



**Department of Health and Human  
Services**

**Review of the Tasmanian  
Family Support Service  
System**

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FINAL FSS Report



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***Disclaimer***

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# 1 Executive summary

The Tasmanian family support services system has evolved in an unplanned and ad hoc manner with programs and services being poorly linked and unconnected. There is a view that the quantum and distribution of family support services is inadequate with some services being reluctant to take on families with more complex needs requiring support. This creates a system where vulnerable and at risk children and families are notified or re-notified to the Child and Family Services (child protection program) as they are unable to access services at an earlier point in the service continuum.

The seriousness of the limited availability of family support services for vulnerable and at risk families is reinforced by information presented in the *Our Kids Action Plan 2004-2007* which indicates there has been persistent evidence over recent years that the health and wellbeing of Tasmanian children was lower than it could be in a number of areas.<sup>1</sup>

The review of family support service system was undertaken between March and September 2005 and considered those “*services that seek to benefit families by improving their capacity to prepare for and care for children 0-18 years*”. The objectives of the review were to:

- identify and evaluate the operations of the current family support service system, the services it provides and its role in the wider policy framework to support children;
- to identify mechanisms to improve service coordination and the provision of family support services; and
- to enhance the capacity of services contributing to the achievement of the *Our Kids* strategic policy directions.

The review was undertaken in the context of a number of related initiatives in Tasmania including the development of a Strategic Services Framework for Children and Families; the Out of Home Care Strategic Framework 2002-2004; the Early Years Whole of Government policy framework; the Family, Child and Youth Health Service Redesign, the Kids in Mind Initiative; the Child and Adolescent Mental Health Review; and the Safe at Home family violence strategy. The Commonwealth Government’s Stronger Families and Communities Strategy is also important to consider when reviewing the availability and accessibility of family support services in Tasmania. The outcomes of the family support services review must be complementary and coordinate with the outcomes of these policy and service reforms.

## 1.1 Key service delivery issues

There is now a considerable evidence base from several international and national jurisdictions indicating the need to address a range of specific service delivery issues in order to achieve improved outcomes for children and families.

There is recognition that family circumstances have been changing with the increasingly complex social environment impacting on how families raise their children. These

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<sup>1</sup> Our Kids Action Plan 2004-2007 – Tasmanian Evidence Base, pages 9-10.

circumstances include isolation of new mothers and newly migrated families from the community and increasing presence of risk factors such as family violence, mental illness and alcohol and drug abuse.

There is a strong evidence base that shows that early childhood development and wellbeing, particularly in the first three years of life, is critical in providing the foundation for learning, behaviour and health through school years and into adult life. Adequate nutrition and positive nurturing will enhance physical, emotional, social and intellectual wellbeing.

Consistent with this is the evidence that risk factors must be actively managed and children provided with the opportunity to develop protective factors which will lead to an increased resiliency. Early intervention and prevention strategies aim to develop protective factors so individuals are better equipped to respond to risk and are able to recover from negative experiences. Unless families receive appropriate early intervention and support, outcomes for children in health, development and education will be negatively impacted.

There is a strong evidence base in Australian and many international jurisdictions that the number of children notified to child protection programs is increasing, with continued growth expected into the future without a substantial service system change. In Tasmania, notifications increased by 29 per cent from 2003-2004 to 2004-2005 and investigations increasing by 39 per cent over the same time period. Similarly, the number of children on care and protection orders and placed in out of home care is also increasing. This growth suggests that the service system is not responding early enough to prevent concerns escalating to the point where a statutory child protection response is required to manage the risk and ensure the child is safe.

Partnerships between families, communities and services will assist in the development of more responsive programs. Services should be well linked and coordinated to achieve better outcomes for children and families and be enabled to share information in the best interests of children and families. The ability to share information underpins a coordinated and integrated service system but will require a review of existing legislation to clarify if reform is required.

## **1.2 Contemporary international and national directions**

There are a number of common features of reforms and new initiatives being introduced in other jurisdictions. The United Kingdom and Victoria have introduced comprehensive policy and legislative reform to drive towards a more coordinated and integrated child and family service system which intervenes earlier to prevent concerns escalating. Both these jurisdictions have pinned their reforms on the development of local responses which establish partnerships between local service providers and other key organisations such as school and general practitioners. They have developed holistic child and family service systems which involves all services along the continuum including child protection. The systems have common processes for use across the service system, information sharing provisions and quality assurance strategies that are supported by legislation.

Early findings of the Victorian Family Support Innovations Projects are encouraging and suggest that a reduction in notifications to child protection is starting to occur. The service system is also starting to show positive changes such as improved service flexibility at the local level and better mutual understanding between different services.



Canada and New South Wales have also shifted to a community based model of service delivery with the aim of building partnerships, intervening earlier to support families to develop strengths, and providing integrated planning and service delivery. The aims of both programs are similar and include:

- promoting healthy development in children;
- promoting strong, functional and well supported families;
- reducing and preventing child abuse and neglect; and
- building resilience of vulnerable and at risk families and children by providing support before issues escalate.

### **1.3 The Tasmanian family support service system**

The Department of Health and Human Services funds thirty-three family support services under two funding streams – family support and personal and family counselling. A total of \$1.99 million is provided to these services. The distribution of funding across the State is not always consistent with the population distribution of 0-17 year olds, suggesting that it has occurred in an ad hoc manner.

There are currently no accountability mechanisms or service specifications which specify the type, quantity and intensity of services that are to be delivered by these services. Information is not routinely collected from services and mapping the existing services was, therefore, difficult.

A snapshot of service usage was undertaken over a one-month period in May-June 2005 with 20 of the 33 services returning data collection forms. Both the rudimentary service mapping information and the analysis of service usage provided an overview of the current level and type of service provision. The main findings were that:

- the majority of service responses are provided through office or centre based contact with only 11 per cent of contacts provided in the home;
- the majority of service responses are provided through planned appointments;
- the majority of families self referred;
- 45 per cent of children were between 0-4 years with a further 42 per cent being 5-12 years;
- 27 per cent of service users did not have dependent children;
- 64 per cent of families were receiving some type of Centrelink payment; and
- only 11 per cent of families were considered high risk with children at significant risk, while the remaining 89 per cent were medium to low risk.

## **1.4 Themes from initial consultations**

Stakeholders identified a range of key themes and elements missing from the existing family support services system. These themes are generally consistent with the key service delivery issues identified.

Strengths of the service system included:

- services being based in local communities and being driven and by local community needs;
- the workforce being dedicated and committed to their role with a high level of expertise; and
- services provided are diverse, flexible and creative and are holistic with flexibility to work with families over the short, medium to long term.

Service gaps or weaknesses included:

- limited accountability with no outcome measures, no routine data collection, no minimum standards or quality framework;
- funding is provided on a time limited basis through an annual grants process and was considered inadequate;
- families have difficulty navigating the service system;
- limited use of a case management and case planning approaches;
- limited information sharing between services which impacts on the timely identification and management of risk;
- a lack of coordination and planning between services;
- service responses for high risk adolescents were limited or not available; and
- limited or no capacity to provide a crisis response.

## **1.5 Strengthened services for children and families**

The Family Support Services Framework will aim to:

- focus on early intervention and prevention strategies;
- ensure that there is a capacity within the service system to respond to those children and families most at risk; and
- use coordinated case planning to support interventions and integrated responses.

The framework will be supported by the following six principles<sup>2</sup>:

- 1 Children's wellbeing and safety is everybody's business.
- 2 The service system must intervene earlier to protect children and improve family functioning.
- 3 All services should strengthen their focus on children's developmental needs.
- 4 Children's and family services must be integrated and coordinated.
- 5 Flexible, timely and solution-focused services will lead to improved family functioning.
- 6 Culturally sensitive service responses should be available for Aboriginal children and families.

Services responses should be coordinated at the local level with all agencies sharing a sense of responsibility for vulnerable children and families. There should be a mix of low, medium and high intensity services that are comprehensive and flexible with sustained, enduring support being available to some families on a long-term basis. Trained, professional and experienced staff should provide services.

#### *Needs based groups and client pathways*

There are three needs based groups identified for the purpose of determining a likely pathway into the child and family service system. The whole population of children and families may need to access universal and primary services and may choose to contact an early years service directly or may contact the new community based intake. This will be developed at a local level as part of the Family Support Services Framework.

At risk, vulnerable children and families should generally access secondary services, such as family support services, through the community based intake.

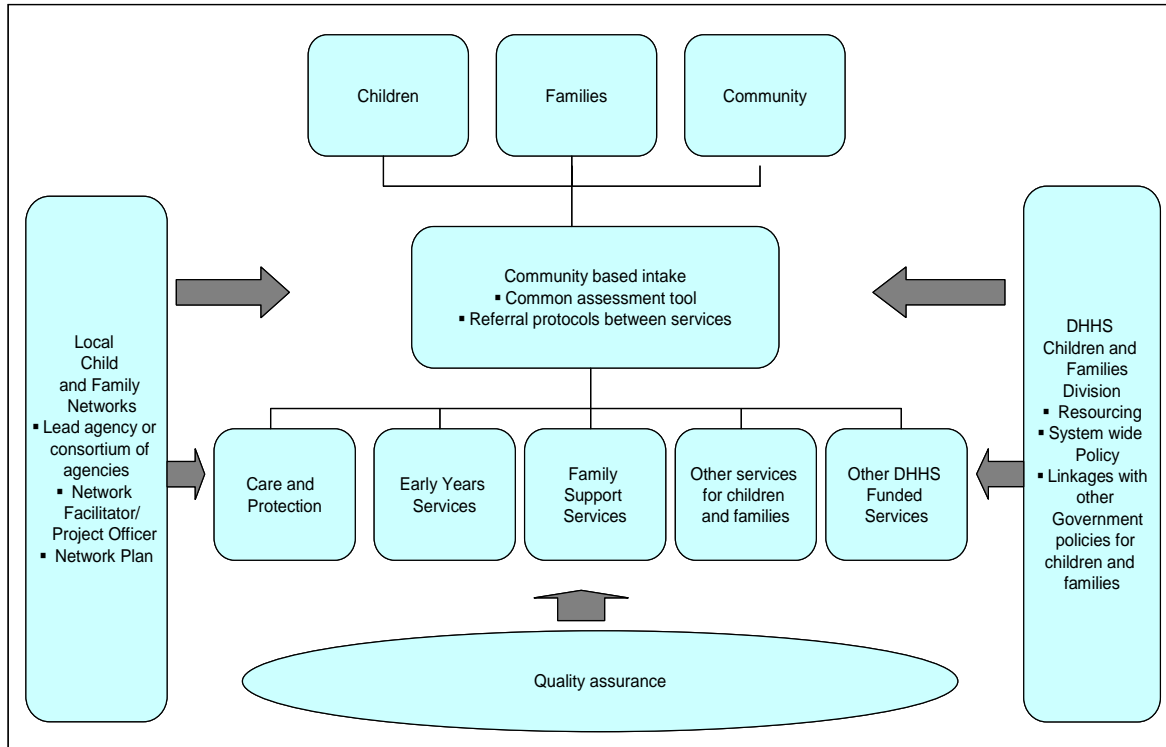
Children that need care and protection should continue to be directly notified to child protection services.

## **1.6 Proposed family support services framework**

The analysis of key service delivery issues, contemporary international and national directions, findings from service usage analysis and feedback from stakeholder consultations supports the proposed Tasmanian Family Support Service System Framework. The diagram below shows how the various components of the existing service system and new roles and functions fit within the Family Support Services Framework.

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<sup>2</sup> Based on the principles outlined in Protecting children: ten priorities for children's wellbeing and safety in Victoria, DHS, August 2004



The establishment of local child and family networks is a key component of the framework. The network will be lead by an agency or consortium of agencies and will include a network facilitator, a network plan and additional funding to increase the availability of family support services within the local network area.

The purpose of the local child and family service networks will be to:

- promote children's wellbeing and safety;
- improve outcomes for children and families;
- build on existing service capacity;
- identify local priorities to determine service needs;
- develop a Local Network Plan which brings together agencies' planning to achieve;
  - a more integrated and coordinated service system;
  - earlier intervention and prevention; and
- coordinate quality assurance, performance measurement and data collection.

The identification of local areas will need to be determined taking into account such factors as population distribution; current service usage data; identification of need through analysis of distribution of Centrelink parenting payments, child protection notifications, isolation and accessibility of services.

Each local service area should be large enough for there to be range of child and family services to be available within each local child and family network.

Local service network members should include family support services, statutory Child Protection service, out of home care services, early years services, mental health services, police, youth justice, schools and school support staff, and others such as health, drug treatment, disability and other key notifier groups.

The lead agency or consortium of agencies should be funded to implement the components of the network including community based intake, development of the network plan and the provision of increased family support services to the area. The lead agency will be accountable to the Department under a funding and service agreement and to all child and family services in the local network under the collaboratively developed network plan. Collaboration and coordination across services will enable the local network to achieve its identified priorities. Without active participation and support of network partners, the network will have difficulty meeting the expected improvement in outcomes for children and families in the local area.

The network facilitator will be employed by the lead agency and will:

- develop an annual Network Plan collaboratively with network partners;
- support and facilitate implementation of the Network Plan;
- coordinate data collection across the network;
- undertake an annual internal assessment of performance in line with the Quality Assurance processes and provide a report to network members and DHHS; and
- develop and maintain directories for child and family services for the local network.

In addition, the network facilitator will be responsible for co-ordinating local services, professionals and the wider community specifically to:

- ensure consistent standards of intake and assessment across services;
- promote understanding and awareness of a new community based intake service;
- develop timely and effective referral pathways between all services;
- support implementation of the common assessment framework; and
- monitor and report on operation of community based intake and assessment function.

Due to the complexity of the role, funding should allow appointment of an appropriately skilled and qualified person.

The local network plan will be the key tool to guide the development and implementation of an outcomes focussed child and family service system. The plan should identify the existing service configuration of local child and family services, identify priorities for the local area and determine a preferred service configuration for the local area based on these priorities. Local networks will rely on the full involvement of network partners to successfully develop and implement the plan.

### *Community based intake and common assessment framework*

The establishment of a community based intake within each local child and family network will support a shift to earlier intervention and prevention. Families often find it difficult to navigate their way through fragmented and uncoordinated service systems to identify an appropriate service to respond to their particular needs. Other services and the community also often have similar difficulties in identifying and accessing relevant and effective service responses for families with specific needs.

A community based intake in each local child and family network will provide a clear referral pathway for vulnerable children and families in the local community to access appropriate and responsive services. Through a common assessment framework, the community based intake will be able to assess needs and risks and facilitate access to appropriate services provided by network partners. Development of specifications and guidelines for the community based intake will need to be developed collaboratively by the Department of Health and Human Services and the sector.

A common assessment framework will enable the consistent identification of risk and the needs of each child and family and will allow decisions to be made about priority and relative urgency for services to respond. All child and family services within the network will use the common assessment framework which will reduce the number of duration of different assessments families' experience. It will also strengthen services capacity to management complexity and risk and to undertake effective and consistent interventions.

### *Roles and responsibilities of DHHS*

The Children and Families Division of the Department of Health and Human Services will be responsible for overall program development and strategic management and will, in collaboration with the family support services sector:

- develop a funding and accountability strategy including 3 year funding and service agreements;
- develop a framework for the Network Plans to guide the development and implementation of the Plans by the local child and family networks;

- develop service specifications for a community based intake and for the family support system more broadly and a common assessment tool;
- develop guidelines for information sharing consistent with legislation;
- develop a quality assurance strategy that includes minimum standards and compliance monitoring;
- develop a common data set to measure progress towards objectives and outcomes for children and families in each local network;
- undertake workforce planning to identify the range of trained and professional staff required to perform different functions in the family support services system and to develop links with tertiary courses that lead students to work in the community sector;
- develop standardised information management systems for use across all family support services; and
- in collaboration with the Aboriginal community develop a framework for child and family services, including family support services.

The Tasmanian Family Support Services Association should be funded to enable the Association to actively support the reform agenda through information exchange and advocacy on behalf of services.

Information sharing is core business for all child and family services. A review of existing legislation will be required to clarify what information can and cannot be shared. Consideration may need to be given to legislative reform to support information sharing that is in the best interests of children and families while also balancing their rights to privacy.

### *Quality assurance*

Family support services in Tasmania have been operating for many years without minimum standards, clear service specifications, specified outcome measures and detailed service agreements which include these elements. A contemporary family support service system must include all these elements within a quality assurance framework. Minimum service standards must be collaboratively developed with the sector and include:

- a case management framework and service coordination;
- information management;
- management and administrative requirements;
- staffing requirements/qualifications;
- training and professional development, supervision, worker safety;

- monitoring and reporting requirements; and
- data collection.

A quality assurance strategy should, at minimum, include an annual self assessment against the minimum standards. This assessment should then form the basis of a continuous improvement plan. Both the self assessment and the continuous improvement plan should be provided to the Department as part of strengthened accountability mechanisms.

## **1.7 Getting from A to B**

Prior to implementing the proposed family support services framework, there are a number of baseline requirements that will need to be in place. These include:

- the Department of Health and Human Services having resources to undertake the development of components of the model in collaboration with the sector, along with ongoing policy and program development functions;
- the Tasmanian Family Support Services Association being funded to enable their participation in the development and implementation of the framework;
- the development of a quality assurance strategy with proper accountability and compliance requirements;
- review of the existing funding and service agreements with the intention of moving to a three year agreement;
- development of a funding model for future family support services which includes all associated costs such as management, supervision, infrastructure and operating costs;
- the negotiation of memorandums of understanding with other Tasmanian funding bodies to enable future decisions to be consistent with the family support services policy framework;
- development of detailed service specifications in collaboration with the sector; and
- review of existing legislation to identify constraints on information sharing.

Implementation should occur in accordance with the Tasmanian budget process and allow for a phased implementation. The Family Support Services Framework proposed is flexible and will allow implementation to occur in different phases over approximately five years and to be based on assessed priorities for Tasmania.



## **2 Introduction**

The review of the family support service system in Tasmania took place between March and September 2005. It was a key priority of the *Our Kids Bureau* Action Plan 2004-2007.

The review included desktop research to identify contemporary service models for family support services, an overview of services currently receiving family support funding from the Children and Families Division of the Department of Human Services, a data snapshot to identify service usage and indicative demand, consultations on the strengths and weaknesses of the existing service system and the development of a recommended family support service system.

This report highlights key findings, presents the case for change and outlines a way forward to strengthen family support services provided to children and young people and their families in Tasmania.

### **2.1 Structure of the report**

This report is structured as follows:

- Section 2 of the report provides the background and context for the review and includes an outline of the service continuum and related Tasmanian initiatives.
- Section 3 outlines key service delivery issues that should be taken into consideration when developing a future evidenced based family support service system for Tasmania. These include the importance of early years development, risk and protective factors, early intervention and prevention, increasing demand on child protection programs and the need for better coordination of services.
- Section 4 presents contemporary international directions for child and family services from the United Kingdom and Canada and national directions from Victoria and New South Wales.
- Section 5 provides an overview of the funded Tasmanian family support service system and findings from a snapshot data collection of service usage undertaken from May to June 2005.
- Section 6 summarises findings from the consultations undertaken with key stakeholders in May 2005.
- Section 7 and 8 present the principles for an improved family support service system and a proposed framework for a future service system.
- Section 9 provides an overview of the issues that should be addressed by both the Department and the family support services sector in order to successfully implement the proposed framework.

## 2.2 Policy Context

The priorities for Tasmanian health and human services are guided by the state-wide Tasmania *Together* strategy while services for children and families are guided by the *Our Kids Bureau Action Plan*. The Government's policy direction is to provide integrated and coordinated services that build on the strength of families and communities and support them to care for and protect their children. The review of Family Support Services in Tasmania was undertaken in this context and commenced in March 2005.

Tasmania *Together* provides a framework for long term planning for Tasmania's social, environmental and economic development and was based on priorities identified through consultations with the community. It includes benchmarks across these policy areas and legislation that sets out specific requirements in relation to reporting progress against targets. Included in progress reporting are key indicators under the goal of "Our Community" relating to children on care and protection orders. Data has shown that increasing numbers of Tasmanian children are being placed on care and protection orders. There was an increase from 470 in June 2000, to 600 in June 2003 to 634 at June 2004. This trend is consistent with all other states. In Victoria, 4,752 children were on care and protection orders in 2000 and 5,251 in 2004. In Western Australia, 1,105 were on orders in 2000 and 1,639 in 2004. In NSW, 7,661 were on orders in 2000 and 8,975 in 2003<sup>3</sup>. In Queensland, 3,612 were on orders in 2000 and 4,950 in 2004. To address the increasing demand for child protection services, Victoria has been implementing the Family Support Innovations Projects and is the only State that is starting to see some reduction in demand in areas where the projects have been operating<sup>4</sup>.

Tasmania *Together* also includes other indicators relevant to the health and wellbeing of children and families such as family violence, school retention, literacy, and the number of new entries on a methadone program.

The Children and Families Division of the Department of Health and Human Services is responsible for the *Our Kids Bureau*. The Bureau is responsible for progressing the Minister's *Our Kids* policy initiative which aims to:

- increase the resilience of families and individuals to cope with adverse life events;
- give children the best start possible by building effective parenting and caring capacities; and
- foster communities to ensure safe and supportive environments in which children are raised.
- The *Our Kids Action Plan 2004-2007* was developed to act as a resource and guide for professionals and the public. Four key factors were identified that influenced the development of the policy<sup>5</sup>. These were:

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<sup>3</sup> Data is sourced from the Productivity Commission's Report on Government Services 2005. Data was not available for NSW for 2004.

<sup>4</sup> Refer to Section 4.3 for detailed information on the Victorian Family Support Innovations Projects

<sup>5</sup> Our Kids Action Plan 2004-2007

- 1 persistent evidence over recent years that the health and wellbeing of Tasmanian children was lower than it could be and that there are contemporary approaches and interventions that could improve on these outcomes;
- 2 consultation with community, service providers and professionals which endorsed the need for change;
- 3 an international evidence base that linked the importance of the early years with long term human, social and economic gains; and
- 4 a preliminary service mapping found a poor fit of services against a short and long term view of need.

The review of family support services is a key initiative in the *Our Kids Bureau* Action Plan 2004-2007.

## **2.3 Purpose and objectives of review**

The Tasmanian Government is aiming to achieve a balance of services across the continuum from universal programs and early intervention, to intensive and targeted services. The *Our Kids Action Plan* 2004-2007 indicates that all initiatives must be evidence based, have the potential to significantly improve the policy domains, are sound long-term investments and can be resourced. Integrated and coordinated services are essential components of any future family support services in Tasmania.

As in other States, family support services in Tasmania provide an important diversionary pathway for children and young people that might otherwise be referred to, or are already involved in, the Child Protection program. Family support services aim to build on the strengths of families and communities and to support them in caring for and protecting their children. While a number of family support services in Tasmania are already making a significant contribution there is concern the overall system has evolved in a piecemeal and unplanned way. Programs and services are often unconnected or poorly linked and based on outmoded evidence and practice.

The quantum of family support services in Tasmania is inadequate and some services have not had the capacity or staffing expertise to take on families with more complex needs requiring support. This creates a system that allows more children and young people to potentially be notified or re-notified to the Child Protection program.

The *Our Kids Bureau* Action Plan 2004-2007 specifies the objectives for the review of family support services and these are:

- 1 to identify and evaluate the operations of the current family support system, the services it provides and its role in the wider policy framework to support children;
- 2 to identify mechanisms to improve service coordination and the provision of family support services; and

- 3 to enhance the capacity of services contributing to the achievement of *Our Kids* strategic policy directions.

## 2.4 Scope of review

At the commencement of the review, the Reference Group agreed on a statement which defined the scope of the review. The statement is based on a definition provided by the Australian Institute of Health and Welfare in the report *Family support services in Australia, 2000*. This review will consider:

***“services that seek to benefit families by improving their capacity to prepare for and care for children 0-18 years”<sup>6</sup>***

The review has the ability to impact on family support services that are directly provided by the Department of Health and Human Services (DHHS) and community organisations funded by the DHHS. Child and Family Services (Child Protection program) are funded to directly provide intensive family support services to children and families involved with this program. The funding provided is limited and the program operates from Hobart with only two staff.

Funding is allocated to community organisations in one of two ways:

- 1 “Family Support” and the “Personal and Family Counselling” funding streams through the Children and Families Division of DHHS; or
- 2 brokerage funds provided by Child and Family Services at times when the program has been unable to identify a suitable existing family support service for particular families.

In 2004-05, a total of \$1.99 million was provided to community organisations under the two funding streams. The amount of funding provided through brokerage funds was not available.

The review considered linkages and strategies to improve service integration between family support services and other services provided across the universal/primary, secondary and tertiary service continuum.

Outside the scope of the review were services for children and families funded by other bodies such as:

- other divisions of DHHS (ie child and adolescent mental health services);
- other Tasmanian government departments (ie education); and
- Commonwealth Family and Community Services Department (ie Stronger Families and Communities Strategy).

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<sup>6</sup> Based on the definition provided by the Australian institute of Health and Welfare in the report *Family Support Services in Australia 2000*.

This review considered the above services only in so far as they form part of the wider service system for children and families in Tasmania and should be included in strategies to achieve integration, coordination and collaboration between services.

## 2.5 The service continuum

There are many different definitions of the child and family service system continuum. The continuum in this report is described using four tiers. This description is drawn from a Victorian report produced to consider the outcomes of consultations in the Child Protection arena<sup>7</sup> and is selected for its simplicity.

**Universal services** are population based and are available to all children and families in the community. They aim to promote child wellbeing including health, education and social development. Examples include general practitioners, family and child health services, childcare centres and schools.

**Primary prevention services** target vulnerable groups or communities and aim to reduce risks and to build protective or resilience factors. These services are widely available but are not necessarily accessed by the whole population. Examples include community building programs in distinct geographical areas and targeted initiatives such as family and child health home visiting services and school breakfast programs. Primary prevention services are often considered as a sub-set of universal services.

**Secondary prevention services** target children and families who need more intensive support due to particular needs or circumstances. These services aim to build family strengths, to reduce risks to the child and sometimes to provide external monitoring of the family. Examples include family support, respite care, adolescent drug treatment services, paediatricians and school psychologists.

**Tertiary services** target children who have experienced significant harm or who are likely to suffer harm. These services aim to address risk and harm to children and prevent it from reoccurring. Examples include child protection, youth justice and child and adolescent mental health services.

## 2.6 Related initiatives

### *Tasmanian government initiatives*

There are a number of related initiatives in Tasmania that have been undertaken or are currently underway. These include:

- Strategic Services Framework for Children and Families (underway)

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<sup>7</sup> The report of the Panel to oversee the consultation on Protecting Children: The Child Protection Outcomes Project, Department of Human Services, Victoria, April 2004, page 2.

- Out of Home Care Strategic Framework 2002-2004
- Early years whole of government policy framework (underway)
- Family, Child and Youth Health Service Redesign
- Children's Therapy Improvement project (underway)
- *Kids in Mind* initiative
- Child and Adolescent Mental Health Review
- Safe at Home – family violence strategy

Complementarity and coordination between the outcomes of the review of Family Support Services and each of these policies and service reforms will be important to achieving improved outcomes for children and families in Tasmania.

Brief information is included in Appendix E about each of these initiatives to illustrate the relationship between their directions and the family support services review, particularly in relation to the need for early intervention and improved coordination and collaboration between services.

#### *Commonwealth – Stronger Families and Communities Strategy<sup>8</sup>*

In addition to the Tasmanian initiatives, the Commonwealth government has implemented the Stronger Families and Communities Strategy (SFCS) that focuses on providing families, children and communities the opportunity to build a better future. The strategy emphasises the importance of prevention, early intervention and capacity building.

The SFCS 2004-2008 includes four initiatives:

- *Communities for Children*: targets approximately 35 disadvantaged communities for local early childhood initiatives.
- *Early Childhood – Invest to Grow*: to increase the provision of early intervention and resources that have been proven successful.
- *Local Answers*: to provide communities with the support to develop locally based solutions to issues confronting them.
- *Choice and Flexibility with Child Care*: to offer a choice in the type of childcare available to families and to give providers incentives to offer models in high needs areas.

25 individual initiatives are located in Tasmania.

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<sup>8</sup> Further information about Stronger Families and Communities Strategy is included in Appendix E.

## 3 Key service delivery issues

A number of key service delivery issues emerged from consultation outcomes and scan of the literature. These key service delivery issues are briefly described.

### 3.1 Changing family circumstances

There is considerable emerging evidence to promote the importance of early childhood in reducing the impact of disadvantage for children. Research demonstrates that:

*“what young children learn, how they react to the events and people around them, and what they expect from themselves and others are deeply affected by their relationships with parents, the behaviour of parents, and the environment of the homes in which they live”.<sup>9</sup>*

Due to the increasingly complex social environment in which we live many families face issues in raising their children. Some of these include<sup>10</sup>:

- poor role models;
- isolation of mothers in their first year of parenting;
- isolation for people who have newly migrated;
- increasing divide between rich and poor;
- increasing presence of factors such as:
  - family violence;
  - child abuse and neglect;
  - mental illness in the family;
  - alcohol, and/or drug abuse; and
  - teenage parents.

Increasingly there is a need to establish connections with individuals and their families and networks within communities so there is an available capacity to intervene and to provide necessary support as needs change. Specifically:

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<sup>9</sup> Shonkoff, J.P & Phillips, DA (Eds) *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Committee for Integrating the Science of Early Childhood Development. National Research Council of Medicine. Washington DC. 2000

<sup>10</sup> Best Start Effective Intervention Programs, Department of Human Services, Victoria, 2001.

- recent and ongoing social, economic and demographic changes have placed an increasing burden on families making them increasingly vulnerable due to a lack of support;
- though existing services are able to assist, they often do not have the capacity to work with the families to redress the balance; and
- evidence indicates that unless these families receive appropriate early intervention and support the outcomes for children in health, development and educational aspects will be impacted negatively<sup>11</sup>.

Building partnerships between parents, communities and services to provide more responsive programs; building stronger linkages between service providers; and engaging families not currently using services are just some of the strategies used to redress the imbalance and stressors many families experience. Access to, and provision of, information; linking early childhood, social, health and education services into an integrated system; and focussing on the continuum of development from ante natal care to birth, to transition to school has the potential to maximise development opportunities for children while also assisting those who may be disadvantaged in the early years.

## **3.2 Early years development**

There is now a strong evidence base that shows:

- early childhood development and wellbeing provides the foundation for learning, behaviour and health through school years and into adult life;
- negative experiences in the first three years of life have long lasting effects on brain development<sup>12</sup>;
- children who experience negative experiences in early years are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and subsequent poor parenting in later life; and
- adequate nutrition and positive nurturing will enhance physical, emotional, social and intellectual wellbeing.

Studies by Dr Bruce D Perry from the Child Trauma Academy in Texas, USA also support the critical importance of early brain development. He is an expert on brain development and children in crisis with a particular focus on children aged 0-3 years. He has identified six core strengths that children need to be humane. A child who can form and maintain healthy emotional relationships, self regulate, join and contribute to a group, and be aware, tolerant and respectful of him/herself and others will be more resourceful, more successful in social situations, and more resilient. His research demonstrates that children exposed to trauma, abuse

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<sup>11</sup> Best Start Effective Intervention Programs, Department of Human Services, Victoria, 2001.

<sup>12</sup> From Neurons to Neighbourhoods, Shonkoff and Phillips, 2000; Early Years Study, Mc Cain and Mustard, 1999; work by Dr Bruce Perry.



and violence will not develop the necessary core strengths and will be at risk of long-term behavioural and psychological impairments.

### **3.3 Risk factors and development of protective factors**

Central to the health and well-being of children is the management of risk factors and the provision of opportunities to maximise development and enhance individual and family resilience.

Risk factors are those factors that increase the likelihood of a negative event occurring. Risk factors can be person specific, can be attributed to families, can arise in response to the availability of support and services or can be found in the local community. Examples of risk factors include:

- Individuals – low birth weight, age of child, persistent or chronic ill health, poor nutrition, child development and functioning, peer relationships, poor attachment, low self esteem;
- Family/Parents – relationship to child, disabilities, parental isolation, parental education and unemployment, welfare dependence, lack of parental discipline, poverty, inadequate parenting skills, poor health, substance abuse, mental illness, family violence and conflict, offending and imprisonment, history of abuse and neglect;
- School – low achievement, low commitment, poor school performance and teacher morale, high rates of substance abuse; and
- Community – low social cohesion and cooperation in the community; community disorganisation; high crime rates, high levels of alcohol and drug use, violence, location (ie poor infrastructure leading to isolation and lack of available services).

While risk by itself is not considered to be causal, evidence based research demonstrates that risk factors can be used to reasonably predict future behaviour. The ability to predict outcomes is increased if multiple, reinforcing risks are present with low levels of protection. A combination of risk factors may lead to an increase in the child's vulnerability, particularly if risks accumulate over time.

It is generally recognised that certain clusters of risk factors can not only contribute to immediate risk but may also lead to future behavioural and psychological problems such as violence, offending, substance abuse, poor academic performance and mental health issues. Many of these problems result in higher levels of welfare dependence, behavioural problems and contact with the criminal justice system.

### **3.4 Early intervention and prevention**

Early intervention and prevention strategies aim to develop protective factors so individuals are better equipped to respond to risk. Protective factors are those factors that either reduce the impact of an unavoidable negative event, assist individuals to avoid or resist behaviours that are

socially unacceptable or they reduce the chances that people will start on a pathway that will lead to negative outcomes. The existence of protective factors leads to the creation of resilience. Resilience is the quality that allows young people to “bounce back” or recover from negative experiences or overcome obstacles and risk factors in their lives.

Research on young people’s resiliency sees the focus move away from young people’s deficits and problem behaviours to the environmental factors that help young people succeed. As identified in Pathways to Prevention – Developmental and early intervention approaches to crime in Australia (Developmental Crime Prevention Consortium 1999):

*“(early) interventions can occur at many points in the life course but most fruitfully at the key transition points.....it is not only that social contexts make a difference to the skills, strategies, or identities that individuals develop. They also make a difference to the support that is available when transitions are made...Transitions are made more easily when social structures provide the information that is needed in order to know what transition involves or are sufficiently flexible to allow for different points of entry or different understandings of what the transition involves....”<sup>13</sup>*

Unless families receive appropriate early intervention and support, outcomes for children in health, development and education will be negatively impacted and impede their potential. A service system that promotes wellbeing and safety of children will provide effective services and supports before problems escalate to the point where harm occurs.

Prevention and early intervention strategies aim to influence children’s, parent’s or families’ behaviours in order to reduce the risk or ameliorate the effect of less than optimal social and physical environments<sup>14</sup>. Intervention can be effective at any point in a families “life” but most effective if concerns are identified and addressed at key transition points such as at birth, entry to childcare, transition to school, and from primary school to secondary school.

### 3.5 Increasing complexity of clients

Many human services program areas are reporting an increasing complexity of clients accessing services and requiring support. While there is little evidence-based research to confirm this trend, the following issues have been highlighted<sup>15</sup>:

- the shift from institutional care in mental health, disability, drug treatment and child protection programs towards community based service responses in the 1980’s and 1990’s resulted in an increased number of vulnerable adults living in the community;
- there has been increased diagnosis of mental health, cognitive and behavioural disorders in children and young people often accompanied by a lack of clarity around appropriate service system responses;

<sup>13</sup> Pathways to Prevention – developmental and early intervention approaches to crime in Australia, 1999

<sup>14</sup> Prevention and Early Intervention Literature Review, Department of Community Services, NSW, May 2005

<sup>15</sup> Responding to People with Multiple and Complex Needs – phase one report, Department of Human Services, Victoria, July 2003

- there has been increasing misuse of drugs and alcohol which has often resulted in an increase in the presentation of young people with mental illness and/or an intellectual disability and a co-existing substance abuse problem;
- there has been increasing homelessness and family violence;
- there has been an increasing number of individuals and families presenting with multiple problems and needs (co-morbidities); and
- an increased number of parents are exposing their children to inadequate standards of care.

The increasing level of complexity of children and families accessing the continuum of child and family services suggests they will have simultaneous contact with multiple services. Outcomes for children and families will, in many cases, rely heavily on the effective coordination and integration of the services involved.

### 3.6 Increasing demand on child protection programs

Australian and many international jurisdictions with similar economies are experiencing an increased number of notifications to child protection programs, with continued growth expected into the future without substantial service system change.

#### *Notifications in Tasmania*

Notification and investigation data for Tasmania, presented in Table 3.1, for the past two years shows:

- there has been an increase in the total number of notifications by 29% from 2003-04 to 2004-05;
- the number of notifications referred for investigation increased by 39%; and
- the proportion of notifications referred for investigation also increased.

**Table 3.1 – Notification and investigation data for Tasmania**

	2003-04				2004-05				
Region	South	North	North West	Total	South	North	North West	Total	Growth
Notifications referred to service centres for further investigation	657	344	301	1,302	898	468	430	1,814	39%
Notifications not referred for investigation	2,858	1,774	1,533	6,165	4,104	1,940	1,809	7,853	27%

	2003-04				2004-05				
Region	South	North	North West	Total	South	North	North West	Total	Growth
Number of completed notifications	3,515	2,118	1,834	7,467	5,002	2,426	2,239	9,667	29%
Proportion referred for further investigation	18.7%	16.2%	16.4%	17.4%	18.0%	20.0%	19.2%	18.8%	1.3%

Source: DHHS

The impact of the recent implementation of the Safe at Home strategy in Tasmania is reported to have contributed to the increase in notifications and investigations. Tasmania Police are legislatively required to notify Child and Family Services (Child Protection program) when they become aware of a family violence matter where there is a child in the home.

### *Victoria*

Victorian Child Protection data shows that around 62% of families were re-notified during a twelve month period<sup>16</sup>. Analysis showed that:

- families with very young children are over represented in the notification data;
- 45 per cent of families investigated are sole parent families (compared to 20 per cent in the general population);
- 77 per cent of families investigated are low income; and
- the proportion of parents in investigated cases with one recorded characteristic (family violence, mental illness, substance and alcohol abuse, intellectual disability) increased from 41 per cent to 73 per cent since 1995-96; and
- co-occurrence of these characteristics has also increased. In substantiated cases, parents exhibiting two or more concerning characteristics have increased from 9 per cent in 1995-96 to 44 per cent in 2000-01.

Re-notification was more likely to occur when a parent had a substance abuse problem or when they were a sole parent. In reviewing frequently notified families in Victoria, it was found that only about half were involved with family support services; children were notified at a very young age and were often part of large sibling groups; children notified did have genuine safety issues; and families were well known in the service sector, but were often difficult to engage.

<sup>16</sup> Data included in a 2004 presentation on the Family Support Innovation Projects, Victorian Department of Human Services

The growth in number of children re-notified to child protection suggests some families are “churning” around the service system without adequate support being provided to ameliorate against the risk factors they are experiencing. This is more likely to occur where the availability and range of family support services, particularly services able to work with more complex families, is inadequate.

The Victorian data provides compelling evidence for the need to intervene earlier to prevent families problems from escalating and to minimise risk and harm. It was thought that if more comprehensive services were available at the primary or secondary level of the service system, then many families would have their needs addressed without being repeatedly notified to the child protection program.

### *Growth in out of home care*

Consistent with the growth in child protection notifications and investigations, there are also an increasing number of children in out of home care in all Australian jurisdictions.

**Table 3.2: Number of children in out of home care at 30 June 2003 and 2004<sup>17</sup>.**

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
2003	8636	4046	3787	1615	1245	468	277	223
2004	9145	4309	4413	1681	1204	487	298	258
Growth	5.9%	6.5%	14.2%	4.1%	-3.3%	4%	7.6%	15.7%

Growth in the number of notifications and investigations and the number of children being placed in out of home care strongly suggests the need for coordinated, flexible and long term intervention at earlier points to prevent children and families progressing along the service continuum to tertiary services.

This view is supported by Frank Farrow from the Center for the Study of Social Policy, USA who has argued that communities will greatly increase their chances of success if child protection improvements are linked to or embedded within even more comprehensive efforts to improve child health, increase children’s success in school, and assure that parents are employed, economically self-sufficient, and supported in their parenting role. If communities are to reduce child abuse and neglect, their efforts must be part of a more comprehensive commitment to improving child and family well-being.

## **3.7 Partnerships, linkages and coordination of services**

There is a strong evidence base for the need to build partnerships between parents, communities and services to provide more responsive programs. Examples of efforts to improve partnerships, linkages and coordination of services exist across a range of policy and program areas including primary health, child and family services, multiple and complex needs clients,

<sup>17</sup> Productivity Commission Report on Government Services, 2005 and 2004.

and mental health services. Service systems that provide unrelated responses often fail to provide coordinated care, particularly for people with multiple needs. Likewise, concerns about confidentiality and privacy of clients can impede information sharing, joint case planning and opportunities for coordinated responses. Outcomes for individuals and families improve if service delivery is coordinated and provided flexibly to meet individuals needs.

Methods used to improve coordination and integration of services have included:

- introduction of community based service networks to build stronger linkages between services;
- implementation of case management and case planning approaches which respond to the holistic needs of individuals and families and involves all agencies working together;
- co-locating services to achieve improvements in communication and to streamline service delivery;
- use of publicised community intake points to enable easy navigation of the service system; and
- common assessment frameworks to minimise the number of times people need to tell their story and to improve identification of need and matching of appropriate service responses.

### **3.8 Information sharing**

Information sharing is critical to enable services to intervene early, manage risk appropriately, and deliver coordinated and effective services to families. Information sharing is core business for community services. The introduction of privacy legislation in many jurisdictions in the last 5-10 years has impacted on the ability of community services to share information in the best interests of their clients.

There has been general confusion in the child and family services sector in national and international jurisdictions about the type of information they are authorised to share and the information they are not authorised to share. Consultations in other jurisdictions indicate that workers often default to not sharing information for fear of breaching legislative requirements. Explicit clarification and authorisation of information sharing will address this systemic problem.

Information provisions that complement relevant privacy and health records legislation and support greater levels of information sharing would have several benefits:

- earlier intervention and prevention in community settings before situations deteriorate to the point that Child and Family Services (child protection) intervention is necessary;
- stronger partnerships between community services and specialist services to assist with the engagement of families and improve the coordination and continuity of care;

- stronger partnerships between community service organisations and services, such as police and schools, to support shared responsibility for child wellbeing and safety;
- stronger partnerships and managed pathways between family support services and Child and Family Services (child protection); and
- stronger focus on responding to cumulative harm and enabling longer term case planning.

It is important to achieve a balance between sharing information to manage and reduce risks for children and families and in promoting rights to privacy.

## 4 Contemporary international and national directions

A national and international scan of contemporary service directions was undertaken. The scan identified the following jurisdictions were undertaking innovative and evidence based service reforms:

- United Kingdom – Every Child Matters policy and legislative reform;
- Alberta, Canada – Alberta Response Model
- Victoria, Australia – Family Support Innovations Projects
- New South Wales, Australia – Early Intervention Program

### 4.1 United Kingdom – Every Child Matters

The inquiry by Lord Laming into events leading to death of Victoria Climbié<sup>18</sup> identified significant systemic failures in the system of child protection and children's services in England.

Lord Laming's inquiry followed on from past inquiries into the deaths of other children at risk, identifying long-standing problems in the protection of children including:

- failure to intervene early enough;
- failure to share information;
- absence of accountability;
- lack of effective training for frontline workers; and
- lack of integration of services.

#### *Children Act 2004*

Prompted in part by Lord Laming's inquiry, the UK Government responded with significant legislative and policy reforms to the child protection and children's services system. The *Children Act 2004* forms the legislative support for the whole-of-system reform for England and outlines changes to statutory responsibilities and accountabilities.

Included in the legislative changes was the establishment of a Children's Commissioner for England to act as an independent advocate for children and young people. The Commissioner's powers include the right to investigate matters relating to the interests and wellbeing of children and young people, and initiate inquiries on behalf of children and young people.

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<sup>18</sup> Lord Laming (2003), *The Victoria Climbié Inquiry: Report of an Inquiry*



The *Children Act 2004* addressed accountability for outcomes for children at all levels. Local Authorities have a duty to promote cooperation between agencies and other appropriate organisations to improve outcomes for children and a duty on key partners to take part in the cooperative arrangements. Key agencies also have a duty to safeguard and promote children's welfare.

Inter-agency governance and accountability is supported by the appointment of a Director of Children's Services and a Lead Member for Children's Services in each Local Authority. The Director is accountable for the delivery of children's services and to broaden working partnerships, whereas the Lead Member is accountable for the same range of children's services at a political level.

The legislation outlines Local Authority responsibility for establishing Local Safeguarding Children Boards, with the Lead Member and key partners required to take part. The Local Safeguarding Children Board is responsible for coordinating and monitoring the efforts of member agencies to safeguard and promote child welfare, set policy and procedures, and establish local screening teams to analyse data with the aim to reduce local childhood death or injury.

The *Children Act 2004* also outlines statutory requirements to support integrated processes and strategies including a single Children and Young Person's Plan to be prepared by each Local Authority, an integrated inspection framework of children's services, information-sharing requirements and a common data set to measure progress towards outcomes.

### *Every Child Matters*

Supporting the legislative changes is the policy document *Every Child Matters: Change for Children*<sup>19</sup> which provides a national framework for local change. Implementation of the new approach to improve outcomes for children and young people is being driven by local change programmes in 150 Local Authority areas. Each local change programme is based on analysis of local priorities, resulting in more integrated front line service delivery, processes, strategy and governance.

The local change programmes are strengthened by the national framework for change, which is centred on five inter-dependent outcomes outlined for children and young people, families and communities: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing.

Central to these local change programs is the introduction of children's trust arrangements to establish partnerships between local service providers and other key organisations such as schools, GPs, and the voluntary and community sector. All Local Authorities across England are expected to have children's trust arrangements in place by 2008.

The children's trust in action model consists of four essential components to improve outcomes for all children and young people:

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<sup>19</sup> Every Child Matters: Change for Children, 2004

- professionals enabled and encouraged to work together in more integrated front-line service delivery;
- common processes designed to create and underpin joint working;
- planning and commissioning framework bringing together agencies' planning, supported by the pooling of resources as appropriate, and ensures identification and addressing of key priorities; and
- strong inter-agency governance arrangements, with shared ownership and clear accountability.

Improved outcomes for children and young people will be achieved through the provision of effective targeted and specialist services. Integrated universal services will work together with targeted and specialist services for those children with additional needs such as disabilities, parents with mental health problems and those in need of protection from harm. These children and young people require high quality multi-agency assessment, a wide range of specialist services available close to home and effective case management by a lead professional working as part of a multidisciplinary team.

Integrated processes driven by central government will support cooperation and integration between universal and specialist support services. This includes the introduction of a common assessment framework to improve quality of referrals between services, help embed a common language on children's needs, promote appropriate sharing of information, and reduce the number and duration of different assessment processes.

In addition, information-sharing requirements for all children's services professionals are being developed based on the experiences of local authorities working in trailblazer groupings. An Integrated Children's System framework for holding and organising practice and case records is also being established, to enable practitioners to identify the child or young person, identify other practitioners involved with the child or young person and to indicate to other practitioners if they are concerned about the child or young person.

## **4.2 Canada**

In Canada, legislative responsibility for child and family services rests with the provinces and territories<sup>20</sup>, which have their own specific legislation providing for the protection of children at risk of abuse and neglect.

The Canadian Government and jurisdictions provide services for the general population, with additional services specifically for Aboriginal children and families such as Aboriginal Head Start and the First Nations Children and Family Services program.

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<sup>20</sup> The one exception is the Canadian Government maintains responsibility for Aboriginal people.

#### **4.2.1 Federal initiatives**

The Early Childhood Development Agreement is a major initiative to ensure the best start possible for Canadian children. Since 2000, the Canadian government has funded the provinces and territories to improve and expand services in four key areas: healthy pregnancy, birth and infancy; parenting and family supports; early childhood development, learning and care; and community supports.

One of the initiatives for parenting and family support is the *Community Action Program for Children* (CAPC), which provides long-term funding for community-based organisations to develop and deliver programs targeting vulnerable children aged 0-6 years living in low income families; teenage parent families; at risk of developmental delays, social, emotional or behavioural problems; and neglected or abused. CAPC projects are funded by Health Canada and have been developed according to identified local needs, offering services such as parenting workshops, individual counselling, home visits, and access to resources.

#### **4.2.2 Alberta Response Model**

The scope of support services available to children and families differ between jurisdictions, as does the range of preventative or protective interventions available. Services may include parenting skills training, counselling, respite care, day care, life skills training, drug and alcohol treatment or rehabilitation programs, and treatment programs for child victims and perpetrators of abuse<sup>21</sup>.

One example is the Alberta Response Model implemented in 2002. The Alberta Response Model represented a shift from the centralised delivery of children and family services to a community-based model. The model focuses on:

- building strong partnerships between community-based services, Family and Community Support Services and regional Child and Family Service Authorities;
  - early intervention services to assist children, youth and families to develop skills and build on existing strengths;
  - integrated planning and delivery of support services at the community, regional and provincial levels; and
  - enabling Aboriginal communities to plan and deliver culturally appropriate services.
- The Alberta Response Model Framework is comprised of four key strategies. The first strategy in implementing the model is to build on community or neighbourhood networks, with Family and Community Support Services and Child and Family Service Authorities strengthening the links and referrals between local community-based services to increase access to early intervention and prevention services for vulnerable children, youth and their families.

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<sup>21</sup> Government of Canada (2000), *Child Welfare in Canada 2000*

- The second strategy is to provide a differential response, ensuring support for vulnerable children and their families who do not need ongoing child protection. Under the differential response model, children and their families are assessed before they enter one of two streams. Children who are at high risk of physical or emotional harm will enter the ‘child protection stream’, where the need for child protection services is assessed.
- Children who are initially assessed as being at lower risk enter the ‘family enhancement stream’. A further voluntary assessment will be conducted to identify the needs of the child and the strengths of the family, with relevant community or neighbourhood partners brought in to develop an individualised plan linking the family into community-based services they need.
- The third strategy of the framework is permanency planning for placing children into suitable family settings as soon as possible. Permanency planning supports family reunification where possible, and involves extended families earlier in the process.
- The final strategy involves the evaluation of outcomes for the children, youth and families in contact with the child welfare system to evaluate the Alberta Response Model and service delivery, and identify opportunities for improvement.
- The evaluation criteria are based on the Canadian Child Welfare Indicator Matrix, which lists the strategies and success measures for achieving the four desired outcomes:
  - improved child and youth safety;
  - improve child wellbeing;
  - increased permanency planning; and
  - increased family and community supports.

### **4.3 Victoria – Family Support Innovation Projects<sup>22</sup>**

The Family Support Innovation Projects is a recent Victorian policy initiative aimed at improving the service response to children and their families.

Victoria has a two-tiered approach to child and family welfare services, with a statutory government funded child protection program with an exclusive focus on child protection, and community services organisations delivering out of home care services and family support services.

The introduction of the Family Support Innovation Program is in response to the continued increase in demand for child protection services and the expectation of continued growth in

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<sup>22</sup> Information in this section is drawn from a number of documents, including presentations prepared on Family Support Innovation Projects. Further information on the Family Support Innovation Projects is available at <http://www.office-for-children.vic.gov.au>.

notifications unless the system is changed to divert families from Child Protection, with data over the last decade showing:

- a significant increase in notifications in Victoria;
- growth in number of children renotified to Child Protection, with 61% of children renotified in 2000-01;
- nearly 25% of children have been notified four or more times before;
- the number of children in out of home care increased by 21% over 5 years;
- growth in parents with one or more of intellectual disability, mental illness, alcohol and substance abuse and family violence from 40% to 70%; and
- an over representation of indigenous children in the Child Protection system.
- Analysis of the service sector had highlighted major deficiencies in the service system, with children and young people having involvement with multiple services but showing little sign of sustained improvement, inadequate communication occurring between agencies and little coordinated, multi-disciplinary intervention for families. The service sector also lacked several aspects including assertive outreach, community intake, contingency plans for cyclic mental health or substance abuse episodes and therapeutic intervention.

The aim of the Family Support Innovations projects is to:

- reduce child protection demand by diverting a significant proportion of families to community based services;
- minimise the progression of families into child protection;
- reduce the growth in demand for out of home care services; and
- provide improved service capacity for vulnerable families at a community level.

Twelve Innovations projects were established in local government areas across Victoria, with additional funding received in the 2005-06 Victorian Budget to increase coverage to 62% of the State.

The characteristics of effective responses for children and young people include:

- a network of coordinated community based services, including child protection, family support, health, justice and education;
- a mix of low, medium and high intensity services that are both comprehensive and flexible to respond effectively to a range of needs;

- assertive outreach to engage families;
- the capacity to work with resistant and hard to engage families, and
- a focus on working with parents to address children's needs, delivered by trained professional and experienced staff.

In some instances, sustained and enduring support for children, young people and their families will be required over a long-term basis to ensure improved outcomes. Assertive outreach refers to agencies proactively approaching families who have been identified by the community or other services to offer family support services. This is consistent with an early intervention and prevention approach.

The Family Support Innovation Projects are funded to build an intensive working relationship among professionals in the local area including teachers, police, maternal and child health, school nurses, family support staff, and specialist agency staff covering drug and alcohol, family violence, and mental health. Each Innovation project has co-located community-based child protection workers to provide early risk assessment and to work with local children, young people and families. Different projects have pursued different approaches and strategies, following analysis of the issues impacting on their local area and the identification of service needs.

Targets for the reduction in notifications and re-notifications were set for each Innovation project, accompanied by a formal, written commitment from agencies to use "best endeavours" to support achievement of these targets.

The Innovations Projects have been trialling new ways of working with vulnerable families, such as repeatedly notified families or those likely to fall into that pattern. The key focus is on assisting families to maintain basic needs, with Innovations projects funded to enable support to be provided to some, but not all, families over the longer term. Funding provided for the Innovations Projects has effectively doubled previous family support funding levels in Victoria.

Early findings have shown that:

- full involvement of community service organisations and regional child protection services in all planning and implementation phases is vital;
- case reviews of frequently notified families have been critical to gain consensus on what is needed;
- the roles and responsibilities of community-based child protection workers have been positively received by the service sector;
- the Innovations projects are promoting better mutual understanding between child protection, family services and the broader service network, with the service networks established in each project helping to foster a higher level of community and system ownership;

- sharing data fosters shared understanding and the integrated central point of family services intake appears highly promising, with clear benefits for clients and professionals;
- assertive engagement strategies are establishing contact with previously ‘hard to reach families’;
- tailoring of Innovations projects to the needs of each local government area has enabled service flexibility and is seen as a key strength; and
- there is a need to ensure a balanced range of interventions across the family services continuum.

Preliminary performance data from the Innovation Projects is encouraging, with child protection data showing a 7.5% reduction in notifications, 10.1% reduction in investigations, and 17.2% reduction in court Protection Applications in the first nine months of 2003 compared to 2002. The evaluation findings comparing 2002-3 with 2003-04 reinforce the above rate of reductions.

#### **4.4 NSW – Early Intervention Program**

The New South Wales Department of Community Services (DoCS) Early Intervention Program is a new initiative which provides targeted support to vulnerable families to prevent their problems from escalating into family crises.<sup>23</sup>

Under the new program, families will work with a departmental early intervention caseworker or a non-government organisation funded to provide case management. Families will be assessed to identify their strengths and needs, as part of developing a case plan to connect them with the appropriate resources and services across a variety of community-based, government and non-government services.

The Early Intervention Program provides support to families facing problems such as family violence, parental substance abuse, parental mental health issues, inadequate extended family or social supports, parents with significant learning difficulties and/or intellectual disabilities, and child behaviour management problems. Services will include home based support for parents, parent skills training programs, childcare, intensive family support, and referral to specialist support such as mental health or drug and alcohol services.

By providing assistance to families before their problems reach crisis point, the program attempts to improve outcomes for children and their families by reducing their likelihood of progressing into the child protection or juvenile justice systems. Referral to the program is via the Department of Community Services (DoCS) Helpline and nominated non-government services. Participation in the program is voluntary.

During the initial years of the Early Intervention Program, services will be available to families expecting a child or with one or more children up to eight years. Priority will be given to families with children younger than three years, in line with evidence that positive early years

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<sup>23</sup> New South Wales Department of Community Services, *Budget Enhancement: Early Intervention Program*, December 2004, p1.



development based on health and well-being and a healthy relationship between parents and children in the first three years of life increases a child's resilience. It is anticipated that in future years, families with children up to 14 years will be included in the program.

Rollout of the program across New South Wales will occur over five years (2003-04 to 2007-08) on a location-by-location basis. Funding is to be distributed to non-government organisations and will include the key service elements of case management, home visiting, childcare services and parenting programs. Maitland, Tweed Heads, Blacktown and Bankstown are the first areas to receive early intervention caseworkers and funding for new services.

Key to the program is funding to promote the development of a network of integrated prevention and early intervention services. The Early Intervention Program will also link with universal programs including Families First, to increase the overall capacity of the early intervention service system in New South Wales.

The aim of the Early Intervention Program is to:

- promote healthy development in children;
- promote strong, functional and well-supported families;
- reduce and prevent child abuse and neglect; and
- build resilience of vulnerable or at risk families and children by providing support before issues escalate.

The Early Intervention Program is based on evidence which shows that in the area of early intervention, multi-component service delivery has greater benefits than a single intervention strategy. Accordingly, the Early Intervention Program is comprised of four service components.

- 1 Case management.** In the first instance, the needs and goals of clients accessing the Early Intervention Program are assessed. Case Managers are responsible for referring clients to service providers as well as providing services themselves.
- 2 Parenting programs.** A range of parenting programs are available to clients based on the clients needs. Such programs include supported playgroups.
- 3 Quality child care.** The type of child care required will vary depending on the needs of the client. Child care may include quality family day care or other flexible child care options.
- 4 Home visiting services.** Such services aim to support parents and children in the home as well as develop parenting skills. A combination of professional and volunteer home visiting services is funded under this program.



### *Integrated Service Delivery – A framework for collaboration*

A key aim of Early Intervention Program is to improve coordination between service providers and reduce the need for parents and children to negotiate the ‘maze of agencies’<sup>24</sup> To achieve this, the Early Intervention Program is based on a model of Integrated Service Delivery (ISD Framework).

The ISD Framework allows service providers and agencies to better coordinate their services, making them more accessible to their clients. The ISD Framework requires collaborating agencies to: agree on the principles for their partnership; place client needs at the centre of service delivery; examine issues relevant to their collaboration such as legislation, finance, governance and service delivery process; and, develop agreements for collaboration that can translate across initiatives.

Overall, the ISD Framework provides for a ‘one-stop shop’ where clients can access a range of services through one access point.

### *Program Benefits*

Research shows that a lack of coordination between services and increased fragmentation of services in the child protection area reduce the likelihood of positive outcomes for children and young people. The benefits of implementing the early intervention program are as follows:

- Increased coordination - the program is based on a model which integrates services provided by government and non-government organisations. This reduces duplication in service delivery, therefore reducing duplication of money spent on such services. It also reduces the time in which services are provided and the number of agency contacts.
- Accessibility - the ‘one-stop shop’ model provides one entry point for clients wishing to access the Early Intervention Program services.
- Flexibility - the flexible nature of the program allows the program to be responsive to client needs, therefore enabling the Early Intervention Program to be client-focussed.
- Financial and social cost-benefit - the evidence shows that early intervention and support provided to children and parents can prevent children from becoming ‘problem adolescents’<sup>25</sup> as well as reducing the likelihood of them committing violent offences.<sup>26</sup>

### *Key features of the Early Intervention Program*

Key features of Early Intervention Program include services:

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<sup>24</sup> New South Wales Department of Community Services, *Early Intervention Program: Integrated Service Delivery – Guidelines for Non Government Services*, May 2005, p4.

<sup>25</sup> New South Wales Department of Community Services, *Budget Enhancement: Early Intervention Program*, December 2004, p2.

<sup>26</sup> *Ibid*, p1.

- that are child centred and family focussed;
- will work in partnership with families to build strengths and resilience;
- will be easy to access, flexible and locally delivered;
- that deliver integrated and coordinated service delivery
- that provide access for families to a range of resources and services through a single point
- that provide case management including assessment, planning, service coordination, direct service provision, monitoring, review and closure; and
- that have a brokerage capacity to purchase material aid and specialist services.

Each family will be linked with an early intervention worker located either in DoCS or an Early Intervention Program lead agency. The worker and family will identify the families strengths and needs and will develop a tailored support package. Tailored support packages will include one or more services and may include an intensity and mix of services to meet the identified needs of the family.

## **5 Understanding the Tasmanian family support service system**

### **5.1 Family Support Services**

The Department of Health and Human Services funds 33 family support services under the following funding streams:

- Family Support (27 services); and
- Personal and Family Counselling (6 services).

A total of \$1.99 million is provided with \$1.69 million provided to services funded under family support and \$0.30 million provided to personal and family counselling programs.

There are currently no accountability mechanisms or service specifications which specify the type, quantity and intensity of services that are to be delivered under the family support funding streams. Information is not routinely collected from funded services and it was, therefore, difficult to accurately map the service system without visiting each service. Visiting each service to develop a detailed map was outside the scope of the project brief, however, contact was made by telephone with services or by discussing with representatives of DHHS, Community Partners in an attempt to identify location, services provided and the method of service delivery<sup>27</sup>.

The information collected during this mapping exercise is rudimentary at best and reflects the absence of accountability mechanisms, services specifications and a policy framework. Information suggests that:

- 28 services were provided counselling, mediation and therapy;
- 22 services were providing information, referral and advocacy;
- 15 services were providing education and skill development; and
- 7 services were providing crisis intervention and none were providing brokerage.

Services were providing a range of other activities such as a library services, respite and emergency relief funding, child care, playgroup, first aid classes, ante-natal classes, and a drop in shelter.

The methods of service delivery indicated that:

- 8 services provided telephone support;
- 15 services provided office or centre based contact;

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<sup>27</sup> Further information is included at Appendix F.

- 15 services provided in-home support;
- 3 services indicated they provided assertive outreach; and
- 14 services provided group work.

Other service delivery methods included the provision of information sessions and community forums.

The information gathered through this rudimentary mapping process does not allow comprehensive findings to be made about the type and method of service delivery. However, consistent with the service usage data collection outlined in section 5.3, it suggests that family support services do not consistently provide the range and intensity of services that is expected in a contemporary service system. Some agencies appear to be providing services that could not be defined as family support (ie Lifeline and Centacare's adoption service). This highlights the historical basis for funding provided under the two funding streams and the need to define the funding arrangements and service specifications for Family Support Services into the future.

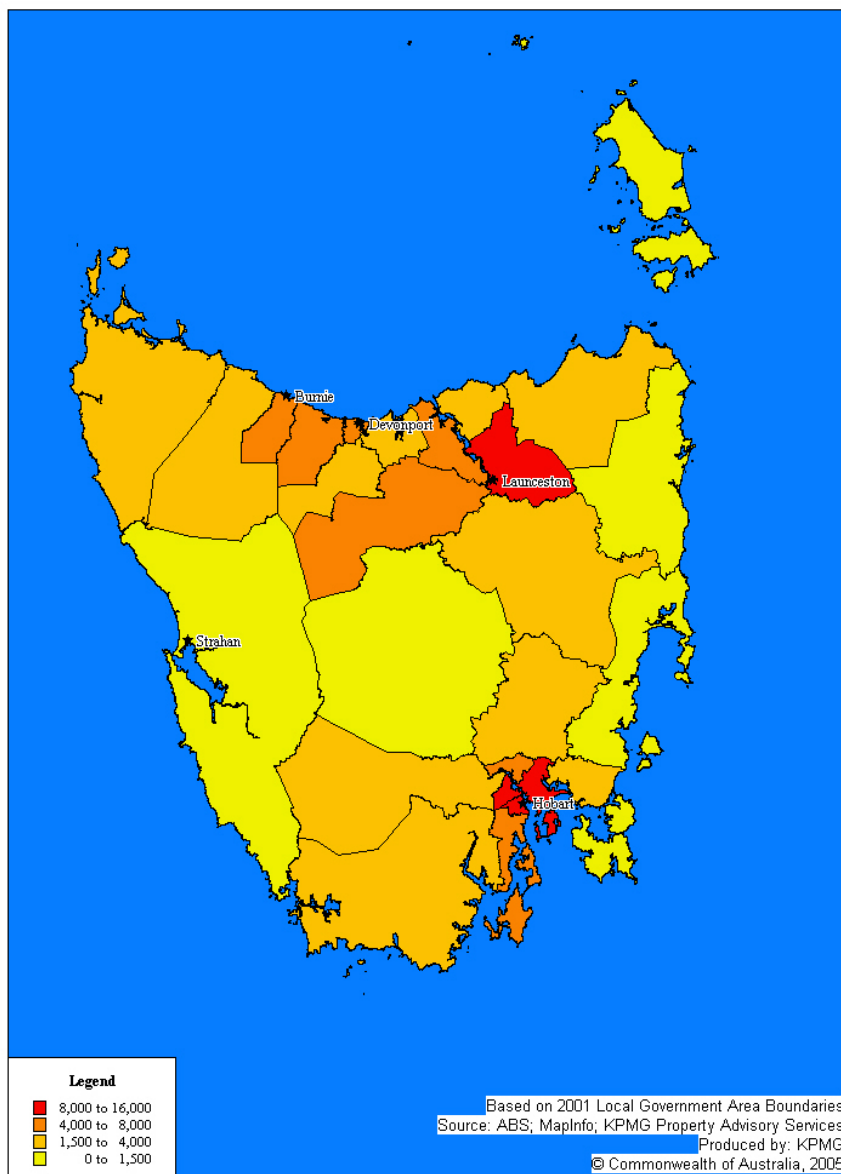
## **5.2 Population**

In 2001, Tasmania's total population was approximately 454,850. Approximately 118,118 (26 per cent) were under the age of 18 years. A breakdown of the population by Local Government Area (LGA) is included in Appendix G.

The map below shows the distribution of the 0-17 year old population across Tasmania. It shows that the highest populated areas are around Launceston in northern Tasmania and Hobart in southern Tasmania.

## Population of Tasmania aged under 18, 2001

Local Government Areas



Analysis of funding and distribution of the 0-17 years population shows that funding is not always located in the areas with high 0-17 year populations. While higher levels of funding exists in Launceston, Burnie and part of Hobart, there are other areas in Tasmania with relatively high populations of children that are receiving comparatively less family support funding. This analysis supports the anecdotal view presented during consultations that funding has, to date, been allocated in an ad hoc manner without taking into consideration population and need. A map showing these findings is included in Appendix G.

### **5.3 Issues highlighted by family service usage data analysis**

Given the lack of data on service usage of family support services, the Department of Health and Human Services undertook a snapshot data collection. This was important to start to develop a picture of the number of people, type of presenting issues and the type of service responses being provided by family support services.

The Department of Health and Human Services, in consultation with the Tasmanian Family Support Service Association (FSSA), developed a data collection tool to identify service demand based on a snapshot period. The data collection tool was distributed by the Department to all 32<sup>28</sup> services receiving funding under the family support and personal and family counselling streams. The agencies were asked to complete one form for each family they had contact(s) with from 9 May 2005 to 3 June 2005. Of the 32 services, there were 20 that returned data.<sup>29</sup>

Data was not collected from family support type services or programs funded by other funding streams or sources.

Further analysis is shown in Appendix H.

#### *Profile of service users*

Over the course of the data collection period, there were 817 families (clients) who had contact with family support services. Of the total number, 564 were ongoing clients. The frequency of contact for ongoing clients varied when analysing the data at a statewide level, with 57 percent of clients in regular contact (weekly or fortnightly) with their respective service providers, and 27 percent contacting their support service on an occasional basis.

Over the course of the data collection period, 241 new clients accessed family support services at the twenty agencies that returned data.

The family structure of the client group accessing family support services included one parent families and couples with dependent children and one-parent families and couples without dependent children. Given the personal and counselling funding stream has been included in the analysis, this may help explain the high proportion of clients without dependent children receiving services. The family structure of the client base is outlined below in Table 5.1.

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<sup>28</sup> One service was not asked to participate in data collection as they are not providing family support services.

<sup>29</sup> Note: One support service provided their data as an aggregate rather than on an individual family basis. Where possible their information has been included, however, in some instances it was not possible and as a result their data has been excluded.

**Table 5.1: Overview of family profile**

Family Structure	Percent of client base
Couple/family with dependent children	33%
Couple/family without dependent children	8%
One parent family with dependent children	40%
One parent family without dependent children	8%
Other family (not specified)	11%
	100%

Families with children made up the largest proportion of service users, with 73 percent of users supporting children 18 years and under. 45 percent of children were aged between zero and four years of age, and 42 percent were aged between five and 12 years of age.

As shown above 40 percent of clients were single parents with dependant children. While this statistic in isolation is not remarkable, when taken together with the presenting issue it indicates that parenting problems require increasing support levels at a statewide level. Approximately 19 percent of service users were single parent families who presented at service providers seeking assistance for parenting problems.<sup>30</sup> This trend continues with couples who have dependent children with 15 percent requiring support for parenting issues.

The clients accessing family support services rely on welfare support payments from the Federal Government with 48 percent of clients receiving some form of parenting support, and 10 percent accessing the Newstart allowance. However, when source of income is analysed against family profile, single parent families rely more on welfare support payments with 74 percent of single parent families receiving Centrelink benefits (187 single parent families).

Out of the 817 service users, 14 (1.7 per cent) were ATSI and there was a further 16 (2 per cent) who were from other culturally and linguistically diverse (CALD) backgrounds. These include families from Africa, Sierre Leone, Sudan, Ethiopia, China, Thailand, New Zealand, Borneo, Netherlands, and Zimbabwe.

<sup>30</sup> 154 of the 817 clients were single parent families who presented at the agencies on the first visit seeking assistance on parenting matters.

### *Complexity of service user issues*

Most service users (675 service users, or 90 per cent) have medium to low needs, with little or no risk to any children. However, 10 percent (or 72) of clients who contacted family support services during the data collection were assessed with multiple issues and their children were assessed to be at risk.

Table 5.2 provides an overview of the service users with children at high risk and their presenting issues.

**Table 5.2: Overview of presenting issues and service users with children at high risk**

Presenting Issue	Number of families presenting with high risk issues
Domestic Violence	20
Parenting	48
Intellectual Capacity/Disability	4
Mental Health	15
Drug and/or Alcohol	24
Financial	19
Transportation/Isolation	13
Grief and Loss	10
Physical Health	11
Pregnancy	8
Relationships	33
Separation/Divorce	16
Housing	22
Other	32 <sup>31</sup>

Families assessed with multiple issues and with children at risk presented the following characteristics:

<sup>31</sup> "Other" was not defined in the data collection tool.



- 67 percent of families presented at family support providers with three or more issues (48 occasions);
- 48 service users required parenting support;
- Intellectual Capacity/Disability issues were only present in 4 service users with children deemed to be at high risk;
- One service user presented with ten issues on their first visit during the data collection period;
- 64 percent of ATSI clients were assessed to be at medium or high risk;
- 50 percent of service users who presented with three or more issues required parental support (37 occasions);
- 32 percent of service users who presented with three or more issues required support for parenting and relationship problems;
- 20 percent of service users who presented with three or more issues required support for parenting and housing issues (15 occasions); and
- 17 percent of those service users with children at high risk and presenting with 3 or more issues required support for parenting, relationships and drug and/or alcohol problems.

In the medium and low risk categories, parenting was the number one presenting issue with relationship problems also requiring high-level support from family support services. Other characteristics include:<sup>32</sup>

- the average number of presenting issues for clients assessed at medium risk is three;
- 37 percent of clients who presented with 3 or more issues required support for parenting and relationships; and
- 21 percent of clients assessed to be of medium risk presented at support agencies requiring support for financial issues.

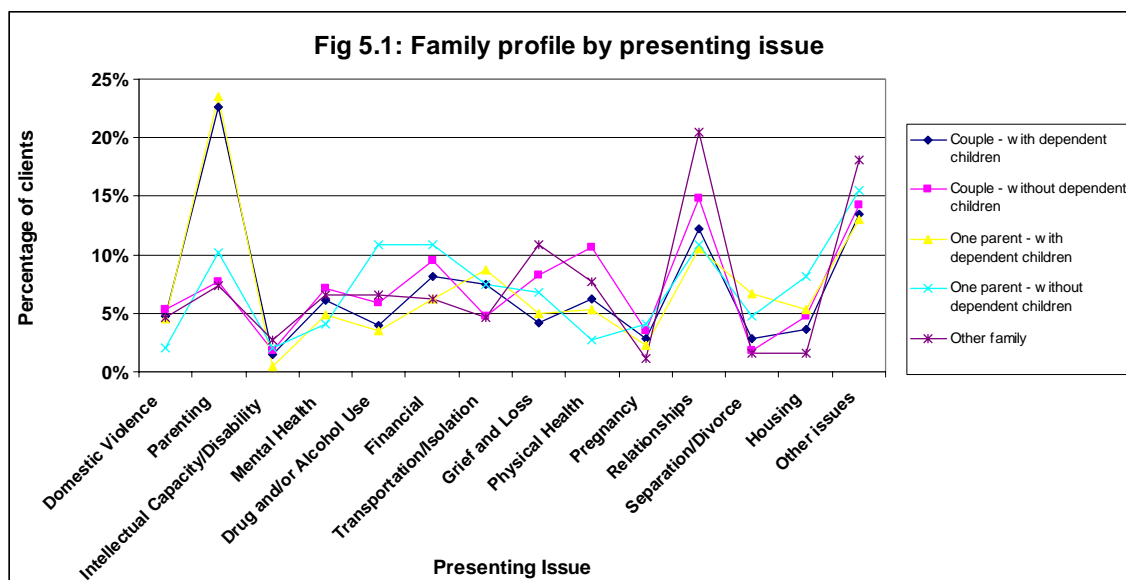
New clients during the data collection period represented 29 percent of family support service users with approximately 8 percent assessed to be in the high-risk category. 53 percent of new users presented a low risk, and 39 percent were assessed to be in the medium risk category.

When looking at presenting issues by family profile it can be seen that families with dependent children (either couples or single parents) often present with parenting issues. Single parent families with no dependent children access support services for drug and/or alcohol and

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<sup>32</sup> Note: there were 351 clients who were assessed to be of medium risk, however, due to one agency submitting data as an aggregate (81 medium risk clients) the analysis is based on 271 medium risk clients.

financial problems on a more frequent basis than families with dependent children, while couples also access family support for assistance with financial matters (See Fig 5.1).



### Service user contact type

The primary contact method for clients accessing family support services is by planned appointment with 55 percent of all clients utilising this contact type. On a risk profile basis this trend continues with 52 percent of clients assessed with children at high risk receiving an appointment and 58 percent of clients in the medium risk category contacted the agency via a planned appointment (see Table 5.3)

**Table 5.3: Overview of client contact by risk profile<sup>33</sup>**

Contact Type	High Risk <sup>34</sup>	Medium Risk	Low Risk
Crisis	26	63	56
Planned Appointment	37	141	157
Drop In/Casual	8	43	76

The table above highlights that planned appointments was the preferred method of contact across each risk profile. This contact method also extended to new users of the family support service agency, with approximately 47 percent of new users making an appointment during the data collection period (see Table 5.4).

<sup>33</sup> Note: The total number of contacts utilised here is 607 as one agency aggregated data which could not be disaggregated.

<sup>34</sup> High risk only totals 71 as one client contact was not specified.

**Table 5.4: Contact type of new users**

Contact Type	Percentage of new users
Crisis	26%
Planned Appointment	47%
Drop In/Casual	19%
Contact Type not specified	8%
<b>Total</b>	<b>100%</b>

### *Service response*

In responding to family support service users, providers utilise a variety of methods including:

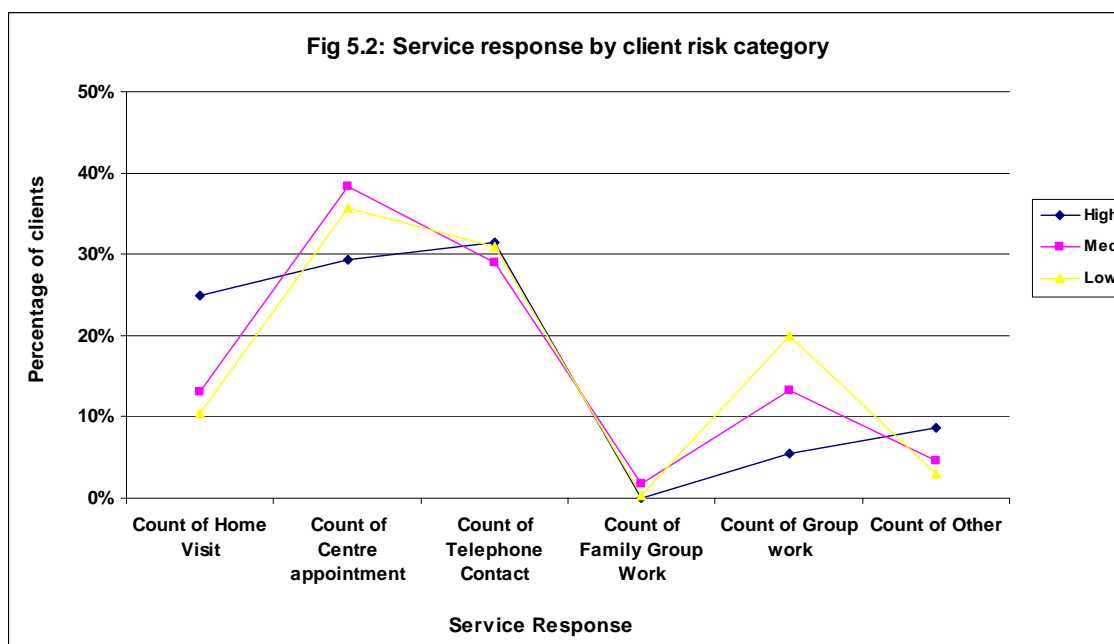
- home visits;
- appointments at agency centres;
- telephone contact; and
- group work.

Overall there were 1,014 service responses detailed during the data collection period with telephone contact being the preferred method utilised by the support agencies on a statewide level. Approximately 32 percent of service responses had telephone contact, with centre based appointments complementing this delivery method accounting for approximately 31 percent of service responses (See Table 5.5).

**Table 5.5: Overview of service response**

Service Response	Percentage of service response utilised
Home Visit	10.7%
Centre Appointment	30.6%
Telephone Contact	31.7%
Family Group Work	0.7%
Group Work	13.6%
Other	12.7%
<b>Total</b>	<b>100.0%</b>

From the table above the response by family support services are provided by either telephone contact or agency based appointments. Only 10.7 percent of overall service responses were provided in the home. However, when analysed across the risk profile of clients, it can be seen that clients in the high-risk category are more likely to receive a home visit than clients in the medium and low risk categories. Service responses across the categories of telephone contact and centre appointments run broadly parallel in conjunction with the client risk profile, however, group work occurs more often with clients in the low and medium risk categories (See Fig 5.2).



## **6 Themes from initial consultations**

Stakeholders identified a range of key themes and elements missing from the existing family support service system. Some of these themes are consistent with the key service delivery issues presented in section 3.

An outline of the consultation strategy is at Appendix C.

### **6.1 Strengths of the existing family support service system**

The existing family support services system in Tasmania was seen to have many strengths which should be retained in a future contemporary service system. Strengths identified by stakeholders of the existing service system are summarised under the following four key themes.

#### *1 Location of services*

Currently, family support services are based in local communities and can sometimes fill the gaps locally when other services are not available. Services are developed over time in response to local community needs and are seen to be locally driven and “owned”. Community trust in service providers was seen to be an important factor and resulted from the community base from which many services operate.

#### *2 Workforce*

The family support workforce is seen by stakeholders to:

- be dedicated and committed to their role;
- be doing a great job assisting families, often with limited resources; and
- have a high level of expertise, often based on knowledge accumulated over long periods of time in the role.

#### *3 Service delivery*

Stakeholders identified strengths of existing service delivery including:

- diversity in the types of services offered;
- flexibility and creativity to respond as needed;
- practice that is strengths based and family focussed;
- ability to provide a service response that is holistic and based on the “big picture”;

- flexibility to work with families based on their identified needs over the short, medium or long term; and
- have the ability to respond to problems identified early.

#### *4 Partnerships and networks*

Family support services have a good knowledge of the range of services that are available in the local area which leads to strong networks with other professionals. Stakeholders reported an increasing incidence of partnerships and collaboration between services in some areas.

## **6.2 Service gaps**

Stakeholders identified weaknesses and service gaps in the existing service system with perhaps the most significant being a lack of a clear policy framework to support activities undertaken by family support services. Other issues are presented under the following themes.

#### *Accountability and funding*

There is limited accountability for government funding received by family support services. Existing funding and service agreements only require financial accountability (annual reporting on expenditure) but do not include contemporary accountability measures such as:

- outcome measures on which to determine improved outcomes for children and families,
- data collection to report levels of service demand, usage, characteristics of children and families and their presenting problems;
- minimum standards which family support services must meet; and
- a quality framework which includes accreditation and/or registration of agencies to ensure minimum standards are met.

Funding is provided on a time-limited basis through an annual grants process. This requires services to spend time and effort to prepare annual submissions – time which could be better spent focussing on improving the quality of services delivered to children and families. Stakeholders considered that funding was inadequate and did not include allocation for supervision, management, infrastructure and operating costs. Also funding was not provided to support networking, collaboration, coordination and joint planning activities in the local area.

Funding of some services on a part time basis meant they were often under pressure and unable to meet demand.

### *Service delivery*

The problems identified by stakeholders in relation to service delivery highlighted some significant gaps. These included:

- families having difficulty identifying suitable services and navigating the service system – “you have to know about the service before you can access it”;
- limited use of a case management approach which impacted on the ability of services to provide a coordinated and integrated service response, particularly for higher needs families;
- a need to increase the use of a coordinated case planning approach to achieve better outcomes for families;
- limited information sharing between services involved with children and families which significantly impacts on the timely identification and management of risk;
- a lack of coordination and planning between services which, at times, results in overlap and gaps in available services occurring in local communities;
- service delivery models not always being evidence based;
- the quantum and distribution of services and resources being seen as inadequate;
- some services were provided with limited funding for 20 hours per week and 40 weeks of the year resulting in the service being closed during school holidays and school age children missing out on receiving services;
- service responses for high risk adolescents were limited or not available;
- there was often no capacity for a crisis response;
- insufficient partnerships to build integrated coordinated case management services;
- many rural areas not being serviced effectively or at all; and
- a lack of transport to enable families to access services.

### *Workforce*

Many of those consulted identified workforce issues. These included qualified and unqualified workers in the paid workforce. The level of funding available and the salary rates meant that it was often difficult to find good quality staff and then to retain them. Many argued that formal professional supervision and training and development for staff were intrinsic to the provision of quality family support services. Stakeholders reported that many staff either received no or limited formal professional supervision or sought out and paid for their own supervision. The small size of some services often inhibits the capacity of the service to provide key functions

such as supervision and support. Opportunities for de-briefing following critical incidences were often not available.

Worker safety issues were often not adequately addressed or managed. This was identified as a particular issue in remote areas without mobile phone access.

#### *Relationship between DHHS and sector*

Stakeholders advised that regular liaison and collaborative planning between the service sector and the Department did not occur. This was partly due to the lack of an identified key person/position within the Children and Families Division responsible for policy development and monitoring of performance. Often service sector stakeholders advised they did not know who to contact in the Department to discuss issues.

The Tasmanian Family Support Services Association was seen to have a limited ability to represent service providers and advocate on behalf of the sector with the Department. The Association receives funding for an annual conference for the sector which enables information exchange and for workers to learn about contemporary service delivery. However, funding is not provided to the Association to employ an executive officer. This limits the Association's ability to represent and advocate on behalf of the sector.



## 7 Strengthened services for children and families

The main objective of a new service approach for Tasmania is to strengthen children's wellbeing and safety

- by developing a comprehensive, well integrated and effective service system; and
- by ensuring complementarity and coordination between key reforms including (but not limited to) Child Protection Services; Out of Home Care Services; Family, Child and Youth Health Services; Child and Adolescent Mental Health Services; and the whole of Government early years policy framework.

The Family Support Services Framework will become part of an overarching strategic services framework for children and families in Tasmania. The Family Support Services Framework will aim to:

- focus on early intervention and prevention strategies;
- ensure that there is capacity within the service system to respond to those children and families most at risk; and
- use coordinated case planning to support interventions and integrated responses.

### 7.1 Principles<sup>35</sup>

An improved family support services system should be supported by the following principles.

#### 1 *Children's wellbeing and safety is everybody's business*

Identifying and supporting vulnerable children and families must be a shared responsibility across the community and all service providers. Children's wellbeing and safety must not be seen as the sole responsibility of Child Protection. All family support services must prioritise the most vulnerable clients to address wellbeing and safety.

#### 2 *The service system must intervene earlier to protect children and improve family functioning*

Many families are not effectively accessing services early enough, resulting in notifications being made to Child Protection. There must be clear pathways for families to identify and access appropriate services. Likewise, the range of family support services, along with the wider community, must be able to identify vulnerable families early and link them to an appropriate service response. Links between family support services and statutory Child Protection services must be established and/or strengthened.

<sup>35</sup> Protecting children: ten priorities for children's wellbeing and safety in Victoria, Victorian Department of Human Services, August 2004

### *3 All services should strengthen their focus on children's developmental needs*

A focus on children's developmental needs will enhance assessments of, and service responses provided to, vulnerable children and families. This will lead to early identification of problems and risks and will improve outcomes for children.

### *4 Children's and family services must be integrated and coordinated*

Services should form an integrated continuum of services at a local community level, provide a common point for referral, specify clear pathways to access services and establish a shared responsibility for children's wellbeing and safety.

### *5 Flexible, timely and solution focused services will lead to improved family functioning*

Flexible, timely and solution focused services have the potential to facilitate more effective responses to children and families. This will lead to improved family functioning and better outcomes for children.

### *6 Culturally sensitive service responses should be available for Aboriginal children and families*

Culturally specific service responses are currently limited with many Aboriginal children and families expected to access mainstream services. A review of services provided to Aboriginal children and their communities should occur in collaboration with the Aboriginal community, with the objective of developing culturally specific services; reducing Aboriginal over-representation in Child Protection and out of home care systems and strengthening self-management.

## **7.2 Characteristics of effective local responses**

Evidence from other jurisdictions<sup>36</sup> has identified a number of key service system characteristics that must be present to support effective local responses to children and families. These include:

- a local network of coordinated community based services;
- a shared sense of responsibility across agencies for vulnerable children and families;
- a mix of low, medium and high intensity services that are comprehensive and flexible;
- an approach to service delivery with capacity for:
  - assertive outreach to families where concerns have been identified to actively offer services;

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<sup>36</sup> Victorian Family Support Innovations Projects and UK *Every Child Matters*

- working with resistant and hard to engage families;
- focussing on working with parents to address children's needs;
- the availability of sustained, enduring support which can be provided on a long term basis when required;
- responses that can be tailored to local area needs; and
- trained, professional, and experienced staff..

### **7.3 Issues to consider in determining a way forward**

Tasmania experiences some unique factors which must be taken into consideration in determining a way forward. These include:

- size and geography of Tasmania – accessibility of services and distances that must be travelled from remote areas creates difficulties for cost effective service planning and delivery;
- population distribution – the overall population, while relatively small, is mainly dispersed across the north and south east of the State with many small and remote communities;
- available services in the market – there are a limited number of organisations currently operating in the market and the expertise and skill to work with more vulnerable, at risk children is variable;
- a need to increase the range of services at the secondary level – to address the increasing needs of families and the number of children notified to statutory Child Protection, there must be a significant increase in the range of services that can address the needs of vulnerable families before issues escalate to the point of notification;
- a need to increase the capacity of family support services - it is generally accepted that family support services have received little if any attention in past years resulting in an inadequate quantum and distribution of services; and
- a need to increase services available for at risk children and families – to respond earlier and more effectively to support children and families and prevent the escalation of risk.

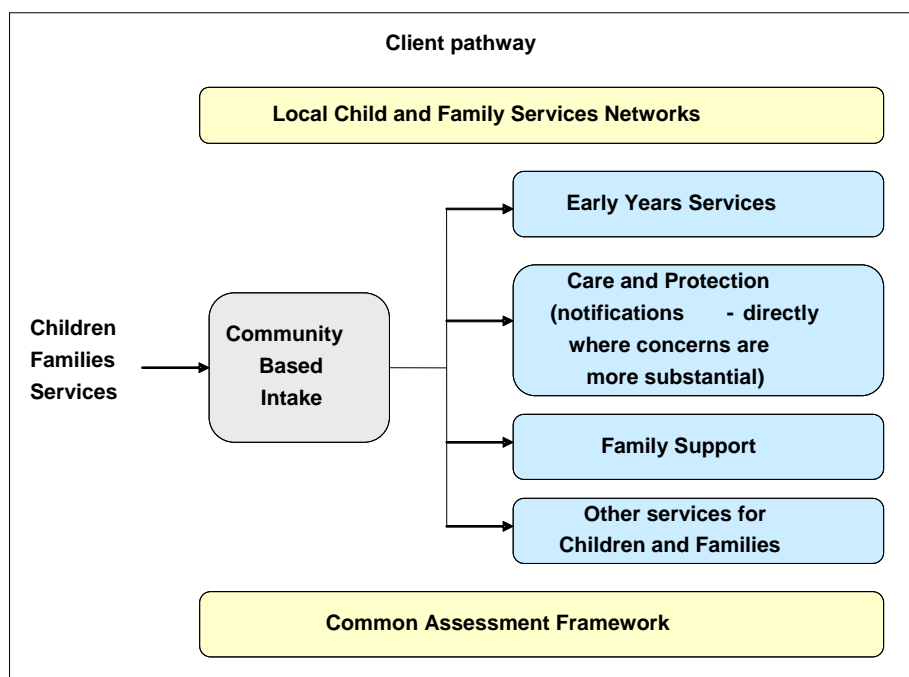
### **7.4 Needs based groups and client pathways**

Client pathways through the service system can be more effectively planned through identifying particular groups based on their needs. Three main needs based groups are described for the purposes of the Family Support Services Framework.

### *All children and families*

The whole population of children and families may need to access universal and primary services to promote child wellbeing including health, education and social development. These services may include “early years” services such as family and child health and child care services; schools; and general practitioners. Families should be able to access these services directly or through a common local intake point.

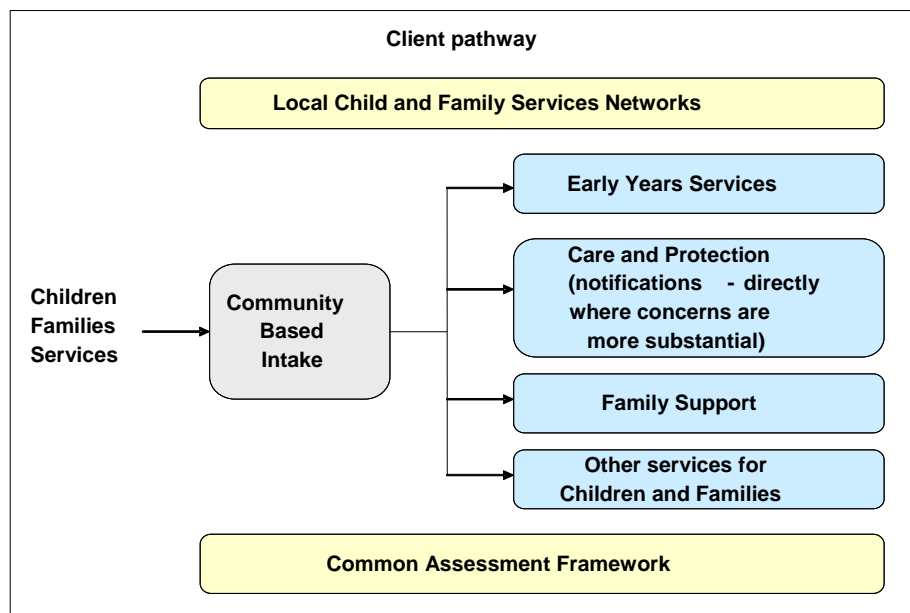
**Diagram 7.1**



### *At risk, vulnerable children and families*

Children and families with particular vulnerabilities, few protective factors and significant risk factors should access secondary services such as family support services, school psychologists, and respite care through a common local intake point.

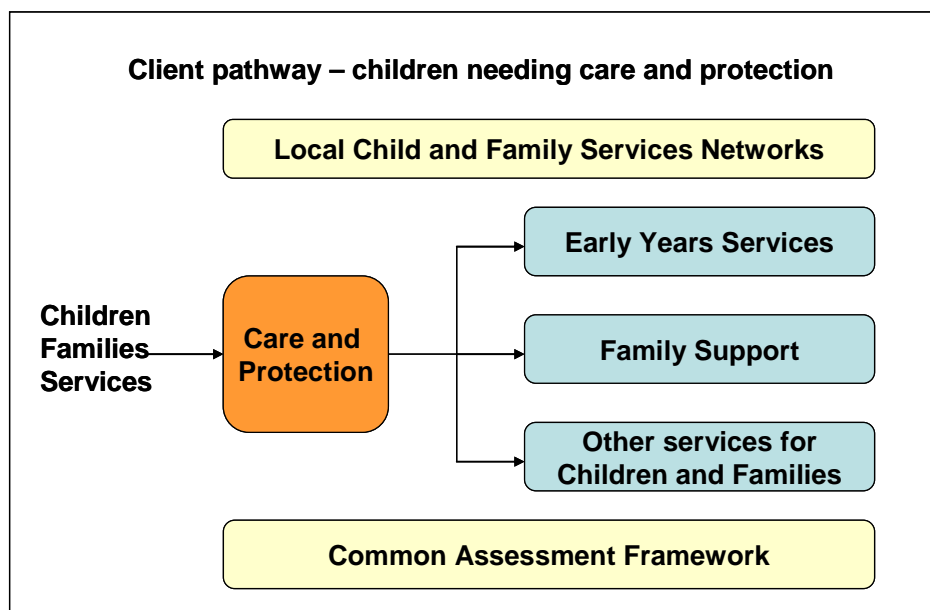
Diagram 7.2



### *Children that need care and protection*

Children that are experiencing significant harm or who are likely to suffer significant harm should directly access tertiary statutory child protection services, where the harm cannot be ameliorated through responses provided by the secondary service system.

Diagram 7.3



## 8 Proposed family support services framework

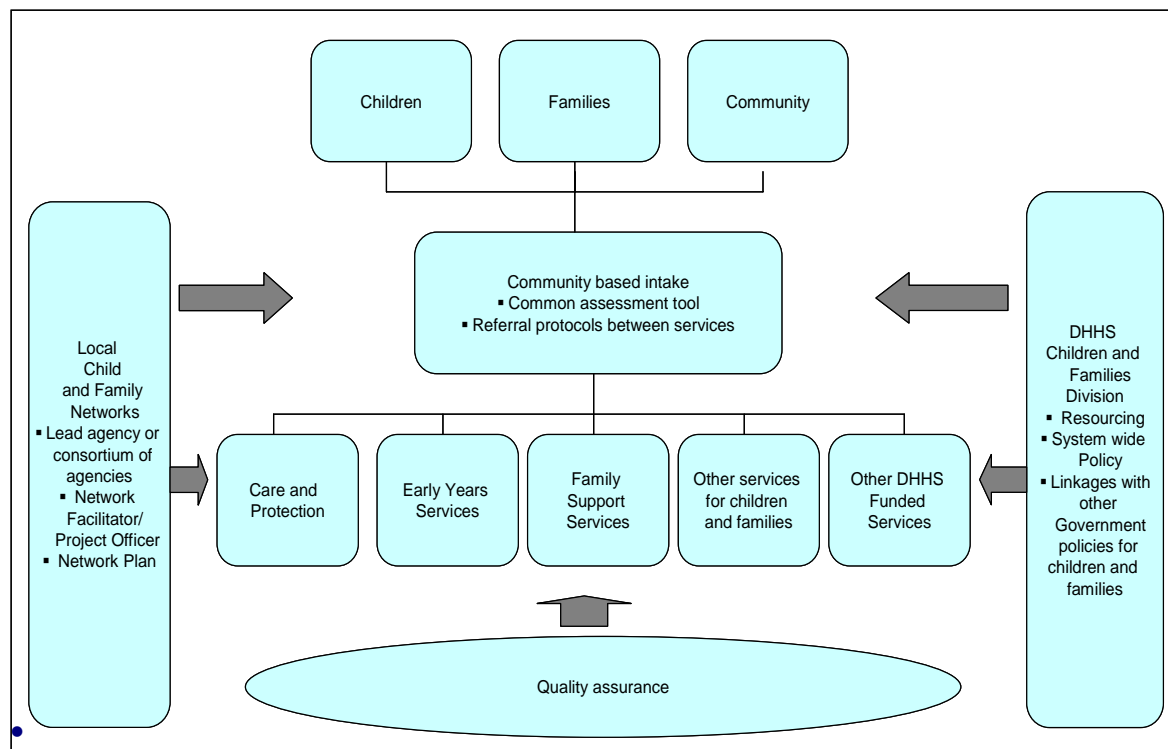
A new Tasmanian Family Support Services framework is required to enable more effective, earlier support to be provided to vulnerable children and families.

The service framework is based on the findings outlined in:

- Section 3 – key service delivery issues;
- Section 4 – contemporary international and national directions;
- Section 5 – understanding the Tasmanian family support service system; and
- Section 6 – themes from initial consultations.

Diagram 8.1 shows how the needs based groups identified in Section 7.4, the various components of the existing service system and new roles and functions fit within the Family Support Services Framework.

Diagram 8.1



## **8.1 Local child and family service networks**

Family support services, and indeed the wider range of services for children and families, must be flexible enough to change and adapt over time to meet the communities changing expectations, needs and priorities.

It is recommended that local child and family service networks be established in defined areas. Each local area should consist of services that are responsive and tailored to meet the different population and needs based groups and include universal, primary, secondary and tertiary services. The local child and family service networks will be lead by an agency or consortium of agencies, include a network facilitator, a network plan and additional funding to enhance and increase available family support services.

### **8.1.1 Purpose of local networks**

The purpose of the local child and family service networks will be to:

- promote children's wellbeing and safety;
- improve outcomes for children and families;
- build on existing service capacity;
- identify local priorities to determine service needs;
- develop a Local Network Plan which brings together agencies' planning to achieve;
  - a more integrated and coordinated service system;
  - earlier intervention and prevention; and
- coordinate quality assurance, performance measurement and data collection.

Emphasising early intervention and prevention is likely to result in a significantly increased demand for family support services. The lead agency or consortium of agencies should also be provided with additional funding to provide additional family support services in the local area. Expected outcomes for children and families in the local area will be specified as part of performance monitoring and agencies participating in the local network will all be expected to contribute to meeting these outcome measures.

### **8.1.2 Local service delivery areas**

A network of coordinated community based child and family services should be established in local areas. How to determine local service delivery areas has been the subject of considerable discussion during consultation on the proposed Family Support Services Framework. The Department of Health and Human Services will need to develop local service delivery areas in

consultation with stakeholders. Comments from stakeholders suggest that it will be critical to respect the way that communities see their boundaries.

Identification of local areas must be informed by:

- population distribution, particularly of 0-18 year olds;
- current service usage data;
- identification of need through analysis of distribution of Centrelink parenting payments, child protection notifications, isolation and accessibility of services;
- existing analyses undertaken within different divisions of DHHS that may provide some indication of what works for Tasmania; and
- consultation with relevant services that would be involved in the network.

There is an assumption that most local government areas will be too small and won't have the range of services within the area for the local child and family network to be effective. Similarly, basing one network in each of the three DHHS regions would not be effective as it would not enable local community needs to be adequately planned and responded to.

### **8.1.3 Local service network members**

It is expected that local child and family networks would be funded to build collaborative working relationships among professionals in the local area. Membership of the networks might include family support services, statutory Child Protection service, out of home care services, early years services, mental health services, police, youth justice, schools and school support staff, and others such as health, drug treatment, disability and other key notifier groups.

Local child and family networks will determine their own membership based on the services available and local priorities. The local networks will need to consider how they will work in relation to other coordinating arrangements that may already exist such as the Inter-agency Support Panels coordinated by Tasmania Police.

Linkages across networks will also need to be established to address the needs of mobile and transient families.

### **8.1.4 Governance of local networks**

Each child and family network will be lead by one agency or consortium of agencies. The lead agency or consortium of agencies should be funded to undertake the components of the network including implementation of a community based intake, development of the network plan and the provision of increased family support services for the local area.

For the network model to work, network partners will need to cooperatively identify the agency or consortium of agencies that are best positioned to take the lead role. Without the



endorsement and support of the network partners, the lead agency will not have the authority to undertake their roles and responsibilities and the network will be ineffective.

There is no assumption made in advance about which agencies are best positioned to take the lead role in a local network. The lead agency or consortium of agencies may include small, medium and/or larger organisations.

The lead agency or consortium of agencies will be accountable to DHHS under a funding and service agreement which will include outcome measures such as targets for reduction in notifications to Child Protection (which will be achieved through earlier intervention). These targets will need to be agreed in principle by network partners.

The lead agency or consortium of agencies will also be accountable to all child and family services in the local network. The lead agency will need to collaboratively manage local network planning and service delivery. Collaboration and coordination across services will enable the local network to achieve its identified priorities. Without the active participation and support of network partners, the network will have difficulty meeting the expected improvement in outcomes for children and families in the local area.

### **8.1.5 Network facilitator**

The UK model outlined in section 4 included a Director of Children's Services in each Local Authority. The Director is responsible for the delivery of children's services and for broadening working partnerships through Local Safeguarding Children Boards. The Local Safeguarding Children Board is responsible for coordinating and monitoring the efforts of member agencies to safeguard and promote child welfare, set policy and procedures, and establish local screening teams to analyse data with the aim to reduce local childhood death or injury. For coordination and collaboration to be established and to operate effectively on an ongoing basis, evidence suggests that discrete funding is required to facilitate such functions. It is no longer adequate to expect services to undertake these considerable functions without additional resources.

The role of network facilitator should be funded according to the size and complexity of the local child and family services network and be employed by the lead agency. Under direction of the lead agency and network partners, the network facilitator will:

- develop an annual Network Plan collaboratively with network partners;
- support and facilitate implementation of the Network Plan;
- coordinate data collection across the network;
- undertake an annual internal assessment of performance in line with the Quality Assurance processes and provide a report to network members and DHHS; and
- develop and maintain directories for child and family services for the local network.

In addition, the network facilitator will be responsible for co-ordinating local services, professionals and the wider community specifically to:

- ensure consistent standards of intake and assessment across services;
- promote understanding and awareness of a new community based intake service;
- develop timely and effective referral pathways between all services;
- support implementation of the common assessment framework; and
- monitor and report on operation of community based intake and assessment function.

Due to the complexity of the role, funding should allow appointment of an appropriately skilled and qualified person.

#### **8.1.6 Local network plan**

The Local Network Plan will be the key tool to guide the development and implementation of an outcomes focussed child and family service system. The Plan should identify the existing service configuration of local child and family services, identify priorities for the local area and determine a preferred service configuration for the local area based on these priorities. Families and the community should be consulted when developing the Plan and timelines for implementation and achievement of objectives should be included.

Local networks will rely on full involvement of network partners, other local agencies and Child Protection to successfully develop the Network Plan and to implement it.

#### **8.1.7 Supporting effective operations**

In Victoria, locating community based child protection workers in each local network was shown to promote better mutual understanding between child protection, family support services and the broader service network. This may be an approach that Tasmania may wish to consider, particularly given the lack of integration and coordination of services to at risk children and families that currently exists. It was not uncommon during consultations for stakeholders to comment that family support services and Child and Family Services (child protection program) work with different clients. This situation must change if better outcomes for children and families are to be achieved.

Effective coordination and integration of service responses for children and families will depend on implementation of a case management approach and will include regular case reviews. Agencies will need to coordinate efforts to support families towards successfully achieving case plan goals. A starting point for newly established local child and family networks should be to review cases of frequently notified families, particularly where there are multiple agencies involved, to gain consensus on a way forward. The objective will be to identify a case plan that will support the child and family to prevent risk issues from escalating.

## **8.2 Components of an effective local network**

### **8.2.1 Community based intake**

A key function to support a shift to earlier intervention and prevention, is the establishment of a community based intake within each local child and family network. Families often find it difficult to navigate their way through fragmented and uncoordinated service systems to identify an appropriate service to respond to their particular needs. Other services and the community also often have similar difficulties in identifying and accessing relevant and effective service responses for families with specific needs.

A community based intake in each local child and family network will provide a clear referral pathway for vulnerable children and families in the local community to access appropriate and responsive services. Through a common assessment framework, the community based intake will be able to assess needs and risks and facilitate access to appropriate services provided by network partners.

The benefits of a community based intake are:

- family and professionals have clearer and more timely access to support services;
- may avoid referral to Child Protection;
- families only need to tell their story once; and
- the community based intake will identify families needs and link them to appropriate services.

It is expected that the community based intake will work closely with CPAARS (Child Protection central intake) to improve the process of referral from Child Protection to family support services and vice versa. The community based intake should also develop clear linkages and processes with other referral pathways/services in the local area – with an emphasis on those services that have a role in working with vulnerable children and their families, such as Family and Child Health, Family Violence, Sexual Assault and out of home care services. Clear visibility and processes will also need to be established with key referrer groups such as the police and schools.

The development of effective systems and strategies for managing demand that move away from traditional waiting list models and facilitate the linking of timely and responsive support for families will be critical to the success of the local child and family network.

The effectiveness of the community based intake will be dependent on the ability of services to share information in the best interests of children and families. A review of existing privacy and other legislation should be undertaken to identify the current capacity of the service system to share information and to identify if legislative amendments are required to enable appropriate sharing of information to assess and support vulnerable families.

The location of the community based intake should be determined by the Local Network as part of the Network Plan, although it is expected that the lead agency or consortium of agencies receive funding to provide this function.

Prior to implementation of the Family Support Services Framework, the Department of Health and Human Services should collaboratively develop the community based intake service model and guidelines with the sector. These specifications and guidelines should include:

- referral pathways and linkages with services in the network;
- minimum standards;
- interface with Child and Family Services (Child Protection);
- information management and capacity to share information within existing legislative provisions;
- timelines for implementation;
- process to identify a lead case manager for each child and family following initial assessment; and
- the link with the common assessment framework.

### **8.2.2 Common assessment**

The development of a common assessment tool for all child and family services will provide a consistent framework for identifying risk and needs of each family and will allow priority and relative urgency to be determined. All child and family services within the network using a common assessment tool will reduce the number and duration of different assessments families' experience. It will strengthen services capacity to manage complexity and risk and will improve their ability to assess and address need and to undertake effective and consistent interventions.

The common assessment framework should be developed by DHHS in collaboration with family support services sector.

The common assessment tool will provide a clearer rationale for case management and case practice through enabling:

- detailed identification of client needs;
- objectives and goals for intervention to be identified cooperatively with families and other agencies involved;
- the identification of the range and type of service responses required and to allocate specific roles to agencies;

- a lead case manager to be identified.

The use of a common assessment tool will improve transition and transfer between services and will lead to coordinated and integrated service delivery, which will in turn lead to improved outcomes for children and families.

Examples of other networks and partnerships that have effectively used a common assessment tool or process to support service delivery to vulnerable clients include:

- United Kingdom, Every Child Matters – integration to be achieved through a common assessment framework to improve quality of referrals between services, help embed a common language on children's needs, promote appropriate sharing of information, and reduce the number and duration of different assessment processes;
- Victorian Primary Care Partnerships<sup>37</sup> – provides tools for initial needs identification and care planning along with a number of other strategies to achieve integrated services delivery.

#### *Additional capacity for family support services*

The availability and range of family support services in the current Tasmanian system should be significantly enhanced to enable the objectives of the proposed Family Support Service system to be achieved.

The lead agency or consortium of agencies in each local child and family network should be provided with resources to ensure the network is able to provide the range and quantum of services to be specified in the Local Network Plan. New service capacity should be integrated with existing services, rather than adding it on as a separate layer of service provision (except in areas where there is no family support service). The additional capacity should allow for an expanded range of medium and high intensity services that are capable of delivering flexible services that respond to families needs<sup>38</sup>.

The approach to service delivery should<sup>39</sup>:

- actively engage with families through a range of approaches including assertive outreach;
- have capacity to work with families displaying resistance and denial; and
- focus on working with parents to address their children's needs, and provide direct support to children to improve their safety and wellbeing.

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<sup>37</sup> <http://www.health.vic.gov.au/pcps/> (accessed 18 September 2005)

<sup>38</sup> Family Support Innovation Projects, Service Specifications, July 2005

<sup>39</sup> Ibid

### **8.3 Roles and responsibilities of DHHS, Children and Families Division**

The Children and Families Division of the Department of Health and Human Services will be responsible for overall program development and strategic management.

The Department should *collaboratively* develop key components of the Family Support Services Framework with the sector. Collaborative planning will address concerns raised during consultation about the poor relationship between the Department and the sector. The Department in collaboration with the family support services sector should undertake the following activities:

- development of a funding and accountability strategy including 3 year funding and service agreements;
- development of a framework for the Network Plans to guide the development and implementation of the Plans by the local child and family networks;
- development of service specifications for a community based intake and for the family support system more broadly;
- development of a common assessment tool;
- development of guidelines for information sharing consistent with legislation;
- development of a quality assurance strategy that includes minimum standards and compliance monitoring;
- development of a common data set to measure progress towards objectives and outcomes for children and families in each local network;
- undertake workforce planning to identify the range of trained and professional staff required to perform different functions in the family support services system and to develop links with tertiary courses that lead students to work in the community sector; and
- develop standardised information management systems for use across all family support services.

#### *DHHS interface with Local Child and Family Networks*

To oversight the statewide implementation of the overarching Child and Family Services Framework and specifically the Family Support Services Framework, the Department should establish a small, time-limited project team based in the Children and Families Division. This team should coordinate activities for all related initiatives and work closely with the Tasmanian Family Support Services Association and local child and family networks.

The team should convene regular meetings and forums, develop and implement a training strategy and provide regular performance reports which are available to the sector.

### *Interface with Family Support Services Association*

A significant proportion of existing family support services identifies the Tasmanian Family Support Services Association as the peak body for the sector. The Association should be funded to appoint an executive officer and for operating costs such as telephone, IT, printing and office supplies. This will enable the Association to actively support the reform agenda established by the proposed Family Support Services Framework. The Association will facilitate information exchange and advocate on behalf of services and will provide support and professional development to sector.

Given Tasmania is a relatively small jurisdiction, there may be some benefit in the Association being co-located with, or auspiced by, another representative body acting as a peak for all community agencies providing services to children and families including out of home care.

## **8.4 Information sharing<sup>40</sup>**

Information sharing is critical to:

- enable services to intervene early;
- manage risk appropriately; and
- deliver coordinated and effective services to families.

Information sharing is core business for all child and family support services, including family support services. The Family Support Services Framework, particularly the community based intake and use of common assessment tool, will need to be supported by appropriate information sharing. A review of existing legislation should occur to clarify what information can be shared and what cannot be shared. Consideration may need to be given to legislative reform to support information sharing that is in the best interests of children and families while balancing their rights to privacy.

## **8.5 Aboriginal community**

The needs of the Aboriginal community were not adequately considered during the development of the Family Support Services Framework. Consultation occurred with members of the Aboriginal community during the review. However, while this highlighted a number of significant issues for the community, it did not provide sufficient authority from the community to develop a specific approach. It is recommended that a separate project be undertaken collaboratively between DHHS and the Aboriginal community to develop a framework for child and family services, including family support services.

The framework for improving services for the Tasmanian Aboriginal Community *Doing Better Business*, April 2004 states:

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<sup>40</sup> Further information on the rationale for effective information sharing is included in section 3.8.

*“There is now a wider recognition by governments that programs that do not actively involve the Aboriginal community in decision making will often fail. For this reason the Tasmanian Government is looking to a new approach to developing policies, agreements and strategies with the participation of the Aboriginal community at all levels”*

The *Doing Better Business* document provides the basis for developing partnerships and collaborative planning strategies and should underpin the development of a project to consider the needs of vulnerable Aboriginal children and families. This project should:

- develop culturally sensitive service responses for Aboriginal children and families;
- enhance the capacity of the Aboriginal community to self-manage through strengthened service provision;
- address the likely over-representation of Aboriginal children in Child Protection and out-of-home care services; and
- better promote healthy development of Aboriginal children that leads to more positive outcomes.

## **8.6 Quality assurance framework**

A comprehensive quality assurance framework for all child and family services, including family support services, should be developed for Tasmania.

In order to establish and develop an adequate range of prevention, early intervention and protection services that will enable a high quality integrated service system, quality assurance mechanisms are required.

Currently in Tasmania there:

- are inadequate levels of accountability for quality of services;
- is no provision for independent verification of the quality of services provided; and
- are a lack of options for Government to respond to non-compliance and significant adverse issues.

Government has a role to play in promoting the quality of supports and services provided to children and their families and carers, including:

- ensuring services are inclusive, respond to people’s needs and achieve positive outcomes for all children;
- ensuring service providers are competent to provide high quality support to children and their families and carers;



- facilitating the participation of children, families and carers in service development and quality improvement;
- implementing quality monitoring, review and planning activities across the service continuum; and
- promoting continuous quality improvement across all supports and services that impact on children's wellbeing and safety.

Existing family support services have been operating for many years without minimum standards, clear service specifications, specified outcome measures and detailed service agreements which include these elements. A contemporary family support service system must include all these elements within a quality assurance framework.

Specifically for family support services, minimum service standards must be collaboratively developed with the sector and include:

- a case management framework;
- service coordination;
- information management;
- management and administrative requirements;
- staffing requirements/qualifications;
- training and professional development, supervision, worker safety;
- monitoring and reporting requirements; and
- data collection.

At minimum, Tasmania should develop tools and processes for an annual self assessment against the minimum standards. It will then be a requirement for all family support services to complete the annual self assessment and provide a report to the Department. This report will then form the basis for a continuous improvement plan. The Department should give consideration to introducing penalties for non compliance.

### **8.6.1 Quality assurance in other jurisdictions**

Victoria and the United Kingdom are considering more stringent quality assurance mechanisms for child and family services that will be supported by legislation.

### *Victoria*

In Victoria, a draft exposure of the Children's Bill that will underpin significant reform across the child and family services system includes specific quality assurance mechanisms.

The objectives are to establish quality assurance mechanisms that strengthen existing arrangements and provide legislative mechanisms that require services to participate and comply with minimum standards and to develop continuous improvement processes, and to verify these. For family support services, as providers of in-home support and Family Support Innovations Projects, this goes further than expectations of self-regulation established through administrative standards and policies included in funding agreements. Quality assurance mechanisms may allow independent audits of child and family services to be undertaken to establish the quality of services, and the success and outcomes for those receiving the services. The mechanisms may go further than just monitoring compliance against a set of standards.

The new quality assurance mechanisms will apply to family support, out of home care, and other relevant child and family services that will be required to be registered under the new legislation. The proposal provides a risk management process for those agencies with the greatest level of responsibility providing services to complex, high risk and vulnerable families, children and young people.

The Victorian Children's Bill will:

- enable relevant service providers funded and administered under this Bill to be monitored for compliance with the standards by an independent process;
- create a requirement on services and agencies to make annual declarations of compliance with the standards set by the Minister.

The annual declaration of compliance will lead agencies and services to examine their performance and report failures to meet standards every year, enabling the Secretary of the Department of Human Services to undertake further examination and remedial action if required. Monitoring of standards will also be enhanced by the Ministerial power to instigate an independent review at any time, enabling an effective response to any exceptionally adverse reports or incidents.

Internal services will be reviewed by the Department of Human Services and will continue to be subjected to external audit and review by the Ombudsman, the Victorian Child Death Review Committee and the Auditor General.

### *United Kingdom*

The United Kingdom's approach to quality assurance for child and family services is supported by legislation. The Children Act 2004 includes the creation of a system within which children's services inspectorates can work together to coordinate individual service specific inspections and produce joint area reviews. These will judge government and non-government child and family services both on quality of service provision and on how well they work together. The

aim of joint area reviews will be to capture what it is like to be a child in a local authority area and how well children and young people are served by the services provided for them.

The Children Act 2004 will also create a new power for the Government to intervene and require changes where local services for children are not being delivered effectively. Part of the collective purpose of the duties is for agencies to assess the needs of local children and young people, agree a vision and the contribution of each agency can make and work more closely together to develop protocols around information sharing, multi-agency working, joint planning and so forth.

An integrated approach to quality assurance across children's services is designed to ensure a consistent approach so that outcomes for children are improved and no child slips through the net. All services for children and young people in the public sector are subject to inspection. The framework will also guide inspections of services in the private sector.

## 8.7 Service specifications

### 8.7.1 Service types and delivery methods

Family support services in each local child and family network should, between them, be required to provide the following range of service types.

Service type	Delivery method
<ul style="list-style-type: none"> <li>• information, advice, referral;</li> <li>• assessment;</li> <li>• counselling;</li> <li>• casework;</li> <li>• in home support;</li> <li>• group work.</li> </ul>	<ul style="list-style-type: none"> <li>• community based intake;</li> <li>• outreach;</li> <li>• assertive outreach and engagement;</li> <li>• case management;</li> <li>• brokerage;</li> <li>• secondary consultation.</li> </ul>

These service types and delivery methods are summarised below.

#### *Information, advice and referral*

Provision of accurate information and advice at a time when families require support to address their needs may prevent escalation of the issue and reduce the need for further or more intensive intervention. The aim of this intervention is to prevent escalation of the impact of the issue and reduce the need for longer term intervention.

This service type may include the provision of advocacy to assist families access services or supports and includes short term case work responses to address an immediate crisis or traumatic event.

### *Assessment*

Family support services will conduct a comprehensive assessment to consider the needs of the child, young person and family. Strengths based approaches to assessment will identify interventions that will build resilience in children and young people and enhance family capacity.

All service providers within the local network will use a common assessment framework developed by the Department of Health and Human Service in collaboration with child and family service providers and other key stakeholders. A comprehensive common assessment will guide the development of a care plan through:

- identification of risk factors;
- identification of individual and family needs;
- development of goals for intervention in cooperation with families and other agencies involved;
- identification of the range and type of service responses (case work interventions) required and to allocate specific roles to agencies; and
- identification of a lead case manager.

The use of a common assessment tool will improve transition and transfer between services and will lead to coordinated and integrated service delivery, which will in turn lead to improved outcomes for children and families.

### *Counselling*

Counselling may be undertaken with individual family members or families as a group. This intervention should be solution focussed and aim to enhance relationships, social functioning, quality of life or health outcomes for children, young people or families.

Where specialist counselling services are available to address the issue, such as sexual assault services or drug and alcohol services, the individual or family will be referred to the specialist provider by the family support services provider for intervention.

### *Casework*

Casework is a combination of interventions or strategies used to work with families. These interventions or strategies can be used singularly or in combination to address the child, young person or family's assessed need.

Case work interventions or strategies are determined by an assessment of need and development of a care plan to address the needs identified. This plan determines the goals of intervention and details the interventions to be undertaken. Timelines for the length of intervention, monitoring and review are also contained in the care plan. The following activities can be defined as key case work interventions:

- counselling;
- in home support;
- group work; and
- brokerage.

### *In home support*

The provision of practical in home support for issues such as household management or parenting will be a major service type in each local child and family network. In home support will assist families to build skills, implement behaviour management programs and/or enhance relationships and communication skills. In home support is designed to increase family capacity, independence and strengths.

### *Group work*

Group work can be an effective mechanism to maximise the availability services in the context of limited resources. A wide variety of group work can be provided with groups being short or long term with fixed or changing membership.

Groups can be developed to provide an education focus, provide skills training or offer therapeutic or self help intervention. Group work should not replace in home support when this has been assessed as the preferred method of intervention.

### *Community based intake*

Family support services will work collaboratively with local child and family network members, including Child Protection, to implement a community based intake. This will initially involve a review of existing local intake processes and then reconfiguring these to align with the community based intake processes. This will improve coordination and communication between family support services and other child and family services in the local network. The community based intake will have clear linkages and processes for:

- intake and initial needs identification;
- prioritisation for service delivery; and
- demand management which will include short term intervention to address immediate needs.

This will include the development of a coordinated approach to addressing families' needs in a timely and responsive manner to prevent issues escalating.

### *Outreach*

Outreach is the provision of support to children, young people and families in the family home or community environment. To enhance family capacity it is important for family support services to work with the family in their environment or the community. While centre based services may be appropriate for group work, some interventions are more effective if conducted in the family environment. Family support services will be required to provide outreach to enhance outcomes for children and families.

### *Assertive outreach and engagement of families<sup>41</sup>*

Assertive outreach approaches are required to engage many vulnerable families who may not otherwise actively seek services.

Family support services will be expected to develop a range of "non traditional" active engagement strategies to ensure families have every opportunity to engage in the support they require. Assertive outreach includes the provision of regular home visits or community based visits to families who may not have otherwise sought contact with services. Assertive outreach may include accompanying other professionals, such as Child Protection workers, to visits in order to maximise opportunities for engagement.

Following initial contact some families may display an unwillingness to participate in continued engagement. It is these families that often experience repeat notifications to Child Protection. Family support services should display a commitment and level of expertise in persevering with families who may be difficult to engage over the medium to longer term

While assertive outreach may be resource intensive, this approach is necessary to ensure that high needs, vulnerable families are able to access services and the support to address issues that will otherwise impact on their children's health and wellbeing.

### *Case management*

Case management includes an assessment of needs, development of a care plan, implementation of the plan, monitoring and review of progress and case closure.

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<sup>41</sup> Victorian Family Support Innovations Projects have demonstrated this approach is effective in achieving improved outcomes for children and families.

Family support services will operate within a case management framework. The lead case manager will be responsible for overseeing the care plan and coordinating each agencies involvement. A case management framework will be developed as part of the collaboratively developed family support services service specifications.

Case management will be supported by the development of a care plan and include the delivery of casework activities and services, delivered predominantly in the form of in-home services and practical support, while also utilising some centre-based approaches such as group work programs and individual/family counselling as appropriate.

The case management model adopted by the agencies needs to take into account how longer term support to very vulnerable families will be managed and delivered. A key feature of the model will be to ensure families with complex and/or chronic issues will have access to longer term support and are able to smoothly re-engage in more intensive support at key stages in the child and/or family life cycle as appropriate.

### *Brokerage*

Services will have the flexibility to set funds aside for brokerage to utilise new approaches to working with the client group. Brokerage can be an effective tool for engaging families and can alleviate short term hardship for families. Brokerage funds could be allocated for the following purposes:

- purchase of a specific service to address the client needs, for example specialist short term counselling, respite foster care or child care;
- provision of one off payment to address immediate hygiene or safety issues in the client home or immediate environment; or
- assistance with one off payment of utilities or material aid.

Family support services will be expected to meet their service delivery targets within the allocated budget prior to setting aside brokerage funds. Organisations will be required to report on brokerage expenditure annually.

### *Secondary consultation*

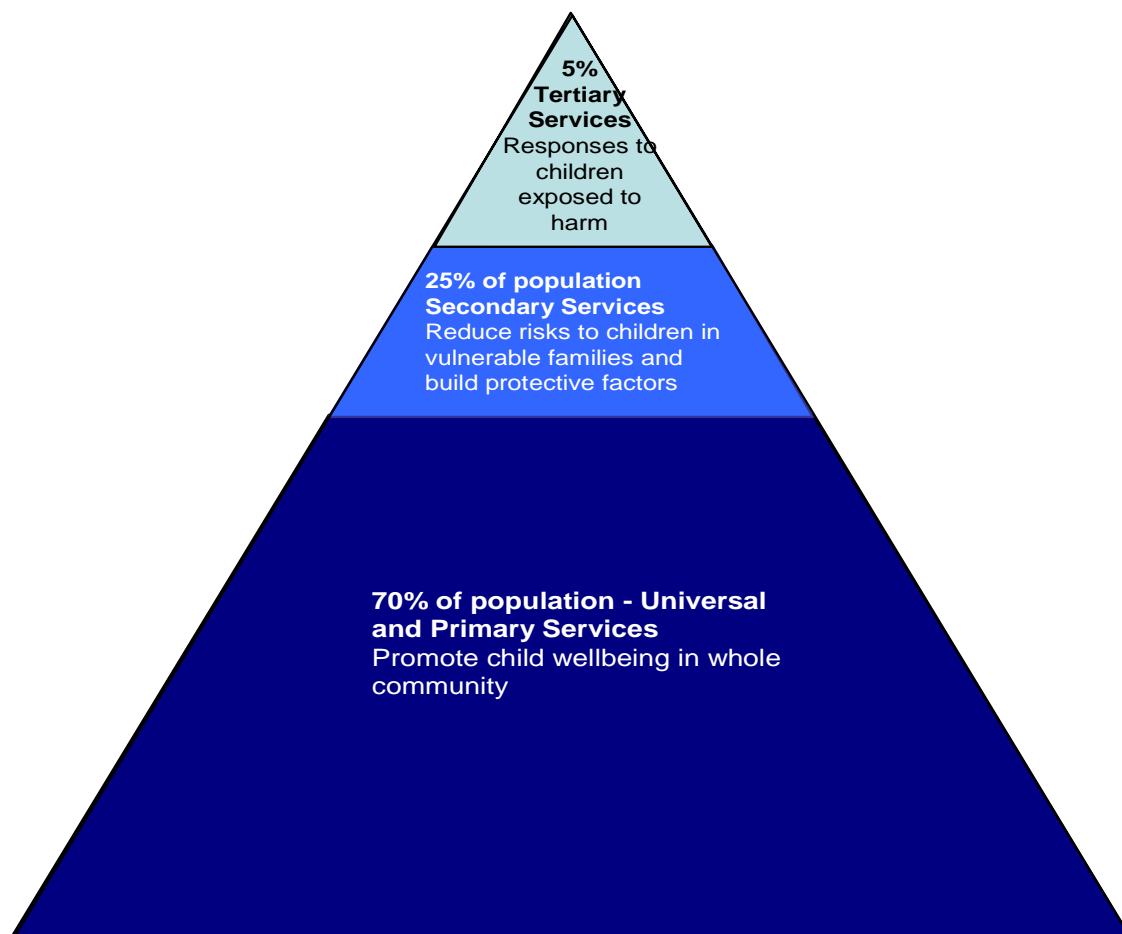
Family support services will provide secondary consultation to universal and/or other secondary services on working with children, young people and their families.

Secondary consultation is the provision of advice/consultation to professionals who are working directly with a family. Provision of information to other service providers facilitates the delivery of support and/or intervention to families without the family support services organisation being directly involved.

This service type may be beneficial for specialist ethno specific or Indigenous organisations and more remote or isolated services to facilitate them in supporting children, young people and families.

### 8.7.2 Service mix

Service intensity and duration will be determined by assessing each child and family's needs. In consultation with the child and family, family support services will develop a care plan specifying objectives and types of services to be provided. The type and intensity of services delivered will be based on population needs as described in the following diagram. More intensive and specialised services will be provided to children and families where harm may have occurred with the aim of preventing a recurrence. The majority of family support services will be provided to vulnerable children and families involved with secondary and tertiary services.<sup>42</sup>



<sup>42</sup> The service continuum is described at section 2.5.



The care plan will identify the level of intensity and duration required based on different levels of interventions. Each level described below should allow for a mix of service types and delivery methods<sup>43</sup> for families based on their assessed needs.

Indicative descriptions for four levels are described below:

#### *Level one – information and advice*

This level of intervention is defined by the provision of:

- information and support; or
- one off crisis or episodic brief intervention.

Level one provides the opportunity for Family Support Service to address the needs of a family via the telephone or a short face to face visit. The intervention may consist of the provision of information and/or the facilitation of a referral to an alternate provider. Alternatively, the intervention may address a short term or brief crisis support or one off intervention. The majority of level one interventions will be provided by the community based intake once it has been established in each local child and family network.

Families requiring assistance may or may not have accessed the service system previously.

Intervention provided at Level one will average from one to four hours of service over a week. An individual or family may access service for up to four weeks per annum for a Level one intervention.

#### *Level two – low level support*

This level of intervention is defined by the provision of:

- low intensity case management;
- case work interventions; and
- secondary consultation.

Level two enables the Family Support Service to support children, young people or families who require a low level of support. This support will build strengths and prevent issues from escalating and impacting adversely on the individual family member or on family functioning. Provision of service may be continuous for a specified period or episodic.

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<sup>43</sup> Refer to 8.7.1

### *Level three - medium level support*

This level of intervention is defined by the provision of:

- medium level case management; and
- case work interventions.

Level 3 addresses the needs of children, young people and families who are at risk of entering the child protection system without the available level of support. Provision of service may be continuous for the period specified in the care plan or episodic.

### *Level four – high level support*

Level four interventions are defined by the provision of:

- intensive case management; and
- case work interventions.

Level 4 addresses the needs of children, young people and families who are at imminent risk of entering the child protection system or are currently involved with the child protection system. The intensive intervention aims to build protective factors to increase resilience in the child or young person and build family capacity. Provision of service may be continuous or episodic. Delivery methods are more likely to include in-home support and assertive outreach and engagement.

Each local child and family services network will be required to provide a mix of service types and delivery methods<sup>44</sup> with the capacity for varying intensity and duration depending on individual needs. An appropriate funding model<sup>45</sup> that includes unit prices for different services types, delivery methods and levels of service should be developed in collaboration with the sector.

The Department of Health and Human Services should collaboratively develop detailed service specifications with the Family Support Services sector which should include descriptions of service intensity. The duration and intensity of services across each of the four levels must be determined by each families care plan. The care plan will outline the interventions required and clearly articulate the length of intervention, together with timelines for review of progress at intervals in the care plan.

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<sup>44</sup> Service types and delivery methods are described at 8.7.1, page 75.

<sup>45</sup> Refer to 9.1 – point 5.

## **9 Getting from A to B**

### **9.1 Preconditions for successful implementation**

Prior to implementing the proposed family support services framework, there are a number of baseline requirements that should be in place. These have been discussed in preceding sections of this report and are summarised briefly here.

- 1 The Department of Health and Human Services should consider providing specific resources to undertake:

- policy development;
- program management; and
- regular liaison and communication with sector.

This will improve the capacity for collaborative development of the family support services sector.

- 2 The Family Support Services Association to be funded for an Executive Officer and operating costs. This will enable the association to fully participate in the development and implementation of the policy and program directions.
- 3 A quality assurance process with proper accountability and compliance requirements should be developed and implementation commenced in line with the proposed family support services framework. In addition:
  - existing funding and service agreements need to be redeveloped to bring into line with contemporary practice;
  - as part of strengthening accountability, data sets and data collection methods need to be established and implemented; and
  - consideration should be given to sanctions for non compliance.
- 4 Consideration should be given to replacing the annual grants process requiring written submissions with three year funding and service agreements.
- 5 A project should be undertaken with the sector to identify an appropriate funding model for future family support services that includes unit prices and specifically accounts for management, supervision, infrastructure and operating costs.
- 6 The Department of Health and Human Services should negotiate memorandums of understanding with other funding sources including the Tasmanian Community Fund, Community Support Levy, and the Premier's fund. This will enable funding decisions made by these bodies to be consistent with the family support services policy framework and will

prevent ad hoc decisions being made that contribute to a poorly planned and uncoordinated service system.

- 7 Detailed service specifications for existing family support services should be developed collaboratively with sector. Indicative service specifications are outlined in section 8.
- 8 Consideration should be given to reviewing the effectiveness and sustainability of those services receiving small amounts of funding and with limited hours (for example funded for 20 hours per week for 40 weeks of the year). The department should collaboratively determine a way forward with each of these services.
- 9 A review of existing legislation should be undertaken to identify any constraints on information exchange and develop appropriate policy and legislative responses to enable information sharing to occur in the best interests of children and families.

## **9.2 Suggested time frame for implementation**

A detailed implementation plan should be developed which allows for sufficient time to develop and complete many of the tasks outlined above. Implementation should occur in accordance with the Tasmanian budget process and allow for a phased implementation. The model proposed is flexible and will allow implementation to occur in different phases and to be based on assessed priorities for Tasmania. A time frame of approximately 5 years may be appropriate given the scale of change required. The implementation plan should include an evaluation and a change and risk management strategy.

An evaluation should commence once the first local child and family networks are operational and continue over the first two to three years. The evaluation should include success and outcome measures that relate to key objectives and provide a strong evidence base upon which to further develop and refine the future service system. The evaluation should also consider the cost effectiveness of the approach, particularly in relation to possible diversion of expenditure from the tertiary end of the service continuum.

Suggested activities for the first years of operation are presented below.

Suggested activities for Year 1 are:

- to develop a detailed business case to support the need for increased funding to support the way forward;
- for the department to undertake the program and policy tasks outlined in section 9.1 including establishing a DHHS policy position, funding the family support services Association executive officer, redeveloping funding and service agreements and funding models (unit pricing), and negotiating MOU's with other funding sources;
- to finalise planning for local service delivery areas in which to locate the local child and family networks;

- to develop framework for local child and family networks;
- to develop community based intake model and common assessment tool; and
- to develop data collection process and tools.

Suggested activities for Year 2 are:

- for the department to invite submissions from the first local service delivery areas to establish lead agency for the local child and family networks;
- for the networks to appoint network the facilitator/project officer;
- for the networks to commence development of a Network Plan;
- for the department to
  - develop a quality assurance strategy in collaboration with sector;
  - develop a workforce plan to ensure an appropriate range of skills and experience will be available now and in the future; and
  - undertake planning for a common information management system for use across all child and family services.

Suggested activities for Years 3-5 are:

- for networks appointed in the previous year to finalise and implement their Network Plans;
- for DHHS to invite submissions for next round implementation of local child and family networks;
- for the networks to appoint a network facilitator/project officer;
- for networks to commence the development of a Network Plan; and
- for the department to implement the quality assurance strategy.

## **A Project governance**

Project governance arrangements included a Project Sponsor, Project Manager, internal Steering Committee and external Reference Group. The Project Sponsor was Vicki Rundle, Executive Director, Children and Families Division. The DHHS Project Manager was initially Lori Rubenstein, Manager, Our Kids Bureau and later was Liz Murray, A/Manager, Divisional Support Unit, Children and Families Division.

### **A.1 Steering Committee**

A **DHHS Project Steering Committee** provided guidance on key issues and made decisions regarding project outcomes. Members of the Steering Committee included:

- Vicki Rundle, Executive Director, Children and Families Division - Chair
- Steve Bayliss, State-wide Manager, Community Youth Justice, DHHS
- Maggie Crawford, State-wide Manager, Child and Family Services, DHHS
- Christine Long, State-wide Manager, Family Child and Youth Health, DHHS
- Liz Murray, A/Manager, Divisional Support Unit, DHHS
- Lori Rubenstein, Manager, Our Kids Bureau, DHHS

### **A.2 Expert Reference Group**

An expert reference group provided support and professional advice to KPMG and the DHHS Project Manager, and liaised with their Unit/Division, organisation and constituency.

#### **A.2.1 Members**

- Vicki Rundle, Director, Children and Families Division - Chair
- Steve Bayliss, Statewide Manager, Community Youth Justice, DHHS
- Carol Bett, Coordinator OCLL, Department of Education
- Gail Evans, CEO, Good Beginnings
- Janine Dingley, Project Officer, Community Partners, DHHS
- David Fanning, Commissioner for Children
- Glenys Flower, Coordinator, Tasmanian Association of Community Houses

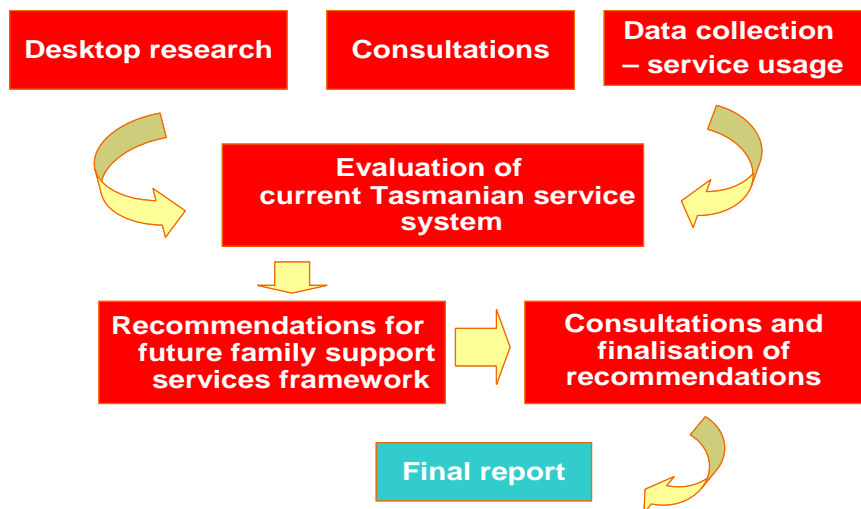
- John Hargrave, Assistant Manager, Commonwealth Department of Family and Community Services
- Deputy Commissioner Jack Johnston, Tasmania Police
- Daryl Lamb, Anglicare
- Ian Mc Divett, Manager, Child Protection Advice and Referral Service, DHHS
- Georgina McLagan, Centacare
- Inspector Mark Mewis, Tasmania Police
- Mat Rowell, CEO, TASCOS
- Lori Rubenstein, previous Manager, Our Kids Bureau, DHHS
- Wendy Stott, Tasmanian Association of Family Support Services
- Sean Terry, Manager Strategic Services, DHHS

Reference Group meetings were held at key points in the project.

## B Methodology

The project was conducted using a seven stage methodology (Diagram B.1).

Diagram B.1



### B.1 Desktop research

The desktop research was important to inform and support the development of a future family support services framework. The desktop research involved:

- an international and national *scan* of existing family support service systems to identify any defined, articulated and evidence based frameworks that could be modified for use in Tasmania. We assumed that the service system issues being experienced nationally and internationally in western countries are similar to those being experienced in Tasmania and will therefore be broadly applicable;
- a national *scan* of how reform agendas in the Child Protection programs in other States are impacting on family support services;
- accessing available information on the existing family support service system in Tasmania, including location, type of services provided, referral pathways, funding sources, contract reporting/performance measurement requirements, issues in relation to service access, availability and gaps;
- consideration of existing service reviews and initiatives undertaken in Tasmania (such as child and adolescent mental health review, *Kids in Mind* project, Child and Youth Health redesign, Children's Therapy Improvement project, and progress with implementation of *Children, Young Persons and their Families Act 1997*); and
- analysis of available population data and service usage data such as care and protection information which may contribute to an evidenced based understanding of growth and demand.



## **B.2 Consultations**

Refer to consultation strategy in Appendix C.

Forums of opinion leaders and key stakeholders were held in Ulverstone and Hobart in May 2005 and July 2005. The purpose of the first forums were to provide information about the project and its objectives, engage stakeholders in identifying existing problems and gaps in the family support service system and to start to develop a vision of what an effective, evidence based and integrated family support system might look like. This was the first opportunity to meet with key stakeholders. The second forums provided an opportunity to test a draft family support services framework with key stakeholders.

## **B.3 Data collection and analysis of existing usage of funded family support services**

The project initially intended to analyse available population data and service usage data such as family support service and care and protection information (notifications, investigations and substantiations) which may contribute to an evidenced based understanding of growth and demand occurred. DHHS does not routinely collect any demand or service usage data from family support services and there are no accountability measures included in funding and service agreements that would give an idea of approximate demand.

Given the absence of information, a decision was made to undertake a snapshot data collection over one month from mid May to mid June 2005. This data collection was undertaken using a format that was already familiar to some services but which has some limitations in the range and type of data collected. Findings are included in section 5 of the report and with additional detail provided in Appendix H.

## **B.4 Evaluation of current family support service system**

Based on outcomes of earlier project stages, an analysis of the current service system was undertaken. This involved:

- an analysis of the strengths and weaknesses of the current service system particularly in relation to its “fit” with the wider range of primary, secondary and tertiary services for children and families (care continuum);
- identifying particular issues regarding the quantum, distribution and type of services across Tasmania;
- identifying any issues in relation to integration and coordination, and any specific gaps in the service system ;
- identifying where the method of service delivery, intake and referral processes could be improved by contemporary practice; and
- identifying how Government funds could be better distributed.

## **B.5 Development of future family support services framework & consultations and finalisation of recommendations**

The analysis undertaken in the previous stages then informed the development of a preliminary framework for future family support services in Tasmania. Consultations occurred regarding the proposed family support services framework and these confirmed the proposal was, in principle, widely accepted.

## **C Consultation strategy**

The development of an appropriately targeted consultation strategy was important to the project's ability to understand the issues that were impacting on service delivery to vulnerable children and families in Tasmania and to develop a future service framework based on this information.

The strategy comprised four broad phases:

- 1 Identification of stakeholders and key opinion leaders. The Children and Families Division, DHHS developed the list of key stakeholders and provided this to KPMG.
- 2 Preliminary consultations with the Steering Committee and Reference Group to identify issues relevant to the project and to confirm project scope.
- 3 Initial consultations included:
  - individual consultations with key stakeholders and opinion leaders; and
  - forums held in Ulverstone on 24 May 2005 for participants in the North and North West of the State and in Hobart for participants in the South on 25 May 2005.

The initial consultations gave participants an opportunity to identify strengths, weaknesses and gaps in the existing service system and to begin to consider possible solutions.

- 4 A second round of consultations occurred following the development of a proposed family support services framework. These again included:
  - individual consultations with key stakeholders; and
  - forums held in Ulverstone on 26 July 2005 and in Hobart on 29 July 2005.

The forums gave participants an opportunity to debate a proposed model that was based on findings obtained through preceding phases of the consultation and through the desktop review. Participants in the July forums included those involved in the May forums as well as other service providers and organisations identified through earlier phases as having a critical interest and role in family support services.

- 5 Detailed consultation on outcomes of second round consultations and the proposed family support service framework occurred with the Steering Committee and Reference Group in August/September 2005.

## **D Stakeholders consulted**

This list of stakeholders consulted is based on the forum participants lists and individual meetings held.

Klasina Abetz-Visser, Co-ordinator, Maranoa Heights Community Centre Inc

Dianne Ainslie, Circular Head Aboriginal Corporation

Sheila Banks, Centacare

Ron Barr, CEO, Youth Insearch Tasmania

Steve Bayliss, State Manager, Community Youth Justice, DHHS

Kaz Bellis, Northern Suburbs Community Centre Inc

Robyn Bevilaqua, Children and Families Division, DHHS

Sooz Botak, Senior Practice Consultant, Child & Family Services, DHHS

Laurie Bourke, Men's Health Population & Health Priorities, DHHS

Belinda Bradford, Senior Policy Analyst, Multicultural Tasmania

Danielle Bresnehan, Principal Education Officer, Department of Education

Elissa Brotherton, Anglicare Tasmania

Caroline Brown, State Manager, Child & Family Services, DHHS

Suzana Bulatovich, HIPPY Co-ordinator, Circular Head Rural Health

Kerry Burns, Department of Premier and Cabinet

Wendy Calabria, Pregnancy Counselling & Support Service

Lena Carmichael, Anglicare (Burnie)

Sonia Chivers, Family Services Worker, Child & Family Services, DHHS

Di Clark, Association for Children with Disability Tasmania Inc

Pam Cockrill, Central Coast Council

Joan Coleman, Women's Health

Louise Condellow, Child and Family Services, DHHS

Nicola Crates, Community Support, Disability

Maggie Crawford, A/Statewide Manager, Child & Family Services, DHHS

Geraldine Crisp, Georgetown Council

Michael Cross, Manager Family Services, Relationships Australia

Rosie Crumpton-Crook, Practice Manager, Child & Family Services, DHHS

Melissa Cruse, Central Coast Council

Sue Davidson, Regional Manager, Family Violence Counselling and Support Service

Cheryl Davis

Denise Delphin, Northern Suburbs Community Centre Inc

Louise Dennis, Anglicare Tasmania

John Deverall, Manager, KARE Family Support Service  
Wendy Dobson, Wyndarra Centre Inc  
Carol Dorgelo, Professional Development Consultant, Our Kids Bureau, DHHS  
Cassandra Dowling, Anglicare Tasmania  
Sally Edwards, A/Area Coordinator , Family Child and Youth Health Service  
Suzie Edwards, Pittwater Community Centre  
Suzi Edwards, Midway Point Neighbourhood Centre Inc  
Gail Evans, Good Beginnings  
Diane Ewington, Association for children with Disability Tasmania Inc  
David Fanning, Commissioner for Children  
Denise Ferguson, Wyndarra Centre Inc  
Melody Finnerty, Senior Support Worker, Centrelink  
Suzanne Fisher, Housing Co-ordinator, Hobart City Mission  
David Fischmann, Child & Family Services  
Wayne Gaffney, Youth & Family Focus Inc  
David Gould, Survivors Confronting Child Abuse and Rape  
Vicki Gray, Carer  
Victoria Hadley, Women's Health  
Sue Ham, CEO, Colony 47  
Anne Hamilton, Migrant Resource Centre  
Noreen Hayes, Manager Strategic Projects, Child & Family Services, DHHS  
Ann Herbert, Senior Policy Analyst, Department of Premier and Cabinet  
Tracey Howard, Family Services Worker, Child & Family Services , DHHS  
Camilla Hughes, Department of Justice  
Judy Hunter, Assistant Manager, Aboriginal Policy and Programs, Department of Education  
Cathy Hurst, Area Coordinator NW, Family Child and Youth Health Service, DHHS  
Lynne James, Manager, Inclusive Learning Support, Department of Education  
Sue Jenkins, Our Kids - DHHS  
Linda Johnson, Early Support for Parents  
Gail Johnson, Manager, Launceston VFC Services  
Cheryl Jones, Glenhaven Family Care  
Roger Joseph, Electoral Officer for Harry Quick  
Dee Kapene, Moore Consulting  
Mary Langdon, Tascare Society for Children  
Cheryl Larcombe, Principal Project Officer – Early Years, Department of Education

Roseanne Lee-Luttrell, North West Centre against Sexual Assault  
Christine Long, Family Child and Youth Health Service  
Angela Lutz, Anglicare Tasmania  
Robyn Manton, Jordan River Service Inc  
Kerry McCormick, West Tamar Council  
Ian McDivett, Manager, CPAARS, DHHS  
Rhonda McIntyre, Salvation Army  
Georgina McLagan, Centacare  
Kath McLean, Policy Officer, Tasmanian Council of Social Service Inc  
Christine Mewis, Child Health Association  
Christine Minchin, Child Health Association  
Shelly Moore, Centacare  
Sharon Moreton, KARE Family Support Service  
Robyn Morton, President, Jordan River Service Inc  
Emma Parkinson, Circular Head Aboriginal Corporation  
Paul Prichard, Good Beginnings  
Kay Pyke, Centacare  
Harry Quick MHR, Member for Franklin  
Marion Rainsford, Director, Clarendon  
Ann Rayner, Ulverstone Community House  
Penny Richardson, Lady Gowrie Tasmania  
Mat Rowell, CEO, TASCOS  
Leanne Sanderson, Disability Services  
Adrian Shadbolt, Tasmanian Police  
Jean Shaw, Area Co-ordinator, Family Child Youth Health Service  
Kylie Sheahan, Burnie Community House Inc  
Deborah Smith, Manager, Uniting Care Family Services, Northern Tasmania  
Terry Smithurst, Central Highlands Council  
Ian Stokes, Program Manager, Colony 47  
Wendy Stott, Jordan River Services  
John Toohey, Clarence City Council  
Victoria Hadley, Health, DHHS  
Rachael Walsh, Disability Services  
Elizabeth Webberlug, Sorell Council Children's Services  
Anna Webster, Launceston VFC Services

Lauren Wells, Lady Gowrie Tasmania  
Melissa West, Child Support Agency  
Ngairé Wheeler, West Coast Family Support Service  
Greg Whitten, Councillor , Kingborough Council  
Tracey Wicks, Northern Newpin  
Dave Willans, CEO, YNOT  
Louise Wilson, Department of Premier and Cabinet  
Angela Wood, Jordan River Services  
Simone Zell, Youth Health Policy Officer

## **E Related initiatives**

### **E.1 Reviews and service reforms in Tasmania**

There are a number of related initiatives in Tasmania that have been undertaken or are currently underway. These include:

- Strategic Services Framework for Children and Families (underway)
- Out of Home Care Strategic Framework 2002-2004
- Early years whole of government policy framework (underway)
- Family, Child and Youth Health Service Redesign
- Children's Therapy Improvement project (underway)
- *Kids in Mind* initiative
- Child and Adolescent Mental Health Review
- Safe at Home – family violence strategy

Complementarity and coordination between the outcomes of the review of Family Support Services and each of these policies and service reforms will be important to achieving improved outcomes for children and families in Tasmania.

Brief information is included about each of these initiatives to illustrate the relationship between their directions and the family support services review, particularly in relation to the need for early intervention and improved coordination and collaboration between services. Further information about each policy or initiative is available in the relevant documents where publicly available.

There are a number of initiatives occurring in other sectors which have not been included in this report such as the Tasmania Police organised Interagency Support Panels and school support services. Involvement of relevant initiatives and service responses in an integrated and coordinated local service system will be important to achieve effective outcomes for children and families.

#### *Strategic Services Framework for Children and Families*

The Children and Families Division of DHHS is currently developing an overarching Strategic Services Framework for Children and Families in Tasmania. The proposed Family Support Services Framework outlined in this report will become part of this overarching framework. Four key drivers have been identified for the Strategic Services Framework:



- 1 Demand for services across the service continuum continues to increase, especially in the area of child protection;
- 2 Outcomes for children in Tasmania are not meeting expectations and the State continues to lag behind the rest of Australia in many areas;
- 3 There is a need to ensure complementarity and coordination between the many reforms underway; and
- 4 Evidence suggests there are different patterns of investment that may achieve better outcomes for children and families.

The framework objectives are to reduce the growth in demand for services, especially in the child protection program; improve outcomes for children and families in Tasmania; provide a system of comprehensive, linked and integrated services; and to invest new funds or re-direct existing investments to achieve better outcomes for children and families.

This framework is currently being developed by the Department.

#### *Out of Home Care Strategic Framework 2002-2004*

This framework sets the directions for delivery of out of home care services in Tasmania and places them within the continuum of services for children and families. Components include:

- Early intervention services – there is a need for strong linkages between child protection and family support services to ensure that placement away from home is only used where absolutely necessary.
- Bridging placement services – for children subject to care and protection proceedings where the plan is for return home or a placement with an extended family member.
- Kinship care services – support for children placed with extended family or members of their community.
- Long term care services – for children and young people that are unable to live at home or in kinship care.
- Leaving care services – to support young people leaving long term care services.
- Intensive support services – to provide responses for children and young people in out of home care where there is a need for additional support to maintain the placement, and to provide intensive support in response to serious care and protection concerns to children and young people living at home.

### *Early Years Whole of Government Policy Framework*

This framework proposes a whole of government response to children aged between 0 and 5 years. The first stage of the project involved a literature review that identified the best evidence based models from interstate and overseas, and describes the relevant programs, projects and initiatives related to early childhood that are currently in operation in Tasmania.

The framework will provide a vision, goals and priorities for strategic objectives. Priorities are likely to include strategies for strengthening communities, improving access to coordinated services, strengthening agencies capacity to work cooperatively, and supporting vulnerable families.

This framework is still to be finalised and made publicly available, however, based on it being a whole of government framework and from the suggested priorities, it is evident there will be some overlap with family support services.

### *Family, Child and Youth Health Services Redesign*

In February 2005, a discussion paper presented a proposal for the reconfiguration of the Family, Child and Youth Health Service based on evidence and tailored to Tasmanian circumstances. The *Our Kids* Bureau prepared the paper. The proposal focuses on prevention and early intervention at the universal/primary end of the service continuum and emphasises the need for linkages and coordination between all services along the continuum. Recommendations are based on a universal platform from which services can be targeted to vulnerable families.

### *Children's Therapy Improvement Project*

Children's therapy services refers to the range of services delivered to children with an identified developmental disability, an acquired condition requiring rehabilitation, and those presenting with risks in relation their ongoing development. It includes assessment, early intervention, and therapy and rehabilitation services. The Community, Population and Rural Health Division have been undertaking this project during 2005 with the overall goal to ensure quality therapy services are accessible to all Tasmanian children through:

- a consistent, uniform service delivery framework with clear entry points, referral pathways and assessment criteria;
- improved transparency through the provision of clear information for children and their families/carers;
- development of assessment criteria, prioritisation and access strategies to enable equity; and
- a greater integration of children's therapy services involving improved communication, system collaboration, partnerships and organisation restructures.
- This project is due for completion by the end of 2005.

### *Kids in Mind*<sup>46</sup>

*Kids in Mind* is a whole of Government initiative focussing on the needs of children and young people where a parent has a mental illness with the goal of improving outcomes for these children through interventions which support the child and family. While not all children will experience difficulties as a result of their parent's mental illness, it has been estimated that 25-50 per cent of children and young people who have parents with mental health problems will experience a psychological disorder during their childhood or adolescence, compared to 10-20 per cent in the general population. This initiative is based on a growing body of evidence that indicates that quality parenting and family interactions are important mediators.

The initiative included a number of strategies to support children and families such as:

- a Northern Tasmanian initiative focussing on young families with emphasis on parenting skills and information, building networks and community capacity;
- the Parent Assist Program provided by Anglicare in Burnie and Devonport that provides practical assistance to parents in their own homes and develops community support and networks;
- Family Sensitive Services that aims to re-orient mental health services to work with families rather than just the client with the mental illness.

The *Kids in Mind* report notes that if adequate universal and early intervention strategies were in place in Tasmania to support parents and promote resilience in children and families, this would reduce the need for more targeted interventions such as *Kids in Mind*.

### *Child and Adolescent Mental Health Review*

A review of Child and Adolescent Mental Health Services (CAMHS) commenced in 2004 and has not been finalised to date. Given children and young people involved with CAMHS are also likely to be clients of the wider child and family services system - particularly child protection, family support services and youth justice - this review may have implications for the family support services review. Coordination and integration of services to children and families across the service continuum will necessarily involve CAMHS.

### *Safe at Home*

*Safe At Home*<sup>47</sup> represents a significant change to the way Tasmania responds to family violence. It involves a range of initiatives and new services designed to protect and support victims of family violence, including children. It will also provide programs for offenders to help them change their behaviour. *Safe At Home* emphasises the fact that family violence is a crime, not a private matter. *Safe At Home* was developed through drawing on national and international research into what works, and through extensive community consultation.

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<sup>46</sup> *Kids in Mind*, Department of Premier and Cabinet, May 2004

<sup>47</sup> *Safe at Home* Newsletter, Issue 1, August 2004

Elements of Safe at Home include:

- Specific Family Violence legislation: focuses on the criminal nature of family violence and allows for specific Family Violence Orders, increased penalties for breaches and harsher penalties for violent acts in the presence of children.
- Victim safety response teams: police take a pro-active role in managing safety issues for victims of family violence to enable them to stay in their own homes.
- Police prosecutions: additional police prosecutors have been employed to cover the increased workload that comes with a pro-arrest, pro-prosecution approach and the introduction of Family
- Court support and victim liaison service: a new statewide service to assist victims through the legal and court processes and provide information and referral to services for family violence victims.
- Child witness program: a new service providing information and support to children participating in legal processes.
- Adult victim support service: an enhanced counselling and support program for adult victims of family violence.
- Children's counselling and support service: a new service providing specialised counselling and support for child victims of family violence.

Family support services will have contact with families experiencing family violence. Coordination and integration with the relevant elements of *Safe at Home* will be important to support outcomes for families.

## **E.2 Local initiatives – two examples funded through alternative avenues<sup>48</sup>**

There are a number of local initiatives that have been funded under the Tasmanian Community Fund, the Community Support Levy or the Premier's fund. It appears these funding bodies allocate time-limited funds in the absence of a clear policy framework for family support services. While these services are meeting local community needs, decisions regarding allocation of funds will better support planned coordination and integration of services if it occurs within an overarching Tasmanian policy framework for child and family services.

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<sup>48</sup> A detailed outline of relevant service responses is included in the Whole of Government Policy Framework for the Early Years – Literature Review and Early Years programs, projects and initiatives operating in Tasmania, draft April 2005.

### *PEIRS provided by Good Beginnings*

Good Beginnings<sup>49</sup> received funding for three years from the Tasmanian Community Fund to provide the Professional Early Intervention Resource Service (PEIRS) in the southern area of Hobart. This service expands on the organisations' existing Home Visiting and Parenting Program, funded by the Commonwealth under the Stronger Families and Communities Strategy. PEIRS provides an intensive parenting program for families with complex needs with at least one child under 3 years. The service provides outreach services to vulnerable families and uses a strengths based, solution focused approach. The service is initially provided by professional staff working with families towards the achievement of identified goals. Once goals have been achieved, volunteer staff then provide ongoing support. The service also provides information and resources, and advocacy and referral for families.

Whilst the reported demand for both the PEIRS and the Home Visiting and Parenting Program is high, both these services receive time limited funding. The PEIRS funding ceases in December 2006.

PEIRS also works intensively with families referred by Child and Family Services (Child Protection service) through brokerage arrangements.

### *Early Years Pilot Program – Burnie & Brighton*

The Community Support Levy funds the Early Years Pilot Programs, located in Burnie and Brighton. These provide integration of early years services in areas of significant socio-economic disadvantage, with high rates of teen parents and a relatively high rate of Aboriginal people.

In Brighton, five early years centres have been located in primary schools. They act as hubs for community activities and services with parents and service providers having input into planning and service delivery. The Burnie program is being implemented during 2005 and will address similar issues through integration of early years services at the local level.

## **E.3 Commonwealth - Stronger Families and Communities Strategy**

The Stronger Families and Communities Strategy (SFCS) is an Australian Government initiative that focuses on providing families, children and communities the opportunity to build a better future. The Strategy targets children at the earliest stages with the aim of giving them the best start possible for the rest of their lives. The SFCS promotes a strengths based approach to build on existing assets and develop opportunities for future growth to enable individuals and communities to reach their full potential. The strategy emphasises the importance of prevention, early intervention and capacity building.

The strategy was announced in 2000 and aims to build strength in families and capacity in communities to enable them to develop solutions to problems at the local level. SFCS promotes a strengths-based approach to build on existing assets and develop opportunities for future

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<sup>49</sup> Good Beginnings does not receive funding from DHHS to provide family support services although Child and Family Services occasionally purchases service responses using brokerage funds for individual families.

growth, enabling individuals and communities to reach their full potential. This whole-community strategy emphasises the importance of prevention, early intervention and capacity building.

Over the first four years of SFCS, local projects across Australia were funded for universal programs covering early childhood, parenting skills, relationship skills, mentoring and leadership, community building and volunteering. In Tasmania, funded SFCS projects included:

- training needs analysis and development of a formal training plan for volunteers, Boards of Management, coordinators and community organisations that manage volunteers;
- development of a community capacity building process in Kentish;
- build the 'Community Extension Incubator' database to contain examples of community capacity building;
- development of 'Footprints to the Future', a positive male role model for at risk boys aged 8-13 years;
- Bungawitta Child Care Links to coordinate links between long day care service, community services and schools;
- state wide implementation of the 'Enormity' program to address issues of homeless youth and entertainment for young people;
- development of a volunteer resource centre;
- 'Community Connections – Waverley Chances for Children' to improve access to community services for residents of isolated communities;
- community capacity building pilot in Goodwood;
- development of an unemployed workers network;
- community leaders mentoring program in Glenorchy and Launceston; and
- implement 'Parents and Kids Together' reconnect model for children aged 6-12 years.

A review of the first four years of the program identified that the SFCS had been successful in facilitating the development of family and community strengths. Evidence from the review highlighted the importance of providing communities with the opportunity to solve their own issues and manage issues at a local level.

In April 2004, the Government announced the continuation of the SFCS for an additional four years. Whilst the program will continue with an emphasis on families and communities solving

their own issues, the strategy now provides greater emphasis on early childhood initiatives and resources to improve outcomes for children.

The Government's focus on early childhood development was guided by the National Agenda for Early Childhood<sup>50</sup> which lists four key outcome areas which include:

- healthy young families;
- early learning and care;
- supporting parents and families; and
- child friendly communities.

The four key aims guiding the continuation of SFCS over 2004-2008 include:

- help families and communities to build better futures for children;
- build family and community capacity;
- support relationships between families and the communities they live in;
- improve communities' abilities to help themselves.
- The Government has outlined five key strategies targeted at achieving these aims:
  - prevention and intervention directed at influencing children's early pathways, to increase the likelihood they will reach adulthood equipped to lead happy, healthy and contributing lives;
  - start early (first five years of life);
  - focus effort in areas where there is likely to be the greatest possible impact on children's ongoing development;
  - work across multiple levels – the child, the family, the community;
  - work for system change – strengthen existing 'platforms' for family support and children's development at a community level, engage 'hard to reach' families, enhance children's access to services, and improve service cohesion to better meet the needs of families and children.

The SFCS 2004-2008 includes four initiatives:

- *Communities for Children*: targets approximately 35 disadvantaged communities for local early childhood initiatives and is funded for \$110 million over the four year period.

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<sup>50</sup> National Agenda for Early Childhood – Australian Government – [www.facs.gov.au](http://www.facs.gov.au) (accessed 11 May 2005)

- *Early Childhood – Invest to Grow*: to increase the provision of early intervention and resources that have been proven successful and is funded for \$70.5 million over the four year period.
- *Local Answers*: to provide communities with the support to develop locally based solutions to issues confronting them and is funded for \$60 million over the four year period.
- *Choice and Flexibility with Child Care*: to offer a choice in the type of childcare available to families and to give providers incentives to offer models in high needs areas and is funded \$123.5 million over four years.

25 initiatives are located in Tasmania.



## F Service mapping - 33 funded Family Support Services

	<i>Organisation</i>	<i>Program</i>	<i>Location</i>	<i>Funding source</i>	<i>Services provided</i>						
					<i>Counselling, mediation, therapy</i>	<i>Information, advocacy, referral</i>	<i>Education, skill development</i>	<i>Residential and in-home support</i>	<i>Crisis intervention</i>	<i>Brokerage</i>	<i>Other</i>
1	Anglicare	Hassles	Hobart	Family Support	X	X	X	X			
2	Anglicare	North West Family Support	North west	Family Support	X	X		X			
3	Burnie Community House		Burnie	Family Support	X	X	X	X			
4	Centacare	PRAM	Hobart	Family Support	X	X	X				Ante-natal, transport, childcare, outreach
5	Centacare	Family support Program	Hobart	Family Support	X	X	X				
6	Centacare	Adoptions	Hobart	Personal and Family Counselling				X			Pre-adoption assessment suitability and relinquishment. Infertility counselling
7	Centacare	LASAR	Hobart	Family Support	X	X	X	X			
8	Clarence City Council	Clarendon Vale Neighbourhood House	Clarence	Family Support		X					Childcare, Child Health Nurse, Juvenile Justice
9	Colony 47	Community Central Night	Hobart	Personal and Family	X	X			X		Drop-in-shelter

*Department of Health and Human Services  
Review of the Tasmanian Family Support Service  
Government  
October 2005*

	<i>Organisation</i>	<i>Program</i>	<i>Location</i>	<i>Funding source</i>	<i>Services provided</i>						
					<i>Counselling, mediation, therapy</i>	<i>Information, advocacy, referral</i>	<i>Education, skill development</i>	<i>Residential and in-home support</i>	<i>Crisis intervention</i>	<i>Brokerage</i>	<i>Other</i>
		Time		Counselling							
10	Deloraine House Inc		Meander	Family Support	X	X	X				Young mothers group
11	Early support for parents Inc		Hobart	Family Support	X			X			Uses ESP methodology
12	George Town Council	Personal and family counselling service	George Town	Personal and Family Counselling	X	X			X		Financial, transport,
13	George Town Council	Family Support Service	George Town	Family Support	X	X	X	X			Financial support
14	Jordan River Services Inc	Family Support program	Brighton	Family Support	X	X		X			
15	KARE Family Support Services Inc		North West	Family Support		X	X	X			Social contact for isolated rural women
16	Lady Gowrie Inc		Hobart	Family Support	X						
17	Launceston VFC Services	Family Support Service	Launceston	Family Support	X						Childcare respite esp if child has mental or physical disability
18	Lifeline		Hobart/	Family Support	X				X		

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	<i>Organisation</i>	<i>Program</i>	<i>Location</i>	<i>Funding source</i>	<i>Services provided</i>						
					<i>Counselling, mediation, therapy</i>	<i>Information, advocacy, referral</i>	<i>Education, skill development</i>	<i>Residential and in-home support</i>	<i>Crisis intervention</i>	<i>Brokerage</i>	<i>Other</i>
	Hobart		State wide								
19	Lifeline North West Tasmania		North West/ State wide	Family Support	X				X		
20	Lifeline Samaritans			Personal and Family Counselling	X			X	X		Befriending
21	Maranoa Heights Community Centre		Hobart	Family Support	X		X	X			Playgroup, Mothers of Pre- Schoolers
22	Northern Suburbs Community Centre Inc		Launceston	Family Support	X	X	X	X			Childcare
23	Northern Suburbs Community Centre Inc	Family Links	Launceston	Family Support	X	X	X	X			Childcare
24	Pilgrim Family Services Inc	Pregnant and Young Person's Support	Launceston	Family Support	X	X	X	X			Provide baby cloths, car seat hire, resource lending
25	Pilgrim Family Services Inc	Pilgrim Family Resource Centre	Launceston	Family Support	X	X	X				
26	Pittwater Community	Family Support Service	Sorell	Family Support	X	X					

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	<i>Organisation</i>	<i>Program</i>	<i>Location</i>	<i>Funding source</i>	<i>Services provided</i>						
					<i>Counselling, mediation, therapy</i>	<i>Information, advocacy, referral</i>	<i>Education, skill development</i>	<i>Residential and in-home support</i>	<i>Crisis intervention</i>	<i>Brokerage</i>	<i>Other</i>
	Centre Inc										
27	Pregnancy and Support Services Inc		Hobart	Family Support	X	X					
28	Tasmanian Aboriginal Centre		Hobart	Family Support							
29	Ulverstone Community House		Central Coast	Family Support	X		X				Playgroup, first aid classes, childcare
30	West Coast Health and Community Services	Family Support Program	West Coast	Family Support	X	X			X		Library
31	Wyndarra Centre Inc		Burnie	Personal and Family Counselling	X	X			X		Respite and emergency relief funding
32	Youth and Family Focus Inc	Parent/ Adolescent Mediation	North West Coast	Family Support	X						
33	Youth In-search Australian	Family Support Program	NSW	Family Support		X	X	X			Weekend life awareness programs

## G Population

In 2001, Tasmania's total population was approximately 454,850. Approximately 118,118 (26 per cent) were under the age of 18 years. Table G.1 shows the breakdown of the population by Local Government Area (LGA). The Launceston City Council in Northern Tasmania has the highest population of 0-17 year olds with almost 15,000, followed by the Clarence City Council in Southern Tasmania, with just over 12,000.

**Table G.2 Population by LGA (2001)**

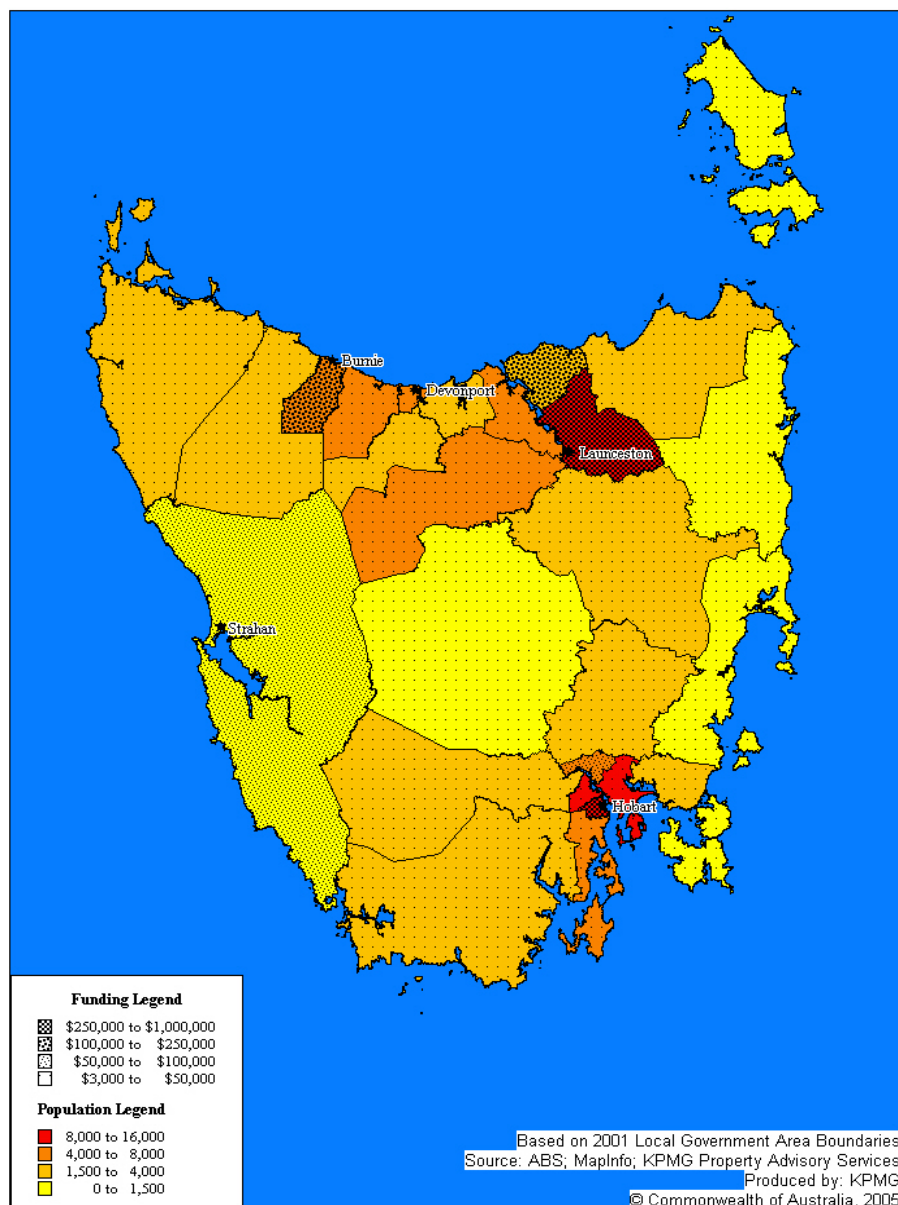
Local Government Area	Total population	Population 0-17 years
Break O'Day (M)	5,550	1,293
Brighton (M)	12,542	4,281
Burnie (C)	18,108	4,987
Central Coast (M)	19,903	5,301
Central Highlands (M)	2,347	590
Circular Head (M)	7,692	2,245
Clarence (C)	47,319	12,162
Derwent Valley (M)	9,001	2,518
Devonport (C)	22,978	5,840
Dorset (M)	6,967	1,881
Flinders (M)	878	195
George Town (M)	6,256	1,758
Glamorgan/Spring Bay (M)	4,037	875
Glenorchy (C)	42,444	10,612
Hobart (C)	46,624	9,322
Huon Valley (M)	13,140	3,878
Kentish (M)	5,373	1,578
King Island (M)	1,684	390
Kingborough (M)	27,876	7,853
Latrobe (M)	7,844	2,026
Launceston (C)	60,488	14,854
Meander Valley (M)	17,351	4,776
Northern Midlands (M)	11,414	3,107
Sorell (M)	10,515	2,994
Southern Midlands (M)	5,516	1,610
Tasman (M)	2,255	568
Unincorporated TAS	903	87
Waratah/Wynyard (M)	13,072	3,744
West Coast (M)	5,481	1,476
West Tamar (M)	19,292	5,317
<b>Total Tasmania</b>	<b>454,850</b>	<b>118,118</b>

### *Analysis of funding and population distribution by location*

The following map shows the 0-17 years population disbursement and the distribution of family support funding across Tasmania. While higher levels of funding exists in Launceston, Burnie

and part of Hobart, there are other areas in Tasmania with relatively high populations of children that are receiving comparatively less family support funding. This analysis supports the anecdotal view presented during consultations that funding has, to date, been allocated in an ad hoc manner without taking into consideration population and need.

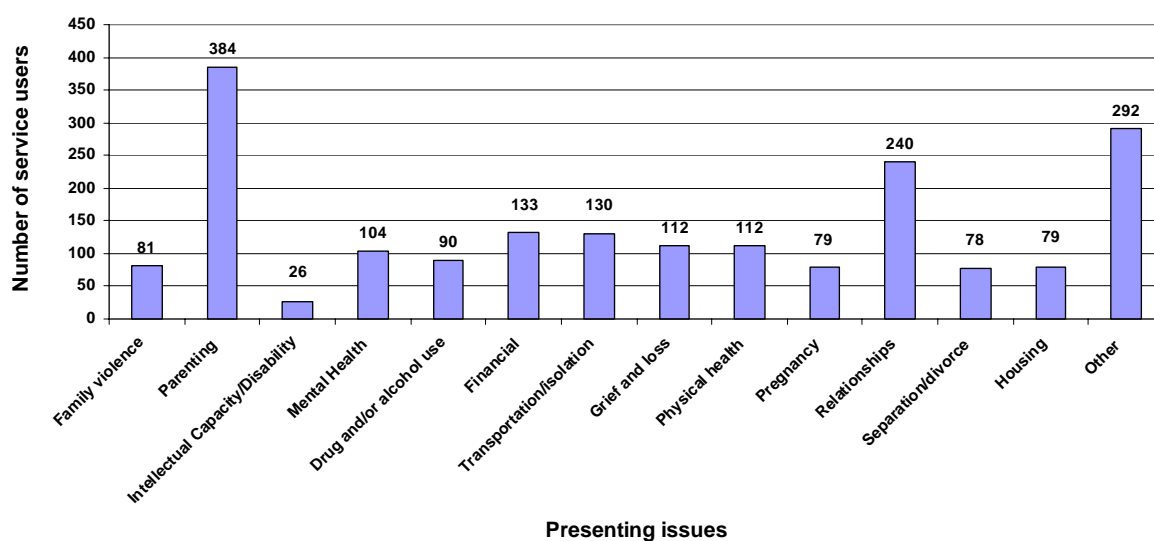
### Population aged under 18 and funding level by LGA



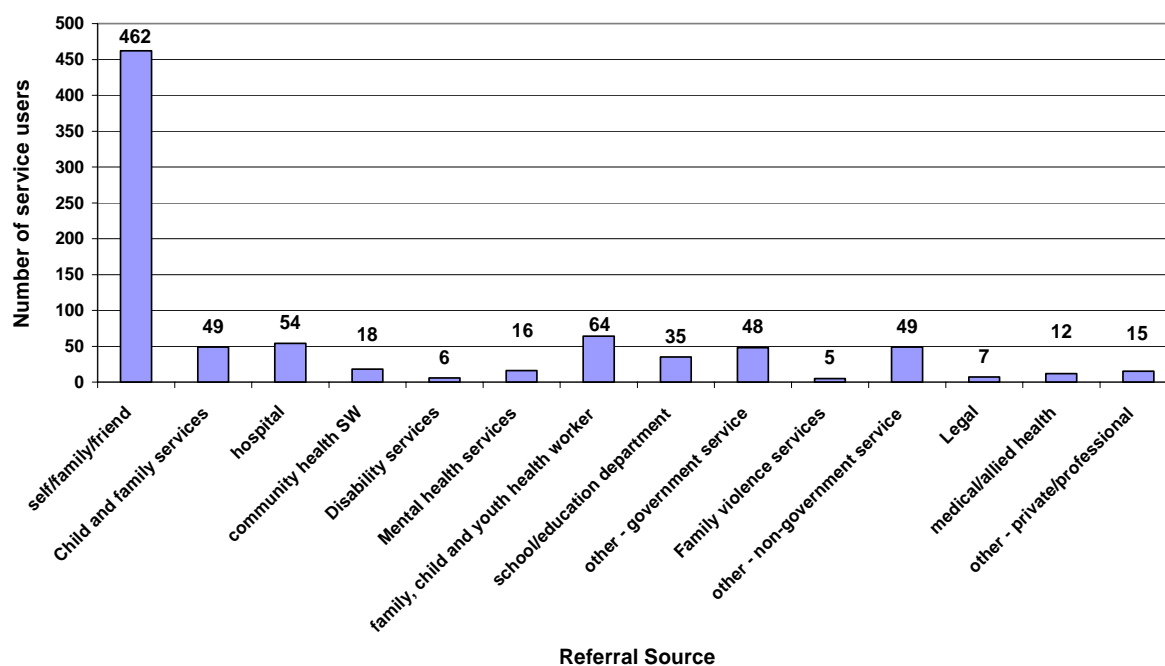
## H Family Support Services data collection responses

The information contained in the graphs in this Appendix are discussed in Section 5 of the report.

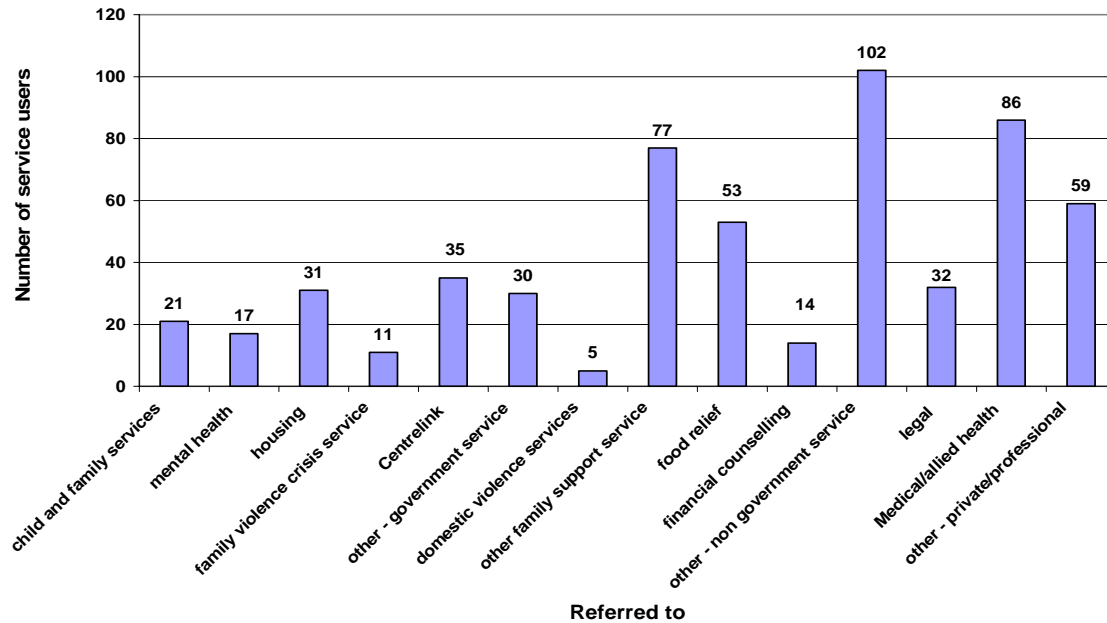
**Fig H.1: Presenting issues of client at each agency contact**



**Fig H.2: How was the client referred to your service?**



**Fig H.3: Which service have you referred your client to?**



**Fig H.4: Family profile of clients**

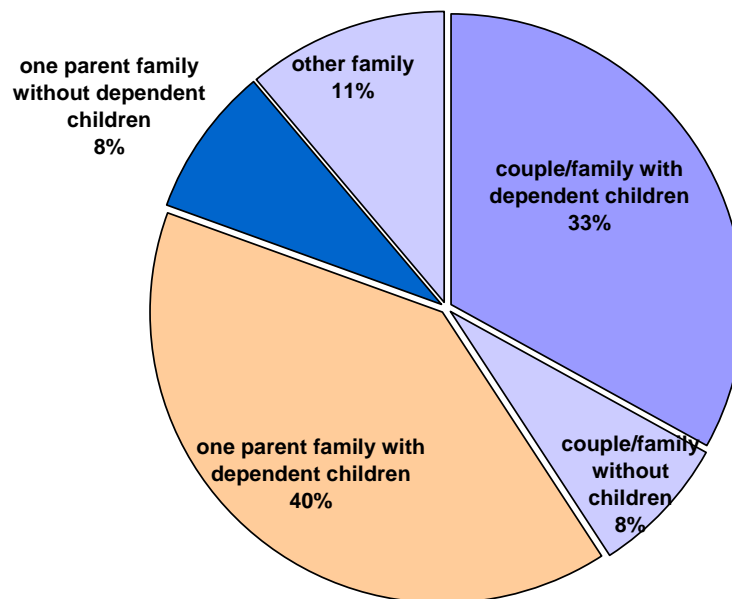




Fig H.5: Age profile of children

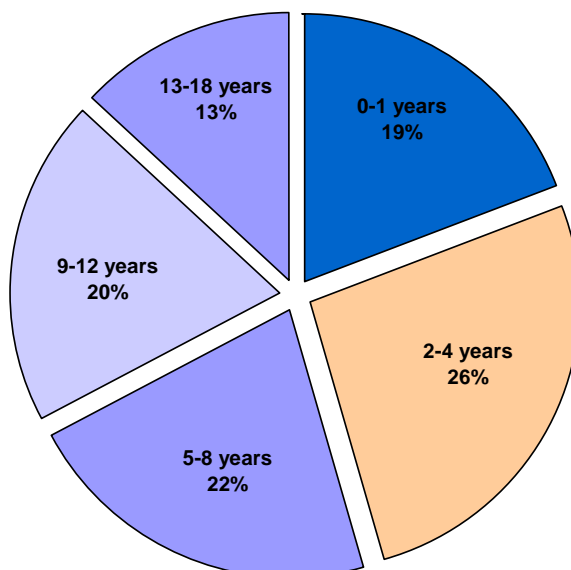
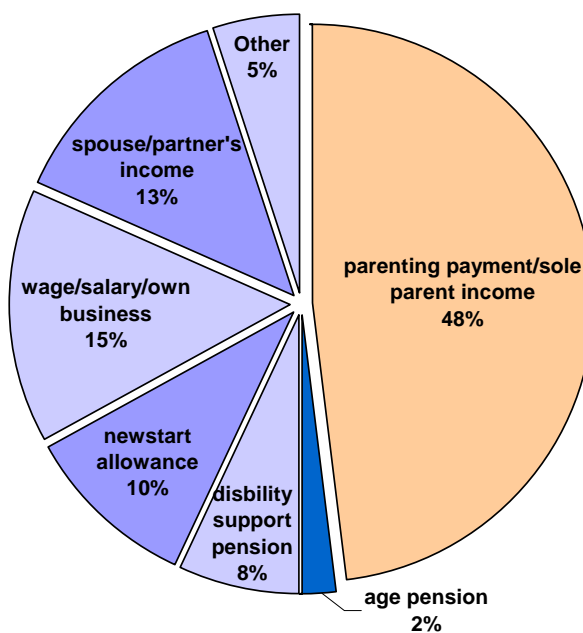
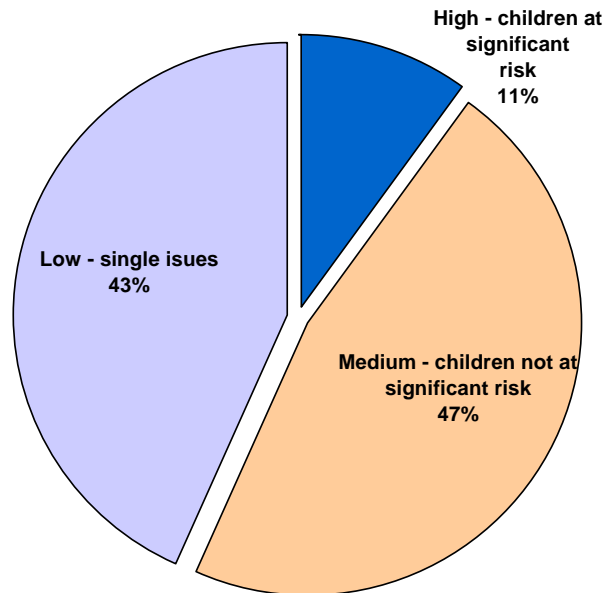


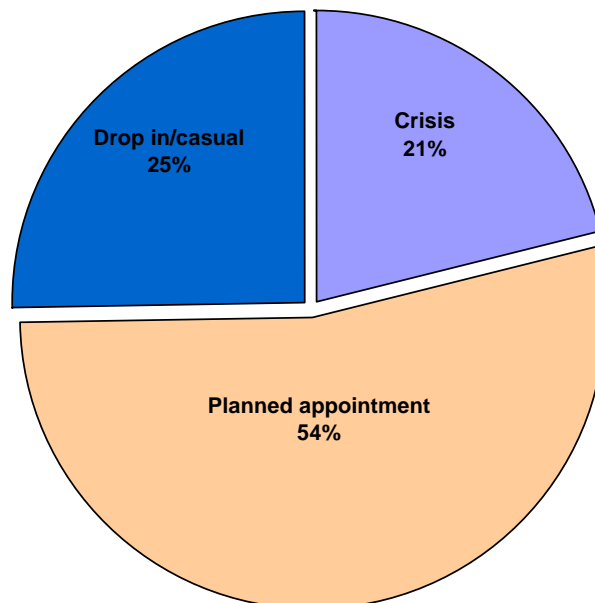
Fig H.6: Income source of clients accessing Family Support Services



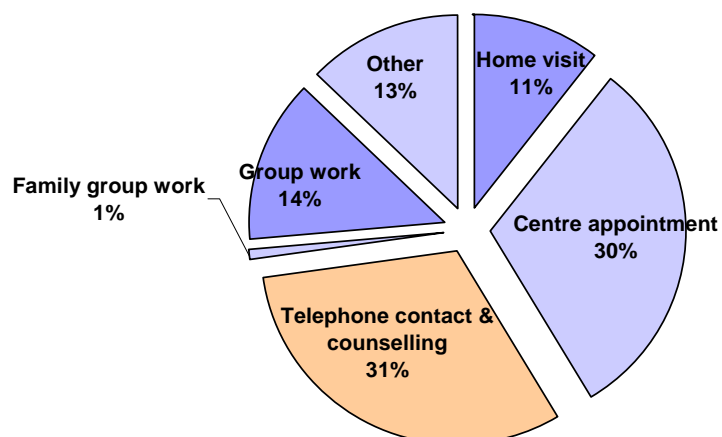
**Fig H.7: Complexity of needs for clients accessing Family Support Services**



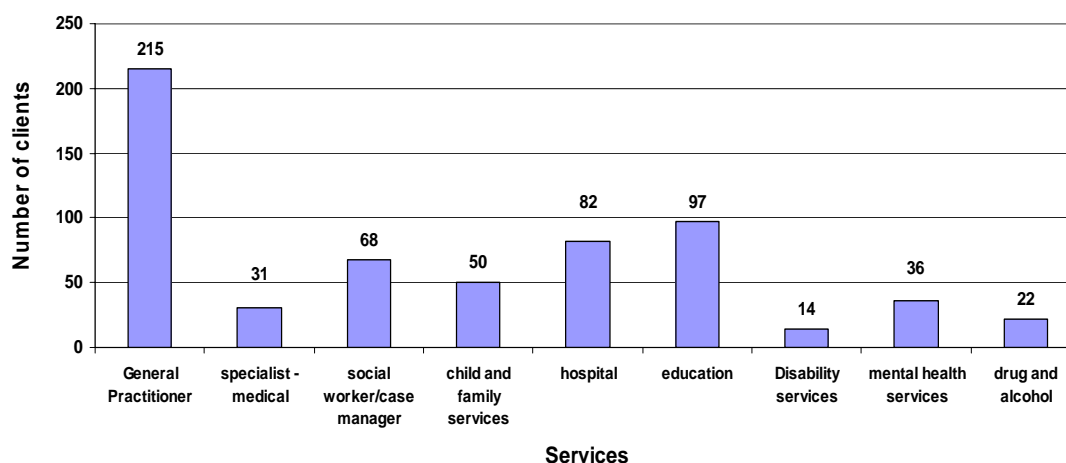
**Fig H.8: How did client contact the services?**



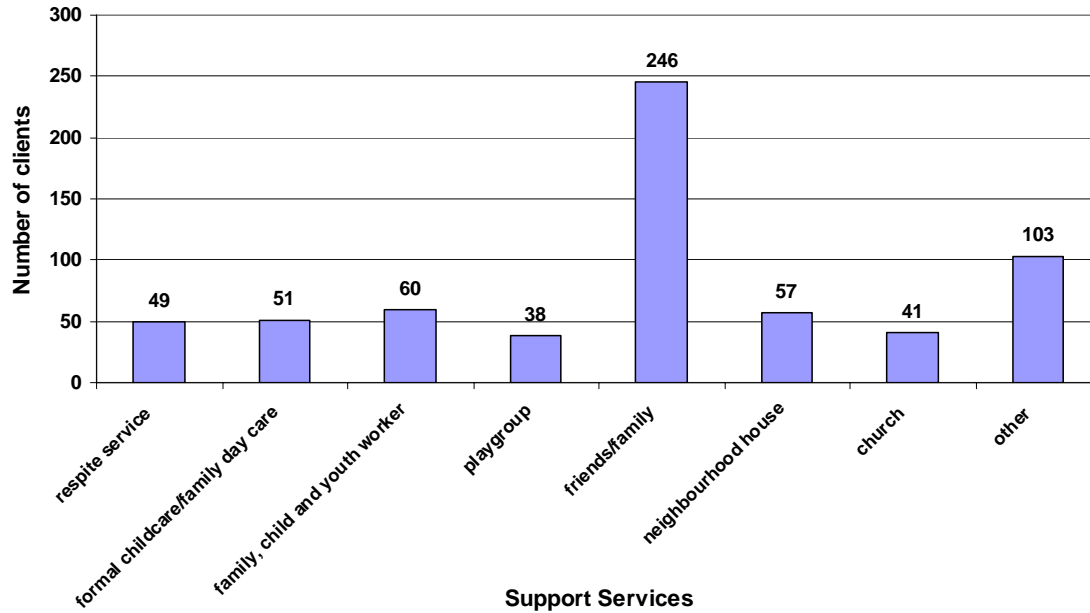
**Fig H.9: Service response provided by agencies**



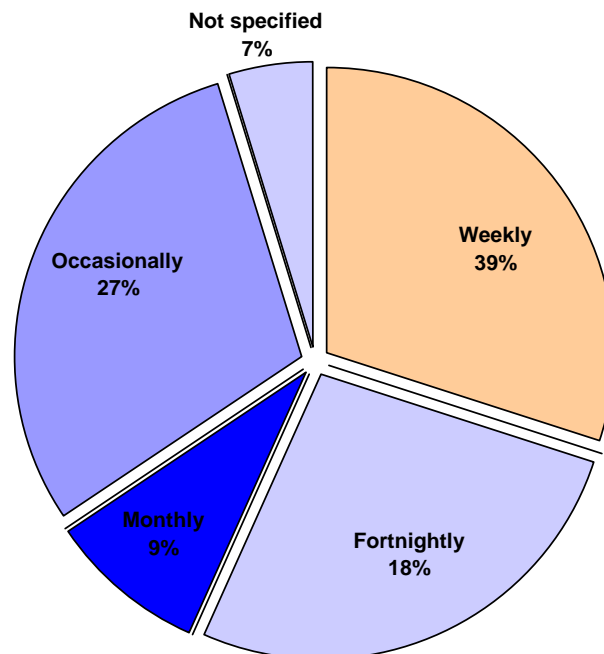
**Fig H.10: Medical and Government support services being accessed by clients**



**Fig H.11: Other support services being accessed by clients**

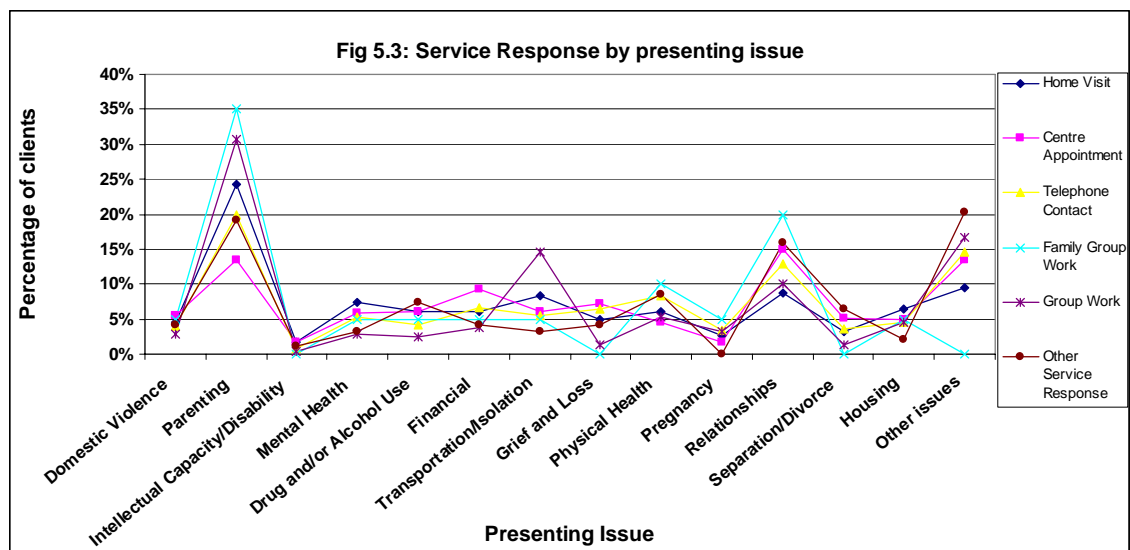


**Fig H.12: Frequency of client contact with service providers**



### Service responses by presenting issue

Service response by presenting issue (See Fig H.13) indicates that group and family group work responses are predominantly used for parenting and relationship issues, in conjunction with home visits. While centre based appointments are evenly spread across the various types of presenting issues, ranging from 15 percent utilised for relationship problems to 1.7 percent for intellectual capacity/disability problems, it is interesting to note that clients presenting with parenting issues are least likely to receive support via an appointment at family support agency.



### Support networks

Whilst clients are accessing family support services they can also be receiving assistance from other services, whether formal (i.e. General Practitioner) or informal (i.e. friends and family). The support networks accessed by the clients during the data collection period included:

- General Practitioner;
- Social Worker;
- Mental Health Services;
- Drug and Alcohol; and
- Education; and
- family and friends.

By analysing the support networks accessed by clients indicative demand for other support services can be highlighted (See Fig H.14). General Practitioners and social workers are providing support for a range of issues including parenting, relationships and physical health to

a large portion of clients, while friends and family also provide support for relationship and parenting problems. It is interesting to note that the informal support networks are centred around the parenting/relationships issues in conjunction with the formal networks, such as GP's or social workers.

