

Working with Families Initiative

Department of Human Services
Barwon-South Western Region

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1 Introduction

1.1 Background

The overall context for any redevelopment of Family Services is described in A Strategic Framework for Family Services¹. The framework outlines the key directions for Family Services for the next five years as follows:

- a well integrated service that is able to meet the individual needs of children/youth and their families
- a focus on the development of partnerships and service networks
- a focus on developmental models of intervention
- emphasising child/youth centred and family focused approaches to working with families
- identifying risks and strengths across a range of domains and working to build resilience
- providing services to vulnerable children/youth and families with complex needs
- recognising that some children and families will require ongoing support.

This context is complemented by the proposals for future directions for the child protection system outlined in the final report of the Protecting Children: The Child Protection Outcomes Project.² This report highlights the fact that family service systems provide children and families easier access to a wider range of services and assistance than child protection systems.

In 2002 the Department of Human Services released a new strategy for child protection and placement Services.³ The report supported a less prescriptive approach to child protection and placement based on more discriminating assessment of the needs of families, with the capacity to match needs with appropriate services. Importantly this approach requires linkages between services in a continuum approach to service system design.

The Protecting Children: The Child Protection Outcomes Project report outlines directions for reform in Victoria and proposes a new model for child protection, with four key elements:

- a community partnership for the protection of children
- a new model for intake, assessment and referral
- a range of service responses that are appropriate for the wide variety of child protection concerns, problems and circumstances presented by families
- a focus on reducing out of home care.

¹ Department of Human Services (2002a) *A Strategic Framework for Family Services*.

² Allen Consulting (2003) *Protecting Children: The Child Protection Outcomes Project*.

³ Department of Human Services (2002b) *An Integrated Strategy for Child Protection and Placement Services*.

The report also outlines the future directions for identification of those children/young people and families who require a service from child protection and those who would be better serviced through a Family Services agency. It is proposed that an integrated child protection and family support service would have responsibility for intake and initial assessment.

Following the release of this Protecting Children report, a Panel⁴ was established to undertake consultation on the broad directions it contains. The panel found that the most effective response to support vulnerable families and protect children from harm involves an integrated, unified, broad-based system of services which aims to promote child well being and protect children.

In August 2004 the Victorian government released a report⁵ outlining options for comprehensive reform of Victoria's child protection and family support services. This report was released during the course of the current regional initiative.

The proposed options for reform emphasise shared responsibility for the protection and wellbeing of children with emphasis on the importance of community based responses and reducing the number of children entering the protective system. The review proposes a number of significant reforms that have relevance to this project. These include:

- a review of relevant legislation to ensure that service responses are child centred and family focused
- improving the strategic management of the service system through coordinated planning and development
- a focus on earlier intervention and prevention including establishing more visible and effective intake points for access to services.

More recently the release of the Premier's Children's Advisory Committee's Report to the Premier⁶ - Joining the Dots, proposes further significant reform to early years services in Victoria. The report identified six critical principles for the future development of early years services. These include:

- the promotion of a robust universal platform of support for all children
- additional resources for at risk children and communities provided within a universal framework
- a focus on achieving clearly identified outcomes for children in the context of a whole-of-government policy and approach
- greater integration of services, including where appropriate collocation of services, delivered within a coordinated system-wide and multidisciplinary approach to service planning and development
- mechanisms to ensure continual program evaluation and importantly to ensure that service approaches are based on evidence rather than history
- services should be developed that are responsive to local needs and diversity; promote community collaboration with significant local input into planning, delivery and development.

⁴ Department of Human Services (2004) The report of the Panel to oversee the Consultation on Protecting Children: *The Child Protection Outcomes Project*.

⁵ Department of Human Services (2004) *Protecting Children: ten priorities for children's wellbeing and safety in Victoria, Technical options paper*, Community Care Division, Victorian Government, Department of Human Services, Melbourne.

⁶ Premier's Children's Advisory Committee (2004) *A new Vision for Victoria's Children Premier's Children's Advisory Committee's Report to the Premier - Joining the Dots*.

The directions discussed in the above section point to significant changes for services to children and families in Victoria over the next decade. Not the least of these is the focus upon stronger service system integration, earlier identification and improved intake processes and the continued development of evidenced based services for vulnerable children and families.

The Barwon-South Western Region covers a large area from the Bellarine Peninsula to the South Australian border and includes the local government areas of City of Greater Geelong, Borough of Queenscliff, Surfcoast Shire, Warrnambool City Council and the Shires of Colac Otway, Moyne, Corangamite, Glenelg and Southern Grampians. The major population centre is Geelong with smaller centres in Warrnambool, Colac, Camperdown, Hamilton and Portland.

The family support services funded by the Department of Human Services in the Region are delivered through seven non-government organisations. These are Glastonbury Child and Family Services, Bethany Community Support, Barwon Family Resource Centre, and Diversitat (formerly Geelong Ethnic Communities Council), all located in Geelong; Bellarine Peninsula Community Health Service located in the Borough of Queenscliff; Colac Area Health Service in Colac; and Community Connections located in Warrnambool.

Included in the region's Family Support Program is the Innovation Project funding that was allocated in 2002 to implement the Family Support Innovation Project (previously Supporting Vulnerable Families Initiative) within the City of Greater Geelong municipality. Bethany Community Support, Barwon Youth Accommodation Services and the City of Greater Geelong – Community Child Health Unit are the three providers working with the department to deliver this project. Two further rounds of innovations funding were announced during the course of the initiative in the Colac and Southwest areas. These projects are not included in this report.

The agencies deliver a range of services including, information and referral, family counselling, case management, and in-home support services. Each agency has developed a model of service that reflects their size, range of services and philosophy. The table below provides detail of agency funding and service targets and includes casework and information and advice targets.

Table 1. Family Services agency funding 2004- 2005 – DATA REMOVED THIS VERSION

Agency	Total	Targets
Glastonbury Child & Family Services		
Bethany Community Support		
Bellarine Peninsula Community Health		
Barwon Family Resource Centre		
Diversitat (formerly GECC)		
Colac Area Health		
Community Connections		
City of Greater Geelong		
Barwon Youth Accommodation Service		
Total	\$3,044,632	1595

1.2 Purpose of the Review

The objective of the Working with Families Initiative is to support the integration of Family Services, the Innovation Project, Families First and the Intensive Home Based Intervention programs in the Barwon-South Western Region, regionally or sub regionally depending on where these program components are located.

1.3 Specified outcomes

The outcomes specified for the initiative are as follows:

- to recommend models for the configuration of a continuum of family support within each catchment
- to propose options for the development of a single (or sub regional) coordinated intake and referral process for the Family Services system, that are inclusive of links with other key service providers and sectors where specialist referrals are required, eg mental health, family violence, drug and alcohol providers
- to identify the key characteristics that may be used to inform the prioritisation of service delivery within a coordinated intake mode
- to highlight potential barriers to the development of a more integrated system, which interacts with other sectors (this may include consideration of the effectiveness and sustainability of existing networks in each catchment).

2 Methodology

The methodology for the project involved five key elements:

- examining the research literature and relevant policy context
- scoping of the services and client groups across the seven Family Services agencies
- scoping of service system strengths and weaknesses
- developing models for optimal service system configuration
- developing a preferred option for coordinated intake in each area.

The initiative adopted a highly collaborative approach with the seven family service agencies in the region.

2.1 Literature Search

A literature search was undertaken on key documents identified by the department and the Family Services Network (See Appendix 2). The literature search focused on;

- service models that are most effective for vulnerable families including the level and nature of service user participation;
- the nature, structure and effectiveness of coordinated referral and intake mechanisms and any issues associated with their development and introduction; and
- service system structure including system leadership and governance, partnering and the nature of relationships between service providers.

Notes of the literature search are found at Appendix 2.

2.2 Policy Context

A number of broader government policy and directions were examined to establish the broader policy context for the initiative and to identify significant developments that may have relevance to future service system development in the region. These included:

- Growing Victoria Together - Victorian Government, 2001
- Partnership Strategy - Department of Human Services, 2002
- Protecting children: ten priorities for children's wellbeing and safety -Technical options paper, Department of Human Services, August 2004.
- Premier's Children's Advisory Committee (2004) A new Vision for Victoria's Children Premier's Children's Advisory Committee's Report to the Premier - Joining the Dots.

2.3 Agency Scoping

A data collection proforma was developed and circulated to each of the seven agencies. This was followed by an individual interview with each agency to collect and clarify data relevant to the initiative. The agency data collection focused on:

- service delivery capacity
- the needs profile of the client group
- demand and demand management
- views on service system strengths and weaknesses.

2.4 Interim Analysis

Following the agency scoping exercise an interim analysis of the data was conducted and summarised in the form of an Issues Paper. The paper was circulated to the Family Services agencies as background for the next stages of the project.

2.5 Service System Scoping

A service system forum was conducted involving each of the Family Services agencies in the region to:

- identify key strengths and weaknesses in the current region wide service configuration
- identify characteristics of an optimal service system configuration that would be applicable across the sub regions
- identify the opportunities and barriers associated with the transition from the current configuration to the optimal service system configuration
- identify key structural, operational and service sector interface characteristics of a coordinated intake and referral process with applicability for each of the sub regions
- identify the opportunities and barriers associated with the transition from the current intake and referral process to a coordinated process.

2.6 Developing Options for Coordinated Intake

A series of forums were conducted to examine the development and establishment of coordinated intake and referral processes for the region. The first of these forums focused on:

- exploring options for common approaches to screening and needs/ risk assessment
- designing an effective coordinated intake and referral process including:
 - region wide characteristics
 - sub regional requirements
 - structure and function
 - opportunities and barriers for change
 - linkages to other service sectors.

2.7 Developing sub regional coordinated intake options.

Forums were then conducted in each of the three sub regions to determine the preferred options for establishment of Coordinated Intake in each of the sub regions.

2.8 Limitations of the data

The agencies in the project were using one of two systems for the collection and reporting of program data to the Department of Human Services. Some agencies were using the paper based Community Care Division Family Services Program Data Collection Form and other agencies were using the electronic IRIS data collection system. Some agencies were in the early stages of transition from the paper to the IRIS system.

The project attempted to collect a common data set however there are several limitations to the data that should be noted:

- issues of transition between data systems meant that not all agencies were able to provide comprehensive data on all fields requested
- it was not possible to generate detailed individual agency data from IRIS at this stage in the implementation of the *IRIS* system
- not all agencies normally collected and reported on some of the data fields requested in the project
- there was some variation between the agencies in relation to the definitions of the target group and how client characteristics, needs and presenting issues were defined and recorded.

Issues of standardisation of data collection will be addressed in part with the continued rollout of the IRIS system. The report also identifies a number of mechanisms for future data collection and utilisation across the service system - discussed later in the report.

3 Findings

Agency Scoping

3.1 Demand management

Most agencies reported that the demand for Family Services is increasing in the region. This is consistent with trends noted across Victoria. The number of clients reported waiting for services (n= 102)⁷ is approximately 9 % of total casework target capacity (n = 1136). A significant percentage of the waiting list compromises clients waiting for counselling services from smaller programs

Service demand is managed differently by each agency dependent upon factors such as program focus, size and program auspice. In general the larger programs have more structured demand management processes, which include a component of family contact and interim service provision.

Demand management strategies used by the Family Services agencies include:

- Not keeping a waiting list - referrers are notified of the service capacity status at referral or as vacancies become available. Clients are referred to other services if appropriate.
- Agencies keep a waiting list for services and may provide minimal contact/monitoring of clients on the waiting list. Waiting lists may be closed at designated points eg when the estimated waiting time for access reaches a certain timeframe. Clients are referred to other services if appropriate.
- The agency keeps a waiting list and conducts an initial screening (face to face). Service access is based on the level of need as assessed in the screening process. Some agencies utilise counselling students in this screening role. Clients are referred to other services if appropriate.
- Structured intake processes (including designated intake teams/workers) with the provision of interim support by phone or face-to-face. In many of these cases the interim support forms a service response. Clients are also referred to other services if appropriate.

The Family Services system generally endeavours to provide services as quickly as possible in response to the presenting need. Most agencies reported that they would give clients with urgent needs access as quickly as possible, typically by juggling the current case load/work.

Times from initial referral/enquiry to service intake ranged from one day to over three months with an average of under two weeks. Agencies with greater resources and more structured intake processes generally had shorter waiting times and greater capacity to provide short-term responses to clients needing a longer-term service response.

In general the Family Services system lacks a common approach to managing demand. Hence service access is in part dependent upon the type of intake systems operating in a given area. The data suggests that the use of more structured intake and assessment processes contributes to more effective demand management.

⁷ The average figure is used for agencies that reported a range for waiting list numbers – excludes 35 referrals pending processing at BPCHS at the time of survey.

Part of the demand for Family Services is hidden particularly amongst underrepresented groups such as people from CALD backgrounds.

Recommendation 1.

- *There would be benefit in moving towards a common approach to demand management to ensure that service access is consistent across the region.*

3.2 Changes in demand

Most agencies reported changes in the demand for services. In general agencies noted both an increased number of referrals and a wider range of referral sources. Although data on changes in service demand is largely anecdotal it is broadly consistent with that reported elsewhere in Victoria⁸.

The key changes in demand as reported by the agencies include:

- increasing number of referrals for clients with complex and multiple issues - in particular clients with mental health issues in combination with issues such as substance abuse and family violence
- increasing involvement of clients with Child Protection
- increasing number of single parent families
- increasing number of referrals from schools in relation to child and adolescent behaviour
- increasing number of parents with disabilities
- increasing range of referrers such as police, education system, Centrelink, medical practitioners, hospitals and disability services
- increasing referrals related to past abuse
- increasing number of self-referrals
- younger adolescents presenting for youth specific services.

Some agencies noted an increasing number of requests for secondary consultation and advice around risk and notification issues.

In addition to client characteristics service system issues are also impacting on demand patterns. Some demand shift has occurred related to refocussing of services. Both Barwon Family Resource Centre and to some extent Glastonbury reported an increase in demand following the introduction of the Innovations Project and the subsequent refocussing of Bethany's counselling services. Other agencies noted that service demand can be driven in part by the skills and interests of particular practitioners. In these cases the patterns of referral are influenced by the referrer's perception of the skills or interest area of particular practitioners. Some agencies noted that service demand was impacted by recent social and demographic changes in their catchment area. For example increasing property prices around the coast had, in part, altered demographic profiles of coastal areas. In some cases these trends were seen to exacerbate difficulties for families.

⁸ Department of Human Services, Eastern Metropolitan Region (2003) Family Service System Redevelopment Research Project.

Tightening of affordable housing has led to increased isolation for some families as they were forced to move further from population centres.

Some agencies noted that the settlement of relatively large numbers of refugees eg from Sudan into the Southwest region has the potential to impact on Family Services. It was thought that the service system was not fully equipped to manage any impact related to refugee settlement programs. Some seasonal variation in demand was noted with increased demand for services (most notably counselling) in the winter months and around Christmas.

Currently the Family Services system in the region lacks reliable information about service demand. In part this relates to the differing approaches to demand management used by the agencies and a differing focus in relation to target group definition and type of services provided.

Recommendation 2

- *There would be benefit in the region and the sub regions collating demand data over time to build a clearer picture of changing demand patterns in the region.*

Recommendation 3

- *There is scope to strengthen collaborative planning at the service system level to manage changing demand patterns and to manage the systemic impact of the introduction of new programs and funding*

Recommendation 4

- *Collaborative service system level planning should be undertaken to manage anticipated demand changes such as those that might result from the settlement of Sudanese families in the South Western region.*

Recommendation 5

- *Future resource allocation or reallocation of Family Services resources should incorporate known demographic information to ensure an appropriate distribution of resources to identified areas of need.*

3.3 Referral

Referral sources vary depending upon the type of service provided by the agency, the nature of the program and the position of the agency within the service system. The following table provides aggregated rankings (in terms of frequency) of the main referral sources for the seven agencies.

Table 2. Ranked referral sources across the seven Family Services agencies.

Referral Source	Rank
Self	1
Department of Human Services - primarily Protective Services	2
Education including primary and secondary schools and school support services	3
Health and Medical – including mental health, community health, general practitioners, and maternal and child health.	4
Other Community Service organisations including Family Services	5

Amongst the larger Family Services agencies self-referrals are the most common source of referral followed by other agencies. This is consistent with data reported elsewhere in Victoria⁹.

Family services programs located within larger agencies such as Community Health Services tend to receive a higher percentage of internal referrals from other community health/ community programs. Many agencies reported an increase in the number of referrals from child protection, mental health services and schools and an increase in the number of cases with multiple presenting issues.

Some agencies reported that the referring agencies do not always understand the scope and range of Family Services. A number of agencies reported that some referring agencies are also not clear about notification thresholds relating to protective services.

Recommendation 6

- *There would be benefit in the development of a systematic information and education strategy in each of the sub regions targeted at referring agencies and other professions in; understanding the scope and focus of Family Services; and risk identification and notification processes for protective services.*

3.4 Intake and assessment

Intake processes vary widely across the seven agencies in the initiative. This in part reflects the scope, focus and location of each agency. Both informal and formal approaches are used for intake and assessment. There are also differing definitions about what constitutes initial assessment and screening.

More informal approaches to intake tend to be used by the smaller agencies and more structured processes used by the larger agencies. The differences in approach to intake predominately relate to agency size, capacity and the scope of the services provided. The intake mechanisms for Family Services programs located in larger agencies are generally integrated with the broader agency intake process.

The current intake and assessment processes could broadly be described in three levels.

Level 1- Individual practitioner

Informal approaches that centre on the use of individual professional judgement and practice knowledge applied to the information provided by the referrer and or client. The decision to accept the client and determine level of priority is generally made at the individual practitioner level. The decision may rely solely on the information provided by the referrer or involve some phone or face-to-face contact with the client.

Level 2 - Informal team-based approach

Informal approaches that involve the use of individual professional judgement and practice knowledge applied to the information provided by the referrer and or contact with the client (either phone or face-to-face). Entry in to the service and allocation of support staff is made at a team level based on a case discussion. Further assessment of client need may occur once staff have been allocated to the case.

⁹ Department of Human Services, Eastern Metropolitan Region (2003) Family Service System Redevelopment Research Project.

Level 3 - Designated intake team

More formalised intake processes are generally used by the larger agencies. These approaches are more complex and are characterised by:

- designated intake and assessment teams
- formal needs/risk assessment processes
- team based case discussion and allocation of support staff
- initial ongoing assessment process that may be conducted over several weeks and involve a reasonably high degree of client contact
- provision of short-term contact/services to clients in the initial intake assessment phase and waiting access to longer-term services
- referral on to longer-term services usually within the agency.

The length and breadth of the assessment processes in this category varies. Some agencies undertake activities in this category that could be considered to constitute a service response. In some of these cases clients may not proceed to a long-term service. The variation in practice generally highlights the differences in approaches used for intake and needs assessment across the region.

Recommendation 7

- *There would be benefit in developing a shared tool for the collection of client referral data across the Family Services system.*

Recommendation 8

- *Given the scale and impetus of the Primary Care Partnership (PCP) initiative, and that more clients are often involved in multiple service systems, there may be longer-term systemic advantages on basing this tool upon the PCP Initial Needs Identification Tool.*

3.5 Assessment focus

Difference in assessment focus was reported amongst the agencies both within Family Services and with referring agencies. Some agencies reported a lack of understanding by referring agents of contemporary approaches to assessment and the provision of support services. Need and risk identification processes vary widely and are in part influenced by factors such as individual practitioner experience/ interest, agency focus, orientation and philosophy.

There is anecdotal evidence that risk identification is not well understood by some referring sectors/ professionals in relation to Child Protection notification. Some agencies report an increased number of requests for advice from other sectors around notification thresholds and processes.

Recommendation 9

- *There would be benefit in developing a common needs/risk assessment framework that could be applied across Family Services in the region to optimise service targeting and access.*

Recommendation 10

- *There would be benefit in the development of a coordinated training strategy for Family Services agencies about contemporary ecological approaches to assessment and support for vulnerable families. There would also be benefit in providing similar training to referrers for example medical practitioners, maternal child health services and schools.*

3.6 Service access

The table below provides aggregated data of the percentage of current agency clients in the following sub groups.

Table 3. Participation by client sub groups

Category	Average percentage
NESB	>1%
Aboriginal or Torres Straight Island background	>3%
Clients requiring interpreter services	>1%
Clients involved with protective services	37%
Clients involved with juvenile justice services	3%
Clients on income support	80%
Clients with disabilities	30%

A number of barriers to service access were noted by the agencies.

Culturally responsive services

The data indicates that clients from CALD backgrounds are under represented across Family Services client group. Although the region as a whole has a relatively low percentage of persons from a CALD background, participation rates for this group in Family Services are low. This is consistent with trends reported elsewhere in the state¹⁰.

The current resource allocation to CALD specific services through Diversitat is modest - \$22,165. This amount is clearly not sufficient to provide CALD specific direct services in the sub region. A more effective strategy would be to divert this resource into strengthening the capacity of general Family Services to support clients from CALD backgrounds.

There is scope to develop an integrated strategy across the region to enhance the responsiveness of Family Services to persons from CALD backgrounds. This might include the development of new service models that are more culturally appropriate and systematic training across the sector to assist services cater for the needs of CALD groups.

¹⁰ Department of Human Services (2004) *Protecting Children: ten priorities for children's wellbeing and safety in Victoria, Technical options paper*.

Recommendation 11

- *There would be benefit to the service system if the resources allocated to Diversitat (formerly GECC) were applied to service system resourcing. This could include advocacy and training activities designed to increase the capacity of family service agencies to directly support clients from CALD backgrounds.*

Recommendation 12

- *All family service agencies should be required to develop a CALD responsiveness strategy. This requirement should be included in the Funding and Service Agreement with the Department of Human Services.*

Transport

Transport was noted as a significant barrier to access in many of the rural areas including the Bellarine Peninsula. Anecdotally the recent increase in property prices in areas such as the Bellarine Peninsula, Warrnambool and to some degree Colac are pushing people on lower incomes further from population centres. The lack of public transport and other infrastructure increases the difficulty some people experience in accessing information and services. Most of the larger services provide an outreach component with some capacity to visit clients in their own homes. Smaller services generally lack the capacity to provide an outreach component given the smaller funding and infrastructure base.

Recommendation 13

- *The issues of resource distribution and service location should be examined over time to ensure that service access is not impeded by uneven distribution of resources.*

3.7 Profile of the current client group

Most agencies noted an increase in the number and complexity of presenting issues. This is consistent with trends across Victoria¹¹. The table on the following page shows mean rankings of client presenting issues.

¹¹ Department of Human Services (2002a) *A Strategic Framework for Family Services*.

Table 4. Ranked Presenting Issues

Area	Mean rank ¹²	Rank
Access to services	7.8	11
Behaviour	3.9	3
Child protection involvement	5.5	6
Disability	8.5	12
Education and schooling	6.8	8
Family violence	4.7	5
Financial and household assistance	6.0	7
Mental Health	4.0	4
Housing	7.4	10
Isolation	6.8	8
Juvenile justice involvement	11.8	15
Parenting	2.6	2
Pregnancy	10.6	14
Relationship issues	1.8	1
Sexual assault	10.0	13
Substance abuse	7.1	9

The most common primary presenting issues in order of frequency are:

1. relationship Issues
2. parenting
3. child and adolescent behaviour
4. mental health
5. family violence.

3.8 Changes in presenting issues

All of the agencies in the initiative reported changes in the presenting issues of clients. Although much of the data is anecdotal a reasonably consistent picture is emerging regarding the changing profile across the region. Generally there was a noted increase in clients presenting with multiple and complex issues. This is consistent with data reported in the literature.¹³

Changes in the presenting issues included:

- greater proportion of clients with mental health issues in combination with other issues such as substance abuse and family violence
- greater proportion of clients with intergenerational poverty and abuse
- increase of clients with mental health issues including; depression, anxiety and postnatal depression
- increase in clients with substance abuse issues.

¹² Only includes cases where agencies provided data on 5 categories or more.

¹³ Department of Human Services (2004) *Protecting Children: ten priorities for children's wellbeing and safety in Victoria, Technical options paper*.

- increase in clients with family violence issues
- increase in infants with drug withdrawal problems due to maternal drug use
- impact of earlier hospital discharge with more vulnerable infants
- increase in single parent households in particular single mothers
- increase in issues/difficulties managing child and adolescent behaviour
- greater proportion of clients with a history of violence and substance abuse
- increase in the number of clients seeking assistance in relation to past childhood abuse
- greater proportion of clients where the parent/s have an intellectual disability.

In general there is a need for the services to be involved for longer and for more complex interventions to be applied. This includes involvement of other services such as Child Protection and health services.

Many agencies noted that where clients were involved with multiple agencies/ services case management was problematic. Issues related to case management included lack of clarity about which agencies had responsibility for case management. In some cases multiple case planning/ coordination mechanisms were reported to be in place.

Recommendation 14

- *The Family Services system, in conjunction with other relevant sectors such as mental health, should develop a case management protocol for the effective management and coordination of complex cases.*

3.9 Service capacity

At a regional level Family Services meet or exceed regional targets. Some agencies provide a significant level of other resources into family service activities, which adds value to the total Family Services resource base. These resources have been excluded from the data in this project. The table below shows the regional spread of targets across funding levels (where funding levels were applicable to the original service models) and the State benchmark

Table 5. Funding level distribution and state benchmarks

Regional spread of funding level targets	State benchmark for funding level targets
Level 1 50%	Level 1 18%
Level 2 31%	Level 2 45%
Level 3 19%	Level 3 37%

The anecdotal data suggests that the level of correlation between funding level targets (where specified) and actual service delivery to clients may not be high. This may relate to; differing interpretations of the descriptors for target levels; and the partially arbitrary nature of establishing targets when negotiating funding and service agreements.

There is a lack of clarity around the use and application of “Program Funding”¹⁴ in the sector. Some agencies were unaware of the specification in their Funding and Service Agreement (and relevant DHS policies) in relation to program funding. However, most agencies were able to identify particular activities they undertake that may fall into this category (as defined in the Service Plan Implementation Guidelines¹⁵). Agencies generally do not separately identify this component in program budgets.

The process for establishing funding and service agreement targets, particularly funding level targets where applicable, does not appear to be well understood by the Family Services agencies.

Recommendation 15

- *Given new directions being consideration by the Victorian Government for family and protective services¹⁶ there is an argument to consider the joint application of “Program Funding” towards regional service system development initiatives. Application of this funding could include; developing coordinated intake and assessment processes; and system wide information and training strategies.*

¹⁴ A maximum of 3% of CSO funding is available for activities such as planning, network development, community building, research and evaluation. Application of this funding can be agreed at a Network level.

¹⁵ Department of Human Services (2003) *Family Services: Program and Service Plan Implementation Guidelines*, 2003/04.

¹⁶ Department of Human Services (2004) *Protecting children: ten priorities for children’s wellbeing and safety in Victoria*

Service System Scoping

A series of forums were conducted utilising the interim findings from the Issues Paper and literature search. The first forum involved general scoping of the service system - each of the seven Family Services agencies in the region were invited to participate.

The aims of the forum were to:

- identify key strengths and weaknesses in the current broader (region wide) service configuration
- identify characteristics of an optimal service system configuration that would be applicable across the sub regions
- identify the opportunities and barriers associated with the transition from the current configuration to the optimal service system configuration
- identify key structural, operational and service sector interface characteristics of a coordinated intake and referral process with applicability for each of the sub regions
- identify the opportunities and barriers associated with the transition from the current intake and referral process to a coordinated process.

3.10 Service system strengths, weaknesses and opportunities.

The table on the following page summarises current service system; strengths; weaknesses; opportunities and elements of an optimal services system; and barriers to change as identified at the service system forum.

Table 6. Identified strengths, weaknesses and opportunities for the current Family Services system.

STRENGTHS	WEAKNESSES	OPPORTUNITIES
<ul style="list-style-type: none"> ▪ A shared commitment and good will to review the current system. ▪ The current initiative will provide a clearer picture of regional service system and demand. ▪ There is an existing network in place that includes linkages to child protection. ▪ The existing network is a potential building block for future development. ▪ The increase in resources into the region through the Innovation project; <ul style="list-style-type: none"> – increases sector viability; – provides greater opportunity for system development; and – provides further resources for vulnerable families. ▪ The regional Department of Human Services provides staff to support the development of the sector. ▪ There are a relatively small number of service providers in the region so coordination is easier than in larger regions. ▪ Brokerage dollars in the Innovation project provides opportunities for more flexible service responses. ▪ There is capacity to break down the barriers of existing program / funding structures (due to differing pricing arrangements) and consider holistic approaches to service system resourcing. ▪ Value adding to the service system by agencies. 	<ul style="list-style-type: none"> ▪ There is a lack of clarity about regional sector leadership i.e. who is the “driver”. ▪ Sector governance structures are relatively weak. ▪ The service system is fragmented rather than integrated. ▪ There are relatively weak linkages between the Family Services sector and the broader service system. ▪ The level of integration of the Innovation project and the remaining Family Services could be improved. ▪ Weaker planning processes are in place for the whole Family Services system than is the case for the Innovation project. ▪ There is some evidence of drift of Family Services into areas of universal service responsibility. ▪ There is some lack of clarity about the scope of the role of Family Services. ▪ The region lacks of a clear view of the overall system including data on current service provision and demand. ▪ There is a lack of systematic demand planning. ▪ The lack of a service system approach inhibits the investment and engagement of other services eg Child Protection and the broader service system. ▪ There are differing understandings about the new approach to sharing responsibility for risk across the community, community agencies and government. 	<ul style="list-style-type: none"> ▪ To create a strong sector leadership and governance structures. ▪ To strengthen collaborative planning at the service system level to better meet current and changing demand. ▪ To influence universal services to better respond to client needs and understand the role and capacity of the family service system. ▪ To create a common approach to client needs identification and assessment. ▪ To create common and coordinated intake processes. ▪ To increase accessibility to underrepresented groups. ▪ To establish evaluation mechanisms and create a local evidence base.

Analysis of the strengths, weakness and opportunities confronting the Family Services system indicates a strong case for significant strengthening of regional service system governance.

The need for more integrated service systems is described in the research literature. For example Glisson and Hemelgarn (1998)¹⁷ undertook research that found outcomes for children are better where agencies have clearly defined structural arrangements between them to enable collaboration. They also found that where the collaboration resulted in an abdication of responsibility, outcomes for children were not improved.

Protecting Children: The Child Protection Outcomes Project¹⁸ discusses integrated governance as an aspect of community partnership. Integrated governance is described as the merging of service organisations, both government and non-government, into an integrated system that is managed as a system and held accountable for effective service provision in the context of local needs and conditions. Integrated governance arrangements permit, support and facilitate cooperation and collaboration among different agencies.

Integrated governance begins with a shared vision and purpose, the tasks to achieve them and development of the indicators for success. It may include protocols, common assessment frameworks, the pooling of funding and resources and co-located services. The report suggests integrated governance will be a future direction for services.

Recommendation 16

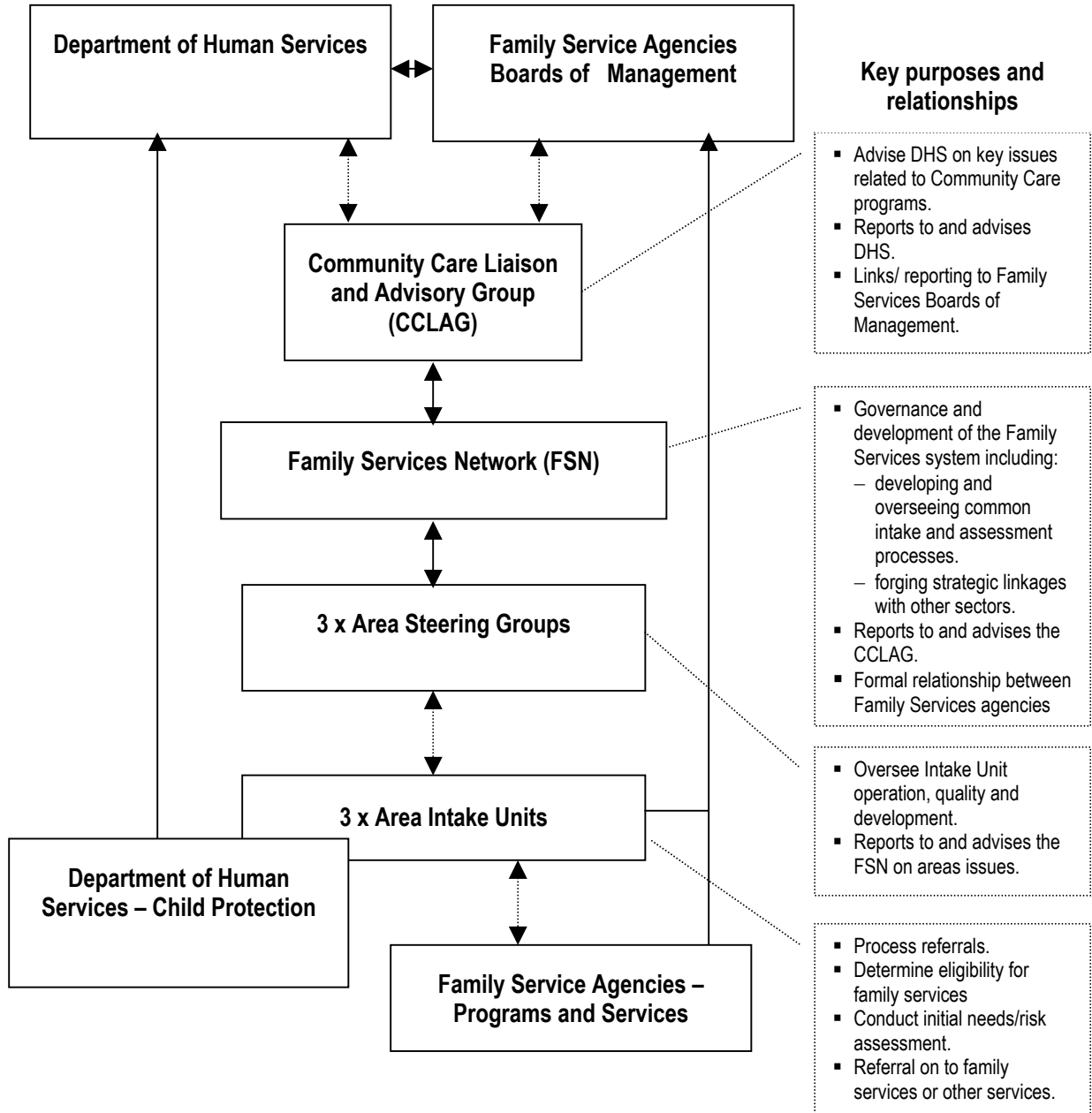
- *There is a need to create a stronger leadership and governance framework for the Family Services system to better strategically position the sector for future developments. The role of the current Family Services Network should be reviewed and enhanced in order to provide a more robust and influential mechanism to govern future service system development. This should include;*
 - *formalising the partnerships between Family Services through an instrument such as a Heads of Agreement or Memorandum of Understanding;*
 - *revising the Terms of Reference for the Family Services Network to ensure a mandate for the Family Services Network related to service system governance and development;*
 - *strengthening the reporting and linkage of the Family Services Network with the Community Care Liaison and Advisory Group;*
 - *strengthening practitioner level networks to support the services system development and share best practice; and*
 - *developing stronger and more formal partnerships with other service systems such as mental health, education, youth services, disability services, health and early years services.*

The following diagram outlines how regional governance might be structured for Family Services. Further discussion of this structure is found in Section 4 – Developing Coordinated Intake.

¹⁷ Glisson, C. and Hemelgarn, A. (1998) The effects of organisational climate and interorganisational coordination on the quality outcomes of children's services systems. *Child Abuse and Neglect*, 22 (5), pp 401-421.

¹⁸ Allen Consulting Group (2003) Protecting Children: The Child Protection Outcomes Project.

Diagram 2. Proposed Service system governance and system structures



Key

Reporting —————
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3.11 Defining the target group for Family Services.

Currently there is a lack of a shared understanding of the target group for Family Services. This is impeding the development of a more integrated continuum of service and places some limitations on the interpretation of current data. The Family Services Network recognises the need to establish a consistent definition of the target group for Family Services - this should be a priority for future work. The initiative identified a preliminary set of characteristics of the target group for Family Services as shown in the table below.

Table 7. Family services target group definitions

Included in the Family Services target group.	Not included in the Family Services target group.
<p>The most vulnerable families, that is:</p> <ul style="list-style-type: none">▪ families with complex and multiple issues▪ families where there is significant risk to children▪ families where there is generational abuse▪ families where parenting skills are significantly impaired due to factors such as mental health, drug and alcohol abuse▪ services targeted at identified geographical areas of high need.	<ul style="list-style-type: none">▪ Service responses that are the responsibility of other service systems both universal and specialist for example:<ul style="list-style-type: none">— school based issues— housing issues— disability issues▪ Service responses provided to individuals or couples without children.

Recommendation 17

- *The Family Services Network should define and develop a statement on the target group for Family Services that can be used as the basis for developing Coordinated Intake criteria and inform referring agents.*

3.12 Optimal Service system characteristics

The table on the following page provides a summary of optimal service system characteristics identified at the service system forum that would form the basis for a stronger family service system platform and potential barriers to change.

Table 8. Identified characteristics of an optimal Family Services service system.

Characteristics	Barriers to change
<ul style="list-style-type: none"> ▪ A shared vision for the Family Services sector including; <ul style="list-style-type: none"> – the outcomes that the service system is aiming to achieve; and – a common understanding/agreement of the client group for Family Services. – a common understanding/agreement of scope of Family Services. ▪ Strong sectoral governance/leadership including: <ul style="list-style-type: none"> – governance level commitment by agencies – collaborative planning and development – agreed roles and responsibilities of service providers – sharing of information and resources. ▪ Strong collaborative planning at the service system level with capacity to respond to regional and sub regional needs. ▪ Accessibility of services to all potential client groups. ▪ Practitioner level networks within Family Services and between Family Services and universal and specialist service providers such as Mental Health and Drug and Alcohol services. ▪ Agreed processes for sharing client information. ▪ Sound regional data collection and systematic use of data for planning and evaluation. ▪ Flexible service responses based on an ecological, non-linear, approaches to working with vulnerable families. ▪ Structured linkages with the universal service system including; <ul style="list-style-type: none"> – a systematic information strategy for universal services about the role and scope of Family Services; and – stronger engagement of universal services in the planning and development processes for the Family Services system. 	<ul style="list-style-type: none"> ▪ Some lack of clarity about sector leadership. ▪ The current partnership of Family Services agencies is relatively weak. ▪ Initially there was a lack of shared understanding of the way forward. However the initiative has contributed to developing a much clearer view in this regard. ▪ Agreed understanding/knowledge of what each agency is doing. ▪ Other sectors are not effectively engaged in collaborative service delivery and development. ▪ Agencies generally don't share individual agency plans. ▪ In the past the level of trust and cooperation in the sector has not been high.

Service response configuration

The initiative explored the characteristics of an optimal service system configuration based upon current and emerging policy context and by considering all former Family Services funding categories as a single funding pool.

The initiative also considered how to build the capacity of the service system to respond to a range of needs within the Family Services target group.

The table on the following page outlines a preferred service configuration and service system elements. The model involves two service levels; short term and long term intensive. The model also implies, that within the service system, there would be some degree of role designation amongst the Family Services agencies linked to agency size, capacity and location.

Table 9. Preferred service system configuration

Service systems development context	Suggested structure for Family Services - services responses	
	Short term	Longer term intensive
<ul style="list-style-type: none"> ▪ The region can now consider total funding in Family Services (including; Innovations, Family Services, Families First and the Intensive Home Based Intervention Program) as one bucket or a “Green Field”. ▪ Older models of services, for example Strengthening Families, are now redundant in terms of their funding and program structures. ▪ The Department of Human Services is purchasing services that are targeted at the most vulnerable families designed to: <ul style="list-style-type: none"> – divert notified families to community-based services – minimise re-notifications and progression into Child Protection – enhance family support capacity for families who may not become involved with Child Protection. ▪ There have been significant new resources into Family Services. Therefore there it is unlikely that there will be significant new resources applied to Child Protection in the future. ▪ Universal services are designed to provide universal service response to all clients with specialist services providing the additional support families may require. 	<ul style="list-style-type: none"> ▪ Targeted at vulnerable families with sufficient indicators of risk to warrant intervention by Family Services. ▪ These families may be new to the Family Services system or have received more intensive Family Services in the past. ▪ This service response would be short term – less than 10 hours in total per annum. ▪ The aim of the service response would be to prevent the family requiring more intensive Family Services responses and to maintain family situation at appropriate levels. This may involve: <ul style="list-style-type: none"> – assessment – short sessions of support – referral on to other services – monitoring. 	<ul style="list-style-type: none"> ▪ Targeted at very vulnerable families with significant indicators of risk present. ▪ This service response would be more intensive and longer term. ▪ Components/features of this service response might include: <ul style="list-style-type: none"> – practical in home support – assertive outreach – case Coordination – flexible use of brokerage funding – advocacy/linkage with access to other services – therapy – monitoring risk and safety planning – mediation – counselling and casework support – family conferencing – group work – specialist consultation.

Recommendation 18

- *Service responses for Family Services should be structured into two levels;¹⁹*
 - *short term responses of less than 10 hours per annum targeted at vulnerable families with sufficient indicators of risk to warrant intervention by Family Service; and*
 - *longer term Intensive responses targeted at very vulnerable families with significant indicators of risk.*

Recommendation 19

- *Role designation should be incorporated into service system planning and development for Family Services. At present the smaller agencies/ programs such as the Barwon Family Resource Centre and Bellerine Peninsula Community Health Service should focus on the provision of short-term service responses. Larger agencies could provide both short and longer-term responses.*

Recommendation 20

- *Role designation should be reviewed over time to ensure that the optimal match is maintained between agency resource/capacity and client need.*

¹⁹ Refer to Table 9 for details.

4 Developing Coordinated Intake

A series of forums were conducted to consider the development of Coordinated Intake in the region. A joint forum was conducted to identify the core elements of a preferred Coordinated Intake model. Sub regional forums were then held to consider the sub regional application of the model and the development of sub regional coordinated intake systems.

It should be noted that the project considered the establishment of a single coordinated intake function for the whole region. This option was not considered viable given the size and diversity of the region and sub regions.

4.1 Region wide elements of Coordinated Intake

The characteristics of Coordinated Intake including; data and information requirements; screening processes; and quality assurance issues were identified and are summarised in the table on the following page.

A preferred model for Coordinated Intake was then developed for application across the region.

The preferred model for Coordinated Intake features:

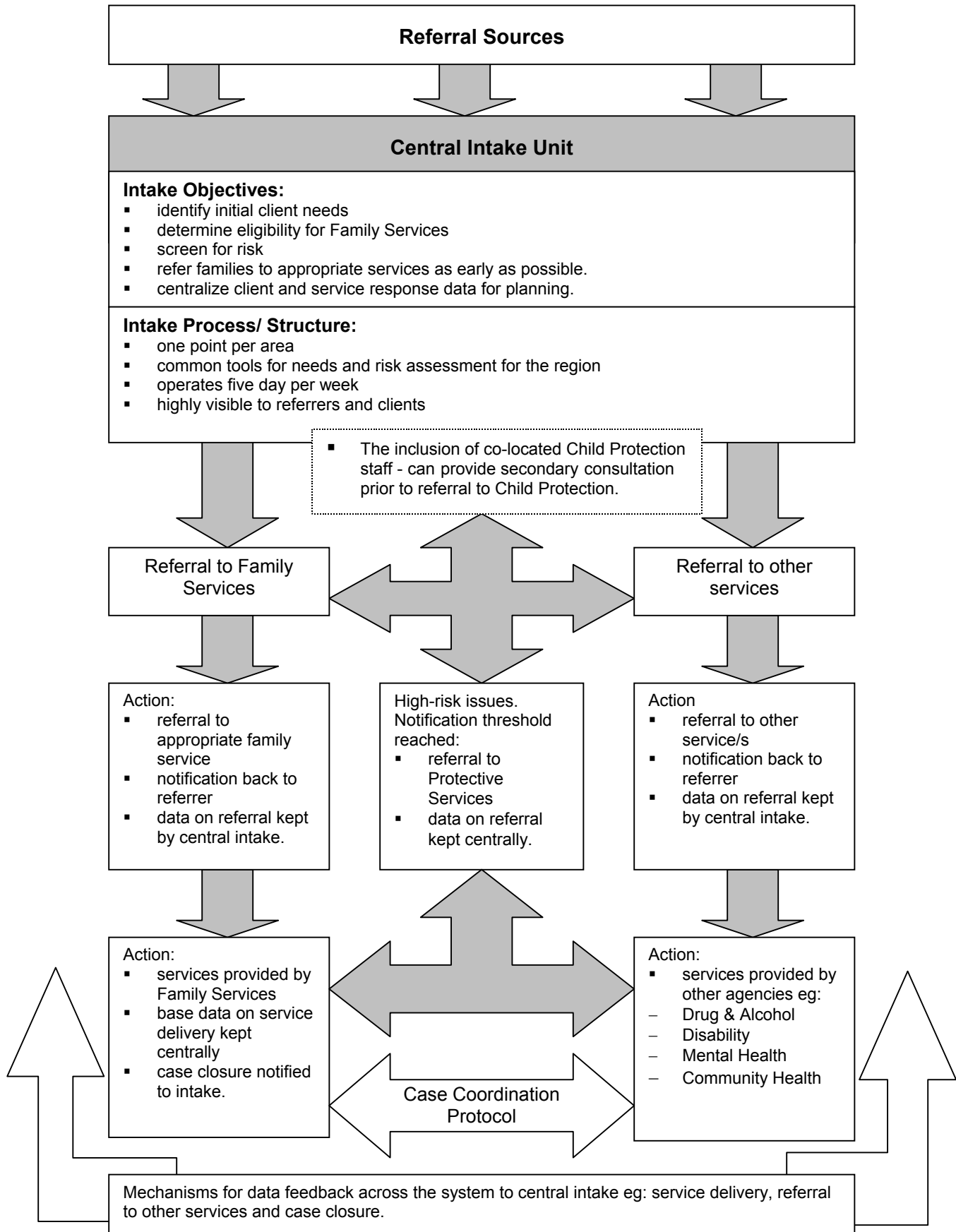
- the development of robust service system governance structures
- the development of common intake and initial needs identification/ assessment tools
- common approaches to data collection - with capacity to collect area and region wide data sets
- the development of a communication strategy including common information for referrers about the intake process - tailored to each area
- establishment of a single “Intake Unit” in each area physically located at one of the family service agencies in the area (these units would be highly “visible” to referrers units and open business hours all year round)
- processing of all referrals for general Family Services across each area through the Intake Unit excepting for identified specialist programs.

The framework for the preferred model for Coordinated Intake is represented in Diagram 1.

Table 10. Characteristics of Coordinated Intake

Data and information requirements	Type and depth of screening	Quality assurance
<ul style="list-style-type: none"> ▪ Broad statistical data would be collected at the central intake point and used for service system planning. ▪ A level of individual data would be required to track service usage and access. ▪ The data protocols would need to be consistent with current privacy legislation and policy. ▪ A modified version of the PCP Initial Needs Identification Tool would ultimately allow for connectivity with IRIS and streamline data integration across the system. ▪ Any relationships between the client referred to intake and other services would be identified and described at intake. ▪ Any case management arrangements that were already in place would also be identified. ▪ Service providers would feedback data to the intake unit post referral, for example data on; <ul style="list-style-type: none"> – services provided; and – case closure information. 	<ul style="list-style-type: none"> ▪ Coordinated intake would: <ul style="list-style-type: none"> – determine eligibility – identifying initial needs – screening for risk – consult with the co-located Child Protection worker were required. ▪ The primary objective would be to determine eligibility or otherwise for Family Services and refer on the most appropriate services. ▪ The process should also yield a measure of the level of urgency for the provision of Family Services. ▪ The initial screening process would need to be sophisticated enough to provide a high degree of confidence that the correct decision is made regarding eligibility and referral on. ▪ A “Common Screening Tool” should be developed for this purpose and used by the whole region. ▪ A consistent training program for use of the tool would be established for the region as a whole. ▪ The screening process might involve phone or face-to-face contact depending upon the presenting issues. ▪ The central intake point would not conduct detailed client needs assessment. ▪ Detailed needs assessments would be conducted by the Family Services agency and or other agencies once the client has entered the service system. 	<ul style="list-style-type: none"> ▪ A protocol would be established to ensure that all referrals to the Family Services system would be channelled through the central intake point. ▪ Information about the process would be developed and disseminated to all potential referrers. ▪ Agencies would agree to direct self-referrals through this process at initial enquiry to the agency. ▪ Intake staff would need to be skilled and trained for the for the task including: <ul style="list-style-type: none"> – appropriate qualifications – significant practice experience – area service system knowledge – training in the consistent application of the Common Screening Tool. ▪ Benchmark timeframes from initial intake to referral to a service provider would be established. This would ensure that all clients are referred to the most appropriate service as early as possible.

Diagram 1. Proposed Model for Coordinated Intake - Structure and Function



4.2 Preferred area options for Coordinated Intake

Three forums were held in Geelong, Colac and Warrnambool to define the optimal structures for Coordinated Intake in the three areas based on the overall structure and function identified in the proceeding stages of the project. Structural and options were then developed for each of the areas based on the preferred model for Coordinated Intake.

4.3 Management of area Intake Units

The units should be developed and managed by the Family Services agencies in each area. The model hinges upon the development of a strong partnership between the agencies involving a sharing of the benefits, responsibility and accountability.

It is envisaged that the partnership/s would involve:

1. A formal governance level commitment and agreement, such as a Memorandum of Understanding (MoA) or Heads of Agreement (HoA), between the Family Services agencies in the region. (See recommendation 17) This agreement would:
 - support service system governance of Family Services system in the region
 - support the development of common Coordinated Intake processes across the region
 - facilitate the joint development and operation of the Intake Unit in each area.
2. The establishment and maintenance of a “Steering Group” for the Intake Unit in each area with responsibility to:
 - develop and oversee operational policy
 - establish and monitor quality
 - handle service system level grievances relating to referral and intake
 - develop and implement a communication strategy for referrers
 - inform individual agency governance bodies of activities and developments.

4.4 Structure of area intake units

Barwon

The Barwon Intake Unit should be located at either Bethany or Glastonbury by negotiation between these agencies. The Intake Unit would accept and process all referrals for general Family Services across the area excepting for services provided by the CoGG Innovations - Enhanced Maternal Child Health Program where intake and service responses are currently integrated within the Maternal Child Health Program.

There are two options for staffing the Barwon unit;

- all staff are employed by the “host” agency with a corresponding financial contribution from the other agencies on an agreed basis; or
- the collocation or co-option of staff to the Intake Unit but where staff remain employed by individual Family Services agencies.

Staffing arrangements should be negotiated between the agencies but should provide for the greatest degree of continuity in order that the unit operates on a full time basis 52 weeks per year.

Based on current referral data it is estimated that the Geelong Intake Unit would require approximately 2 EFT staff.

Colac

The Intake Unit for the Colac area should be located at Colac Area Health. The Intake Unit would accept and process all referrals for general Family Services across the area.

The unit would be an enhancement of the current Colac Area Health intake process supported through additional capacity from the recent innovation funding round.

The unit would require sufficient staffing allocation to operate viably full time 5 days per week.

South-west

The Intake Unit for the southwest area should be located at Community Connections.

The intake unit would accept and process all referrals for general Family Services across the area. The unit would be an enhancement of the current Community Connections intake process supported through additional capacity from the recent innovation funding round.

The unit could: utilize the existing Community Connections 1300 number; or develop a new number for Family Services intake in the area. The recommended option is to utilise the exiting 1300 number.

The unit would require sufficient staffing allocation to operate viably full time 5 days per week.

Recommendation 21

The preferred model for Coordinated intake, including area structural options in 4.4 above, be adopted for use in the Barwon South West region by all family service agencies for implementation from July 1 2005.

Appendix 1- Summary of Recommendations

1. *There would be benefit in moving towards a common approach to demand management to ensure that service access operates in a consistent manner across the region.*
2. *There would be benefit in the region and the sub regions collating demand data over time to build a clearer picture of changing demand patterns in the region.*
3. *There is scope to strengthen collaborative planning at the service system level to manage changing demand patterns and to manage the systemic impact of the introduction of new programs and funding.*
4. *Collaborative service system level planning should be undertaken to manage anticipated demand changes such as those that might result from the recent settlement of Sudanese families in the South Western region.*
5. *Future resource allocation or reallocation of Family Services resources should incorporate known demographic information to ensure an appropriate distribution of resources to identified areas of need.*
6. *There would be benefit in the development of a systematic information and education strategy in each of the sub regions targeted at referring agencies and other professions in understanding the scope and focus of Family Services and risk identification and notification processes for protective services.*
7. *There would be benefit in developing a shared tool for the collection of client referral data across the Family Services system.*
8. *Given the scale and impetus of the Primary Care Partnership Initiative, and that more clients are often involved in multiple service systems, there may be longer-term systemic advantages on basing this upon PCP Needs Identification Tool.*
9. *There would be benefit in developing a common needs/risk assessment framework that could be applied across Family Services in the region to optimise service targeting and access.*
10. *There would be benefit in the development of a coordinated training strategy for Family Services agencies about contemporary ecological approaches to assessment and support for vulnerable families. There would also be benefit in providing similar training to referrers for example medical practitioners, maternal child health.*
11. *There would be benefit to the service system if the resources allocated to Diversitat (formerly GECC) were applied to service system resourcing. This could include advocacy and training activities designed to increase the capacity of family service agencies to directly support clients from CALD backgrounds.*
12. *All family service agencies should be required to develop a CALD responsiveness strategy and this requirement should be included in the Funding and Service Agreement with the Department of Human Services. .*
13. *The issues of resource distribution and service location should be examined over time to ensure that service access is not impeded by uneven distribution of Family Services resources.*

14. *The Family Services system, in conjunction with other related sectors such as mental health services, should develop a case management protocol for the effective management and coordination of complex cases.*
15. *Given new directions being considered by the Victorian Government for family and protective services²⁰ there is an argument to consider the joint application of "Program Funding" towards regional service system development initiatives. Application of this funding could include; developing coordinated intake and assessment processes; and system wide information and training strategies.*
16. *There is a need to create a stronger leadership and governance framework for the Family Services system to better strategically position the sector for future developments. The role of the current Family Services Network should be reviewed and enhanced in order to provide a more robust and influential mechanism to govern future service system development. This should include;*
 - formalising the partnerships between Family Services through an instrument such as a Heads of Agreement or Memorandum of understanding;*
 - revising the Terms of Reference for the Family Services Network to ensure a mandate for the Family Services Network related to service system governance and development;*
 - strengthening the reporting and linkage of the Family Services Network with the Community Care liaison and Advisory Group;*
 - strengthening practitioner level networks to support the services system development and share best practice; and*
 - developing stronger and more formal partnerships with other service systems such as mental health, education, youth services, disability services, health and early years services.*
17. *The Family Services Network should define and develop a statement on the target group for Family Services that can be used as the basis for developing Coordinated Intake criteria and to inform referring agents.*
18. *Service responses for Family Services should be structured into two levels;*
 - short term responses of less than 10 hours per annum targeted at vulnerable families with sufficient indicators of risk to warrant intervention by Family Service; and*
 - longer term intensive responses targeted at very vulnerable families with significant indicators of risk..*
19. *Role designation should be incorporated into service system planning and development for Family Services. At present the smaller agencies/ programs such as the Barwon Family Resource Centre and Bellerine Peninsula Community Health Service should focus on the provision of short-term service responses. Larger agencies could provide both short and longer-term responses.*
20. *Role designation should be reviewed over time to ensure that the optimal match is maintained between agency resource capacity and client need.*
21. *The preferred model for Coordinated intake (including area structural options in section 4.4) be adopted for use in the Barwon South West region by all family service agencies for implementation from July 1 2005.*

²⁰ Department of Human Services (2004) *Protecting children: ten priorities for children's wellbeing and safety in Victoria*

Appendix 2 - Findings from the Literature Search

Search objective

To conduct a targeted literature review of selected material to identify best practice data that may inform the Barwon Working with Families Initiative.

Search questions

To identify service system best practice related to the following areas;

- service models that are most effective for vulnerable families including the level and nature of service user participation;
- the nature, structure and effectiveness of coordinated referral and intake mechanisms and any issues associated with their development and introduction; and
- service system structure including system leadership and governance, partnering and the nature of relationships between service providers.

Overall

The overall context for any redevelopment of Family Services is described in A Strategic Framework for Family Services , Department of Human Services (2002). This document outlines the key directions for Family Services for the next five years including:

- a well integrated service that is able to meet the individual needs of children/youth and their families
- focusing on the development of partnerships and service networks
- focusing on development models of intervention
- emphasising child/youth centred and family focused approaches to working with families
- identifying risks and strengths across a range of domains and working to build resilience
- providing services to vulnerable children/youth and families with complex needs
- recognising that some families will require ongoing support.

This context is complemented by the proposals for future directions for the child protection system outlined in the final report of the Protecting Children: The Child Protection Outcomes Project, Allen Consulting, (2003).

This report describes the two options for orientating a response to child abuse and neglect. The first is the child protection orientation used in Australia, the UK and the USA and the second is the family service orientation that is used in Sweden, Germany, Belgium and the Netherlands. Although neither approach necessarily results in less child abuse or child deaths, the report asserts that there are major consequences for children and families from the two approaches. There is clear evidence that family service systems provide children and families easier access to a wider range of services and assistance than child protection systems and there is an increased emphasis on longer-term work in a voluntary capacity.

In 2002 DHS released An Integrated Strategy for Child Protection and Placement Services. This report states that the research undertaken by the Department of Health in the UK in 2001, suggests it is not clear which of the two approaches to protecting children is best, but that there are some pointers worth considering. There should be a less prescriptive approach based on more discriminating assessment of the needs of families, with the capacity to match needs with appropriate services. This requires linkages between the services in the service system continuum.

The Protecting Children: The Child Protection Outcomes Project report outlines directions for reform in Victoria and proposes a new model for child protection, with four key elements;

- a community partnership for the protection of children;
- a new model for intake, assessment and referral;
- a range of service responses that are appropriate for the wide variety of child protection concerns, problems and circumstances presented by families; and
- a focus on reducing out of home care.

The report also outlines the future directions for identification of those children/young people and families who require a service from child protection and those who would be better served through a Family Services agency. It is proposed that an integrated child protection and family support service would have responsibility for intake and initial assessment.

Following the release of the Protecting Children report, a panel was established to undertake consultation on the broad directions it contains. The results of the consultations are contained in the report of the Panel to oversee the consultation on Protecting Children: The Child Protection Outcomes Project produced in April 2004.

The Panel found broad agreement on the directions for reform. There was widespread agreement that the most effective response to support vulnerable families and protect children from harm involves an integrated, unified, broad-based system of services which aims to promote child well being and protect children.

Service models that are most effective for vulnerable families

The Strategic Framework for Family Service, Department of Human Services, (2002) considers that the model of service delivery for Family Services should include:

- A child/youth centred family focused approach that builds on family strengths and recognises the crucial significance of the family in achieving positive outcomes for children and young people. The approach also recognises that the safety and well being of children and young people is paramount.
- An ecological approach that analyses the problems at the level of the individual, the family, the family's support system and the community and responds to both the risk and protective factor in these multiple contexts.

The Strategic Framework also acknowledged that international research is demonstrating that prevention and early intervention can provide long lasting positive outcomes for children, families, individuals and the community. Mc Cain and Mustard (1999) have demonstrated the importance of the first three years of a child's life to their later development.

Thus the Framework provides for a developmental approach to early intervention, that is characterised by an emphasis on pathways and transition points as described in Pathways to Prevention Report (1999). This approach allows for Family Services workers to plan ahead for critical transition points. O'Donnell and Hancock (2000)

support an emphasis on Family Services providing interventions during the key transition points that families go through. This developmental approach allows for Family Services to be provided to families in a non-linear manner, with the families utilising services when they need them and at different times.

The Strategic Framework also discusses the Strengthening Families Initiative. Strengthening Families was developed in 1998 to provide a service to families as an alternative to the forensic service provided by child protection at that time.

The Strengthening Families model was developed using research from the Dartington Social Research Centre in the UK and the Brimbank Family Outreach Project. The messages from these pieces of research were that there needed to be an assessment of the broader context of families, their wider needs and use of a strengths based approach. This was to be supplemented by a focus on the development of relationships, both with the families but also with the service provider networks.

The Evaluation of Strengthening Families Initiative, 2001, concluded that the main components of the Strengthening Families Initiative model (assertive outreach, case management, in-home support and brokerage) were found to be highly successful in the achievement of positive family outcomes.

- Assertive outreach is most successful when the family has an awareness of the reasons and source of the referral and planning the first contact. (There was a variation found in services' interpretation of assertive outreach, which ranged from giving clients information to proactive home visits)
- Case management needs to fulfil the role of direct service delivery in order to achieve positive outcomes, not simply assess and refer. (Strengthening Families evaluation showed that case management models varied across the state. Some programs used a model of needs identification, referral and closure whilst others worked in direct delivery of services to families). In-home support appears to be a vital adjunct to case management
- Brokerage worked exceptionally well as a means of engaging families and addressing practical goals for the family.
- There appears to be a direct correlation between the greater amount of time spent with families and greater goal attainment, worker satisfaction and a greater chance of engagement with services.

Best practice for the Strengthening Family Initiative included:

- the use of family strengths focus that is ecological, recognises life stages and enhances family problem solving, self-efficacy and self-management
- families appear to progress well when the approach is collaborative, non-judgmental, flexible, holistic and there is a focus on goal setting
- the culture of reflection and the values of participant feedback are important elements in achieving best practice.

The effectiveness of family and children's services was evaluated by the Allen Consulting Group (2003) and from the reviews they considered some general conclusions can be made as follows;

- services must be provided early to families in need; and
- interventions that have demonstrated the greatest promise generally offer intensive services.

There is evidence that long-term intensive services can shore up troubled families that are motivated to make difficult changes to provide a safe home to their children (Larner, Stevenson and Behrman, 1998)

The Family Services Redevelopment Research Project, Department of Human Services (2003), describes a process undertaken by the department and Family Service agencies on the Eastern Metropolitan Region to; enhance the services to families by strengthening relationships between the agencies; develop a continuum of services within one service model; and develop relationships between Family Services and other service systems.

The research project found significant improvements had been made including:

- increased service capacity across the region
- evidence of a continuum of response
- a more equitable distribution of service provision
- positive feedback from clients
- extensive practices of service integration and collaboration and networking.

One finding of the research was the limited capacity of Family Services to meet the needs for intensive, ongoing service for high needs families. It was also found that service provision is more intensive than indicated by the funding levels of service. Almost a third of the cases involved 2.5 or more hours per week and there was a higher proportion of medium to longer-term interventions.

The Family Services Redevelopment Research Project asked clients for feedback on the service/s they had received and found that clients provided very positive feedback on service access, responsiveness and effectiveness. However they also identified barriers and these are useful to know in terms of developing a service model. Barriers regarding access included the fact that services are not well known, that they may be 'church based', they may charge fees and concerns they may have to tell their story more than once if they had to speak to an intake worker.

Clients spoke positively about their experience of 'active engagement' and emphasised that this resulted in interventions before they would have been possible if the clients had had to self refer. However it was also found that clients who self referred received a less timely intervention than families where a professional had referred. This finding possibly demonstrates a service equity issue and may require cultural change.

The most helpful aspects of service delivery from a clients' perspective are:

- the outreach nature of services
- the provision of services within the home
- flexibility of appointment times
- availability of workers by phone
- ability of workers to engage the whole family and the willingness of workers to be hands on.

The nature, structure and effectiveness of co-ordinated referral and intake mechanisms.

The Strategic Framework for Family Services cites Martin, Bonato and Associates (2001), who undertook research that showed that many families were at crisis point before they knew of the availability of services. This research supports the need for easily identifiable access points to services.

One finding of the research project was, however, that there was a minimal proportion of CALD families accessing the services. There may be a number of reasons for this, including cultural and linguistic issues and issues of knowledge and it again highlights the need for promotion and an easily identifiable access point, combined with specific strategies to target vulnerable families from CALD communities.

An Integrated Strategy for Child Protection and Placement Services, Department of Human Services (2002), summarises recent extensive research in the UK undertaken by the Department of Health: The Children Act Now: Messages from Research and published in 2001. This summary of families in need describes three groups of families:

1. families who need help with specific issues (eg sudden illness)
2. families who are acutely distressed or in a state of near or actual collapse (families who have been struggling to contain an issue such as family conflict for months)
3. families with multiple and longstanding problems (eg poverty, poor housing, family violence and drug abuse).

A finding of the research was that families may move from one category to another over time. This research finds that there is a need for integration of different routes to accessing support services for children and families. An audit of home based care in Victoria found that 35% of families were not receiving any services prior to the child being placed in out of home care. This research confirms the need for promotion of services and also the clear identification of the intake process.

Service system structure including systems, leadership, governance and partnering.

Morrison (1999) describes the key characteristics of partnerships as follows:

- involving shared values underpinned by the shared aim of promotion of the health and welfare of children
- explicitly acknowledging differences in power
- including definitions about roles and responsibilities
- including clear expectations, obligations, processes and protocols
- appreciation and respect for the different roles played by different agencies
- commitment to working and learning together
- commitment to shared responsibility and a degree of interdependence in achieving good outcomes for children and families.

Glisson and Hemelgarn (1998) undertook research that found outcomes for children are better where agencies have clearly defined structural arrangements between them to enable collaboration. They also found that where the collaboration resulted in an abdication of responsibility, outcomes for children were not improved.

The formal relationships between agencies must also be complemented by networks and relationships between workers, or they will be fragile (McFarlane and Morrison, 1994)

The Family Services Redevelopment Research Project, Department of Human Services (2003) found that the redevelopment of Family Services in the Eastern Metropolitan Region, which included the development of interagency working relationships, required an emphasis on communication, expectations, consistency and information exchange. This was especially important where different agencies had different perceptions about issues such as service access.

Issues identified through the process included the variable participation of representatives of Protective Services and local government and difficulties in establishment when there are only a few funded Family Services agencies or competing agency priorities.

The key issues and barriers to collaborative practices at a programmatic and local level appears to be agency resources, competing demands and the recognition of this work within the existing targets and the funding formula.

Protecting Children: The Child Protection Outcomes Project, Allen Consulting (2003), discusses integrated governance as an aspect of community partnership. Integrated governance is described as the merging of service organisations, both government and non-government, into an integrated system that is managed as a system and held accountable for effective service provision in the context of local needs and conditions.

Integrated governance arrangements permit, support and facilitate cooperation and collaboration among different agencies. It begins with a shared vision and purpose, the tasks to achieve them and development of the indicators for success. It may include protocols, common assessment frameworks, the pooling of funding and resources and co-located services. The report suggests integrated governance will be a future direction for services.

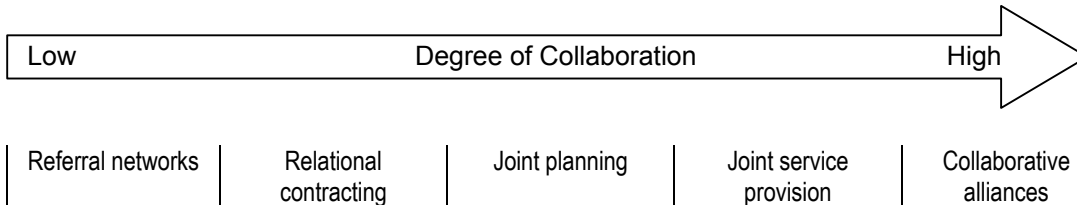
The Child Protection Outcomes Project Final Report also discusses the importance of diverting families currently notified to child protection to community based services and to minimise the progression of families into the child protection system by offering timelier, community based support to families, as with the Innovations Projects. According to the report, the Innovations Projects have been successful in establishing networks of locally co-ordinated, community-based services, delivering an integrated service response.

The Innovation Projects Evaluation Stage 1 Report to the Department of Human Services, Latrobe University (2004) contains a focused literature review of partnership, networking and collaboration in health and community services. Evidently there are limited studies in the human services area but many health studies, therefore the review draws on health research in regard to the following precise.

In relation to case management, the report states that there is now a developing research literature that has provided a reasonable level of evidence for the advantages of effective care co-ordination, predominantly in the health and community services, both in terms of benefits for consumers and reduced costs. Keene (2001) found that there needs to be suitable agency collaboration climate for the effective implementation of care coordination.

Research and evaluation of coordinated care in Australia has not yet proved conclusively that care coordination programs are effective with regard to improved outcomes for clients. What has improved is clients' satisfaction with processes and outcomes.

Walker (2000) undertook a review of collaboration and alliances and developed the collaboration continuum as shown below:



In this continuum, relationships between agencies vary and are fluid, resulting in agencies often being on the continuum at different places.

In order to measure the nature of partnerships/networks delivering human services, there has been the development of a number of tools, such as the Partnership Health Check from the UK developed by McCabe, Lowndes and Skelcher (1996) and the Partnerships Analysis Tool, VicHealth (2003).

Governance issues in partnerships was a focus for the National Health Service in the UK which produced the "Checklist of Good Practice". For both of these tools, there is little in the way of research on their application.

The Innovations Project Evaluation Stage 1 Report to the Department of Human Services, LaTrobe University (2004) considers the Vic Health Partnership Analysis Tool (PAT) as worthy of consideration and application, although for the Innovations Project, the researchers will collect additional data. The PAT is derived from Walker's work and work by Himmelman (2001) and has the benefit of being contextualised for Australia. The PAT is being used by many agencies currently, although there is little published research on its application at this time.

Documents used in the Literature Search

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