related project areas
- **St Luke's Anglicare**
- **Maryborough Education Centre**
- **Maryborough Police**
- **Asteria Disability Services**
- **Emergency Accommodation and Support Enterprise Inc. EASE**
- **Goldfields Local Learning and Employment Network. GLLN**
- **Salvation Army Maryborough**

This Action Plan is the annual Practical Strategic Plan for the **Go Goldfields** Alliance and as such represents **the first steps in closing the gap** for families that have been left behind in their efforts to provide opportunities and positive prospects for the future of family members.

This is a **practical and ambitious plan** especially targeted to address the needs and priority areas for action identified during the development of this plan.

The total cost of this plan will be **\$850,000 in the first year with a total expenditure of \$2,587,003 over the 3 year period.**

This investment **would make a strategic and most significant difference to the circumstances of families in the Central Goldfields area and return this investment many times over.** Generational dependency is prominent across the Central Goldfields Shire and **this plan would break these cycles.**

There is ample evidence that indicates some families within the Shire are **amongst the most disadvantaged in Victoria.** Some indices suggest these families are in fact **the most disadvantaged and vulnerable.** There are also **assets, efforts and successes** occurring within our Shire that are sometimes overshadowed by need and circumstances. This Action Plan **recognises these positive attributes and builds them into the strategies** that will have a positive effect on families and **close the gap that separates these families and their members from others in our community.**

This Action Plan has been developed through an extensive consultation process and reference to reports, studies and community consultations that have occurred over the last 3 years.

The following Priority Action Areas underpin this Action Plan

- **Further supporting young parents and families with parenting and daily living skills associated with family life.**
- **Encouraging a collaborative “joined up” approach to the provision of learning opportunities for young people disengaged or disengaging from education/training opportunities.**
- **Providing opportunities for young people to connect with and form significant inclusive relationships with other stable community members.**
- **Developing a strategic plan for the provision of Family Violence services by the network of service providers.**
- **Building the aspirations and culture of families through challenging impressions about life in Maryborough; through involvement in participatory and experiential arts.**
- **Assisting with the development of a whole of Shire approach to the early development of communication skills, language and literacy for all family members.**
- **Further developing collaborative approaches to the provision of community services for families across the Central Goldfields Shire.**

There are **Outcome Measures** associated with all of the proposals. **Key Performance Measures** relate to the three overriding objectives of this Action Plan:

Reducing the incidence of notifications to DHS Child Protection Services involving families from the Central Goldfields Shire.

Improving the communication skills, opportunities and life experiences for children 0-8 years.

Improving the connectedness of young people with other community members, groups and organisations.

This Action Plan **warrants serious consideration**. It is a comprehensive “joined up” response to the needs of families by a broadly represented group coming together under unique circumstances. It has the potential to provide positive returns through increasing opportunities and closing the gaps between families and others in the Central Goldfields Shire.

The **Go Goldfields** Alliance is **committed to following through** with the actions and proposals included in this plan.

.....
Chris Meddows-Taylor

Chairperson. **Go Goldfields** Executive
Mayor. Central Goldfields Shire

GO GOLDFIELDS Alliance

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

Extensive consultation and analysis has determined a number of priority areas that are being addressed by **Go Goldfields**. In our first year of operation, these are in the form of: **GREAT OUTCOMES. An Action Plan for the Future of our Families 2011, 2012, 2013.**

PREAMBLE

This **Go Goldfields GREAT OUTCOMES** Action Plan includes a detailed Action Plan for **Go Goldfields** as a whole and those that relate to the activity areas covered by our 5 Action Groups.

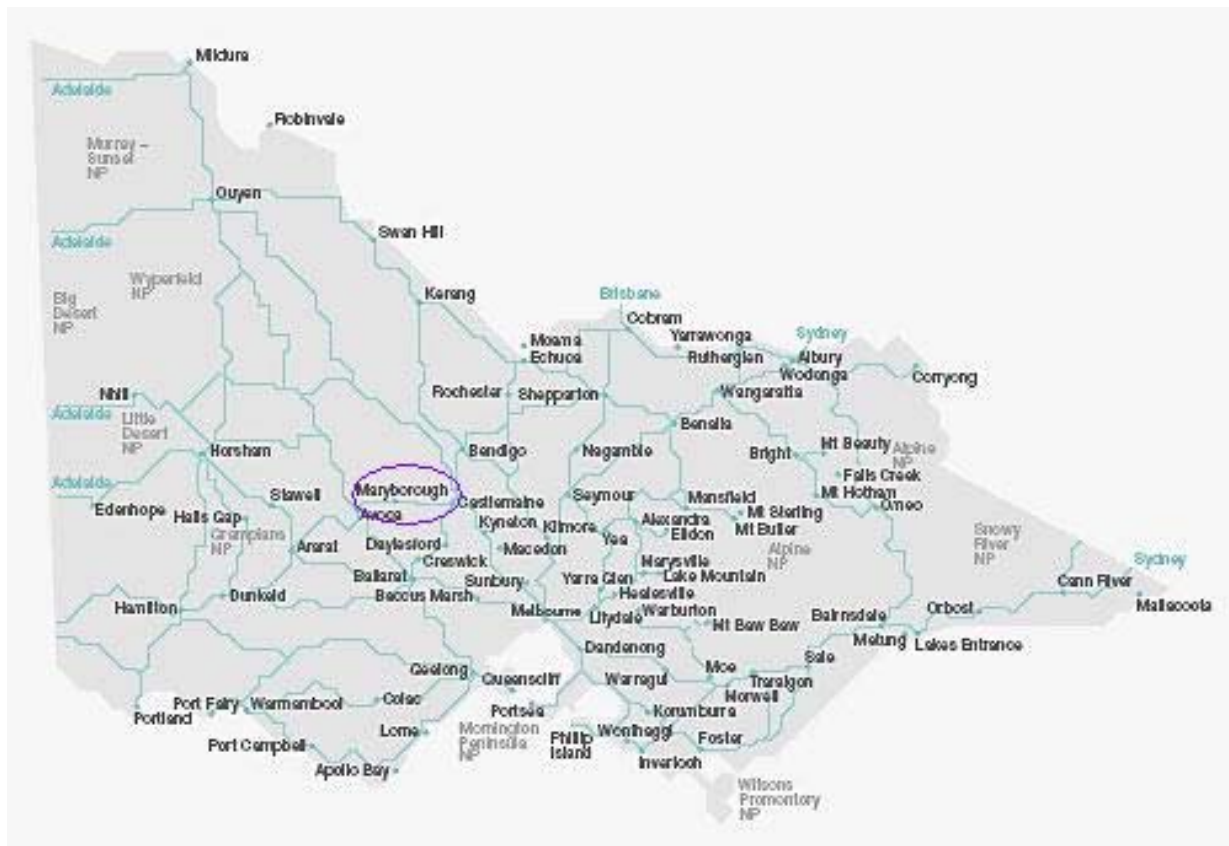
This **Go Goldfields GREAT OUTCOMES** Action Plan includes a detailed description of the needs and circumstances of families in our area and the adequacy of current service responses. This discussion is informed by research undertaken by **Go Goldfields** in 2009/2010, complemented by other research, local knowledge and intelligence, detailed consultations undertaken by **Go for Gold** and other bodies as mentioned. The methodology of the **Go Goldfields** research is described.

The plans are in the form of **action statements** that describe actions that can be achieved over a 12 month period. These actions are described, responsibilities for completion are assigned as are costs and outcome measures.

THE CENTRAL GOLDFIELDS AREA. STRENGTHS AND NEEDS.

Located at the geographical centre of Victoria, the Central Goldfields Shire covers some 1500 square kilometres and has an estimated residential population of just over 13,000 people.

Maryborough is the Shire's major business centre with a population of around 8000. Maryborough has gained recognition in recent years for cultural, recreational, social health and educational opportunities and events, and a significant historical presence including buildings dating back to the goldmining era of the 1850s. Other towns in the Shire include Bealiba, Carisbrook, Dunolly, Majorca, Talbot, Bowenvale-Timor and the rural districts surrounding these centres. All are known for their heritage architecture and significant agricultural industries. The Shire is currently experiencing some growth with key infrastructure projects and residential developments underway.



Maryborough and Central Goldfields Shire

NEEDS

Despite recent initiatives and examples of community support initiatives there still remain areas of real need within the Central Goldfields Shire (CGS) that requires urgent, concerted, planned and coordinated attention for a sustained period of time in order for residents to meet their full potential. This report refers to the areas of disadvantage experienced by some families within the CGS.

Socio economic disadvantage is evident in towns as well as the more rural parts of the Shire. It is extensive and comes largely as a result of the decline over time of the Shire's traditional industrial base, the loss in the past of the passenger rail links to work in Ballarat and Bendigo and the drought that has impacted on rural families.

Socio Economic Indicators

According to the Australian Bureau of Statistics (2007), the overall CGS Combined Socio-Economic Index for Areas (SEIFA) score, across four indexes is the lowest in Victoria. Lower scores indicate poorer results and increased community disadvantage. The SEIFA indexes are summarised by the ABS as follows:

Index of Relative Socio-Economic Disadvantage (IRSED). This index is a continuum of advantage to disadvantage. It takes into consideration variables such as the proportion of families with high incomes, people with a tertiary education and people employed in a skilled occupation.

Index of Disadvantage (IAD). This index focuses on low income, low educational attainment and high unemployment.

Index of Economic Resources (IER). This index is based on variables relating to income, expenditure and assets of families, such as family income, rent paid, mortgage repayment and dwelling size.

Index of Education and Occupation (IEO). This index takes into consideration the proportion of people with a higher qualification or employment in a skilled occupation.

Despite the CGS making some improvements in relation to the SEIFA Index of Economic Resources (IER) and the Index of Disadvantage (IAD) between 2001 and 2006, the shire remains the lowest in Victoria in terms of overall socioeconomic standing.

The Buchan Report (2007) on CGS training needs confirmed the SEIFA standing referring to CGS as being 79th out of 79 Victorian shires in terms of overall socio-economic status.

SEIFA findings were confirmed by Professor Tony Vinson (2007) whose widely acknowledged study of disadvantage across Australia put Maryborough and the surrounding postcodes into Band 1 (the top level) of socioeconomic disadvantage.

Central Goldfields Shire is suffering from entrenched poverty and the associated consequences.

Indicators of Children's Development.

CGS students were ranked 77 out of 78 LGAs in terms of the percentage of Year 2 students with reading assessment greater than Level 20 in 2005. A rank of 1 was assigned to the LGA with the highest percentage of students meeting the benchmark.

The **Australian Early Developmental Index (AEDI)** data provides a snapshot of children entering primary school and their comparative development. Over a number of domains, the index identifies areas of vulnerability as well as areas for potential intervention. The results are collated by the Centre for Community Child Health at the Royal Children's Hospital and the Murdoch Children's Research Institute.

For 2006, the AEDI data gave the following snapshot of areas of vulnerability and potential intervention:

AEDI Results for Central Goldfields Shire

Physical health and wellbeing domain: (Child is healthy, independent, ready each day)	<ul style="list-style-type: none"> • 14.6% of the children are considered developmentally vulnerable. The highest proportion of developmentally vulnerable children are in Maryborough (22.2%) and the lowest proportion are in Carisbrook and surrounds and Talbot/Daisy Hill (0.0%). • There are 29.9% of children performing well. The highest proportion of children performing well are in Carisbrook and surrounds (33.3%) and the lowest proportion are in Talbot/Daisy Hill (16.7%).
Social competence and wellbeing domain: (Child plays, gets along with others and shares, is self-confident)	<ul style="list-style-type: none"> • 22.2% of the children are considered developmentally vulnerable. The highest proportion of developmentally vulnerable children are in Maryborough (25.6%) and the lowest proportion are in Carisbrook and surrounds (16.7%). • There are 15.3% of children performing well. The highest proportion of children performing well are in Carisbrook and surrounds (20.8%) and the lowest proportion are in Talbot/Daisy Hill (5.6%).
Emotional maturity domain: (Child is able to concentrate, help others, is patient, not aggressive or angry)	<ul style="list-style-type: none"> • 15.4% of the children are considered developmentally vulnerable. The highest proportion of developmentally vulnerable children are in Talbot/Daisy Hill (22.2%) and the lowest proportion are in Carisbrook and surrounds (12.5%). • There are 7.0% of children performing well. The highest proportion of children performing well are in Maryborough (9.0%) and the lowest proportion are in Talbot/Daisy Hill (0.0%).
Language and cognitive skills domain: (Child is interested in reading and writing, can count and recognise numbers, shapes)	<ul style="list-style-type: none"> • 11.1% of the children are considered developmentally vulnerable. The highest proportion of developmentally vulnerable children are in Maryborough (14.4%) and the lowest proportion are in Carisbrook and surrounds (4.2%). • There are 19.4% of children performing well. The highest proportion of children performing well are in Carisbrook and surrounds (29.2%) and the lowest proportion are in Talbot/Daisy Hill (16.7%).
Communication skills and general knowledge domain: (Child can tell a story, communicate with adults and children)	<ul style="list-style-type: none"> • 18.8% of the children are considered developmentally vulnerable. The highest proportion of developmentally vulnerable children are in Talbot/Daisy Hill (22.2%) and the lowest proportion are in Carisbrook and surrounds (8.3%). • There are 29.2% of children performing well. The highest proportion of children performing well are in Carisbrook and surrounds (41.7%) and the lowest proportion are in Talbot/Daisy Hill (22.2%).
Vulnerable on one or more domain (Children who are below the AEDI cut off on one or more domains)	<ul style="list-style-type: none"> • Overall there are 35.4% of children vulnerable on one or more domains. • The highest proportion of children vulnerable are in Talbot/Daisy Hill (44.4%) and the lowest proportion are in Carisbrook and surrounds (16.7%).
Performing well on one or more domain (Children who are in the top 25%)	<ul style="list-style-type: none"> • Overall there are 50.7% of children performing well on one or more domains. • The highest proportion of children performing well are in Carisbrook and surrounds (54.2%) and the lowest proportion are in Talbot/Daisy Hill (44.4%).

For 2009, a concerning proportion of children remains amongst the lowest in performance, compared to the Victorian average, across the following domains:

Communication Skills

	Below 10 th Percentile
Victorian Children av.	8.3%
Central Goldfields Shire children av.	12.5%

Language and Cognitive Skills

	Below 10 th Percentile
Victorian Children av.	6.1%
Central Goldfields Shire children av.	9.8%

Emotional Maturity

	Below 10 th Percentile
Victorian Children av.	8.3%
Central Goldfields Shire children av.	20.5%

Social Competence

	Below 10 th Percentile
Victorian Children av.	8.4%
Central Goldfields Shire children av.	15.2%

A number of these areas of poor performance and vulnerability are targeted in this Action Plan

Indicators of Children's Health.

Children's Health.

Childhood disadvantage is clearly linked statistically to family disadvantage, with the major risk factors being (1) poverty; (2) parents with low income; (3) growing up in a single parent home; (4) having parents who are unemployed; and (5) growing up in a poor community. Unfortunately these risk factors are plainly evident in the CGS. There is some certainty that many of these children will fail to reach their full potential and acceptable levels of wellbeing.

Child Health Assessments

Assessments are routinely undertaken by the Maternal and Child Health Service (M&CHS) in Victoria to monitor child health and development. Ten visits are anticipated according to key ages and stages until a child reaches 3.5 years of age. The rate of participation for children eligible for an assessment at 3.5 years was 42.2% in Central Goldfields in 2005-06, compared to 57.1% in the Loddon Mallee Region with a Victorian State average of 58.0%. As the CGS M&CHS has the highest rate of home visitation within the Region and a high rate of contact with infants and families, this was attributed to a lack of readiness, due to a high proportion of children having developmental delays.

Hospital Stays for Children

From July 2003 to June 2005 there were 268.3 hospital stays per 1000 of all children aged 0 to 8 in Central Goldfields. This compares with a rate of 229.5 hospital stays per 1000 children aged 0 to 8 across Victoria for the same period²⁹. This finding reflects the clear links that have been made by global studies into parental socio-economic status and infant health.

Health and Wellbeing

The 2009 AEDI results in this area were:

Physical Health and Wellbeing.

	Below 10 th Percentile
Victorian Children av.	7.7%
Central Goldfields Shire children av.	17.0%

Other Indicators of Health.

General Health

According to the 2007 'Community Indicators Victoria (CIV) Survey', only 45.9% of people living within Central Goldfields reported that their health was either excellent or very good, compared with 55% in the Loddon Mallee Region and the Victorian State average of 54.3%.

This study highlighted very high levels of psychological distress and poor self-assessed health in the Central Goldfields area. It also reported very high levels of asthma, circulatory problems, diabetes type 2, injuries and mental and behavioural disorders. Central Goldfields also had very high levels of age-related conditions such as arthritis, osteoarthritis and rheumatoid arthritis.

Teenage Pregnancy

Teenage pregnancies and births are more than twice that of the State average. There has been some reduction from the 2003-2004 figures where 50.1 births per thousand females aged 15 to 19 was recorded in Central Goldfields in comparison to the 19.0 births per thousand females aged 15 to 19 across Victoria for the same period.

Alcohol-related Health Issues and Incidents

In 2002/2003, Central Goldfields had significantly higher than the Victorian rate of alcohol-related crime, hospital admissions and incidents.

Speech Pathologies.

The 2009 Review of Speech Pathology Services undertaken by Maryborough District Health Services Community Services highlighted the importance of communication skill development in young children and the relatively high proportion of formal speech pathologies amongst children entering primary school. For example, in 2008, 15% of students in one primary school within the Shire were receiving speech pathology services.

Speech pathology services are provided to CGS residents from a number of sources including Maryborough District Health Services, Mt Alexander/CGS Early Intervention Program, Specialist Children's Services (DEECD), Catholic Education Office Speech Pathology and Student Support Services (DEECD). These services are considered sparse in relation to need and waiting lists are in place. The 2009 review noted.... "all speech pathology services operate a waiting list. Current waits of six months or more are considered too long. Local child service providers report feelings of stress, frustration and hopelessness in relation to waiting periods".

The consultation associated with the development of this plan heard many service providers comment on the lack of communication skills in children 0-8 years and a lack of preparedness and readiness for school. This area of need was the strongest indicated and most remarked area arising from the consultation if combined with social skills. Communication includes being understood as well as understanding others, either in speaking or listening, or in reading and writing. It also includes social skills and interaction.

This Action Plan targets this area as a priority.

Indicators of Child Abuse and Neglect.

CGS has a very high proportion notifications to DHS Child Protection compared to other rural Shires.

Notifications to Child Protection 2008-2009

LGA	Total Notifs	% Catchment	Pop'n 0-17 years	Notifs per '000
Campaspe (S)	490	17.7	9,382	52.2
Central Goldfields (S)	177	6.5	2,762	64
Gr. Bendigo (C)	1468	53	23,264	63
Loddon (S)	84	3.2	1,817	46
Macedon Ranges (S)	336	12.1	10,773	31
Mount Alexander (S)	210	7.6	3,907	38.4
Totals	2765	100.0	51,905	

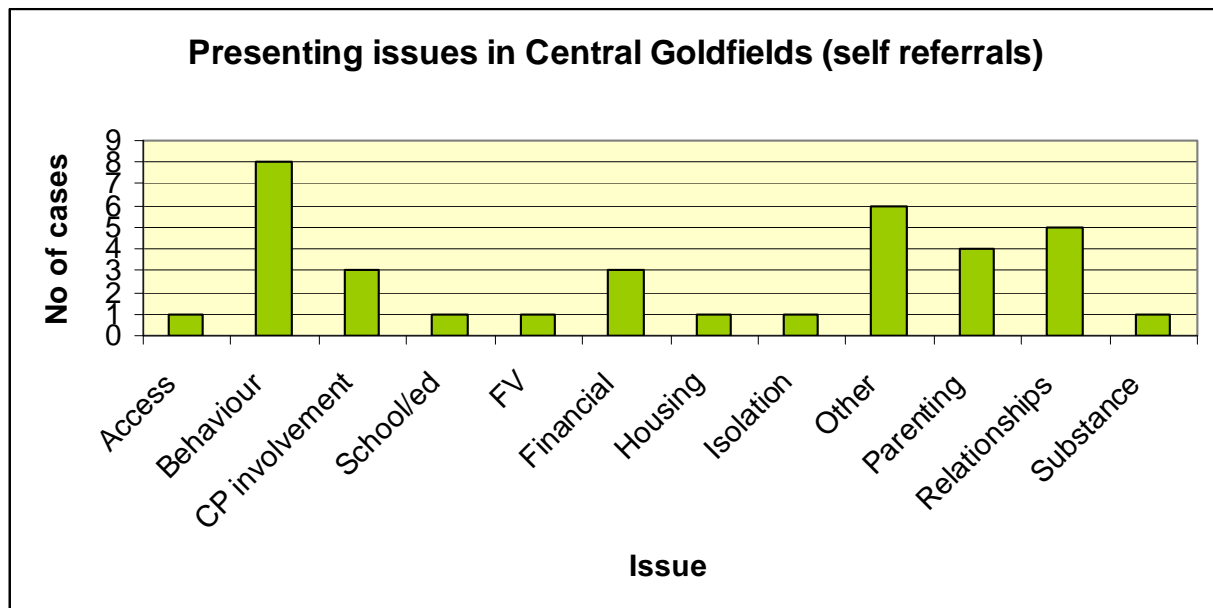
CGS has the highest proportion of reports to DHS Child Protection that are re notifications, i.e. reports on families that have been reported to Child Protection in the past.

Re notifications to Child Protection 2006-2007

LGA	1st notifs	Re-notifs	Total	Re-notifs %
Campaspe (S)	148	233	381	61.2
Central Goldfields (S) '06	59	140	199	70.4
Gr. Bendigo (C) '06	335	699	1,034	67.6
Loddon (S)	42	76	118	64.4
Macedon Ranges (S)	75	136	211	64.5
Mount Alexander (S)	61	89	150	59.3
Totals	720	1,373	2,093	65.6

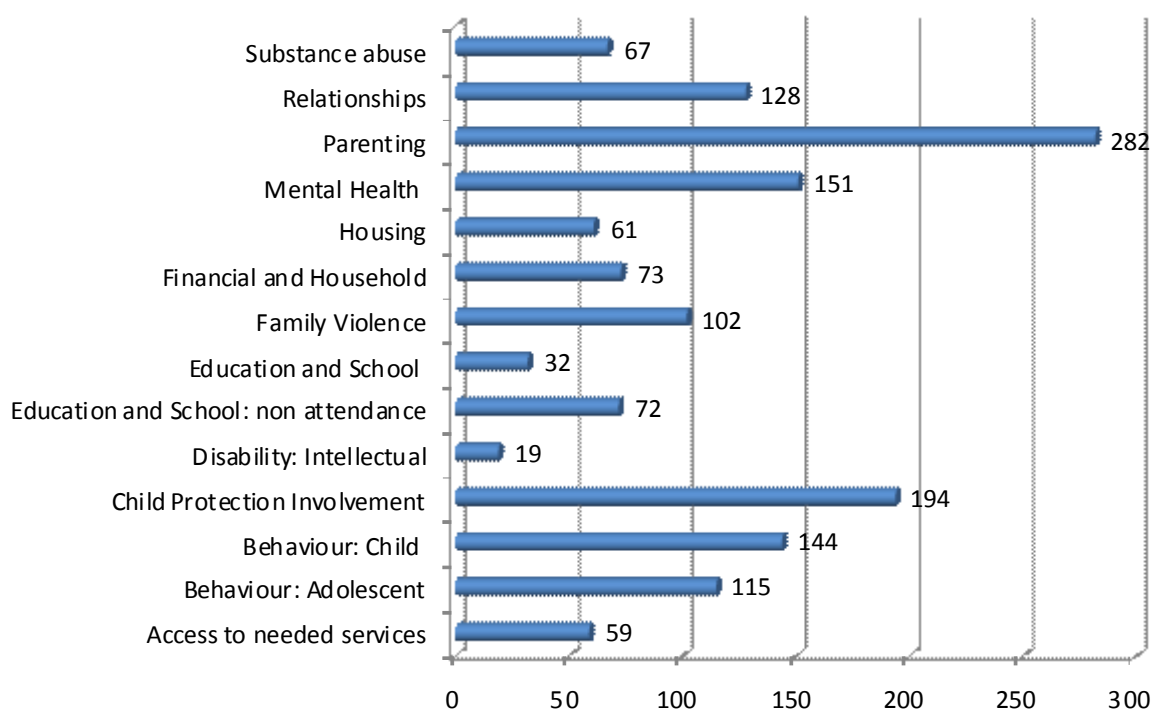
Presentations to Child First 2008-2009

Child First and Integrated Family Services is the co ordinate service response to families displaying risk factors associated with child abuse and neglect. Families that had self referred to the sub regional service had the following presenting issues.



The relative weighting of these presenting issues reflects the information gained during the consultation associated with the preparation of this Action Plan. Service providers reported on the need to increase parenting education and programs, services that reconnect children and young people to educational settings, services that improve family relationships and those that address violent behaviours.

Issues Identified During Child First Involvement 2008-2009.



These presenting issues reflect those others detailed immediately above.

Violence Including Family Violence

The figures above point to the relatively large influence family violence has on families presenting to Child First agencies.

In general terms, there are indicators that the Central Goldfields area is a relatively violent environment; indicators also reported by *Go Goldfields* member organisations. CIV indicators of crime, recorded by the Police in 2008/2009 indicate that there were significantly more crimes recorded against the person than the state average and significantly fewer crimes recorded against property.

There were 1349 recorded crimes against the person per 100,000 population in 2008-09 compared to 929 in the Loddon Mallee Region and the Victorian State average of 773.

There were 3760 recorded crimes against property per 100,000 population in 2008-09, compared to 3861 in the Loddon Mallee Region and the Victorian State average of 5374.

Summary

There is a great deal of evidence indicating areas of vulnerability for many families within the Central Goldfields Shire. This evidence was confirmed during the consultation associated with this review and included socio economic indices, indicators of vulnerability in relation to children's development, health and child protection factors.

In many areas, objective data places some CGS residents amongst the most vulnerable in Victoria. In a few situations some residents are identified as being the most vulnerable group in Victoria.

STRENGTHS

While this Action Plan aims to address needs, it recognises strengths across the Shire and aims to build on them as much as possible.

In developing this Action Plan the following strengths have been identified:

- A Shire Council that has recognised the seriousness of needs articulated in the various indices and has committed to responses including the **Gold Prospects** and **Going for Gold** community awareness processes and strategies. CGS has recently initiated a "Liveability" strategy.
- Best Start and Neighbourhood Renewal projects that are well connected to local communities with both adopting a community development and planning approach to assist with identified needs and strategies.
- A well coordinated family services network which, assisted by Child First and Integrated Family Services, ensures that resources used in assisting families are well targeted and effective.
- Commitment by local human services providers and others, through the **Go Goldfields** structure, to working collaboratively in developing place based solutions and services for CGS residents. **Go Goldfields** has the active participation of a broad range of service providers including police, child and family welfare services, health services, educational, employment and training, arts, recreational, community development, local government and women's organisations.
- Some particularly good practices that have developed; for example the high proportion of home visitation resulting from the Maternal and Child Health services outreach program and the skills developed locally by a number of organisations in effectively engaging with hard to reach families.
- Community assets that while perhaps not widely recognised, make Maryborough and surrounds an attractive liveable area. These assets include public spaces and buildings, clubs associations and sporting bodies, an active arts and cultural scene and a rich and interesting history.

DEVELOPMENT OF THIS ACTION PLAN

METHODOLOGY

In October 2009 **Go Goldfields** developed Terms of Reference for the development of a Practical Action Plan for Families in the CGS. In December 2009 a consultant, John McDougall, was employed to develop the plan along with reviewing the structure and operating procedures of **Go Goldfields**.

A Reference Group of **Go Goldfields** has overseen the development of this Action Plan.

- John Bonnice. General Manager CY and FS. St Luke's Anglicare
- Louisa Taylor. Manager Community Services MDHS
- Barney Healy. Principal MEC
- Chris Meadows-Taylor. Mayor CGS
- Drina Andrews. Manager GELC

The development of the Action Plan and associated Actions has involved:

- Refining the terms of reference with the Reference Group
- Refining the Terms of Reference and Members Guidelines for **Go Goldfields**. This has involved consultation with senior representatives of community services providers within and outside of the Shire.
- Presentation of these draft Terms of Reference to Go **Goldfields** meetings.
- Describing where this Action Plan fits with other initiatives underway in the area e.g. Neighbourhood Renewal and Best Start.
- Summarising what information is already known in relation to families including those disadvantaged, as well as what successful approaches have occurred.
- Consultation with senior representatives of human services providers within and outside of the Shire in relation to this Action Plan. Consultation involved a standard format using an Appreciative Inquiry approach. A total of twenty six (26) organisations were actively engaged in this consultation.
- Follow up interviews with selected organisations. Theme analysis. Setting priorities.
- Regular meetings with the Reference Group in workshop format.
- Scoping relevant policy and funding directions and opportunities
- Developing this Action Plan and presentation to the Reference Group, General Meetings and the **Go Goldfields** Executive, ultimately in its final form.

PRIORITIES

The priority areas identified through the development of this plan build on the strong service culture and network that exists across the Shire. The actions that arise from these priority areas acknowledge and build on the strengths and successful strategies identified within organisations and across the service network.

Following analysis the following PRIORITY ACTION AREAS for the *Go Goldfields* GREAT OUTCOMES. An Action Plan for the Future of our Families 2011, 2012, 2013.

- Further supporting young parents and families with parenting and daily living skills associated with family life.
- Encouraging a collaborative “joined up” approach to the provision of learning opportunities for young people disengaged or disengaging from education/training opportunities.
- Providing opportunities for young people to connect with and form significant inclusive relationships with other stable community members.
- Developing a strategic plan for the provision of Family Violence services by the network of service providers.
- Building the aspirations and culture of families through challenging impressions about life in Maryborough; through involvement in participatory and experiential arts.
- Assisting with the development of a whole of Shire approach to the early development of communication skills, language and literacy for all family members.
- Further developing collaborative approaches to the provision of community services for families across the Central Goldfields Shire.

KEY PERFORMANCE MEASURES

A number of outcome measures and areas where change is desired are mentioned throughout the plan that follows.

It has been decided to develop a number of overall **key performance measures** that if achieved would indicate that a real difference has occurred as a result of this Action Plan. The overall key performance measures are:

Reduction in the number of notifications to Child Protection to less than 30 per 1000 pop by 30 June 2013. This would halve the current rate of notifications.

A significant measurable change in the general communication and social skills of children entering their prep. year Feb 2013. This may involve the application of measures not currently applied.

A significant change in the abilities of Year 2 students with Central Goldfields Shire students being mid-ranked amongst Victoria's LGA's by 2015. This would significantly improve the current situation.

A significant increase in the school retention rate, indicated by the number of students completing year 12 at the Maryborough Education Centre.

A significant change in the 2014 AEDI results for children within the Central Goldfields in Communication Skills, Language, Emotional Maturity and Social Competence. This would significantly improve the current situation.

These general priority areas and key objectives underpin the actions in the following practical plans:

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

1. EXECUTIVE.

Preamble.

The **Go Goldfields** Alliance is a unique organisation due to the breadth of membership and its comprehensive place based strategies. The organisation has a structure designed to maximise participation through general meetings and events, minimise overlap through sharing some Action Group functions with other community based initiatives (Best Start and Neighbourhood Renewal) and provide strategic direction and oversight through its Executive.

Throughout its 6 years of operation **Go Goldfields** has been hindered by not having an Executive Officer and administrative support. Management and administrative functions have been shared by some member organisations at their own cost and effort. There are examples where opportunities have not been picked up and times when the workload has been overbearing. The group has not been able to function to its full potential.

It has been decided that a .5 EFT Executive Officer should service **Go Goldfields**. The Executive Officer would be auspiced and employed by the CGS and report to the **Go Goldfields** Executive.

Executive.

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>“Further developing collaborative approaches to the provision of human services for vulnerable families across the Central Goldfields Shire”.</p> <p>DIRECTION</p> <p>Employment of Go <i>Goldfields</i> Director, Administrative and Secretarial assistance.</p> <p>Evaluation and research related to this Action Plan</p> <p>Rationale and purpose</p> <p>The Go Goldfields Executive is the key functional component of the Go Goldfields Alliance of human service providers and interested individuals from Maryborough, surrounding towns and areas within the Central Goldfields Shire. Go Goldfields has developed into a unique and significant whole of community planning and development body with representation from all community service providers to and within the Shire and key interested individuals and residents.</p> <p>Consultation associated with the development of this plan clearly indicated that those representative groups that have succeeded in achieving their goals are resourced. An influential and important group such as Go Goldfields must be adequately resourced.</p> <p>Program Outline</p> <p>The employment of a Director 1 EFT would ensure that Go Goldfields is able to support its interests, priorities and action plans across the Shire. The Executive Officer will undertake the work and administrative requirements of the Go Goldfields Executive and Action Groups and the annual Practical Action Plans including this GREAT OUTCOMES Action Plan for the Future of our Families, 2011, 2012, 2013</p>	<p>Central Goldfields Shire.</p> <p>CGS will auspice and employ the Director who will report to the Executive of Go Goldfields.</p> <p>CGS is represented on the Executive of Go Goldfields.</p>	<p>\$140.000</p> <p>Includes total costs of salary, operations and overheads plus administrative support and assistance provided by CGS plus an amount of \$10,000 for an external evaluator.</p>	<p>The success of Go Goldfields will be observed through:</p> <ul style="list-style-type: none"> • Attainment of priorities and actions detailed in strategic planning documentation such as this Action Plan. • Regular feedback from members relating to effectiveness and relevance. • The number of activities occurring as a result of Go Goldfields involvement or support.

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

2. YOUTH DEVELOPMENT.

Preamble.

The alarming degree to which many of our Shire's young people were disconnected from meaningful relationships and opportunities was mentioned throughout the consultation phase associated with the development of this Action Plan. A mentoring program for young people has been discussed and lately developed with input from Maryborough Rotary, Maryborough Education Centre (MEC), St Luke's Anglicare and others. Youth mentoring programs in Victoria have demonstrated their effectiveness with disengaged young people including young offenders. This project would be auspiced by St Luke's Anglicare and receive some direction from our Youth Development Action Group.

In a similar vein it has been recognised that an opportunity exists to engage and connect young people whose behaviour has come to the notice of the Police and their families, to local health and welfare organisations. This program is currently being developed with local organisations agreeing to meet the ongoing cost of operations. Maryborough District Health Service, Community Services has agreed to coordinate this project with some guidance from our Youth Development Action Group. Victoria Police are an active and much valued member of the **Go Goldfields** Alliance.

Youth Development.

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>“Providing opportunities for young people to connect with and form significant inclusive relationships with other stable community members”.</p> <p>YOUTH MENTORING PROGRAM.</p> <p>Rationale and purpose</p> <p>It is well recognised that within the Central Goldfields Shire there is high levels of social disadvantage amongst young people. The development of a mentoring program aims to address issues of social disconnection and social isolation amongst at risk young people within the Shire. There is now a strong evidence base from Victorian experience that demonstrates that mentoring offers young people great opportunities for social inclusion in their community and improves their lives in many ways: attendance and achievement at school; reduced offending behaviour, improved resilience and self-esteem; setting goals and meeting life's challenges.</p> <p>Evidence also suggests that mentors gain from their experiences and that the program strengthens a sense of community and the way young people are regarded.</p> <p>The proposed mentoring program specifically aims to:</p> <ul style="list-style-type: none"> • Give young people a better understanding of life and the world of work • Keep vulnerable young people aged 15-19 connected to education, training or meaningful employment • Decrease the number of young people (15-19) at risk of disengaging from school. <p>Program Outline</p> <p>The program will give young people the chance to form long-term relationships with adults both in school and community settings. The mentoring relationships will be based on doing things of mutual interest together with a particular focus of developing and expanding the young people's future life opportunities and choices.</p>	<p>St Luke's Anglicare.</p> <p>St Luke's have operated services from their Maryborough location for 20 years and are well respected providers of youth and family services.</p> <p>St Luke's would use the Go Goldfields Youth Development Action Group in an advisory capacity.</p>	<p>\$85,000</p> <p>Includes total costs of salary 1EFT operations and overheads.</p>	<p>This program will have a positive impact on:</p> <ul style="list-style-type: none"> • Self esteem • Personal direction • Engagement and participation with education training and employment • Participation in recreational activities. • Reduced offending and anti social behaviour. <p>These attributes and behaviours can and will be measured throughout the period of program involvement.</p>

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>The program will involve one-to-one relationships between young people and adults who spend a minimum of two hours a fortnight together. There will also be occasional group social activities. Mentors will be trained and supported. Young people will develop specific goals collaboratively with their mentors. The program would support up to 15 mentoring relationships across the Shire at any one time, having a significant impact on vulnerable young people.</p> <p>The program will operate with a full-time co-ordinator 1EFT. St Luke's Anglicare have agreed to be the auspice for this program.</p> <p>The Central Goldfields Local Youth Workers Network, Maryborough Rotary Club, Maryborough Education Centre (MEC) and the Loddon Mallee Youth Mentoring Project co-ordinator have been actively involved in the program's planning and development and will support its operation.</p>			
<p>POLICE REFERRAL PROGRAM</p> <p>Rationale and purpose</p> <p>This program will more effectively link at risk young people whose behaviour has come to the notice of Maryborough Police, and their families, to appropriate health and welfare services.</p> <p>Based on successful projects in police districts such as Ballarat and Watsonia, this program will operationalise the early connection between young people and appropriate services as well as adding another constructive component to the police warning/community policing approach that is proving successful in the Shire.</p> <p>Program Outline</p> <p>Maryborough police will refer, via a secure and confidential process, young people considered to be at risk of further disengagement or offending, to a central referral/intake point operated by Maryborough District Health Services. MDHS have accepted the responsibility of assessing the referral and ensuring that it is passed on effectively to the appropriate service provider. Service providers in the Shire have agreed to prioritise referrals, recognising the importance of an early and timely response to young people seen as transitioning towards risky unlawful behaviour.</p> <p>The cost of ongoing operations will be met by service providers.</p>	<p>Maryborough District Health Services.</p> <p>MDHS will use the Go Goldfields Youth Development Action Group in an advisory capacity.</p>	<p>No charge</p>	<p>This program will have a positive impact on:</p> <ul style="list-style-type: none"> • Offending patterns and rates by young people. • Disengagement rates for young people from educational settings and environments.

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

3. CHILDREN'S DEVELOPMENT. 0-8 YEARS.

Preamble.

The need for an increase in effective and timely **parenting programs** and individual interventions was mentioned throughout the consultation phase associated with the development of this Action Plan. As noted earlier, parenting issues are a major player in presentations to DHS Child Protection services. There are three projects planned in this area:

- A Family Group Work Program to operate across the Shire, auspiced by St Luke's Anglicare, using the services of other organisations and building upon their successful group work programs and experiences.
- A Home Based Parenting and Daily Living Skills (PADLS) program that will work with the existing Maternal and Child Health Service benefitting from their experience and success in bringing their services to young families homes and other settings. This will be auspiced by CGS.
- An ongoing respite child care program auspiced by the CGS and managed by the Maryborough Children's Centre which will make child care available to vulnerable families during times of stress.

The lack of **language and communication skills** amongst children 0-8 years was described as "an epidemic" by one early childhood professional in Maryborough. There are four projects planned in this area:

- A community based literacy and communication program that would provide outreach speech pathology and allied health assistance to children and other family members.
- The review and coordination of the Mother Goose program, ensuring that the best value can be achieved from this investment.
- The purchase of the ELF program; an innovative whole of community approach to increasing participation in learning and knowledge.
- Employment of a specialist Children's Librarian with multiple community and library based responsibilities.

Children's Development 0-8 Years

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>"Further supporting young parents and families with parenting and daily living skills associated with family life".</p> <p>FAMILY GROUP WORK PROGRAM</p> <p>Rationale and purpose</p> <p>The aim of group work programs with families is to increase the range and availability of parenting support and information to parents and to increase their understanding of children's developmental needs and strategies to cope with the challenges of family life. Group based interventions also encourage the development of stronger community resources so that parents are more able to access social supports that aid and enhance their own parenting ability, and to provide them with sustainable supports to cope with the changing needs of their family over time.</p> <p>A number of organisations including St Luke's, GELC, Maryborough Health Services have run periodic parenting programs for (mostly) young parents and a great deal of knowledge in this area has been developed including how best to attract those most in need to generally available programs and activities. Best practice in this area was identified in the consultation that informed this Plan. Also identified was the relatively small amount of resourcing this area has compared to the outstanding results reported by participants. This area was clearly identified as a priority area for families.</p> <p>St Luke's Anglicare currently delivers family support services in the Central Goldfields Shire and is one of the organisations that have operated a small group work program in the past. The focus of the family support service is to support highly vulnerable families where there is a risk of or there has been intervention by child protection services. The service is based on an outreach casework model. It is the experience of St Luke's and family service providers that group based interventions are also required to support individual casework services particularly in addressing social isolation and supporting parenting skills development. However this aspect of the work with vulnerable families remains largely unfunded.</p> <p>Funding in this area would provide for a .5 EFT Family Group Work Programs Coordinator to be employed by St Luke's Anglicare with an amount available, via brokerage arrangements, to other</p>			
	<p>St Luke's Anglicare.</p> <p>St Luke's have operated services from their Maryborough location for 20 years and are well respected providers of youth and family services.</p> <p>St Luke's would use the Go Goldfields Children's Development (Best Start) Action Group in an advisory capacity .</p>	<p>\$42,500</p> <p>Includes total costs of salary .5 EFT operations and overheads.</p> <p>\$42,500</p> <p>Brokerage available to other service providers.</p>	<p>This program will:</p> <ul style="list-style-type: none"> • Improve parenting skills and capacities • Create sustainable social connections for isolated families • Increase access to education and adult learning opportunities for parents • Reduce notifications to child protection services

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>organisations that have demonstrated success in this area in the past. St Luke's would manage brokerage arrangements.</p> <p>Program Outline</p> <p>The group work program would deliver a range of group based programs including:</p> <ul style="list-style-type: none"> • Family Wellness Program. <p>This program is a weekly program over 8 weeks which introduces participants to a series of simple and useful skills which can help their families work better. The Family Wellness program is an internationally recognised program that has produced real results in supporting families. The workshops are informal and fun, presented in the kind of friendly atmosphere where parents can share their stories and experiences and learn from one another.</p> <ul style="list-style-type: none"> • Early Years Program. <p>The Early Years program was developed by St Luke's in 2008 in partnership with Bendigo TAFE. The Early Years aims to support parents with young children (under 4) to complete three major components of an accredited Certificate II in Community Services. The participants are parents who have lost confidence in their ability to attend an academic institution, feel unsupported in their role as parents and face day-to-day challenges that impact on their commitment to learning and their confidence in parenting.</p> <ul style="list-style-type: none"> • Family Social Activities. <p>The program would deliver a range of interactive social programs and activities designed to build social connection for isolated families. The activities include family fun days, father/son activities, pamper days for single parents, family outings and group based holidays for families who have never been on a family holiday!.</p>			

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>HOME BASED PARENTING AND DAILY LIVING SKILLS (PADLS) PROGRAM</p> <p>The Maternal and Child Health (MCHS) across the Central Goldfields Shire is well regarded as having an excellent record in engaging all young parents that have births in the Shire and all new incoming families with infant members. A high proportion of these contacts are in the home. This program would work alongside the MCHS providing personalised home based parenting and assistance with daily living skills to families that include, but are not limited to those families considered “vulnerable.”</p> <p>This service builds upon the record of earlier home visiting and Family Aide services in Victoria which demonstrated fine results prior to being targeted towards the most vulnerable families, via Innovations, Child First and Integrated Family Services approaches. As family support services were moved further along the continuum towards the tertiary end of the continuum, a huge gap was left in the provision of home based services for families at this most vulnerable stage of development i.e. around the birth and early development of children.</p> <p>This program will have a real impact on families at an earlier stage than the current range of Family Services that surround and support the Child Protection system in the Shire. It will piggy back on a most successful service bringing education regarding practical parenting and daily living skills to parents that have traditionally been hard to reach and oppositional towards more formal programs.</p> <p>RESPITE CHILD CARE AND DEVELOPMENT</p> <p>During the course of consultations associated with the development of this plan the need for respite child care and development was recognised by many service providers. This need is widely recognised. Respite child care is regarded as a key strategy in assisting families to cope, sometimes preventing children from entering the child protection system and out of home care. Out of home care providers in Victoria have recently (2010) undertaken a major study of this area including mapping the gap between need and available services. Respite child care is not able to be afforded by many families under stress in the Central Goldfields Shireand elsewhere across the State. Yet these families would benefit most.</p> <p>A Respite Childcare and Development fund would be available to assist vulnerable families across the</p>	<p>Central Goldfields Shire.</p> <p>Located alongside Infant Welfare Services.</p> <p>Central Goldfields Shire. Fund to be managed by Maryborough Children's Centre</p>	<p>\$80,000</p> <p>\$30,000</p>	<p>This program will:</p> <ul style="list-style-type: none"> • Improve parenting skills and capacities • Create sustainable social connections for isolated families • Increase access to education and adult learning opportunities for parents • Reduce notifications to child protection services <p>This program will:</p> <ul style="list-style-type: none"> • Reduce notifications to child protection services

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
Shire. The fund could be accessed when it is determined that a respite service would be in the child's and family's best interests and when payment for fees could not be gained without access to the fund. Terms of Use will be developed by children's and family support services providers. A relatively small targeted investment in this area will provide disproportionate benefits to children and their families.			
<p data-bbox="248 611 1272 707">“Assisting with the development of a whole of Shire approach to the early development of communication skills, language and literacy for all family members.”</p> <p data-bbox="192 746 1216 778">COMMUNITY BASED LITERACY AND COMMUNICATION PROGRAM</p> <p data-bbox="192 839 506 871">Rationale and purpose</p> <p data-bbox="192 882 1312 962">During the course of consultation in the development of this Plan, this area emerged as a major priority. It has also emerged as a priority area for the Best Start initiative in Maryborough. Anecdotal evidence matched objective information.</p> <p data-bbox="192 978 1305 1114">This area is also informed by the <i>Review of Speech Pathology Services Supporting young children and vulnerable families in the Central Goldfields Shire.</i> Shann Anderson. MDHS. 2009. This review details needs and highlights how crucial it is to develop a comprehensive approach to healthy language development involving community based early interventions and tertiary interventions that address developing pathologies.</p> <p data-bbox="192 1129 1312 1265">Service providers including primary schools, child care services and others are reporting a tragic lack of language and communication skills amongst many young children attending their service. Primary schools report parents attempting to reach the year levels of their children in language development and literacy. A lack of stimulation at home is reported with many parents distrustful and disrespectful of schools and education generally.</p> <p data-bbox="192 1281 1272 1329">The data relating to need and disadvantage summarised in the comprehensive Gold Prospects Report contains the following:</p> <ul data-bbox="192 1345 1245 1369" style="list-style-type: none"> • Central Goldfields was ranked 77 out of 78 LGAs in terms of the percentage of Year 2 students 			

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>following reading assessments in 2005.</p> <ul style="list-style-type: none"> The highest school qualification of both parents was less than Year 12 or equivalent in 49.3% of couple families with children aged 0 to 8 in Central Goldfields (S). Central Goldfields (S) was ranked 1 out of 78 LGAs on the percentage of couple families where both parents had not completed Year 12 or equivalent. A rank of 1 was assigned to the LGA with the highest percentage of families. The highest school qualification of the parent was less than Year 12 or equivalent in 72.5% of one-parent families with children aged 0 to 8 in Central Goldfields (S). This was much greater than the percentage of one parent families with children in this age-group in Victoria. <p>Lack of language and communication skills amongst children 0-8 years was described as “an epidemic” by one early childhood professional in Maryborough.</p> <p>Program Outline:</p> <p>This most important priority area has a number of actions associated with it:</p> <p>ACCESSIBLE OUTREACH SPECIALIST SERVICES.</p> <p>Employment of Speech Pathologist.</p> <p>The detailed report into Speech Pathology Services (2009) mentioned earlier, details need and circumstances across the Shire and recommends the employment of two locally based speech pathologists. The need to work alongside early childhood services was described as crucial to success in this area. Waiting periods of over 6 months were described</p> <p>The need has been identified for active assistance to children and support to parents of children 0-5 years that are unable to access, for whatever reason, speech and language development and pathology services in the Shire. This program will have an assertive outreach component; the service being taken to where parents and children meet and socialise, as well as in their homes.</p> <p>This proposal is for one Speech Therapy 1 EFT position to specialise in clinical and outreach speech pathology services for children 0-8 years and their families. This position would also supervise the appropriately trained Allied Health Assistant described below.</p>	<p>Maryborough District Health Services. (</p>	<p>\$175,000.</p>	<p>This program will:</p> <ul style="list-style-type: none"> Increase performance on communication measures upon entry to primary education. Develop interest amongst parents in early learning activities. Utilise the existing strengths amongst the service system to reach this “hard to reach

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>The service will be effectively coordinated with the Infant Welfare Service and benefit from the excellent record that service has in providing service, often in homes, to difficult to reach parents. The Shires IWS has a record and performance measures second to none in the State for engaging with this target group.</p> <p>Employment of Allied Health Assistant.</p> <p>The need has been identified for active assistance to children and support to parents of children 0-5 years that are unable to access, for whatever reason, speech and language development and pathology services in the Shire. This program will have an assertive outreach component; the service being taken to where parents and children meet and socialise, as well as in their homes.</p> <p>An appropriately trained Allied Health Assistant will work under the direction of a speech pathologist making connections with children and parents at children's centres, kindergartens, play groups and any other setting that allows access. The service will be effectively coordinated with the Infant Welfare Service and benefit from the excellent record that service has in providing service, often in homes, to difficult to reach parents. The Shires IWS has a record and performance measures second to none in the State for engaging with this target group.</p> <p>An .8 EFT position will be involved in this one on one and small group outreach program.</p> <p>Establishment and equipment costs</p> <p>REVIEW and ongoing CO ORDINATION OF THE MOTHER GOOSE PROGRAM</p> <p>Mother Goose is an early communication program begins very early enhancing the relationship between parent and baby or young child, through the use of the pleasure and power of rhymes, songs and stories taught and experienced orally in a group setting to nurture the parent-child relationship and to foster family wellness. It has demonstrated its success internationally.</p> <p>In 2008, Best Start purchased the rights to operate the Mother Goose Program and trained 25 human services professionals in its use. This was an ambitious venture which now needs review and coordination. A review may to be undertaken to see whether the original training was targeted to those who could make</p>	<p>Central Goldfields Shire in consultation with Best Start</p>	<p>\$5,000</p> <p>\$5,000</p>	<p>"client group.</p> <ul style="list-style-type: none"> Enhance positive connections between infants, children, parents and other adults. <p>This program will:</p> <ul style="list-style-type: none"> Ensure that resources dedicated to MG are used effectively and efficiently

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>the most difference to families and whether adjustments need to be made to the operating procedures and approach adopted. Best Start will undertake this review.</p> <p>The program also needs a dedicated coordinator as it is a large program with the potential to make a sizeable impact but falls within the responsibilities of the Best Start coordinator, a single 1 eft position with multiple other planning, management and service delivery responsibilities. This coordination/administration of Mother Goose could be included in the responsibilities of the Children's Librarian....see below thereby assisting with relieving some of the workload of the Best Start coordinator</p> <p>PURCHASE OF THE EARLY LEARNING IS FUN (ELF) PROGRAM.</p> <p>The ELF program also fosters language development, promotes reading and storytelling, promoting these activities as fun, encouraging parent/child interaction and bonding, and preparing children for positive learning experiences in formal education settings.</p> <p>ELF differs from Mother Goose in that it is based on a community development model to ensure community ownership and sustainability. It engages the wider community and includes participation from local businesses, service and sporting clubs, schools, maternal & child health centres, early childhood services, libraries and community groups working together in the best interests of its children. ELF has been applied across a number of communities in Victoria with most favourable results. It is considered most appropriate for the Central Goldfields Shire as it promotes a positive community attitude towards learning reading and education. (A lack of respect and commitment towards learning and education was reported to be a significant feature of many vulnerable families during the consultation that informed this Plan)</p> <p>ELF and Mother Goose are most compatible and if applied in unison, would present a comprehensive approach to early learning, family and community relationships. The operation of ELF could be included in the responsibilities of the Children's Librarian....see below</p> <p>CHILDREN'S LIBRARIAN</p>	<p>Central Goldfields Shire</p>	<p>\$5,000</p>	<p>This program will:</p> <ul style="list-style-type: none"> Involve the whole of community in language and literacy awareness, development and issues
<p>There is no specialist children's librarian working in the CGS. The Shire does have a permanent and visiting library service with the Maryborough Library being operated by the Central Highlands Regional Library Corporation under direction from CGS.</p> <p>Children's library services have in other areas demonstrated effectiveness in encouraging and assisting children to develop inquisitive skills, encouraging reading and information literacy. In many municipalities they lead the development of community based approaches in these areas and provide advice and</p>	<p>Central Goldfields Shire</p>	<p>\$85,000.</p>	<p>This program will:</p> <ul style="list-style-type: none"> Involve the whole of community in language and literacy awareness, development and issues Increase performance on

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>services in children's use of multimedia and other forms of literacy based learning modalities.</p> <p>It is proposed that a full time Children's Librarian be employed to work from the Maryborough library. The role may also include the administration of the ELF and Mother Goose program across the Shire. To maximise effectiveness, it is important that the position be based in the library but not part of the library daily operations staff.</p> <p>The librarian should focus on supporting existing literacy programs, rather than starting new ones, and on working with successful existing outreach contacts especially the Infant Welfare Service.</p> <p>Outreach activities could include:</p> <ul style="list-style-type: none"> • Accompanying the maternal and child health service on visits to new parents, delivering early reading kits and promoting children's literacy programs as well as the parenting and children's collections. Appointments for an individualised, guided visit to the library could be offer as parents often feel intimidated going to the library alone. • Supporting existing early literacy programs with assistance in selecting appropriate materials and training in delivering story times • Working with kindergartens and child care centres for example having displays in the library on their featured themes and ensuring sufficient relevant reading material is available. • Using existing community groups as venues for helping parents to feel interested in their child's reading and comfortable with reading to them and hearing them read aloud. • Employing strategies to involve young parents in literacy e.g. introducing them to fun, free computer games which develop literacy and numeracy; combining children's literacy activities at the library with free internet access sessions for their parents. • Setting up Reading/ Homework clubs after hours, with staff on hand to help children select reading material appropriate to their age, interests and reading level as well as to hear them read. 			<p>communication measures upon entry to primary education.</p> <ul style="list-style-type: none"> • Develop interest amongst parents in early learning activities. • Enhance positive connections between infants, children, parents and other adults.

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
Children's Librarian Book/Media Grant		\$15,000	

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

4. EDUCATION TRAINING and EMPLOYMENT

Preamble.

A number of our member organisations, led by the Maryborough Education Centre (MEC), are involved in efforts and programs to retain or re engage young people in education settings. Throughout the consultation phase associated with the development of this plan the relatively high proportion of young people disengaged or disengaging from school was widely commented upon as was the relatively low regard a number of parents held for education and learning. The MEC track young people considered at risk of disengaging from school and other educational settings, Goldfields Education and Learning Centre (GELC), St Luke's Anglicare. Maryborough Police and other local organisations also report on and record the relatively large number of disengaged young people in our area.

Members have recognised the need for a concerted and coordinated effort in this difficult area. There is the realisation that the considerable efforts spent by organisations and individuals attempting to retain or re engage young people in education and training across the Shire would provide better value and be more effective if better targeted and "joined up."

An opportunity exists to utilise the knowledge and experience of our service providers in this area with current developments in the field such as the Review of Victoria's Alternative School Settings, and regionally, the Evaluation of St Luke's Deemed Enrolment Program. By reviewing recognised best practices in this area alongside the skills and assets available throughout our own network of services, a plan will be developed that will be place based and have state and national significance.

Education Training and Employment

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>“Encouraging a collaborative <i>“joined up”</i> approach to the provision of learning opportunities for young people disengaged or disengaging from secondary education”.</p> <p>DEVELOPMENT OF A JOINED UP BEST PRACTICE SERVICE PLAN FOR YOUNG PEOPLE DISENGAGED OR DISENGAGING FROM LEARNING ENVIRONMENTS.</p> <p>Engagement with a school setting or other learning environment is regarded as the single most important indicator of the likelihood to successfully transition into independent living and adulthood.</p> <p>Members have recognised the need for a concerted and coordinated effort in this difficult area. There is the realisation that the considerable efforts spent by organisations and individuals attempting to re engage young people in education and training across the Shire would provide better value and be more effective if better targeted and “joined up.”</p> <p>The service providers in the Central Goldfields Shire are ideally placed and committed to developing an approach to this very difficult area that recognises the strengths organisations would bring to a joined up plan, acknowledges their weaknesses and the difficulties experienced in working with this complex target group, determines what best practice considerations should guide development and then develops a workable joined up management and operational plan. In the current era, where Victoria is searching for direction in relation to effective alternative educational settings, schools are attempting to operationalise Retention Policy and government policy across the board stresses partnership approaches to service provision; the potential exists for Central Goldfields Organisations to develop a place based response in this area that would have nationwide relevance.</p> <p>CGS organisations are well placed to develop such a plan. A broad range of committed organisations are represented and active across the Shire including:</p> <p>The Maryborough Education Centre. An amalgamated and comprehensive year 1 -12 educational setting with a broad mandate to enhance and encourage a community learning environment. MEC have an active retention strategy.</p>	<p>Maryborough Education Centre.</p>	<p>\$15,000</p>	<p>This program will:</p> <ul style="list-style-type: none"> • Get the best value from the efforts and resources of service providers. • Reduce the number of disengaged young people in the Shire (presently estimated to be xx) • Provide leadership and insight into the best way to development joined up place based approaches to addressing this most difficult set of circumstances.

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>The Goldfields Local Learning and Employment Network GLLEN is vitally connected to the Executive of Go Goldfields and convenes the Youth Development Action Group.</p> <p>Goldfields Education and Learning Centre. GELC have a commitment towards this group of young people and operate a VCAL program under arrangements with the MEC.</p> <p>Private Employment and Training Providers. There are five providers with offices in Maryborough.</p> <p>Maryborough Police have a commitment in this area, in some cases participating in activities for vulnerable young people in a voluntary capacity.</p> <p>Bendigo Regional Industry and Training TAFE. BRIT is not active in the Shire at present but has been and has a commitment to further involvement.</p> <p>Youth and Family Service Providers including CGS, St Luke's Anglicare, MDHS.</p> <p>Service and Youth Development organisations such as the , Mission Australia and Neighbourhood Renewal.</p> <p>These organisations are all Go Goldfields Members.</p> <p>Developing the Plan would include:</p> <ul style="list-style-type: none">• Identifying generally recognised best practice in this area through desk top research and consultation.• Facilitating and encouraging the involvement of a broad range of organisations and individuals.• Identifying the strengths and weakness with the current approach.• Developing a workable plan that joins up local service providers and makes best use of skills and resources. <p>Funding is required to develop the Plan. The Go Goldfields Director will be actively involved in the development of this Plan.</p>			

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

5. HEALTH AND WELLBEING

Preamble.

There are two proposals in this area:

Members of Go Goldfields have recognised the need to build upon the achievements of the network of **family violence** service providers by developing a strategic plan that will strategically move service provision closer to apparent needs.

“We need to have a real conversation now..... What are our next steps now that our network is established?”

It is proposed that a strategic plan be developed for the provision of family violence services across the Shire

During the course of consultation associated with the development of this Action Plan there was a surprisingly large amount of comment on the degree to which negative impressions of Maryborough are affecting the image some families and individuals have of themselves. The term “**Scaryborough**” and incidents where this ill informed view of Maryborough and its residents had negatively impacted on self image were widely reported on. These phenomena are affecting the vulnerability of some families and we are in a position to do something about it.

The CGS has a vibrant arts community and **Go Goldfields** members include representatives of arts organisations. It is proposed that participatory and experiential arts are the vehicle to actively challenge the perception some have of Maryborough. This program would recognise achievements and successes of residents and resurrect pride.

It is unusual having a strategy and proposal such as the **FEELING PROUD** program within an Action Plan such as this however this area was amongst the most commented on in relation to need and relevance.

Health and Wellbeing

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>“Developing a strategic plan for the provision of Family Violence services by the network of service providers.”</p> <p>DEVELOPMENT OF A STRATEGIC PLAN. FAMILY VIOLENCE.</p> <p>Over recent years, an effective network of services, located within and outside of the Shire, has developed to co ordinate the practice level response to family violence and to raise awareness of issues. This Family Violence Network has identified that the provision of family violence services across the Shire <i>“has all the component parts but each part is under resourced.”</i> One FVN member states <i>“we need to have a real conversation now..... what are our next steps now that our network is established.”</i></p> <p>It is proposed that a strategic plan be developed for the provision of family violence services across the Shire. The plan would incorporate the following elements:</p> <ul style="list-style-type: none"> • Community education • Community awareness • Integrated responses at the individual and family levels • Resource and GAP analysis 	<p>Maryborough District Health Service.</p>	<p>\$15,000</p>	

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p style="text-align: center;">“Building the aspirations and culture of vulnerable families through challenging impressions about life in Maryborough; through involvement in participatory and experiential arts.”</p> <p>THE <i>FEELING PROUD</i> PROGRAM</p> <p>This program involves the development of a community wide response to the view inside and outside of the Shire that that is influencing the way families including those most vulnerable, feels about the community in which they live. It is largely an ill informed perception that comes from events that happened long ago, however the perception lives with present residents of Maryborough. This phenomenon was mentioned throughout the consultation phase of this project; influencing the quality of life of vulnerable families. It is an unusual strategy to appear in a plan to assist vulnerable families however it was amongst the most mentioned and identified influences on families.</p> <p>It is proposed that a program, based on participatory and experiential arts, challenges this perception through addressing factors that have influenced this perception together with the promotion of positive outcomes by individuals, groups and organisations across the Shire.</p> <p>This approach differs from other image altering approaches and promotions occurring across the Shire in that it aims to involve, in a personalised way, vulnerable individuals and families; those people most affected by the perception. Experience has taught us that the most effective way to reach families most in need is by making general community wide events particularly attractive and accessible. This approach does not identify those most in need or vulnerable but carries them along with other participants.</p> <p>Participation in these program areas is not only about participating in the events themselves, but in participating in the organisation of events; picking up transferrable skills in event, function and festival organisation and management at a number of levels. There is a valuable skills acquisition component to <i>FEELING PROUD</i></p> <p>A .6 EFT Community Arts Officer will be employed in this area</p>	<p>Central Goldfields Shire</p> <p>in conjunction with Take Part Inc. and the Advancing the Arts Network.</p>	<p>\$50,000</p> <p>.6 EFT Community Arts Officer.</p>	<p>This program will:</p> <ul style="list-style-type: none"> • Recognise success and achievement and develop a sense of pride in the achievements of residents and former residents. • Identify positive attributes and assets within the Shire. • Promote positive attributes and assets of the Shire outside of the Shire. • Increase participation rates of family members in the participatory and experiential arts. • Develop organising and administrative skills in residents, particularly young people.

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
<p>The components of the <i>FEELING PROUD</i> program are:</p> <p>All Her Sons and Daughters. This multi media collection will have a visual arts emphasis (photography/video) identifying and displaying features of successful residents and/or people who have grown up in the Shire and gone on to do interesting and positive things. Maryborough and surrounds has large number of successful individuals from music, art, medicine, computing and IT, agriculture, sports and other disciplines as well as people who have contributed to compassionate action in the face of world disasters and need. This project would involve young residents in conjunction with local, skilled photographers/film-makers and writers in identifying and displaying the success of all our sons and daughters.</p> <p>Dare to Dance This project will build on the successful Dare to Dance festivals that occurred in Maryborough in April 2009 and 2010. The target group will be expanded to include more children (160 across 3 schools and 120+ in the community in 2010) and more young people. Links could be made to positive dance role models on TV who could visit the shire to "up" the marketing and status of the event. There will be an emphasis on young people assisting with the organisation of the festival; learning skills related to the organisation and administration of events and festivals and a broader community base for organisation of events.</p> <p>The Beautiful Borough. This term is often heard. Maryborough and surrounds have many beauty spots, natural and other physical attractions and this project will involve identifying and displaying these features in a multitude of ways. The project will involve participants in identifying what it is that makes the majority of residents feel pleased about life in Maryborough. This project may lead to a community arts project to make large mural-style maps of favourite and valued places and features, rendered in different media such as textiles, screen printing, paint, and collage. The work of 'Common Ground' in UK may provide some guidance here. This project will also identify where beautification is needed and engage the art of landscape architects to work with gardeners, garden clubs, field naturalists and volunteers. This project will link to promotional and tourism strategies being developed by the Central Goldfields Shire and the "liveability" promotion, also under development.</p>		<p>\$60,000 Program and Event costs</p>	

ACTION	AUSPICE OPERATOR	COST Year 1	OUTCOME MEASURES
Back to the Bandstand and Garage. Over the years, Maryborough has produced many fine musicians and bands. This project will see these musicians and bands reunited with the venues, facilities and people that gave them their first breaks. Over a fab weekend, the music venues, halls and residents of the Central Goldfields Shire will host musicians and bands that we can all feel proud of. It will include a broad range of music styles e.g. rock, brass, folk, classical – individuals and groups. There will be an emphasis on young people assisting with the organisation of this weekend; learning skills related to the organisation and administration of events and festivals.			

GREAT OUTCOMES.

An Action Plan for the Future of our Families 2011, 2012, 2013.

6. MEMBERS: ACTION AND NETWORKING

Preamble.

The regular Go **Goldfields** monthly members meetings that have occurred over the last 5 years will continue as the Members Networking and Action group. The purpose of this Action Group is networking, information sharing and informing the Executive of areas for immediate action or consideration for incorporation into the annual strategic plan and priorities. This group “grounds” **Go Goldfields** and ensures relevance.

If a .5 EFT Executive Officer is employed with Go Goldfields (see Plan 1 Executive above), that person would service this Action Groups and the Executive group.

Members Action and Networking

ACTION	LEAD AGENCY	COST	OUTCOME MEASURES
<p>“Further developing collaborative approaches to the provision of human services for vulnerable families across the Central Goldfields Shire.”</p> <p>RESOURCING REGULAR MEMBERS PLANNING AND NETWORKING</p> <p>A monthly members meeting will continue.</p> <p>The purpose of this Action Group is networking, information sharing and informing the Executive of areas for immediate action or consideration for incorporation into the annual strategic plan and priorities. This group “grounds” <i>Go Goldfields</i> and ensures relevance. It complements the other Action Groups associated with <i>Go Goldfields</i></p>	N/A	NIL	N/A

GO GOLDFIELDS GREAT OUTCOMES 2011-2013

BUDGET

	2011	2012	2013
Direction	140000	147000	154350
Youth Mentor	85000	89250	93713
Young Dis Plan	15000		
Group parenting	85000	89250	93713
PADLS	80000	84000	88200
Respite	30000	31500	33075
Speech Path	175000	183750	192938
Speech equip	5000		
Child Lib	85000	89250	93713
Books/Med	15000	7500	7500
Mo Goose	5000	5250	5513
ELF	5000	5250	5513
FV Serv Strat	15000		
Feeling Proud	110000	115500	121275
Total	850000	847500	889503

2011 850,000

2012 847,500

2013 889503

Total \$2,587,003