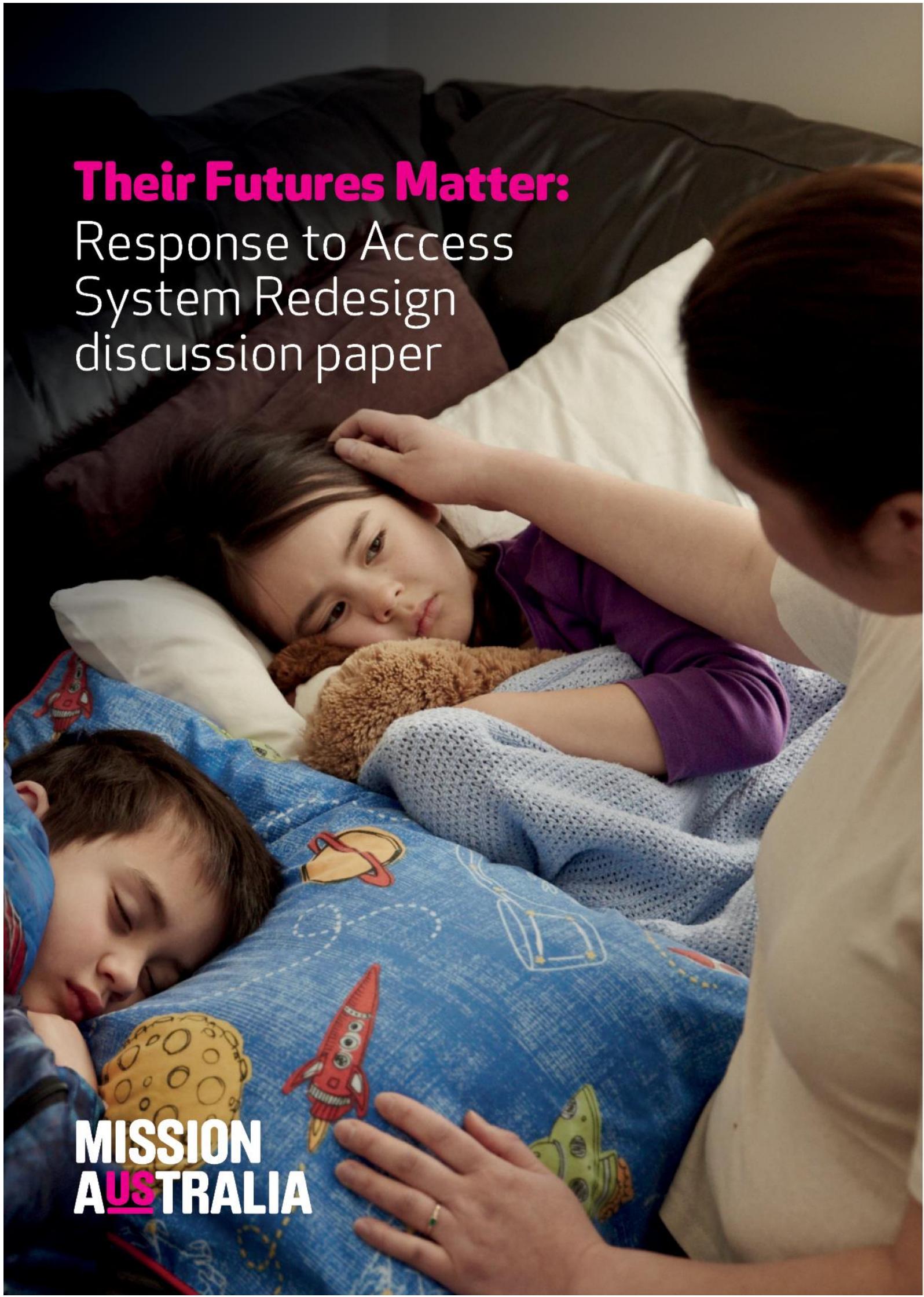


# **Their Futures Matter:**

Response to Access  
System Redesign  
discussion paper

**MISSION  
AUSTRALIA**



## About Us

Mission Australia is a national Christian charity that has been helping vulnerable Australians move towards independence for over 160 years. Alongside our partners, we combat homelessness, assist disadvantaged families and children, address mental health issues, fight substance dependencies, and much more. Together, we stand with Australians in need until they can stand for themselves.

Currently, Mission Australia delivers 58 services supporting children, young people and families in NSW. During the last financial year, we supported almost 17,000 children and young people under the age of 18 across all our services in NSW.

We welcome the opportunity to make a submission in relation to moving the system from crisis to early help: connecting children, young people and families to the right supports at the right time. Mission Australia has a strong focus on prevention and early intervention but also recognises that for some children and families a crisis response will remain necessary. We are hopeful that systemic change can break the intergenerational cycle of disadvantage that we recognise with many of the families we work with.

## Part 1 Guiding Principles

Mission Australia supports the guiding design principles and would suggest the following improvements:

- The focus on prevention and early intervention should be expanded beyond children and families seeking assistance and look at community risk factors and opportunities to strengthen communities.
- A stronger emphasis on cultural safety is warranted and this should include a principle exclusively related to working with Aboriginal and Torres Strait Islander children, families and communities that is based on the views of relevant Aboriginal and Torres Strait Islander organisations and peaks and a separate principle to incorporate broader cultural diversity.
- Specific principles in relation to inclusion of children with disability would improve system design.
- The principles could be strengthened by a more hopeful and aspirational outlook for children and young people that aims for thriving rather than just surviving.
- Explicit recognition of a child's right to thrive and to a safe, permanent and stable home is also suggested.

The ultimate test will be how these principles can be operationalised and we would welcome further consultation on any proposed models and implementation plans to harness the knowledge and experience of the sector.

## Considering the voices of children and young people

### Mission Australia's Child Safe Organisation - Project consultation with children and young people

As one of the priority outcomes of Mission Australia's (MA) Child Safe Organisation Action Plan, a nationwide consultation has been completed with 156 children and young people to find out what they want MA to do as an organisation and how they want staff to behave for them to feel safe, and how they want to find out about these things. The consultation also asked how children and young people would like to be able to tell MA if they felt unsafe, worried, or unhappy (make a complaint) about something or someone at MA.

Examples of what children and young people want MA to do so they feel safe include that there will be: rights and responsibilities for everyone - *'clear rules and expectations'*; someone to talk to and support them - *'talk to young people about their issues/problems'*; boundaries in place - *'don't touch me'*; and something done if they are being bullied - *'intervene if someone goes off'*. With regard to how staff will behave, examples of what children and young people wanted to know is that they will: listen to me - *'include me'*; do their work well - *'be consistent and reliable'*; respect me - *'they are respectful of my rights, views and family'*; and be approachable and friendly - *'come across as everyday humans'*. Children and young people wanted to find out about these things by a staff member telling them face-to-face when they commence a service with MA, via a poster on display at MA services, on the MA website and on the MA Facebook page. With regard to telling MA if they felt unsafe, worried, or unhappy children and young people wanted to be able to tell someone face-to-face or by texting.

## Part 2: Key themes from the evidence

### 2.1 Understanding the drivers of vulnerability

The drivers of vulnerability identified largely correlate with our understanding of the evidence and our experience delivering services. In addition, we would suggest consideration of:

- The extra pressures that are placed on families with disability and supports that may be needed. This includes supports for children with disability and parents with disability including cognitive impairments.
- The need for more research and evaluation of culturally appropriate models such as those that have been developed with First Peoples in Canada and New Zealand to find models of healing that work well in Aboriginal and Torres Strait Islander communities.
- Recognition that systems failure can drive and exacerbate vulnerability for young people and families and not all protective factors and risks are located within the individual and family. This could take the form of failure in one system such as schools failing to cater to the needs of some young people or across systems due to siloed departmental responses or lack of service availability.

While evidence from Australia and overseas should be closely reviewed, there needs to be some caution in transplanting international models without proper consideration of applicability to this context. There also needs to be room to continue to grow the evidence base through innovation and evaluation where there are not sufficient models already in existence.

## 2.2 Engaging with children and families earlier to bring about change

Mission Australia supports a focus on strengthening communities in addition to a universal prevention and early intervention approach.

Pre-natal interventions are important and can be used as a preparation for parenthood. While the first 5 years from birth are crucial, in many cases a focus prior to the first 2000 days is required. To engage with expecting parents a variety of pathways are needed as people become parents at different ages and stages. Screening for at-risk parents, including while in hospital for the birth, can allow long-term support options to be offered. Providing services in areas with high levels of young and isolated parents may also be effective.

*“I’d love to see every new mum have a social worker assessment before leaving hospital to assess the level of support the family need.”*

Parenting programs are an important part of early intervention and parents can be given tools such as circles of security and positive parenting training as well as provided with information to better understand systems and supports. A more universal approach to pre-natal and parenting programs is less stigmatising and parents are more likely to continue to engage if they have had positive contact with the service system are not made to feel deficient. More intensive family support options should also be available to families with higher or more complex needs.

*“Parenting is the hardest job you will ever do and every parent needs supports and information... Reaching out for parenting support should be so normal like getting the plumber in.”*

Engagement with children, families and communities needs to be culturally appropriate with particular recognition of Aboriginal and Torres Strait Islander communities and other culturally and linguistically diverse communities.

Recent migrants may face language barriers to connecting with services and need to feel comfortable in order to engage. In our South West Sydney services we have engaged Arabic speaking workers and translated materials into other languages.

Furthermore, mandatory reporters need to be better supported with guidelines and resources in cases where they report and don’t get a statutory intervention. Currently the system focuses too heavily on the decision to report rather than the importance of following up. A more universal approach to reporting is also supported.

## 2.3 Integrated, multi-agency responses are critical to address complex needs

Mission Australia strongly supports efforts to move towards collaborative, multi-agency responses and away from silos. We take a trauma-informed approach to service delivery and are pleased to see recognition of the need for trauma-informed practice in the Access System Redesign discussion paper.

In our view, the key principles of trauma-informed care include safety, trustworthiness, choice, collaboration and empowerment, and an understanding of trauma and its effects on individuals and their support networks. In order to facilitate recovery for people who have experienced trauma, our practice must be flexible, individualised, recovery oriented and prioritise personal safety. This involves creating safe physical and emotional spaces and supporting individual choice and control.

Information sharing is also key and could be improved across NSW government departments including Health, Education, Justice and FACS and then with non-government organisations as service providers.

Systems reform is also required to provide a supportive rather than a punitive environment for children in schools including for children with behavioural issues. This may include smaller class sizes in disadvantaged areas where there is a higher concentration of children and young people who need support and a review of school suspension policies. Suspension can be stigmatising and remove the safety of the school environment. Behaviour management programs that allow students to stay at schools and receive support, counselling, mentoring and other interventions to address the problem are likely to have much better outcomes for vulnerable children and young people. Access to school counsellors and welfare supports is essential.

Federal government responsibilities also have to be coordinated with State responsibilities including Commonwealth funded programs such as Communities for Children and Reconnect and the broader impacts of national policy settings such as social security and the impact of Centrelink processes and employment program compliance regimes on parents and children. Families often need help navigating these mainstream services.

We agree that initial assessments should be improved, however, our experience is that capacity constraints and program eligibility rules are often a greater barrier to collaboration and service delivery than needs identification. Therefore, in addition to needs identification, service delivery capacity needs to be boosted to respond to identified needs.

## 2.4 Socio-ecological approaches to supporting child and family wellbeing

A socio-ecological approach to supporting children and wellbeing has potential to improve the system. It needs to look across the continuum of need from prevention and early intervention to crisis and across the age ranges and transition points from pre-natal to post-secondary school. These include first 100 days, transition to school and transition to high school.

A socio-ecological approach also needs to look across departmental programs and interventions including child protection, health including mental health, juvenile justice, housing and homelessness, early learning and education.

Currently due to program parameters around age or service-type, it is difficult to work with the whole family or whole community. We need to be able to work across systems and families need to be enabled to more easily navigate the available service system.

We have seen the positive impact of soft entry universal pre-natal supports, early learning centres and playgroups and other socio-ecological approaches such as using schools as non-stigmatising hubs for parents and children outside school hours and are supportive of further investment in socio-ecological approaches.

### Miller Pathways

Since its establishment in 1970, Mission Australia's Child and Community Centre in Miller has served as a **community hub** for the delivery of prevention and early intervention services to children, young people and families in the Liverpool local government area and south-west Sydney metropolitan area.

(These have ranged from delivery of children's early learning, family support, youth, child and family mental health, emergency relief and homelessness prevention services).

Currently, Mission Australia delivers a range of universal and targeted interventions for children and young people from the Centre through its *Community Services* and *Early Learning Services* streams.

Established in 2005, Miller Pathways is the service name through which Mission Australia delivers a range of place-based prevention and early intervention programs in the Liverpool area under our Community Services stream.

The origins of the 'Pathways' name references the Pathways to Prevention Project of the early 2000s that examined the importance of 'getting in early' to prevent the development of behaviours correlated with negative life outcomes and the multiple pathways to **wellbeing** for parents/carers, families and young people which characterised Miller Pathways' foundation program, Communities for Children (est. 2005).

Current funded service/programs from the Centre comprise:

- Communities for Children (also known as C4C, CfC)
- Liverpool Family Mental Health Support Service (also known as the Happy Healthy Minds Program), and
- Star4Kids ('Striving to Achieve Resilience') Child Mental Health Program.

Under these programs, Pathways both funds and delivers a range of **targeted** and **universal** evidence-based, therapeutic and clinical interventions aimed at fostering wellbeing across the lifecycle, early in the lifecycle delivered by **multi-disciplinary teams** (MDT). Encompassing both Centre, community and **home-based** models of delivery, currently funded 'Partner' programs for children aged 0-12 years in the 2168 postcode include:

- Group and individual Expressive Therapy interventions (e.g. art, music, drama and play therapies. Partners: Playgroup Queensland's Sing & Grow (0-5 years); KidsXpress (6-12 years)
- Parenting capacity building and support (e.g. Circle of Security, Bringing Up Great Kids, Tuning into Kids/Teens). Partner: Karitane
- Group and individual speech and language interventions. Partner: South West Sydney Local Health District (SWSLHD) Speech Pathology Department
- Child voice/capacity building. Partner – Liverpool City Council

With the foundation of our programs in an **ecological (or bio-psycho-social)** model of (human) development and emerging field of prevention science, both in principle and practice we understand how a system should respond to support child and family wellbeing including integrated service systems of care through which we aim to strengthen protective factors and reduce risk factors correlated with wellbeing. Our active participation in local service- and professional- networks such as the *Liverpool Family and Children Interagency* and its *Australian Early Development Census (AEDC)* is aimed at fostering the type of collaborative partnerships critical to strengthening families and promoting resilience and independence in children and young people.

In 2019, we commenced the trial of a novel *transition to school* program for children and families at Green Valley Public School in partnership with Playgroup Queensland, SWSLHD and Karitane. Focussed on building foundational emotional, social, language and communication skills essential to support a successful transition to school, this program has been developed and delivered as a **multi-disciplinary** integrated service model which combines both universal and targeted, group and individual interventions for both **children and parents/carers**. In July 2019, the

program will commence a trial of Parent-Child Interaction Therapy (PCIT) in response to identified **emerging needs** for more intensive parenting support for particularly high-risk families (e.g. conflict- and inter-generational- trauma including family violence).

Recognising the role of universal services such as health and education as *key access points* for engaging families and opportunities to support from our hub in Miller integrated, community-based service responses, beyond our service partnerships we host weekly clinics from SWSLDH's Child & Maternal Health, Nutrition, and Paediatric Development teams. (We also host on an ongoing and periodic basis KARI Aboriginal Resources and Wesley Mission's Mums & Kids Matter programs).

## 2.5 Regional and remote areas face specific challenges.

Our experience of service delivery in regional NSW certainly points to transport and workforce issues creating a barrier to service delivery and access.

Rural and remote areas of Australia have low levels of public transport access. Some remote areas have relatively low levels of vehicle ownership<sup>1</sup>. In outer-urban areas transport disadvantage is the result of a range of intersecting factors including poor public transport infrastructure, a higher proportion of low-income households and the need to travel further distances in order to get to places of employment, services and activities<sup>2</sup>.

Attracting and retaining staff is also more difficult in regional and remote areas. Additional incentives may be required for current employees in the community sector to remain in rural, regional and remote areas. In certain regions travel distances between towns can range from 5 to 7 hours, and therefore, it is also not feasible for staff to travel to other areas to deliver services. Community transport to enable people to get to services is necessary.

Training and capacity building supports are imperative to ensure that staff members are able to receive the most up to date information and to maintain the quality of service delivery. However, these training programs need to be flexible to suit the circumstances of the rural and regional staff members and delivered in a manner that has minimal disruption to their capacity to provide services.

Further people in rural and regional areas should have access to face-to-face as well as online supports. In some areas internet connections cannot be relied on and having workers based in the community allows relationships to be developed to allow earlier intervention.

In regional areas where there are large numbers of Aboriginal people, having materials in local languages and workers who can communicate in a culturally sensitive way is essential.

Mission Australia has developed an Aboriginal traineeship program and is developing a lived expertise workforce in New South Wales to help in meeting workforce challenges and to also respond most appropriately to the people we serve.

Lived expertise workers demonstrate and embody the overcoming of adversity. This lived expertise service provision can either be complementary or a substitution, to other clinical and non-clinical ways of working. There is a growing evidence base that highlights both the value and impact that

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<sup>1</sup> Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

<sup>2</sup> Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

lived expertise provide to services. Such service provision often results in similar or improved outcomes, compared with services delivered without any lived expertise involvement.

### **The Connections Program – Broken Hill**

Funded by NSW Health, the Connections Program was started by Mission Australia, the Far West Local Health District and GROW to link socially isolated people to community activities after hours when there are very few services open.

The Connections Program has been providing after hours support for more than 90 people since August 2017. It is a unique service delivered by Mission Australia Peer Workers with lived experience of mental ill health. Peer Workers build connections between program participants and the broader community, particularly in the evenings and on weekends. The service promotes social inclusion, social skills and community participation.

### **Aboriginal and Torres Strait Islander Traineeships**

Mission Australia in Central and Far West NSW has had considerable experience and success in establishing Aboriginal and Torres Strait Islander Traineeships to enhance culturally responsive service provision and culturally informed practice to Aboriginal and Torres Strait Islander clients and communities. Mission Australia has supported over 45 trainees to gain qualifications and employment with the community services sector in this region, with these trainees completing TAFE qualifications in the community services and/or mental health areas as part of the traineeship program. Most of these trainees have gone onto full time positions within Mission Australia or the sector. The stories of two of these trainees are provided below.

#### **Raymond Fuller – Aboriginal Traineeship**

My name is Raymond Fuller and I started working with Mission Australia 5 years ago. I was born in Dubbo but grew up in Orange and lived most of my life there. While going to school in Orange I always had a passion to work with youth, whether it be playing sport with them or helping them with their school work. I volunteered as a helper to go into a primary school and help kindergarten kids with their school work at the age of 14, at that time I didn't know what I was doing but really enjoyed the feeling I got when seeing the kids succeed plus also helping kids who were disadvantaged and grew up with nothing, like me.



After completing Year 10 in Orange I chose not to go back to school because I wanted to pull out just like my parents did, I then decided to move to Dubbo in 2006 and live with my Aunty and Uncle. My Aunty and Uncle signed me into Year 11 in Dubbo which I didn't attend much because I didn't want to be there, I made some friends at school and found myself getting into trouble at school and on weekends.

After pulling out of school with mates I was sure it wasn't for me and enjoyed the free time I had, my mates decided to go back the following year to try Year 11 again. They had convinced me it was the best option for us so I decided to sign back into school; I ended up completing my Year 12 certificate in 2008.

After finishing school I found myself a job at a primary school in Dubbo, I worked there for a few months as a tutor in a kindergarten class. One of my mates then told me he was applying for a

traineeship position at Mission Australia and there were a few positions available. I didn't know who Mission Australia was or what they did but I wanted to apply for the job.

I applied for the Traineeship position, had an interview and to my shock was put on a 12 month contract which meant I had to complete a Cert IV in Community Services. Mission Australia has given me various opportunities to further develop my skills by enabling me to attend training workshops relevant to my roles. These include: Mental Health First Aid, RAGE, Managing the Bull, Love Bites and more. Whilst working at Mission Australia I have gained the skills to use emails, to support clients, refer clients, assess clients, networking, attending/participating in community events, case management and more.

I have worked in numerous programs with Mission Australia including HASI, Dubbo Leadership and Cultural Development Program, Youth Connections, Happy Healthy Minds, Post Release Support and Joint Support Program. I have outreached to various communities such as: Wellington, Nyngan, Cobar, Bourke and Walgett. I am very appreciative for the support I have received whilst completing my traineeship and am happy that Mission Australia have kept me in a permanent role.

### **Anita Dolphin – Aboriginal Traineeship**

I started working for Mission Australia in January 2009 as a community services trainee. I initially applied for the traineeship with no formal experience or qualifications, and not having completed no further than Year 9 at School.

During my life, I had relevant life experience, with family breakdown due to domestic violence and mental health issues, along with alcohol and drugs.



This made me very passionate about community services as I know that when an individual or family is supported with appropriate services, the quality of life can reach its full potential.

At the time of applying, Mission Australia was the only community service provider that offered traineeships, which was a blessing as it was extremely difficult to gain a career in the community services sector without training.

Mission Australia supported me to complete my Certificate IV in Mental Health through the Mental Health Co-ordinating Council, by providing me with face to face workshops and allowing Study time. I was also mentored by senior caseworkers and provided with extra training opportunities.

I completed the certificate and then was offered a full time Position in the HASI (Housing and Support Initiative) program. I have since completed Cert III in Drug and Alcohol, Cert IV Mental Health (Non Clinical) and Diploma of Community Services.

Mission Australia has continuously provided me with ongoing training opportunities such as 1-2-3 Magic, Seasons for Healing, cultural competency training and more. This has enabled me to provide ongoing support to clients who are dealing with a variety of issues in my role.

I have worked in various roles throughout my time at Mission Australia including mental health, youth, drug and alcohol and family support programs. I am constantly provided with opportunities to expand my knowledge and to support people dealing with the same issues as I did.

Mission Australia is not just my work place, it's become my family and without being provided with a traineeship in Mental Health (Non Clinical), my long term dream of working in the Community Services Sector wouldn't have been possible.

## Part 3: The system elements

### 3.1 Early targeted support, advice and case management

The return on investment of prevention and early intervention for children and families has been demonstrated in Australia and internationally. However, currently services are unable to meet the demand for wellbeing supports.

A de-stigmatised universal approach is likely to engage families earlier and more effectively. Ideally all parents and prospective parents would get universal supports with targeted supports for those at higher risk. Early screening for developmental and behavioural issues is useful.

While early targeted support is the goal, it needs to be recognised that the crisis system is still not working and will always be needed for some children.

#### Miller Family Support

Miller Family Support provides counselling and support for families of children with and without disabilities in both early Intervention and mainstream preschool placements. The Early Childhood Intervention Service provides support for young children who have diagnosed disabilities or developmental delays. Working in partnership with families and other professionals, staff help children to reach their full potential.

#### Happy Healthy Minds - Liverpool

The Liverpool Family Mental Health Support Service is an early intervention and prevention program for children and young people between 0 to 18 years in the Liverpool local government area who are at risk of or affected by a mental health issue. Support is offered through three pathways: case management (long and short term), group work (including schools-based programs), and community outreach. Children or young people under the care of state child protection agency are not eligible for this service. However, families and children who have come to the attention of the child protection system but are not receiving structured intervention, and young people leaving out of home care are eligible

### 3.2 Community hubs

At Mission Australia, we recognise the importance of placing the community at the heart of our services and projects. We support people to come together to identify shared challenges and aspirations and to shape the solutions and decisions that impact their lives and community. By

working alongside local communities, we support them to become more resilient, build upon their strengths and assets, and work collaboratively for long-term, sustainable outcome, and stronger communities for the future. Through our Strengthening Communities work we help communities to:

- Have a voice in the issues and solutions that impact them
- Build their skills and capacity to cope with the challenges they face
- Have inclusive spaces, services, and opportunities
- Be surrounded by formal and informal networks and supports
- Participate in their community
- Have a sense of safety and belonging
- Shape the priorities most important to them
- Advocate for their own needs and aspirations
- Learn from what works for a resilient community into the future

**Figure 1: The Strengthening Communities model**



Mission Australia operates several community hub models with co-located and coordinated children and family services and a range of universal and targeted services. Each hub is tailored to the needs of that particular community and participants will generate ideas based on their needs. This could include early learning, ballet classes, community gardens, toy libraries, etc. There are also great leaders in the community who can provide expertise and support.

Hubs need to be well-funded to properly coordinate services and staff need to be trained to understand the circumstances of various families and their interactions with different parts of the service system. Strengthening communities approaches are particularly important in areas of socio-economic disadvantage and investment in these communities needs to be both significant and long-term.

School hub models which enable social services to be offered through the school are also effective de-stigmatising approaches, however there are some barriers to external services working in schools and a sense of service fatigue in some areas.

*“It takes a village to ensure the wellbeing and safety of a child or young person”.*

### Mission Australia Centres (MAC)

Mission Australia Centres aim to improve people’s wellbeing, independence and social connections by bringing together a variety of support services and community-based activities within a single location.

These locations provide support for vulnerable people delivered by Mission Australia and a strong network of partnerships – including housing and homelessness services, health and wellbeing support and social inclusion activities. The range of supports and activities is determined by the specific needs of the local people and community in each location.

Through each of these centres we continue to build the capacity of disadvantaged communities by increasing accessibility of services, and supporting collaboration of service providers and social participation of the community. These are long-term, place-based responses that allow local services, organisations and community members to work together to address the specific needs of the area.

The range of services provided may include:

- Accommodation and housing support
- Access to allied health professionals
- Employment and education
- Upskilling programs
- Social and wellbeing activities
- Space for community groups and other service providers.

Services and programs at our Mission Australia Centres are evaluated for their effectiveness and we continually measure the progress of clients on their journeys to independence.

Our work in Mission Australia Centres has provided us with important information about the factors necessary for success. As such, Mission Australia Centres:

- are situated in an accessible location
- offer flexible, multi-purpose spaces
- are client- and community-centred
- offer a diverse mix of services
- provide strategies to help the most vulnerable people engage with the centre
- provide activities to facilitate social and community connections.

Centre	Co-located MA Services
<b>The Mission Australia Centre - Kingswood</b>	Mission Australia Family Day Care Western Sydney Mt Druitt Community Hub Nepean Blue Mountains Family Homelessness and Housing Support Service Fair Fax House

	Nepean Parenting Network Program St Marys Community Hub The Grove Youth Outreach & Support Service PYI - Personal Advisors Service
<b>The Mission Australia Centre, Surry Hills</b>	Cooinda Centre Day Programs – MAC Creative Youth Initiative (CYI) Inner City Sydney Homelessness Service (The MAC) MAC - Drug & Alcohol Intervention Program Mission Australia Court Support Service (MACSS) Urban Apartments Affordable Housing Units
<b>Belmore Youth Hub</b>	Canterbury Bankstown Youth Service (CBYS) (MA is a key partner with other local youth services)
<b>Claymore Community Hub</b>	Claymore Youth and Family Support (waiting for council facility to be completed)
<b>Miller Hub</b>	Early Intervention and Tenancy Support Service - South West Sydney Family Mental Health Support Service (FMHSS) Liverpool Mission Australia Family Day Care South West Sydney Star4Kids Program Communities for Children (CfC) - Facilitating Partner - Miller Miller Co-locations and Partnership Miller Community Pre School Miller Early Intervention Miller Family Support South West Early Childhood Support Service
<b>Hornsby Hub</b>	Northern Sydney West Youth Homelessness Service Northern Sydney Early Intervention and Prevention Service Hornsby Waitara Community Hub – Families NSW Northern Sydney Psychosocial Support Program Alcohol and Other Drug – Continuing Coordinated Care
<b>Dubbo Hub</b>	Youth on Track Juvenile Justice Support Program Mac River Rehabilitation Program Dubbo Family Support Family Mental Health Support Service Early Childhood Early Intervention Homeless Youth Assistance Program Community Living Supports Tenancy Participation & Community Engagement

### 3.3 Multi-agency service coordination

Enabling information sharing is the key to collaboration. Currently services are not well-resourced for co-ordination and privacy laws continue to act as a barrier to information sharing.

Coordination needs to be timely and without too much bureaucracy. Where services are being delivered by both government and non-government agencies coordination is paramount and must include information sharing and collaborative processes such as joint visits.

The nomination of a lead agency and shared case management can be helpful in bringing all agencies to the table. Families should also have choice in deciding the lead agency they wish to work with. The key worker needs to have the requisite level of experience, training and authority to make tough decisions as required. For a truly integrated approach, cross-departmental governance is required rather than just cross-referrals.

A positive model for crisis is the **Joint Investigation Response Teams (JIRTs)** which are made up of Community Services, NSW Police and NSW Health professionals who undertake joint investigation of child protection matters. This model provides stronger connections within government and is a strength of the current system that can be built on. Unfortunately coordinated responses tend to happen less often outside of a crisis.

Other existing models outside of child protection include the cross-agency governance of **HASI/CLS**. A broad steering committee of partners, meets to review referrals, service delivery and partnership arrangements, strategic directions, opportunities for growth. There are also local meetings, held monthly with the community mental health teams to discuss specific cases, pending issues and individual client matters.

**The Sydney Youth Homelessness Hub Brokerage and Coordination Group provides** coordinated responses with the use of brokerage to prevent and resolve young people's experiences of homelessness in the City of Sydney LGA. The group of government and non-government agencies identifies young people accessing more than one participating service and work together to coordinate efforts. Brokerage is then available to support case planned activities. The group also builds and supports opportunities for the co-case management of clients.

#### **CREATE<sup>3</sup>**

This project explicitly focuses on the Australian Government program **Communities for Children**, which operates in disadvantaged communities through partnerships between community agencies coordinated by a Facilitating Partner and funded by the Department of Social Services. The project focuses equally on *state government education and human services departments and on non-government organisations* that deliver the vast bulk of community services in disadvantaged communities. The project therefore aims to use prevention science to strengthen the *whole child serving system*, contributing to the formation of *learning communities* within and across sectors and organisations, so that regardless of changing political, policy and funding environments the child serving system is more able to sustain large scale, high impact work in disadvantaged communities. The project is innovative for several reasons:

1. *It focuses on strengthening existing large scale service delivery systems* through the formation of cross-sector prevention science learning communities;
2. *It introduces a new profession, Collective Impact Facilitators (CIFs)*, who like a Sherpa, guides the local coalition as they move beyond the status quo toward *the scientific practice of collective impact* by utilising prevention science methods;
3. *It builds, tests and applies a world class range of electronic measurement tools and prevention science resources* to support the work of community partnerships and the CIFs, including:
  - a. *Rumble's Quest*, a 30-minute computer game for children aged 5-12 years that, in a highly engaging way, validly and reliably measures social and emotional wellbeing;
  - b. *PEEM*, the Parent Empowerment and Efficacy Measure;
  - c. *The Community Coalition Wellbeing Survey*, an on-line 67-item survey that measures the quality of functioning of community service partnerships.
  - d. A tool to measure and apply *the economic efficiency* with which services are delivered collectively to achieve given levels of improvement in child wellbeing.

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<sup>3</sup> DISADVANTAGED COMMUNITIES, 2013-2022: PROJECT SUMMARY, PROFESSOR ROSS HOMEL, GRIFFITH CRIMINOLOGY INSTITUTE, GRIFFITH UNIVERSITY

e. *The Pathfinder System and other tools*, for guiding users through the *Create Change Engine* from Coming Together; Deciding Together; Planning Together; Doing Together; to Reviewing Together.

#### **Project Overview: Ten Years in Brief**

*The overall project objective* is to implement a **Prevention Translation and Support System (PTSS)** progressively in Communities for Children (CfC) sites in NSW, Queensland and Tasmania, and to evaluate its impact on measures of *child wellbeing, educational performance, and behaviour*, as well as on *family-school engagement and the quality of functioning of local partnerships involving schools and community agencies*. The PTSS incorporates *electronic tools and resources*, and the services of *CIFs* in each community.

The research design involves *extending the CfC partnerships of NGO service providers to include primary schools and state government funded family support services*, supported by state departments of communities and education as project partners. This will make it possible to evaluate *the collective impact* of a wide range of services on child outcomes, including for very vulnerable children. Evaluation will focus on community level change in child wellbeing, as well as on changes amongst children attending clusters of primary schools in the neediest parts of CfC communities.

### **3.4 Need is matched to the right response**

To ensure need is matched to the right response the system needs better assessment and a better understanding of available services. The education system plays a significant role in the lives of children and is often the first to know when a child needs help. The Ryde Project outlined below allows for early identification of risk and the provision of wrap-around supports through service collaboration to prevent homelessness and other issues arising.

A thorough assessment involves getting to know the family rather than filling in a form and is rarely a single assessment. Further an array of service options in all locations allows the appropriate service type to be matched to the need.

#### **Ryde project – Community of Schools and Youth Services**

The Community of Schools and Youth Services (COSYS) is an innovative and tested place-based model for reducing youth homelessness and addressing school disengagement. It is based on establishing and driving productive collaboration between local stakeholders and involves universal screening of all students from Years 7 through 12 within a Local Government Area. The early intervention model can be implemented in any area where local schools, service providers and government are committed to working together to reduce youth homelessness. Mission Australia previously delivered the model in Northern Sydney where it is called the Ryde Project.

The model is premised on increasing the effectiveness of existing supports and services in a local area by driving collaboration and alignment of strategies and activities. It is based on the successful pilot, the Geelong Project (VIC), an early intervention involving population screening for risk, a flexible practice framework, youth-focused family-centred case management, and longitudinal follow-up and support as required until social and educational outcomes have been achieved. The development of a formal and coordinated collective of local partners drives these outcomes.

### **3.5 Pathways for early help and advice, and child abuse and neglect**

When people have concerns about a child they need information about where to go for supports rather than waiting for a statutory response. This includes issues below the statutory threshold and also reportable issues where the family could be supported prior to departmental intervention.

For mandatory reporters to become mandatory responders additional funding is required to boost the availability of referral pathways and information sharing. A one stop shop of information and resources also creates an enabling environment as has occurred in other jurisdictions. For example, in Queensland a departmental child protection officer is out-posted to the NGO service provider and can advise on reporting as well as collating information from other government agencies. This has proved very successful.

Child protection is everyone's responsibility and services need to be empowered to respond. However, ultimate statutory responsibility should nonetheless rest with the government. Someone has to hold the whole picture and keep track of all concerns rather than different providers holding different parts of the jigsaw.

Further, with a universal approach to engagement, well-trained staff are able to identify further needs and link to targeted supports. Staff need training to have conversations with families that are not alienating and the sector needs to be unified in our approach to risk and responsibility.

#### **Youthbeat – Perth WA**

The Mission Australia Youthbeat program is a youth homelessness service that offers safety and early intervention programs, supporting young people experiencing homelessness or facing challenges on the streets of the Perth CBD. This comprehensive program provides mobile outreach to young people in the Northbridge and inner city areas, as well as case management, including informal counselling and goal setting.

A key feature of the Youthbeat model is the follow-up support offered to young people and their families. Youthbeat assists young people to identify and achieve outcomes based on challenges including homelessness, financial issues, mental health, AOD use, harm minimisation and social connectedness.

The Department for Child Protection and Family Support (DCPFS) Crisis Care Unit (CCU), WA Police, Nyoongar Outreach Services and Youthbeat collaboratively work together in the Youth at Risk Strategy (YARS). YARS is operational each Friday and Saturday night from 9.00pm through 5.00am where the YouthBeat Outreach Team identify young people at risk and liaise with the WA Police who bring them through the Youthbeat facility, where the agencies work together to provide service support and secure safe accommodation. Youthbeat is funded by the Western Australian Primary Health Alliance and the DCPFS.

### **3.6 A monitoring and outcomes framework**

Greater coordination across government departments with regards to the outcomes measured and the data required would improve outcomes monitoring. This includes coordination with outcomes measurement at the Commonwealth level such as Specialist Homelessness Services (SHS) data.

Data reporting and the technological resources required should also be factored into funding contracts. To further build capacity across the sector there needs to be an investment in training and the requisite time allowed to build skills in outcomes measurement.

Mission Australia is currently collecting outcomes data across our children and family services in NSW (including Brighter Futures) to support continuous improvement. We use the Personal Wellbeing Index which measures improvements in wellbeing across seven key domains.

In measuring impact across our children and family services we have found statistically significant improvements from entry to exit in all wellbeing domains. Over 1 in 4 (27%) of people entering MA's Children & Family services enter with very low wellbeing where there is a strong likelihood of depression and a critical need for supportive services.

Through driver analysis we have discovered that focusing on the domain of Standard of Living and Achieving in Life is most likely to help improve overall client wellbeing for Children & Family services, followed by attention to Personal Health. Mission Australia would be happy to provide further information on our Impact Measurement systems and analysis to the NSW government to inform system redesign.

We also support further longitudinal analysis to build evidence of what works. Currently the 'right dose' and regularity of intervention to effectively support vulnerable families is unclear. Clients' voice needs to be central to any monitoring and outcomes framework.

### **3.7 Aboriginal collaborative partnerships and community controlled services**

The over-representation of Aboriginal children in out of home care needs to be urgently addressed. There have been repeated calls for Aboriginal and Torres Strait Islander people, communities and organisations to lead the required changes to the child protection system. This is the essential paradigm shift required for closing the gap in outcomes and re-setting the relationship between Aboriginal and Torres Strait Islander and non-Aboriginal or Torres Strait Islander Australians.

Mission Australia supports Absec's calls for a strong and sustainable Aboriginal child and family sector and investment in responsive Aboriginal-led supports for Aboriginal children and families. Targeted investment in Aboriginal-led solutions and supports will achieve better outcomes for Aboriginal children and families, and be delivered in a culturally embedded and sensitive way that ensures outcomes are sustained.<sup>4</sup>

Mission Australia is a signatory to the 'Principles for a Partnership-centred Approach' developed by the Australian Council of Social Services. These Principles are designed to guide the development of a partnership-centred approach between Aboriginal and Torres Strait Islander and mainstream NGOs in tendering for program funds and engaging in the delivery of services or development initiatives in Aboriginal and Torres Strait Islander Communities.

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<sup>4</sup> [https://www.absec.org.au/images/downloads/NSW-Election-Platforms-AbSec-May-2018\\_final.pdf](https://www.absec.org.au/images/downloads/NSW-Election-Platforms-AbSec-May-2018_final.pdf)

### **3.8 Awareness and capability development**

Further education and training is required to build the capacity to respond to vulnerable children and families. Training is required to assist workers to stay involved after mandatory reporting and to engage with the important work of outcomes measurement.

## **Part 4: System wide enablers**

The recent NSW machinery of government changes that bring together justice with family and community services presents greater opportunities for synergy and improved outcomes across the system. It is hoped that this will help overcome siloed approaches to vulnerable children and young people who tend to have contact across multiple service systems.

System-wide change is an ambitious and necessary undertaking. A change management approach will be required that ensures widespread awareness and buy-in to the proposed reform. The change also has to be appropriately paced so as not to have negative unintended consequences. If changes are rushed and the system is not properly understood there is a real risk of service gaps and change resistance.

There are also significant opportunities to enhance human service provision through reform of pre-procurement stages, notably the commissioning stage and enhancing system integration. Governments are slowly exploring new ways to develop relationships with non-government organisations to articulate and achieve human service outcomes and increased individual and community wellbeing. Strategic commissioning approaches can advance service users' agency in service design and delivery, in particular through co-design and/or co-production to enable user voice to be reflected in need identification, outcome articulation and service design.

Currently, procurement and contracting practices are hampering realisation of our aspirations to better engage users in service design. For example, the short lead times between contract awarding and service start up imposed by government funders prevent user involvement or consultation in the detailed design phase; in comparison, philanthropic funders are often more willing to create time for this, leading to better design and outcomes. Acquittal based funding mechanisms can give rise to unintended perverse outcomes and may not be the best use of public funds.

Strategic commissioning approaches can achieve a strong focus on specification of measurable outcomes, development of performance regimes and measurement and evaluation. They can also enable greater ability of service providers to tailor service delivery to individual users' specific circumstances, needs and aspirations. In Mission Australia's experience, inflexible contracting is often a barrier to effective responses to users, while greater contractual ability to individualise responses produces better outcomes.