The Hume Pathways Project : working together towards an integrated local service system for families.

Final Report December 2012

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CONTENTS

Foreward		**2**
1.	**Executive summary**	**4**
1.1	Background	4
1.2	Methodology	4
1.3	Findings and opportunities for consideration	5
2.	**Introduction**	**8**
2.1	Background	8
2.2	Stakeholders	9
2.3	Framework and methodology	10
3.	**Policy and program context**	**13**
3.1	National context	13
3.2	Victorian context	14
3.3	Local government context	18
3.4	Discussion	19
4.	**Literature scan: What is an effective service system for families?**	**20**
4.1	Integrated service systems model	20
4.2	Universal services	22
4.3	Secondary services	23
4.4	Tertiary services	24
4.5	Discussion	24
5.	**What is happening in Hume-Moreland?**	**25**
5.1	Demographic information	25
5.2	Program responses	29
5.3	Collaboration and partnership responses	31
5.4	Discussion	37
6.	**Analysis and discussion of consultation findings**	**37**
6.1	Systemic issues: Capacity constraints	38
6.2	Systems issues: Service integration and referral pathways	38
6.3	Service issues: Engaging vulnerable families	40
6.4	Practice issues: Communication and relationships	41
6.5	Discussion	42
7.	**Opportunities and recommended actions**	**44**
7.1	Systemic challenges	44
7.2	Systems challenges	45
7.3	Service challenges	46
7.4	Practice challenges	48
8.	**Summary and conclusions**	**50**
9.	**References**	**51**
10.	**Appendices**	**54**
Appendix A: Hume Moreland Partnership/ Alliance memberships in Jan 2011		**54**
Appendix B: Victorian state government funded service continuum		**56**
Appendix C: Hume Early Years Partnership		**57**
Appendix D: Decision paths for protective intervention reports in Child Protection (DHS Victoria 2010)		**58**
Appendix E: Focus group questions		**59**
Appendix F: Glossary of terms		**61**

Foreward

The *Hume Pathways* Project was undertaken in 2010, including the writing of this report, which has been reviewed prior to release in late 2012. The *Hume Pathways* Project report provides a snapshot of how a group of local professionals in the Hume Moreland catchment area viewed the local service system for vulnerable children and their families in 2010. The report is supported by a literature scan of relevant evidence and policies and has a particular focus on understanding the working interface between early years' services, DHS-funded Integrated Family Services (Child FIRST & Family Services) and the Child Protection system. The report identifies a range of challenges that were seen to be impacting on the local service system in 2010 and which may have been affecting services sought by vulnerable families in the Hume Moreland catchment area.

Two years on, the report's insights into the barriers and facilitators of integrated referral pathways between primary, secondary and tertiary service layers remain relevant. Recommended courses of action to support the ongoing development of an integrated responsive service continuum and improve access to and participation in services for vulnerable children and their families also remain relevant. Such recommendations include systemic (*relating to capacity*); systems *(relating to the way the system works as a whole);* service *(e.g. engaging vulnerable families);* and practice improvements *(multidisciplinary approaches and communication: information sharing and relationships).*

The *Hume Pathways* report provides an important contribution to the knowledge base of services in the Hume Moreland catchment area for vulnerable children, young people and their families. It has the capacity to guide and inform the strategic planning and ongoing service development being undertaken individually and collaboratively by both the Hume Early Years (HEY) Partnership and the Hume Moreland Integrated Family Services (HMIFS) Alliance, in their work with vulnerable children, young people and their families in the Hume Moreland catchment area and with other key stakeholders.

Of course, the local service system has continued to change and develop during the past two years, in response to the reform agenda being driven by both the Victorian and Federal governments. This has occurred through the ongoing implementation of a range of key government funded initiatives and the dedicated work of a diverse range of local professionals and local community members, committed to addressing identified service gaps and strengthening service responses.

Examples of this include the ongoing work being undertaken by the HEY Partnership, including the Hume Enhanced *Communities for Children* program and the HMIFS Alliance Partnership. Internal changes have occurred during the past two years in these partnerships. In particular, since September 2011, Kildonan UnitingCare has become the facilitating partner of the HMIFS Alliance and the Hume Moreland Child FIRST provider. Lentara UnitingCare has recently been formed from the merging of Sunshine and Broadmeadows UnitingCare and Orana UnitingCare.

The findings and recommendations of the *Hume Pathways* Project report should to be viewed and understood alongside the ongoing positive achievements of these local partnerships and their related service initiatives during the past two years.The broader impacts of key government policy directions, planning frameworks and service models also need to be acknowledged in relation to the progressive development of an integrated service system for families that can effectively accommodate and address the needs of vulnerable children, young people and their families in the Hume Moreland catchment area.

Local achievements include the recently completed *Final Report of the Early Childhood Development Pilot Project (ECDPP)* by Sarah Vallance, the Senior Early Childhood Development Coordinator. The ECDPP report attests to the implementation of a diverse range of activities with early years' services and DHS-funded Integrated Family Services agencies over the past eighteen months, that are both in line with and give expression to key recommendations in the *Hume Pathways* report. The ECDPP report also documents evidence of capacity building achievements in the local service system and resultant benefits for vulnerable young children and their families. Other changes that have occurred locally include the receipt of increased monies to alleviate demand capacity pressures on the Hume Moreland Integrated Family Services (HMIFS) service system in 2012.

At a state level, recent changes include the implementation of the new *Child Protection Operating Model* and the Services Connect initiative (flowing from the same DHS reform agendum). Further state policy developments include the release of the much anticipated action plan following the *Report of the Protecting Victoria's Vulnerable Children Inquiry* (also known as Cummins Report (2012)) and the Directions Paper *Victoria's Vulnerable Children: Our Shared Responsibility* (May 2012). A brief review of the *Cummins Report Executive Summary* has identified many synergies with the findings and recommendations contained within the *Hume Pathways* report.

Federally, new initiatives include Centrelink's *Helping Young Parents* program, changes to parents' eligibility for income support payments, and the recent release of the *Family Support Program Future Directions Discussion Paper* (October 2012).

Despite all of these recent initiatives and changing policies and their local impacts, *The Hume Pathways* report has continuing relevance today. It provides valuable insights into barriers hampering the smooth functioning of the local service system in addition to a framework for delivering an effective, integrated local service system for families with young children in the local municipalities of Hume and Moreland. And yet, despite the local orientation of the research underpinning the report, its findings are equally applicable to catchment areas across the state. Notwithstanding, the project's emphasis on the interface between early years' services, Integrated Family Services (including Child FIRST) and Child Protection, the report's suggestions for action are also transferable to a wider range of service areas and issues, including housing security, family violence and disability services. The HMIFS Alliance and Lentara UnitingCare are therefore pleased to endorse this *Hume Pathways* report and believe it will be of interest and value to a wide range of service practitioners and policy makers both locally and further afield.

December 2012

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Executive summary

Background

In light of a variety of recent Federal and State level reforms, policies and initiatives aimed at promoting more inclusive, integrated and high quality service systems for children and families, the Hume Early Years (HEY) Partnership commissioned the pathways report (in 2010) in collaboration with the Hume-Moreland Integrated Family Services (HMIFS) Alliance. The aim of the project was to develop an understanding of what is needed to deliver an effective, integrated local service system for families with young children in the local municipalities of Hume and Moreland (known as Hume Moreland catchment area). The project is based on the *Pathways to Prevention* model, which argues that early detection and intervention of families' emerging needs is a key to alleviating bottlenecks in service systems and ameliorating problems before they become entrenched and intractable. The Hume Pathways project has focused on referral pathways between universal and secondary/ tertiary services, and in particular between Early Years Services, the Victorian DHS funded Integrated Family Services program (Child FIRST/ Family Services) and Child Protection. This focus provides a means of describing and understanding the extent to which the current child and family services system in the Hume Moreland catchment area can provide systems and supports for children vulnerable to abuse and neglect and their families, to prevent emerging issues and problems from escalating.

The project was defined by the following **objectives:**

- To use clear language to describe what an effective service system for children vulnerable to abuse and neglect and their families might look like, with a focus on the early years and early primary school.
- To describe the current system and the services, community programs, frameworks and initiatives that form the service system for children vulnerable to abuse and neglect and their families in the Hume Moreland catchment area.
- To suggest shared language to describe the service system and its components in the Hume Moreland catchment area, including a glossary of terms.
- To develop a greater understanding of how professionals in the Hume Moreland catchment area view the service system for children vulnerable to abuse and neglect and their families.
- To highlight gaps and recommend courses of action that can be undertaken to develop an integrated, responsive service continuum and improve access to services for vulnerable families.
- To provide a report the HEY partnership and the HMIFS Alliance can use to inform the community; advocate for policy and or funding changes; and determine how to best work together for the benefit of their shared community.

1.2 Methodology

The project used local document and policy context analyses, a literature scan and consultations and data gathering from local professionals to inform its discussion and recommendations. Consultations were undertaken in 2010 and included three (3) focus groups with thirty (30) professionals from primary schools, universal services (Early Childhood Education and Care (ECEC) and Maternal and Child Health (MCH) and targeted services, including practitioners from registered Child and Family Services agencies delivering DHS-funded Integrated Family Services programs, including Child FIRST. Focus groups were held in an open format with a discussion following questions around the way organisations interact with each other, including barriers and enablers to

effective service delivery; and service gaps and communication between practitioners in the service system. Sixteen (16) participants also opted to complete a follow up survey asking for specific details regarding their experience and use of referral pathways and integrative practice between service levels.

1.3 Findings and opportunities for consideration

The findings in relation to the current service environment in Hume suggest that service integration is a growing feature of the system, but further work is needed to create clearer, more seamless and more responsive referral pathways between universal, secondary and tertiary services layers. It is apparent that demand levels far outweigh the system's ability to provide secondary and tertiary responses to families in need in its current form. Evidence gathered from the literature scan suggests the need for an integrated system built on a strong, highly skilled universal base, to facilitate the strengthening of these referral pathways and the system's ability to cope with high levels of demand within the context of a finite resource base.

The consultations, survey results and document scan identified four key areas as presenting challenges to the system's ability to manage demand and provide seamless, integrated, responsive and relevant services for vulnerable families in need of support. Opportunities for consideration are presented to address these challenges.

The *Hume Pathways* project is a snapshot. As such, it provides an important contribution to the knowledge base of services in the Hume Moreland catchment area, and is a case study for other areas.

1.3.1 Systemic issues: capacity constraints

In the Hume Moreland catchment area, capacity constraints in the secondary and tertiary layers of the service system are considerable. Universal services such as kindergartens and schools experience secondary service capacity constraints in the limited funding available for inclusion services, such as Kindergarten Inclusion Support Services (KISS) and speech pathology. Secondary services, such as Integrated Family Services, experience demand capacity imbalances and at times need to implement formal contingency responses where no new referrals are accepted for a specified period. Tertiary services experience demand capacity pressures in their increasingly overworked systems and staff. The level of process duplication inherent in the system, due to bureaucratic processes and concerns about privacy legislation, contributes to capacity problems. Simply increasing the funding for targeted and treatment services in their current forms would be of limited value and prohibitively costly. By embedding expertise in a range of services, there is the potential to support families within their existing service networks.

Opportunities for consideration: Systemic issues

- Efforts should be focused on building capacity, empowerment, skills and expertise at the universal level, to maximise opportunities to meet family needs within a system that is non-stigmatising, responsive and able to support both sustainable service and long-term client-worker or client-service relationships.
- Universal service professionals should be trained in the detection and identification of children and families' emerging needs, so that appropriate referrals can be made if the issue cannot be directly managed by the original service.
- A range of secondary services should be considered to address families' needs, especially when the family has an established, trusting relationship with a suitable service, or conversely, has a perception of stigma associated with a particular service.

1.3.2 Systems issues: service integration and referral pathways

In the Hume Moreland catchment area, capacity pressures, inappropriate referrals and service stigma may be factors contributing to families not receiving appropriate or timely service. This is likely to be contributing to the bottlenecks in the system and families' problems escalating or becoming more entrenched. Although service integration is progressively being embedded in Hume in particular, further consolidation of this work would assist in creating more seamless journeys through the system for families.

Opportunities for consideration: Systems issues

- Client outcomes can be improved and referrals handled more efficiently if the universal system has clear processes to support and skill its workers in conducting needs assessments and accordingly making appropriate referrals.
- To reduce the prioritisation of privacy over optimum care for children, clear privacy guidelines, referral protocols and training for early years' staff need to be implemented. Early years' professionals could offer clients the option of signing consent forms to override privacy constraints, allowing them to share information with other practitioners and make more detailed and comprehensive referrals. This would assist in strengthening service integration, facilitating or expediting referrals and alleviating referral bottlenecks.
- Further consolidation of service integration would be beneficial in creating a more efficient and seamless journey through the service system for families. An integrated service model emphasises universal preventative services and multidisciplinary practice, encouraging the development of a broad base of capacity and support between services.

1.3.3 Service issues: engaging vulnerable families

Service inclusiveness was identified as an issue for families from culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander backgrounds; for socially isolated, socially disadvantaged, low-income and homeless families; and for families with family members who have a disability or mental health concerns. Culturally inclusive services and access to translators, interpreters and bicultural workers were identified as acute and currently unmet needs. Professionals interviewed noted that it can be difficult to determine the extent of cumulative harm and other issues such as speech and language concerns for children from CALD backgrounds without the assistance of a bicultural worker.

New legislative requirements to prioritise access to services based on 'greatest need' (vulnerability) have decreased the options available for families with emerging needs who require low intensity support. Without prevention and early intervention approaches, it may be difficult for such families to avoid experiencing an escalation or entrenchment of these problems, resulting in service bottlenecks as these families come to the attention of Child FIRST or Child Protection at a later point due to cumulative harm concerns.

Opportunities for consideration: Service issues

- Cultural competency training, including an understanding of how to develop culturally appropriate case plans and view family practice through a cultural lens, would be beneficial for service providers at all service levels.
- A good complement to this training would provide knowledge and skills in engaging vulnerable and marginalised families of a variety of backgrounds.

- Workforce development is needed to ensure workers understand their responsibilities in terms of proactively engaging with vulnerable families, monitoring outcomes for which their service is responsible, providing referrals when needed or mandated to do so, communicating with other services and following up on referrals.
- Education for universal staff with respect to cumulative harm and mandatory reporting would be a useful strategy and could be delivered as part of a service training-package for early years and school staff.

1.3.4 Practice issues: communication and relationships

There are formal processes and agreements regarding communication between universal, secondary and tertiary services in the Hume Moreland catchment area; however, these are not always well understood across the sector, leading to varying levels of effectiveness in communication between services. Some professionals interviewed from across the service system appeared unclear regarding referral protocols and whether responsibility for following up on or proactively communicating about referrals or reports lies with Child FIRST/ Child Protection or with the referring agency. Communication difficulties are compounded by a lack of clarity around the parameters of privacy laws and variations in the use of language and terminology among professionals, particularly with reference to the term 'vulnerable'. The difficulties are mitigated by the strength of personal relationships between professionals in the Hume Moreland catchment area due to the many robust partnerships and networks across the municipalities, such as the Hume Early Years Partnership, HMIFS Alliance and the Hume Child and Family Services Network. Accordingly, workers are able to be resourceful in response to capacity constraints by using their well-developed professional and personal relationships and diligence to arrive at the best possible outcomes for clients.

Opportunities for consideration: Practice issues

- Service integration and multidisciplinary approaches could be further supported by services clearly defining their roles, responsibilities, service outcomes and performance measures, so that accountabilities are clear and service strengths harnessed.
- In moving towards a strengthened integrated model, professionals require further training in the consultation and coaching skills necessary to ensure that they can share their knowledge and communicate effectively.
- Clear referral protocols and a targeted effort to integrate and build relationships between the components of the service system would empower universal service providers to engage with families and address their basic needs.
- Attaching a glossary of terms to the *Hume Child and Family Services Network Directory* and other child and family services directories, including one provided by Best Start called *'Your child and you'* may be an effective way to develop shared and agreed terminology, in turn facilitating collaborative practice among agencies in Hume. The glossary would be focused on families with children aged zero to twelve (0-12) and include agencies' roles and responsibilities.

2. Introduction

2.1 Background

The *Hume Pathways* project aimed to develop and contribute to an understanding of what is needed to deliver an effective local service system for families with young children in the Hume Moreland catchment area. In order to achieve this, the project consulted early childhood services, child and family services, and Victorian DHS-funded Integrated Family Services agencies in the Hume and Moreland municipalities, with a specific focus on the Broadmeadows' *Communities for Children (CfC)* site. This project sought to use the latest evidence and local knowledge to describe how the services currently work together and how the system might be adapted in ways that would increase its capacity to provide flexible support to families, including those with complex needs and those that require intensive support over an extended period of time.

The project was defined by the following **objectives:**

- To use clear language to describe what an effective service system and continuum for vulnerable children and their families (aged zero to twelve (0-12), with a focus on the early years and early primary school) might look like. This description will be based on the latest available, high quality research evidence.
- To describe the current system and the services, community programs, frameworks and initiatives that form the service system for vulnerable children and their families (aged zero to twelve, with a focus on the early years and early primary school) in the Hume Moreland catchment area.
- To suggest shared language to describe the service system and its components in the Hume Moreland catchment area, including a glossary of terms.
- To develop greater understanding of how professionals in the Hume Moreland catchment area view the service system for vulnerable children and their families (aged zero to twelve (0-12), with a focus on the early years and early primary school):
    - This work to be informed by focus groups and online survey findings;
    - These understandings to be used in describing the continuum of service delivery.
- The understandings developed may be used to highlight gaps and recommend courses of action that can be undertaken to develop an integrated, responsive service continuum and improve access to services for vulnerable families;
- The final report will be used by the Hume Early Years (HEY) partnership and the Hume Moreland Integrated Family Services (HMIFS) Alliance for informing the community and advocating for policy and or funding changes. The HEY Partnership and the HMIFS Alliance will use the report to determine how they might best work together for the benefit of their shared community.

The *Hume Pathways* project is a snapshot, involving a relatively small number of participants. It provides an important contribution to the knowledge base of services in the Hume Moreland catchment area and is a case study for other areas. The project recognises that there are several potential areas for focus relating to pathways to a range of secondary services, including housing, developmental delay, and family violence as well as to tertiary services such as Child Protection. These are all important issues. This report sought to provide a snapshot with respect to pathways and relationships between universal services and prevention and early intervention with clients at risk of entering or re-entering the Child Protection system or being referred or re-referred for allocation to an Integrated Family Services caseworker. The report therefore has a focus on Child

FIRST. A related report, *"Children's Health and Development in Southern Hume: An exploratory study of developmental vulnerability"* 2011 was recently finalised and launched to the HEY Partnership. The report considers children in Hume who are developmentally vulnerable.

The current project, *Hume Pathways* was inspired by Ross Homel's *Pathways to Prevention* model (Developmental Crime Prevention Consortium, 1999), which demonstrated the capacity for a community-based program to provide effective intervention pathways for those most in need, at multiple points along the life trajectory. The *Pathways to Prevention Project* illustrates the potential to construct interventions that achieve positive outcomes for children and their families through involving the community in planning activities and the development of interventions based on the aspirations of local people (Homel & Freiberg, 2007). It emphasises the development of systems that ensure families retain the support of trusted and accountable professionals over a long period, to reflect the changing needs of families as children grow and to keep the child's healthy development as the central focus. The *Pathways to Prevention* program is based on the belief that:

> ***"Investment in children, young people and adults across the life course, within a developmental ecological framework, is extremely beneficial for individuals, families and communities and cost-effective for society." (Homel & Freiberg, 2007: 1).***

All levels of government have a focus on delivering a more integrated early years service system, recognising that the responsibility for outcomes for those who have difficulty participating fully is a shared one. There is still some way to go to ensure this system can provide timely and effective support, due to referral 'bottlenecks' and a dependency on scarce specialist services. There are also difficulties in recruiting experienced early years educators at a time of workforce shortages in Victoria.

The National Early Childhood Reform Agenda has resulted in the implementation of a range of programs, with a focus on strengthening universal services to be inclusive of all children; and strengthening secondary services to refocus efforts in earlier intervention and prevention with respect to protecting children. This reconfiguration has led to concerns that families showing early signs of needing additional support may be unable to access timely assistance, as the focus for secondary and tertiary services is on the most vulnerable and at-risk. An additional concern is the challenge for universal, Early Childhood Education and Care (ECEC) programs in disadvantaged communities such as Broadmeadows to be inclusive of all children, including those that are transient, or newly arrived; and provide a quality program to meet diverse needs of local children and families. Other initiatives that are linked to the reforms and funded by national and state governments are highlighted and discussed in this report.

2.2 Stakeholders

There are a number of partnerships in Hume/ Moreland working towards an integrated system, including the Hume Early Years (HEY) Partnership and the Hume-Moreland Integrated Family Services (HMIFS) Alliance. The HEY Partnership consists of a wide range of early childhood services, child and family services, primary schools, local Government, DEECD and other interested stakeholders, including a parents advisory group. There are currently 28 member organisations, who share information and resources via email and regular, well-attended partnership meetings, for the purpose of supporting a coordinated and strategic effort to address the needs of local children, families and the community.

The HMIFS Alliance is a partnership of Victorian DHS-funded Integrated Family Service agencies, DHS (Child Protection and Family Services Partnerships) and other key stakeholders, funded to integrate and coordinate the delivery of secondary-level Family Services for vulnerable families in need of intervention. It promotes the safety, stability and development of vulnerable children, young people and their families, provides support to assist positive family functioning and builds capacity and resilience for children, families and communities. The HEY Partnership and the HMIFS Alliance agreed to jointly commission the *Hume Pathways* project to ensure that policy initiatives focusing on secondary and tertiary services support a universal approach and maintain their focus on this approach. The geographical focus for this project has been the municipality of Hume, with links to the municipality of Moreland.

2.3 Framework and methodology

The Hume Pathways project was undertaken by a small team of project officers from the Centre for Community Child Health (CCCH), with support and attendance of the CfC Project Manager from Broadmeadows UnitingCare. CCCH designed a framework that describes the suggested approach for the project within five key elements:

1) A document scan and policy context analysis;
2) A literature scan regarding responsive, integrated systems for vulnerable families accessing services;
3) A desktop review of the features of the population and service system in Hume LGA;
4) Consultation and data gathering from local professionals; and
5) Analysis of the differences between the ideal system described and the system as it exists.

2.2.1 Policy and program context analysis

A policy context analysis was undertaken to document the policy context in which services operate. A recent focus on the early years has led to the implementation of a range of initiatives, often with similar names and overlapping priorities. The analysis aims to clarify the programs and initiatives relevant to this project.

Documents reviewed included reports outlining and reviewing the policy context relating to Integrated Family Services and Child Protection, including:

- *Child FIRST and Integrated Family Services: Interim Report 1. Prepared for DHS (KPMG, 2009);*
- *The Hume-Moreland Integrated Family Services (HMIFS) Catchment Operating Model and Practice Model (2009);*
- *An Integrated Strategy for Child Protection and Placement Services and Protecting Children: The Child Protection Outcomes Project (DHS, 2002);*
- *Protecting Children: Ten priorities for children's well-being and safety (Allen Consulting Group, 2003);*
- *Supporting Parents, Supporting Children: A Victorian Early Parenting Strategy (DHS, 2010); and*
- *The Broadmeadows Communities for Children Final Evaluation Report 2010 (CCCH, 2010a).*

2.2.2 Literature scan

A brief literature scan was undertaken, in order to:

- Highlight current evidence and research regarding best practice service models; and
- Provide background to ideas encapsulated in Homel's Pathways to Prevention service model.

The literature scan related specifically to the themes of the project brief. Relevant CCCH Policy Briefs provided collated and synthesised current research evidence regarding best practice models for integrated services.

The Policy Briefs used for the literature scan were:

- *Integrating Services for Young Children and their Services (CCCH, 2009b);*
- *Engaging Marginalised and Vulnerable Families (CCCH, 2009a); and*
- *Services for Young Children and families: an Integrated Approach (CCCH, 2006).*

The review also examined the current early childhood and child and family service systems and ways in which they might be re-configured to better support young children and their families.

2.2.3 Desktop review

A desktop analysis was conducted in order to consider the needs of the local area, the features of the existing system and the partnership and collaboration mechanisms already in place.

Project managers from Broadmeadows Communities for Children and the HMIFS Alliance were asked to provide relevant documents about the background and foundational understanding of their respective projects and related local service systems. Documents were analysed and relevant information has been included in this report. Documents provided detailed current and planned actions for improving outcomes for children and families, examples of effective local practice, locally relevant recommendations from other projects and current local agreements between key services and supports.

Documents provided and reviewed include:

- HMIFS agreements, data and practice models:
  - *Key Components of the Victorian Strategic Framework for Family Services* (DHS, 2007a), informing the HMIFS Practice Model;
  - HMIFS day-to-day practice model diagram;
  - Implementing Practice Model – Key Service Components;
  - Vulnerability framework; and
  - Hume Moreland Child FIRST data.
- Northern Suburbs Schools Hub Pilot Project;
- Australian Early Development Index (AEDI) – Community profiles;
- Municipal Early Years Plans (MEYP);
- Child Protection data (provided by Child Protection North and West Metropolitan Region in Victoria);
- *Communities for Children Broadmeadows Final Local Evaluation Report (CCCH, 2010a); and*
- *DEECD Early Childhood Community Profile: City of Hume* (DEECD, 2010).

2.2.4 Consultation

In light of the desktop analysis, consultations and survey information were collected from local service providers. The consultations were held from 3-18 November 2010, with participants sourced for the researcher (CCCH) by the HEY Partnership and HMIFS. The consultation process included three (3) focus groups with a total of thirty (30) practitioners from primary schools, universal services (ECEC and MCH) and targeted services. The latter included practitioners from registered Child and Family Services agencies delivering DHS-funded Integrated Family Services programs, including Child FIRST.

Focus groups

Focus groups were held in an open format with a discussion following questions around the way organisations interact with each other, including barriers and enablers to effective service delivery; and service gaps and communication between practitioners in the service system. The consultation questions can be found in *Appendix E: Focus group questions.*

Participants were recruited from:

- Child Protection – one (1) representative;
- Child FIRST (Hume-Moreland Child FIRST Intake Service workers) - one (1) representative;
- Hume-Moreland Integrated Family Services (HMIFS) - eight (8) representatives;
- Hume City Council:
  - Maternal and Child Health - six (6) representatives;
  - Hume Global Learning Centre - two (2) representatives;
- Department of Education and Early Childhood Development:
  - Drug education and student wellbeing - one (1) representative;
- Early childhood education and care services (kindergartens, long day care, occasional care, playgroups) – five (5) representatives; and
- Primary Schools (teachers and hub coordinators) - five (5) representatives.

Online survey

All consultation participants (N=30) were invited to complete an online questionnaire, to add value to the information collected during the consultations. The online questionnaire focused on obtaining data regarding referral pathways and processes. Professionals who were not able to participate in the consultations were able have input via the online questionnaire. A total of sixteen (16) survey responses were collected.

2.2.5 Analysis of the findings

Discussion of the findings includes an analysis of the differences between the proposed systems and the existing one, as well as general recommendations for next steps and avenues of action. Literature regarding integrated system models; data provided by Child Protection (Northern and Western Metropolitan Regions), HMIFS Alliance and Hume Moreland Child FIRST; and consultation findings and survey results were also incorporated into the recommendations and opportunities for consideration. The findings from the consultations and online surveys represent the participants' views and experiences. It is important to recognise that the views shared are not necessarily representative of all local service providers. Consultation with families was outside the scope of this project, which is primarily focused on how service layers relate to each other.

3. Policy and program context

In Australia, there have been a number of policy initiatives implemented at all levels of government over the past decade aimed at supporting families, such as the *Cummins Report* (Cummins, Scott & Scales, 2012), *the National Framework for Protecting Australia's Children 2009-2020* (COAG, 2009), *Every Child Every Chance: A Strategic Framework for Family Services* (DHS, 2007a), *Supporting parents, supporting children: A Victorian early parenting strategy* (DHS, 2010), *Communities for Children* (FaHCSIA, 2009a) and *The Family Support Program* (FaHCSIA, 2009b). This policy drive results from a growing awareness of the ways in which some families are failing to benefit from significant changes in social and economic conditions and achieving poorer outcomes than others. Numerous initiatives have focused on the needs of young children and their families and ways of integrating early childhood and family support services.

Many of these programs and initiatives have similar names, seek similar outcomes and consist of overlapping objectives and strategies at a child, family and community level. These programs are outlined below to reduce confusion and to clarify their aims and the language used by a range of agencies and stakeholders; leading to a better understanding of integrated approaches and systems.

The move towards more integrated service delivery has been driven by a growing awareness that services for young children and their families are fragmented and that this undermines the capacity of the service system to support children and families effectively (Moore & Skinner, 2010). The fragmentation of services is particularly problematic for families of children below school age, because there is no one service that all families use regularly during these years. All children are known to the service system at birth and at school entry, but the contact they have with early childhood and other services between those two points varies greatly. While many families engage with local maternal and infant/ child health support services provided by state governments through local councils or community agencies, attendance rates for key ages and stages visits provided by such services are fewer than one hundred per cent and ongoing engagement with the service is poorest among the most disadvantaged populations (Carbone, Fraser, Ramburuth, & Nelms, 2004). As a result, the service system has difficulty responding promptly to issues as they arise and may only become involved when problems have become entrenched and severe. The lack of universally used early childhood services has been one of the problems that integrated services are intended to address (Moore & Skinner, 2010).

3.1 National context

At a national level, the ***Council of Australian Governments (COAG)*** has endorsed a number of national policies and initiatives aimed at young children and families. These include:

- Funding for new, integrated Children's Services;
- Development of National Quality Standards and a revised Accreditation system for early childhood education and care settings;
- A workforce reform agenda; and
- Development of the National Early Years Learning Framework.

There is also an initiative undertaken by the Australian Health Ministers' Advisory Council to develop a ***National Framework for Universal Child and Family Health Services*** to address the current lack of consistency between jurisdictions in family and child health services. While the (draft) *National Framework for Universal Child and Family Health Services* sets out the core services that all Australian children and families should receive, regardless of where they live, and how, or where they access their health care, the framework is an 'aspirational' document intended to guide child and family health services (Schmied, Kruske, Barclay, & Fowler, 2009).

The ***National Framework for Protecting Australia's Children*** (COAG, 2009) aims to complement state and territory services through early intervention and prevention support for children and families. It also supports the Federal Government's commitment to putting the safety and wellbeing of children at the heart of the Government's social policy agenda. The federally funded ***Family Support Program*** (FaHCSIA, 2009b) is targeted at support for families that may be vulnerable and disadvantaged, to enable them to better manage life's transitions, ensure children at risk are protected and contribute to building stronger, more resilient communities. The focus is on linking services more effectively; facilitating flexibility and responsiveness and moving toward a seamless approach so clients requiring assistance can access supports through any Family Support Program service.

Under the Family Support Program, the ***Communities for Children*** (FaHCSIA, 2009a) strategy uses a place-based collaborative approach to the development, implementation and coordination of local strategies and activities that aim to improve outcomes for children up to age twelve (0-12) who are at risk of social disadvantage. The strategy uses a formal partnership structure and agreement, in which community partners who understand community assets, strengths and gaps in the local service system make decisions about program priorities. The state-funded ***Best Start*** (DEECD, 2012) program requires the same partnership structure and local decision-making for its initiative. In terms of process, both programs are designed to promote cross-sectoral and cross-agency collaboration, which is known to facilitate improved outcomes for children and families. At a local Level, the Hume Early Years Partnership governed both the *Communities for Children* and *Best Start* programs when research for the *Hume Pathways* project was conducted.

All states and territories in Australia have, or are developing, whole-of-state government strategies for a more integrated response to the needs of children and their families. These include the *Early Years Strategy* in Western Australia, *Families NSW* in New South Wales, *Putting Families First* policy framework in Queensland, *Every Chance for Every Child* in South Australia, *Our Kids Action Plan* in Tasmania, *Building Healthier Communities* in the Northern Territory, and the *Every Child Every Chance* strategy in Victoria, which includes the *Best Start* initiative for young children.

3.2 Victorian context

In Victoria, major policies and initiatives currently include the following:

The Children, Youth and Families Act (CYFA) (DHS, 2005b) together with ***The Child Wellbeing and Safety Act (CWSA)*** (DHS, 2005a) create an overarching legislative framework designed to encourage and support a shared commitment towards Victorian children. The main purposes of the CYFA are to promote children's best interests, including a new focus on children's development; to support a more integrated system of effective and accessible child and family services, with a focus on prevention and early intervention; and to improve outcomes for children and young people in the Child Protection and out of home care service system. The CWSA presents common principles for Integrated Family Services provided to vulnerable children and families under the CYFA and for other universal and targeted services.

The Victorian Early Years Learning and Development Framework (DEECD, 2009b) is designed to help families and early childhood education and care professionals work in partnership to promote the learning and development of children aged zero to eight (0-8). The framework describes the key knowledge and skills that children will acquire during this stage and identifies how children can best acquire these building blocks of future development.

Child and Family Services Alliances (DHS-funded) are catchment-based arrangements, including registered Child and Family Service agencies in receipt of DHS-funded Integrated Family Services, along with DHS representatives from Child Protection and Family Services Partnerships. They may include other organisations in addition to this. These alliances provide a platform from which to generate shared responsibility for vulnerable children and families and enable earlier intervention to occur. The core functions of the Alliances include catchment planning, operational management and service coordination.

Integrated Family Services (IFS) program (DHS-funded) is a program that incorporates funding originally provided to deliver a range of programs including family support, strengthening families, Family Services and Family Support Innovation Projects, and new funding provided for the implementation of Child Family Information Referral and Support Teams (Child FIRST). Integrated Family Services aim to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities. Refer to section 3.2.2 below for more detail about IFS.

Child and Family Information, Referral and Support Team (Child FIRST) (DHS-funded) is an integral component of the collaborative catchment-based Integrated Family Services program delivered by each Child and Family Services Alliance. Child FIRST aims to facilitate the earlier identification of vulnerable children with significant wellbeing concerns and to intervene more promptly and appropriately. This is done through the provision of a coordinated entry point into the Child and Family Services system and a legislated requirement to prioritise access to a family services response based on greatest 'need' (level of vulnerability), as determined by an initial assessment of risks (current and cumulating), presenting needs and presence of protective factors (strengths). Child FIRST also provides information and advice, secondary consultations, or a facilitated referral to an alternative service option. The establishment of a strong profile within the catchment, with a particular focus on key professional groups and organisations, facilitates and supports effective linkages into relevant services within the wider service system. Refer to section 4 below for a detailed description of Child FIRST.

Best Start (DEECD-funded) is a Victorian place-based initiative that aims to reduce the impact of disadvantage for children with cross-sectoral coordination between early childhood, social, health and education services (DEECD, 2012). The aim of Best Start is to improve the health, development, learning and wellbeing of all children across Victoria, from conception through transition to school (zero to eight years (0 8) years). The model is a 'whole of government' policy implemented through the establishment of placed-based community partnerships.

Early Start Kindergarten Initiative (DEECD-funded) aims to provide free kindergarten to three-year-old children known to Child Protection who may also receive services from the wider child and family welfare sector in Victoria. The initiative also supports three-year-old kindergarten for Aboriginal children.

Early Childhood Development Pilot Projects (DHS-funded) aim to strengthen the integration, linkages and partnerships between the Early Childhood Education and Care (ECEC) sector and the Child and Family Services sector in Victoria. The pilot project is designed to better integrate Child Protection, Child FIRST/ Family Services and universal early years services, by building stronger partnerships between different services providers to deliver integrated and targeted support to vulnerable children, young people and their families.

Improving Victoria's Early Childhood Workforce: Working to give Victoria's children the best start in life (DEECD, 2009d) focuses on supporting the development of the early childhood workforce, including early childhood educators, early childhood intervention workers, Maternal and Child Health nurses, preschool field officers, inclusion support facilitators, and Aboriginal early childhood workers. It focuses on actions that respond to increased demand for qualified early childhood educators, improve the quality of services and meet the challenges of integrated practice. In the City of Hume, there is a need for a more experienced and bilingual workforce to meet the needs of a diverse and socially disadvantaged community. The Communities for Children and Best Start programs have funded professional development for the workforce, including training of parents to work as bilingual preschool assistants.

Towards a health and wellbeing service framework: A discussion paper for consultation (DEECD, 2010c). This paper describes the key features and objectives of the Department of Education and Early Childhood Development health and wellbeing services, outlines the challenges and opportunities that the services face, and identifies proposed elements of the health and wellbeing

service framework, including shared principles for service delivery, common service delivery domains, stronger relationships and partnerships, and effective leadership.

Child Protection, as a tertiary service and Child FIRST/ Family Services, as a secondary service, both operate in the Hume municipality, as well as throughout Victoria. The interaction between Child FIRST/ Family Services, Child Protection and universal services and community programs, as well as identification of areas where service gaps can be strengthened, is the focus of this project.

In the following paragraphs the term "**vulnerable children young people and their families**" is first used. The definition of vulnerability is a key question in this research project and in this paper. For secondary and tertiary services that deal with family functioning, the term has a specific clinical and legislative meaning. That meaning is often unknown or unclear to universal child and family services providers. The glossary at end of this report paper defines this terminology *(see: Appendix F: Glossary of terms).*

3.2.1 Child Protection

In Victoria, a child is considered in need of protection if:

- The child has suffered or is likely to suffer significant harm due to physical injury or sexual abuse or emotional or psychological harm (to the extent that the child suffers or is likely to suffer significant emotional or intellectual damage);
- The child has been abandoned;
- The child's parents are dead and no other suitable person can be found who is willing or able to care for the child; or
- The child has been or is likely to be significantly harmed as a result of not being provided basic care or effective medical, surgical or other remedial care (refer to Section S162(1) (a-f), CYFA, DHS, 2005b).

Thus in Victoria, statutory intervention is triggered due to the consequences of abusive and neglectful behaviours (Bromfield & Holzer, 2008). Cumulative harm refers to the effects of a number of unfavourable circumstances and events in a child's life that can cause significant and exponentially negative impacts on a child's sense of safety, stability and wellbeing. Cumulative harm may be 'constituted by a single act, omission or circumstance or accumulate through a series of acts, omissions or circumstances' (refer to section S162(2), CYFA (DHS, 2005b); *Cumulative Harm: A Conceptual Overview* (DHS, 2007b); and *Child Development & Trauma Guide* (DHS, 2007c) for further information).

3.2.2 Integrated Family Services

The Integrated Family Services (IFS) program provides a comprehensive range of services and approaches, including:

- Identification of pathways and key transition points that focus on earlier intervention and diversion to prevent families' premature or unnecessary progression into the tertiary Child Protection system;
- A strengths-based approach and comprehensive needs and risk assessment;
- Capacity to provide intensive, multidisciplinary responses;
- Authorisation to consult with or make reports to Child Protection when a child is believed to be in need of protection; and
- Centralised Intake points within designated Child and Family Services catchments (known as Child FIRST).

The target group for IFS is vulnerable, children young people and their families who are likely to experience greater challenges as the child or young person's development has been affected by the experience of risk factors and/ or cumulative harm and/ or who are at risk of problems escalating and becoming involved with Child Protection if problems are not addressed. The intention is to provide services to the target group earlier, to protect children and young people and improve family functioning (DHS, 2010). Registered Child and Family Services agencies in receipt of DHS-funded Integrated Family Services funds are legislatively required to be a core partner in the catchment-based Child and Family Services Alliances. Other representatives may include the Department of Human Services (Child Protection and Family Services Partnerships) other organisations, including Local Council representatives.

The Strategic Framework for Family Services outlines the service approach for working with vulnerable children and their families (DHS, 2007a). It articulates the need for services to provide a suite of services that:

- Are tailored to meet the needs of the child, young person and their family;
- Provide earlier intervention services to prevent premature and unnecessary involvement with Child Protection services where there are risk factors and neglect/ cumulative harm indicators present for children, young people and their families;
- Provide short and longer term support tailored to families with complex needs;
- Use a child-youth centred, family-focused approach to ensure services are provided in the ‘best interests’ of the child; and
- Work collaboratively with Child Protection to develop effective diversionary responses aimed at preventing families’ premature or unnecessary progression into the statutory Child Protection system.

The IFS program is delivered within a casework framework. Casework interventions are determined by an assessment of needs and strengths and development of a Child and Family Action Plan to address the needs identified. The allocated caseworker is also responsible for managing the case. Regular case reviews, based on ongoing assessments, inform the revision of the Child and Family Action Plan and case closure decisions.

3.2.3 Child FIRST

Child FIRST responds to need by connecting vulnerable children, young people and their families to the services they require to protect and promote their healthy development. Families requiring the support of registered Child and Family Service agencies via the IFS program (often also known as Child FIRST/ Family Services) generally have multiple and complex needs, which can adversely impact on a child’s development if appropriate supports and interventions are not provided in a timely manner. Significant concerns about the child’s wellbeing and development are highlighted by how often issues are occurring, how serious the issues are and most importantly how the issues are affecting the child’s development (KPMG, 2009).

The rationale for Child FIRST was arrived at from analyses presented in *An Integrated Strategy for Child Protection and Placement Services and Protecting Children: The Child Protection Outcomes Project* (DHS, 2002) and *Protecting Children: Ten priorities for children’s well-being and safety* (Allen Consulting Group, 2003), which highlighted a need for greater support for:

- Children, young people and families ‘cycling’ between Child Protection and other services, who would be best supported in a community setting (such as Integrated Family Services); and
- Children, young people and families experiencing more serious risk factors, cycling in and out of Child Protection, and gradually penetrating deeper into the statutory system (KPMG, 2009).

Child FIRST is a key component of the IFS program. The catchment-based Child and Family Services Alliance is responsible for the governance of the catchment operating model supporting the planning, development and implementation of the HMIFS practice model. This governance includes the Child FIRST Intake Service, the coordinated prioritisation and allocation processes, and service integration initiatives involving Child Protection, IFS providers and a wide range of other organisations to achieve a strengthened service response and improved outcomes for vulnerable children, young people and their families.

The core functions of Child FIRST are:

- Information and advice;
- Initial screening and an initial risk and needs assessment;
- Service prioritisation; referral to registered Child and Family Service agencies (in receipt of Integrated Family Services funding and also known as Family Services); and
- Referrals to other services.

Clear mechanisms for Child Protection to refer cases to Integrated Family Services (i.e. through Child FIRST Intake) exist, with support from Community Based Child Protection Workers who offer advice and support to Integrated Family Services as they undertake risk assessment and consider 'how best to work' with more complex families (KPMG, 2009).

The *Child Protection and Integrated Family Services State-wide Agreement* (Shell Agreement, 2010) articulates relevant legislative requirements (what the law permits and prescribes), policy requirements (how the system works), high level state-wide practice guidelines and, in specific instances, state-wide procedural requirements (how these are to be implemented) between Child Protection and IFS (including Child FIRST). This document replaced earlier versions of the *Shell Agreement* that have been progressively adapted since the initial inception of Child FIRST in 2007.

3.3 Local government context

In recognition of the importance of the local government sector and the community sector in service delivery, the Victorian Government has developed a range of policy frameworks to assist in creating suitable policy settings for the broader early childhood education and care sector to operate. These have included:

- ***Partnership Arrangements with Local Government*** aimed at promoting a high quality working relationship between the Department of Human Services and the Municipal Association of Victoria.
- ***Municipal Early Years Plans (MEYPs)*** aimed at providing a planning framework for local governments by articulating their role in the planning, service delivery, infrastructure provision, advocacy and community development for children aged zero to twelve (0-12) years (Municipal Association of Victoria, 2007). The City of Hume has an Early Years plan that was developed and is being implemented in collaboration with the HEY Partnership.
- A number of partnering agreements between the Victorian Government and the community sector are in place in recognition of the community sector's important role in service delivery, advocacy and partnering with government in the policy development process. These include the Licensed Children's Services and Victorian Schools; and School Attendance and Engagement of Children and Young People in Out of Home Care; Department of Human Services and the Health, Housing and Community Sector (DEECD, 2003).

3.4 Discussion

The various policies and initiatives undertaken by governments in Australia and elsewhere share a number of common features (Moore & Skinner, 2010). These include:

- Reducing Child Protection rates;
- Integrating early childhood services;
- Finding more effective ways of reaching vulnerable children and families;
- Shifting services to a promotion / prevention focus;
- Monitoring children's development and well-being more effectively;
- mproving the quality of early childhood services; and
- Increasing the use of evidence-based practices.

The aim of these various reforms for the early childhood services and the Child and Family Services systems is to transform a fragmented, diverse and disconnected system into an integrated service system of high quality connected services for all children and families. This is a challenging goal, and while there is optimism that efforts to alter the circumstances in which families are raising young children will be successful, the initiatives have been relatively modest so far and have not yet begun to make inroads. There is a need to clearly identify how to reconfigure the service system so as to support families more effectively: a complex matter when efforts to bring about positive change exist in a landscape of diverse social needs.

In Australia, the integration of systems of comprehensive support for children linking preschools, community agencies and schools with families is evolving. Local partnerships between agencies are able to impact on access to ECEC and the development of systems thinking, through collaborative efforts and a shared agenda for improvement. However, further understanding about the factors affecting quality in ECEC programs is needed.

4. Literature scan: What is an effective service system for families?

Based on emerging research, the latest evidence (CCCH, 2009b) indicates that the key characteristics of a system able to deliver services in a way that meets the needs of families with complex needs include:

- An ability to understand and respond to the needs of the community;
- A capacity to provide opportunities to families with complex needs to meaningfully engage with mainstream services; and
- A 'seamless structure' of pathways between services that families with complex needs can navigate easily and seamlessly.

4.1 Integrated service systems model

Services have traditionally been categorised as universal, targeted and treatment focused (Holzer, Bromfield, Richardson, & Higgins, Autumn 2006; Schmied, et al., 2009); however, in an integrated model, services are often categorised as universal (primary), secondary and tertiary. Thus the service system for families and young children can be conceptualised as providing a primary or universal, a secondary or targeted response and a tertiary or treatment response. This is further described below.

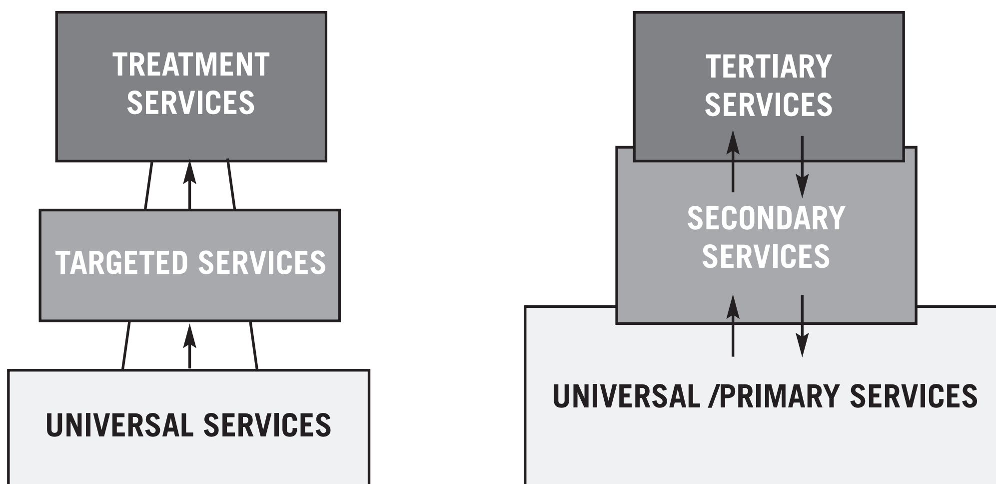
Table 1: Traditional and Integrated Service System Models

Focus	Traditional System	Integrated System	Service Examples
Universal or Primary or services All Children and families	Aim to substantiate the wellbeing of all children and families before problems arise- Universal services are designed to promote positive functioning and decrease the likelihood of specific problems or disorders developing.	Aim to support the wellbeing of all children and families before problems arise. Universal services act as a platform for preventing neglect and abuse. Such services are not only available to the whole population but also accessible to and accessed by most people. Factors affecting accessibility include location, cost, opening hours, and inclusiveness.	Universal Services including Maternal and Child Health, kindergarten, childcare and schools are available to all children and populations. They provide education care and Health Services to children and their families.
Secondary or targeted services Families with issues and conditions that are either mild or moderate	Aim to provide specialised services to address specific risk factors that compromise parenting in vulnerable families and that cannot be provided by universal services. Targeted services are available to selected groups or individuals who are known to be at risk of developing a particular health or developmental problem, and designed to reduce the likelihood of the problem developing.	Aim to provide special-ised services to address specific risk factors that compromise parenting in vulnerable families and that cannot be provided by universal services. Provided with the family's consent and intervening earlier to support families to promote the safety, stability and develop-ment of children, before they reach the point of requiring further special-ist services or tertiary interventions.	Services such as counselling or speech pathology provide interventions before symptoms or disorders become entrenched, which is particularly important for conditions when treatment results are inconsistent or when tertiary services are over-stretched.

Focus	Traditional System	Integrated System	Service Examples
Tertiary or treatment services Families with chronic, complex and severe issues	Aim to provide protection of children whose families experience acute or chronic issues, often characterised by the presence of risk factors. Available to individuals or families who have an established condition or problem, and designed either to eliminate the condition or problem, or, if this is not possible, to minimise its negative impact.	Aim to protect children who have experienced child abuse and neglect and to ensure that the problems do not continue. Services tend to be statutory interventions requiring a court order that ensures the participation of the Child and Family Service (i.e. though desirable, family consent is not obligatory).	Child Protection can make a difference to children's developmental pathways as it can have the capa-city to resolve acute problems as well as to tackle the most difficult chronic conditions.

In the traditional service system, targeted and treatment services are mostly located separately from universal services both physically and operationally; there are referral 'bottlenecks' that result in delays to service provision and the communication between services tends to be one-way (*Figure 1*). In this system, services have difficulties meeting the needs of all children and families effectively, because they are dependent upon scarce resources (Huang et al., 2005). Too great an emphasis on the provision of universal services and treatment services leaves many children and families in the middle band in limbo, unable to obtain the specialist services they need (Sawyer et al., 2000; Sayal, 2006).

Figure 1: Traditional and Integrated Systems



In order to improve outcomes for the all those in society, including the most vulnerable, universal, targeted and treatment services for young children and their families need to be effective, efficient and flexible for all those along the spectrum of need. In the traditional service system however, services are limited in their ability to respond to needs that fall outside the ambit of the service's core business. Current research indicates that the existing service system of universal, targeted and treatment services needs to be remodelled as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universally available primary services. This approach differs from the traditional system in the following ways:

- It has greater capacity to respond to emerging problems and conditions, rather than waiting for problems to escalate in severity in order for families to be eligible for service;
- It focuses on targeting problems as they emerge through the secondary and tertiary layers rather than targeting people as risk categories; thus avoiding unnecessary stigmatisation;
- It aims to drive expertise down to universal and secondary services, facilitating collaboration and strengthening the capacity of these services to deliver prevention and early intervention strategies; and
- In its ideal form, it consists of outreach bases that are co-located with universal services, to facilitate collaboration and consultant support (CCCH, 2006).

In practice, the development of universal prevention-focused services entails joined-up services with highly trained staff members reaching out to the community to engage with young children and their families. These services need to be able to identify and address issues concerning family functioning and/ or child development. The development of Victorian and Australian Government policy and funding with respect to integrated hub-based services is consistent with a universal prevention-focused approach. Within this model, priority is placed on universal support services, such as education and health services, being available for all families. More intensive secondary services, such as family and early parenting services are required for families that need additional assistance. These services are focused on prevention and earlier intervention. Tertiary services, such as Child Protection, are seen as a last resort and the less desirable outcome for families, but remain an essential element of the service continuum. It should be noted that the intent of many of the current reforms incorporates some of the integrated service system model, so some of the following points are evident in the current system in the Hume Moreland catchment area.

4.2 Universal services

Universal Services such as kindergarten, childcare and schools provide education as well as a framework for education that commences in childcare and preschool and is developed over the school years. Some, such as Maternal and Child Health (MCH) services, provide parenting support for all who access them, including linkages to secondary and tertiary services if needed. Universal programs are particularly beneficial for the most disadvantaged children, in that they can provide opportunities not available within the family (Barnett, Brown, & Shore, 2004; Karoly, Kilburn, & Cannon, 2005; Melhuish, 2003). Ideally, all services aim to operate in partnership with parents and carers.

There is evidence that universal programs with progressive and highly trained staff, including schools (Patton et al., 2006) and preschool programs (Barnett, et al., 2004; Gormley, Gayer, Phillips, & Dawson, 2005), can be effective in identifying and preventing poor education outcomes and welfare concerns. Since they are available to all children and populations there is no labelling or stigma involved, which assists these services to be effective in reaching at-risk children. Many types of community programs, including playgroups and Community Hubs, support the early engagement of families in services by linking them to social supports and universal services. In Hume, the strategic development of such programs (particularly through the *Communities for Children* program) has contributed to children's increased participation in universal ECEC services over a five-year timeframe. The programs have also contributed to increased parenting confidence and children's improved school readiness (CCCH, 2010a).

Universal programs are also particularly beneficial for the most disadvantaged children and families in and of themselves (Barnett, et al., 2004; Karoly, et al., 2005; Melhuish, 2003). There is evidence that universal programs, including schools (Patton et al, 2006) and preschool programs (Barnett, et al., 2004; Gormley, et al., 2005), can be effective for a number of conditions and that there should be a universal service approach to a range of community services, including Child Protection. For instance, Sanders and colleagues (2003) argue that to reduce the prevalence of child maltreatment, there is a need to adopt a population-level approach, creating community-wide

support structures to support positive parenting. However, universal services are not designed to and cannot compensate for parental care and bonding nor adequate nutrition and stimulation. The necessary conditions for a seamless service system include timely identification of needs and appropriate referrals to specialist or secondary services by universal services. This is turn requires parental engagement; progressive, highly trained staff; and comprehensive screening and assessment practices at the universal service level.

4.3 Secondary services

Secondary services consist of a range of targeted services, including Enhanced Maternal and Child Health (EMCH), IFS (Child FIRST/ Family Services), early parenting centres, Allied Health (such as speech and occupational therapy), Aboriginal family services, mental health, drug and alcohol and family violence services. All of these services can assist in addressing issues before they become entrenched.

Research indicates that the secondary approach can have its disadvantages. Screening procedures often fail to identify many individuals who ultimately develop problems (Gillham, 2003). Intake is often risk based and even when risks are relatively easy to identify, developmental pathways to subsequent poor health and developmental outcomes are complex and not well understood (Blair & Stanley, 2002; Cowen, 2000). It is often not clear what form the secondary service should take in order to be effective. Secondary services can also be stigmatising, making them less attractive to many families.

There has been a recent shift in secondary services, such as EMCH services, to expand the focus from the child to the entire family. This shift is a result of the increased understanding of psychosocial or ecological effects[1] on child and family functioning and health (Kruske, Barclay, & Schmied, 2006). Service shifts also reflect an increasing need for strengths-based and collaborative approaches in working with families. These shifts should be reflected in the target, focus and type of intervention central to the work of the services. The assumption that directing secondary services towards the primary client (usually the mother or father) will in turn improve outcomes for the child may not always hold true. Research suggests that changing parenting behaviour does not necessarily translate into improved outcomes for a child, unless the changed behaviour is directed towards the child and child-parent relationship (Kruske, et al., 2006). This indicates that secondary services need to work toward documenting clearly defined program logic.

The risk factors that define secondary service eligibility often suggest that in fact a tertiary service response is actually required. A more appropriate approach to eligibility determination may comprise a needs-based assessment. This would require clearly articulated service practices, so that family needs can be matched to service capacity, with a clear program logic approach for secondary services to guide their service model and practice strategies.

Such developments are implicit within the Child and Family Services reforms in Victoria, which have seen the repositioning of IFS (Child FIRST/ Family Services) within the secondary services system, where the requirement to prioritise on greatest need legislatively guides and informs service access. The focus of the initial assessment is the identification of:

- Risks, needs and strengths impacting on the safety, stability and development of the child or young person;
- Within the context of their family situation, individuality, developmental stage, social circumstances, cultural or linguistic identity;
- With reference to the history and progression of these risks and needs; and
- With reference to the nature of previous engagements with Child Protection, Family Services and related services (refer to the *Strategic Framework for Family Services,* (DHS, 2007a).

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[1] I.e. the knowledge that child health and wellbeing is strongly correlated with parent and family health and wellbeing (which is in turn affected by the family's social or economic inclusion or exclusion in society).

4.4 Tertiary services

Tertiary services such as Child Protection, out of home care, youth justice and Parenting Assessment and Skills Development Service (PASDS) can make a difference to children's developmental pathways, as they have the capacity to resolve acute problems and tackle the most difficult chronic conditions. However, these services have limitations. Because they are only available to those who meet specified criteria, they are unable to respond to emerging needs and problems and miss opportunities to reduce the number of families needing help (Tolan & Dodge, 2005). Furthermore, by the time children and families become eligible for treatment (or tertiary) services, their problems are often so severely entrenched that they are difficult to shift (Fonagy, 2001).

4.5 Discussion

As outlined above, a successful integrated system is effective, efficient and flexible. An integrated system focuses on early intervention; promotes positive health and development; encourages two-way communication between service layers; and reduces stigmatisation by dealing with issues as they arise, rather than targeting at-risk groups. Practitioners from all service levels should have a wide selection of resources in their toolkit in order to facilitate effective responses to a variety of needs. Otherwise, an integrated model will not be effectively executed. Services in an integrated system need to be able to identify and address issues with family functioning and/ or child development. Accordingly, there has been a shift to categorise and rename these as universal, secondary and tertiary, as has been applied throughout this report.

The diagram in *Appendix C* illustrates the continuum of Child and Family Services in Victoria (from pregnancy to four (0-4) years), highlighting the place of DHS-funded early parenting services within the universal, secondary and tertiary levels (DHS, 2010).

Collaborative initiatives based on a professional development and service capacity building framework involving universal, secondary and tertiary services can be beneficial through knowledge and skill enhancement and strengthened referral pathways, service linkages and greater service coordination. However, such initiatives alone cannot address more fundamental constraints resulting from systemic barriers, including a finite resource base. The current system is characterised by shortages and service pressures at the universal, secondary and tertiary levels and real concerns there are insufficient resources to provide appropriate and timely interventions for all those who need them. As such, reforms are necessary to ensure all families are able to access timely, relevant and high quality services when needed.

At the policy level, Victorian Child and Family Services reforms emanating from the government's *Putting Children First* policy framework and the subsequent legislative, planning and practice frameworks have been implemented through the *Every Child Every Chance* strategy. Locally, in light of these reforms and the systems issues already raised in this section, service integration has been identified as a key determinant for securing the achievement of a strengthened service response and improved outcomes for vulnerable children and their families.

In reflecting on identified and emerging service gaps, greater targeting of secondary services to contain demand pressures within the context of a finite resource base should be considered. These gaps currently mean that families showing early signs of distress find it increasingly hard to access additional support from universal services because of overall service workload pressures, or from targeted services because of the high levels of demand from families with multiple and complex needs and the requirement to prioritise service access based on greatest need. Driving expertise into the universal system; ensuring that secondary services focus on meeting needs through adequate assessment and clear logic models; and integrating service delivery are the crucial developments required to create an inclusive and responsive service system that is able to meet the needs of all families.

5. What is happening in Hume-Moreland?

The neighbouring cities of Hume and Moreland each have a wide range of cultural and linguistic diversity as well as areas of significant economic and social disadvantage compared to the state average. Hume municipality in particular has been the subject of a number of federal, state and local initiatives because of its identified disadvantage. This section of the report aims to explore the issues faced by the local population and existing program and partnership responses to these concerns.

5.1 Demographic information

The Hume municipality covers 504 square kilometres and is located 20 kilometres northwest of the centre of Melbourne. It includes the disadvantaged neighbourhoods of Broadmeadows, Campbellfield, Coolaroo, Dallas, Jacana and Meadow Heights. The municipality has benefited from a history of strongly collaborative service delivery. The central suburb of Broadmeadows is a hub for services throughout the large urban fringe municipality of Hume. The site is a vibrant multicultural centre, with many strong and well-established community groups that are articulate, skilled and active in working for and with their communities. The residential population of the Statistical Local Area (SLA) is 159,294 with 12.3 per cent of the population (19,642) children aged zero to nine (0-9) years (ABS, 2011). However, transience and homelessness are issues affecting the accuracy of population estimations and projections. Homelessness has been identified as a significant issue in the Hume area that is closely linked to domestic violence and Child Protection involvement.

Like many communities living with socioeconomic disadvantage, the City of Hume has a range of community strengths. It is these strengths that assist the implementation of programs such as Communities for Children in building on and developing existing underlying strengths. The strengths and vulnerabilities identified in the table below are drawn from the Broadmeadows Communities for Children Final Evaluation Report 2010 (CCCH, 2010a).

Table 1: Hume (Broadmeadows) Strengths and vulnerabilities

Strengths	Vulnerabilities
Vibrant multicultural diversity	Unemployment
Good place to bring up children	Socio-economic disadvantage
Emergency relief available	Low income
Regeneration of neighbourhoods	Housing disadvantage
People willingly help their neighbours	Lower participation in preschools
Neighbourhood stability – not planning to move away	AEDI results – developmental vulnerability across one or more domains
Strong network of services working effectively together	Newly arrived migrants – limited knowledge of access to services

5.1.1 SEIFA data

The Socio-Economic Index for Areas (SEIFA) is a relative measure of disadvantage produced by the Australian Bureau of Statistics (ABS). It uses ABS Census data and serves as a proxy measure of Socio-Economic Status (SES) for areas of various levels or sizes. The 2011 SEIFA index of disadvantage for Hume is shown below. Table available on Hume Council website.

Table 3: SEIFA index of disadvantage- Hume City small areas

SEIFA index of disadvantage Hume City's small areas (ranked from greatest to least disadvantaged	2006 SEIFA index of disadvantage
Dallas	770.2
Broadmeadows	771.8
Coolaroo	804.6
Campbellfield - Somerton	811.7
Meadow Heights	821.3
Jacana	889.7
Roxburgh Park	924.1
Hume City	951.8
Tullamarine	973.2
Gladstone Park	985.3
Craigieburn	990.1
Westmeadows	992.6
Australia	1002.0
Victoria	1009.6
Greater Melbourne	1020.3
Sunbury	1039.0
Airport - Rural	1048.1
Greenvale	1059.4
Attwood	1066.4
STATE AVEARGE	**1012.2**

In the most recent[2] SEIFA IRSAD (Index of Relative Socio-economic Advantage and Disadvantage), Hume was ranked as among the three most disadvantaged LGA's[3] in the Greater Melbourne area.[4] However, there is great variation in SIEFA scores across suburbs and other small areas levels in Hume: from well below the state average to above the state average (ABS, 2011). The lower the SEFIA score, the greater level of disadvantage.

5.1.2 AEDI data

The Australian Early Development Index is a 100-item checklist completed by teachers on all children across Australia in their first year of primary school in three-year data collection cycles since 2006 (AEDI, 2012). It measures development in five key domains: physical health and wellbeing; social knowledge and competence; emotional maturity; language and cognitive development; communication skills and general knowledge. As such the AEDI serves as a census for children aged approximately five years old.

In 2009, 223 teachers from 113 schools (both government and non-government) across the Hume LGA completed AEDI checklists on all school children in their preparatory (prep) year. 2012 data have also been collected; however, these results are as yet unavailable. Figures for Hume community 2009 AEDI results are outlined below (AEDI, 2009).

Table 4: Summary of 2009 AEDI Results for Hume

AEDI Domains	Percentage of children children on track ^	Percentage of Children develop-mentally vulnerable *
Physical health and wellbeing	75.0%	10.5%
Social competence	67.4%	14.6%
Emotional maturity	69.5%	11.0%
Language and cognitive skills (school-based)	75.1%	10.3%
Communication skills and general knowledge	65.8%	14.8%

^ Children who score above the 25th percentile (in the top 75 per cent) when compared to the AEDI population are classified as 'on track'.

* Children who score in the lowest 10 per cent when compared to the AEDI population are classified as 'developmentally vulnerable'. These children demonstrate much lower than average developmental competencies as measured in that domain.

Overall it was found that 29.6 per cent of children were developmentally vulnerable on one or more domains of the AEDI, compared to national figure of 23.5 per cent. In addition 16.5 per cent of children were found to be developmentally vulnerable on two or more domains, compared to the national figure of 11.8 per cent. As with other datasets, there are variations across the municipality, with some areas faring better than others. In the Hume-Broadmeadows *Communities for Children* target area, 2009 AEDI results indicate that children have twice the developmental vulnerability of children in Victoria in three suburbs, and three times the developmental vulnerability on two or more domains in one suburb.

[2] SEIFA 2011

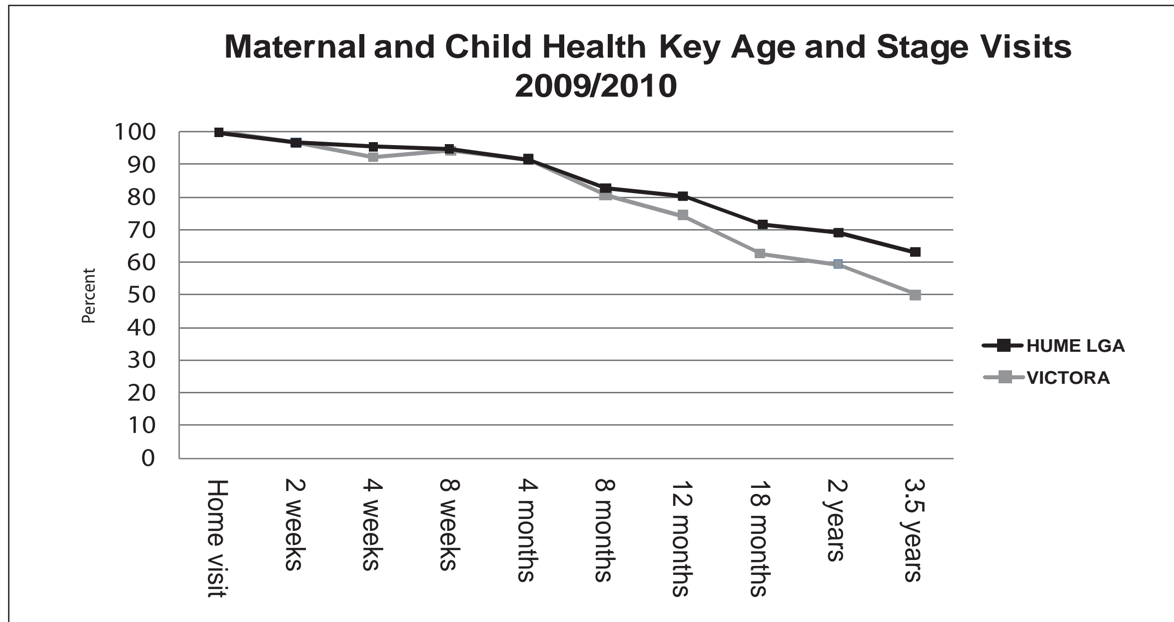
[3] Caution is required here as the ranking system is relative (for example all the top 10 disadvantaged areas have similar levels of socio-economic disadvantage.

[4] There are a total of 79 LGAs in the Greater Melbourne Statistical Division

5.1.3 Maternal and Child Health data

The table below shows the number of Maternal Child Health Key Ages and Stages visits compared to the state average (CCCH, 2010b).

Figure 2: Comparison of Maternal and Child Health Key Age and Stage Visits



As the table above shows, there is a significant drop-off in usage of the MCH service in Hume compared with the state average at twelve months. From that point the gap becomes larger until the three and a half year point. This reveals that the MCH service is not used to its optimal level. Together with the rates of developmental vulnerabilities seen in the AEDI results, a picture emerges of higher than average numbers of children in the region experiencing suboptimal outcomes in the early years, compared with state averages. This trend is further reflected in findings from Child Protection data, as outlined in the following section.

5.1.4 Child Protection data

In the last few decades, families have under gone significant change and become more complex in nature. This trend is reflected in the Hume area. From the demand side, Child Protection's service issues have been attributed to the increasingly complex nature of problems some families are experiencing. Complex in this sense implies multiple, chronic and prolonged issues arising from a variety of factors, including rising socio-economic disadvantage; high rates of underemployment; poor housing affordability; and increasing pressures related to parenting and families such as family violence, drug and alcohol use and mental health issues (KPMG, 2009). These issues and pressures have affected the ability of some parents to adequately respond to the needs of their children and it has become a significant challenge for services to provide effective interventions for these families.

According to data provided by Child Protection for October 2010, there were 1,333 Child Protection cases from the North West Metropolitan Region (i.e. not only Hume but a much larger regional catchment area) who were on statutory orders (10.87 per cent of the total number of reports). This is higher than the state average of around nine per cent, indicating that Hume is situated within and surrounded by a larger context of locational disadvantage.

5.2 Program responses

In the Hume Moreland catchment area, as elsewhere in Victoria, the combined local, state and federal government policy context is currently perceived to create barriers to the development of a progressive integrated service system. The local service system is characterised by features of a traditional model, in which each of the three service levels operate within the boundaries of:

- Discrete categories of clientele;
- Inflexible operational norms;
- Limited parameters of service delivery; and
- Service levels operating in silos.

5.2.1 Initiatives and programs

Section Three (3) above outlines the national and state early childhood and Child and Family Services policy reforms that are being implemented in regions, subregions, catchments and local municipalities throughout the country. Many of the initiatives linked in to these reforms are currently operating in Hume and include:

Communities for Children

This program provides prevention and 'early' intervention programs (see glossary for full definition) to families with children aged zero to twelve (0-12) years. The site is based in the Broadmeadows area and includes the suburbs of Broadmeadows, Campbellfield, Coolaroo, Dallas, Jacana and Meadow Heights. In 2011 this site was expanded to the whole of Hume and became one of 10 pilot sites for the Building Australia's Future Workforce (BAFW) measures that includes supporting young families and Jobless Families initiative (to be implemented in 2012). The Hume Early Years Partnership supports the Hume Broadmeadows Communities for Children program, of which this research project is an initiative in collaboration with the HMIFS Alliance.

Best Start

Best Start is a Victorian Government strategy for early years' services to support families, caregivers and communities to provide the best possible environment, experiences and care for young children in the important years from pregnancy to school. In the City of Hume, the Best Start program is joined up in planning and partnership structure with the Communities for Children program, with Broadmeadows UnitingCare as the auspice for both programs. Best Start in Hume has a governance model with Dianella Community Health, Lentara UnitingCare and Hume City Council as lead partners.

Growing Communities/ Thriving Children

A Victorian Government initiative for rapidly expanding communities, which aims to increase the social infrastructure of rapidly expanding and poorly serviced (rural-metropolitan) 'interface' council areas.

Schools Redevelopment

This involved the merger and rebuilding of thirteen schools in the local Broadmeadows area, including three new preschools within Primary Schools.

Neighbourhood Renewal Program

This is a Victorian program to empower and revive significantly disadvantaged communities. It aims to narrow the gap between disadvantaged communities and the rest of the State. It is an approach that brings together the resources and ideas of residents, governments, businesses and community groups to tackle disadvantage in areas with concentrations of public housing in the City of Hume. The Broadmeadows Program has recently completed its funding cycle.

Municipal Early Years Plan

Municipal Early Years Plans are a local government response to planning in the ECEC service sector, a local area strategic plan for development and coordination of early education, care and health services, activities and other local developments for young children. An MEYP is tailored to suit local circumstances. The Plan is not intended to be a plan for the whole service system within a municipality, but to provide a starting point. It articulates council's role in service and infrastructure provision, planning, advocacy and community development for children aged zero to twelve (0-12) years. The Hume Council Plan 2009-2013 can be located on the Hume Council website.

Early Start Kindergarten Initiative

The Early Start Kindergarten initiative is a Victorian Government-funded program, administered by DEECD, to improve access to kindergarten for children known to Child Protection at three years of age. It provides funding for all eligible three year-old children to attend 10.75 hours per week of kindergarten at no financial cost in 2011. This is up from up to five hours per week for free for children known to Child Protection in 2010. In the City of Hume, the Pilot project included funding by *Communities for Children* for a Professional Development program for over 25 agencies. In 2010/2011, Orana UnitingCare led the Hume project in collaboration with Hume Early Years Partnership members.

Hume-Moreland Integrated Family Services (HMIFS) Alliance

The Hume Moreland Integrated Family Services Alliance (IFS) is a Victorian Government-funded response to vulnerable children (aged zero to eighteen) and their families living in the local municipalities of Hume and Moreland. Core partners in the Alliance include registered Child and Family Services agencies in receipt of IFS funds that are legislatively required to work collaboratively with DHS (Child Protection and Family Services Partnerships) to achieve a strengthened service response and improved outcomes for vulnerable children, young people and their families living in the local municipalities of Hume and Moreland (refer Sections 3 above and 5.3.3 below).

Hume Moreland Early Childhood Development Pilot Project (ECDPP)

This Victorian Government-funded pilot administered by the Department of Human Services was originally funded in 2010 for an eighteen-month period and extended for an additional eight-month period during 2011. The intent of this pilot, through the engagement of a Senior Early Childhood Development Coordinator (SECDC), is to provide vulnerable children (aged zero to five (0-5)) living in the Hume and Moreland municipalities with improved opportunities for accessing and engaging with universal and secondary ECEC services in the catchment area. This pilot project is focused on achieving systemic improvements for vulnerable children through:

- Developing and enhancing partnerships between Child FIRST/ Family Services and universal and secondary ECEC services; and
- Service enhancements for vulnerable children through the development and facilitation of targeted capacity building activities to enhance Child FIRST/ Family Services and ECEC practitioners in assessing, planning and responding to early childhood developmental needs.

The project is hosted by Broadmeadows UnitingCare[5] and structurally functions within the HMIFS Alliance governance and operational arrangements. Through service engagement with the SECDC, the pilot offers secondary consultation to Child FIRST/ Family Services workers, resources and support for local workers in both sectors.

[5] Lentara UnitingCare as of 2012.

Child and Family Services reforms

In response to the Child and Family Service system reforms outlined in Section 3, the registered Child and Family Service agencies in receipt of IFS funding in the local municipalities of Hume and Moreland in the North and West Metropolitan Region of Melbourne formed a collaborative partnership known as the Hume Moreland Integrated Family Services (HMIFS) Alliance. The Alliance's brief has been to plan, develop and implement the HMIFS program.

The HMIFS program seeks to achieve service improvements and better outcomes for vulnerable children, young people and their families through the formation of a collaborative partnership known as the HMIFS Alliance and through the development of the Hume Moreland Catchment Operating Model. The model supports the provision of an integrated service response that is able to more effectively meet the needs of vulnerable children, young people and their families living within the local municipalities of Hume and Moreland. The development and progressive implementation of the HMIFS day-to-day practice model is central to achieving the project's intended outcomes (refer Section 5.3.3 below).

5.3 Collaboration and partnership responses

5.3.1 Hume Early Years Partnership

The Broadmeadows Best Start Partnership Group began in 2003 and become the Hume Early Years (HEY) Partnership in 2008, with coverage extended to the whole of Hume City. The Partnership works with a signed Partnership agreement, joining members together to strengthen and coordinate existing activities and programs for children and families. Parents are regularly consulted within the many community development projects that are underway, and presentations by local parents are included in the Partnership agenda on a regular basis.

The formal structures of the HEY Partnership enable local government, non-government organisations, community health, neighbourhood houses, family support agencies and primary schools to network, collaborate and share goals, resources, leadership and power. Community partnerships provide a way of bringing many aspects of child, family and community needs together, setting priorities and mobilising action. Partnership approaches take time to achieve measurable outcomes at a community level; however, HEY partners believe a long-term commitment to relationship building will support sustainability for their work.

5.3.2 Hume Children and Family Services Network

The Hume Children and Family Services (HCFS) Network is a collegial, practitioner-based service network that was established in 1994. The aim of the HCFS Network is to promote effective links and mutual support between agencies that provide services to children and families living in the southern area of the City of Hume.

5.3.3 Hume Moreland Integrated Family Services (HMIFS) Alliance and Child FIRST

The HMIFS Alliance is a key partnership platform between the registered Child and Family Service agencies operating in Hume and Moreland, Department of Human Services (Child Protection & Family Services Partnerships) and representatives from the local municipalities of Hume & Moreland & Dianella Community Health Service. It is committed to developing and delivering creative and collaborative Child and Family Services for vulnerable children, young people and their families who live in the Cities of Hume and Moreland. HMIFS works in conjunction with other community groups and providers of services including: drug and alcohol; mental health; housing; Child Protection; disability; family support; kindergartens; schools; and hospitals. Alliance partners at the time of this

research include Orana UnitingCare[6], Anglicare Victoria, Broadmeadows UnitingCare[7], Merri Community Health Services, Sunbury Community Health, the Victorian Aboriginal Child Care Agency (VACCA), the Department of Human Services (Child Protection and Family Services Partnerships), Dianella Community Health, Hume City Council and Moreland City Council. The Alliance is continuing to enter into a range of formal arrangements with key stakeholders, including Family Violence, Mental Health and early years services, to strengthen coordinated planning and support service integration.

Child FIRST functions

In the Hume Moreland catchment area, Child FIRST fulfils a range of functions. Its role is to provide a centralised, coordinated point of contact and follow-up for families and professionals. This includes:

- Accept referrals where there are significant concerns for the wellbeing of children, young people or pregnant mothers, including confidential wellbeing concern referrals where the parents/guardians are unable or reluctant to seek support to assist their family;
- Provide information and advice to referrers;
- Conduct an initial needs assessment for eligible referrals to determine an appropriate service response;
- Facilitate consultations with an Aboriginal Liaison worker and specialist Culturally and Linguistically Diverse (CALD) workers to support service responses;
- Consult with Community Based Child Protection Workers (CBCPWs) to determine the most appropriate service response for families in specific cases;
- Provide a gateway into the services offered by HMIFS agencies;
- Coordinate weekly Case Prioritisation, Allocation and Review Meetings, where Family Services agencies meet together with Community Based Child Protection Workers to jointly decide about the allocation of cases, based on initial assessments and prioritisation of need; and
- Participate in a range of community education sessions with a wide range of professional and community groups.

HMIFS practice model

HMIFS is available to families that reside in the local municipalities of Hume and Moreland with children aged zero to eighteen (0-18) or with an as-yet unborn child. With reference to *Figure 3* below, the HMIFS Practice model has three phases:

1) Referral and Intake phase (Hume Moreland Child FIRST and specific HMIFS partner agencies, undertaking a Local Intake function)

Hume Moreland Child FIRST processes all Child Protection referrals, focusing on third party referrers and new contacts; including professionals and community groups, as well as family, friends and self-referrals. Local Intakes are undertaken by Anglicare (Hume Moreland), Broadmeadows UnitingCare, (now known as Lentara UnitingCare), Merri Community Health and the Victorian Aboriginal Child Care Agency (VACCA), with a focus on walk-ins and clients who have a previous association with the agency.

[6] These are services in receipt of DHS-funded Integrated Family Services monies (which includes Child FIRST). From March 2008 to end August 2011, DHS funded Orana UnitingCare to fulfil the roles of HMIFS Alliance facilitating partner, Hume Moreland Child FIRST provider and Integrated Family Services provider in the local municipality of Hume. From 1st September 2011, responsibility for these roles shifted to Kildonan UnitingCare.

[7] Lentara UnitingCare as of 2012.

An initial needs and risk assessment determines whether a case is progressed to the Weekly Allocations meeting for allocation to a caseworker or whether the case is closed at the Intake phase. This occurs for a number of reasons, including the identification of a more appropriate service option with a facilitated referral being undertaken; the need to make a report to Child Protection being identified and actioned; or the family not agreeing to a family services response. While acknowledging the voluntary nature of Family Services, Hume Moreland Child FIRST and the Local Intake agencies seek to proactively engage families where significant concerns about children's wellbeing have been identified but where the parents/ guardians are unwilling to acknowledge these needs or seek assistance.

2) Prioritisation and Allocation of cases based on collaborative decision-making processes at the Hume Moreland Weekly Allocations Meeting (HMWAM)

This meeting includes representatives from each of the IFS-funded HMIFS partner agencies. Community Based Child Protection Workers (CBCPWs) attend for part of the meeting when referrals from Child Protection are being discussed or for cases where a consultation has occurred with the CBCPW during the Intake process. At the Allocations Meeting the case is either allocated to a HMIFS caseworker in one of the partner agencies or scheduled to receive an active holding response while awaiting allocation for a caseworker.

3) Post-allocation casework response provided by the Child and Family Services agencies in the HMIFS partnership

This includes ongoing comprehensive assessment, case planning and the provision of a service response within a casework framework including management of the case. Regular case reviews inform the goals outlined in the Child and Family Action Plan and case closure decisions.

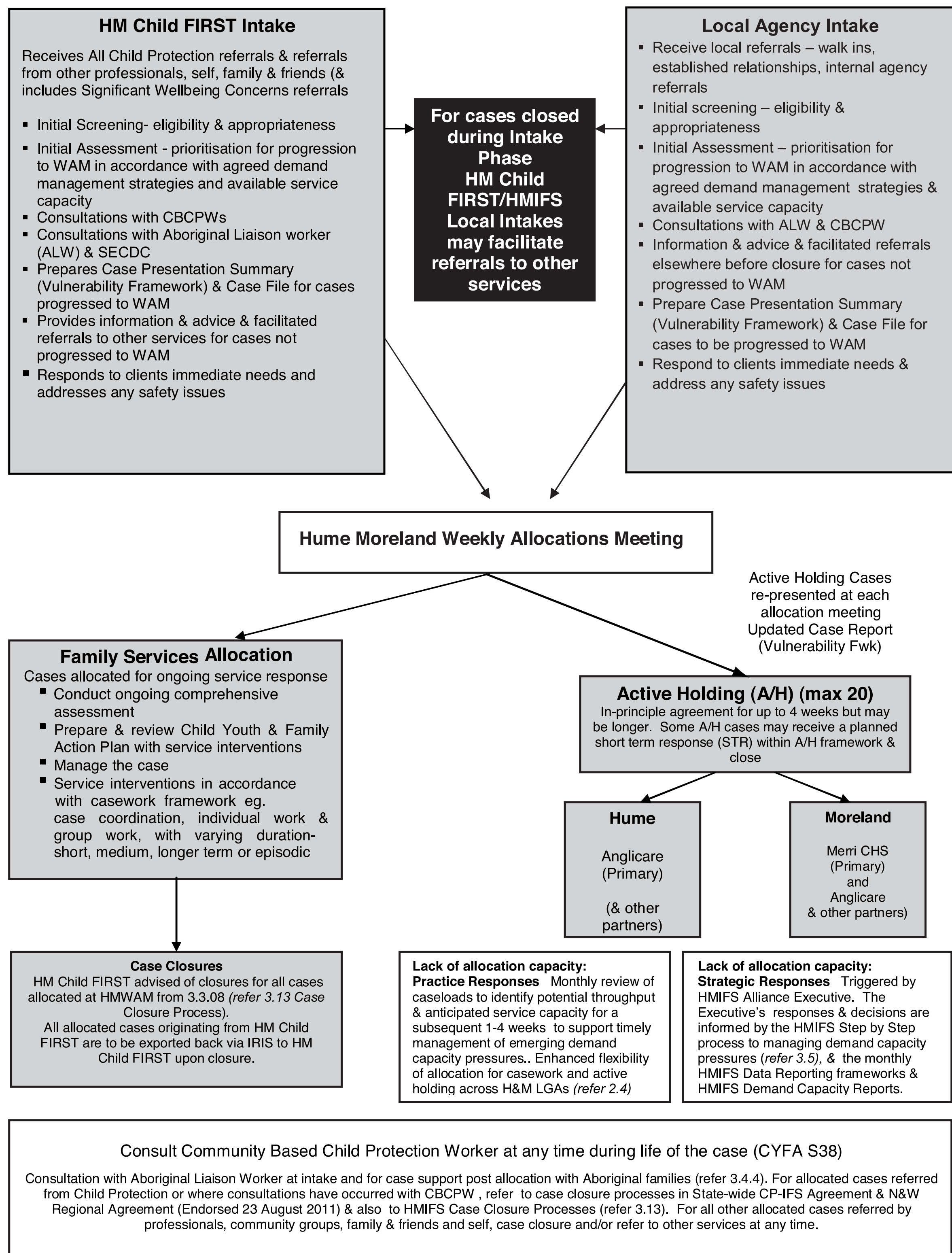


Figure 3: HMIFS Practice Model

HMIFS capacity and demand management

The HMIFS Alliance collects and analyses data with respect to referrals, Intake outcomes, allocated cases and case closures. While the length of service intervention time ranges from short to longer term, regular audits indicate that a significant number of cases remain open for extended periods of time (up to twelve months or more), with a growing number of cases being re-referred to Child FIRST. This occurs following the initial contact and closure at Intake; or following a (sometimes lengthy) service intervention, followed by case closure; or relates to cases that require episodic service interventions of varying intensities.

Growing levels of demand and complexity in the Hume Moreland catchment have been causing increasing pressure on the system since the inception of HMIFS in March 2008. HMIFS is working in one of Melbourne's major growth corridors, which may be one of the causes of this increased demand. *Figure 3* above outlines core data for the financial years July 2009 - June 2010 and July 2010 - June 2011. The data indicate significant increases in demand for service each year, with 404 referrals entering HMIFS during 2009 – 2010 and 496 during 2010 – 2011.[8]

In the face of significant and continuing demand capacity pressures and a finite resource base, the HMIFS Alliance partnership seeks to maintain a sustainable service system. The document *'HMIFS: Maintaining A Sustainable service system'* guides the partnership in managing demand capacity pressures with a finite resource base. A step-by-step process is outlined to manage demand capacity pressures. This process advises that 'formal contingency responses' may have to be called upon when structural interventions are required to clear the 'clog' and contain demand capacity pressures.

On three separate occasions between July 2009 and June 2011, the HMIFS Alliance implemented formal contingency arrangements, whereby Intake agencies (Child FIRST & Local Intakes) did not receive new referrals for a specified time to clear the system and manage significant demand capacity imbalances. Accordingly, families in need were unable to access the system and the data were likely skewed as a result; it is probable that the total number of referrals received and recorded for HMIFS would have been higher if contingency arrangements had not occurred. However, despite a seven-step process informing management of demand capacity pressures, it was necessary to progress to the implementation of formal contingency responses during this time, as the service system blockage could not be cleared without structural interventions.

When formal contingency processes are in effect, the Hume Moreland Child FIRST entry point remains functional from 9.00am-5.00pm for information and advice, screening functions and facilitation of referrals to other services. Local Intake agencies (Anglicare, Lentara UnitingCare and Merri Community Health) do not receive any new referrals, but provide information and advice, screening functions and facilitation of referrals to other services. Exception pathways have been confirmed for Aboriginal families and the Victorian Aboriginal Child Care Agency (VACCA).

[8] Postscript: Total registered referrals received by HMIFS (HM Child FIRST & Local Intakes) increased from 496 for the period July 2010 - June 2011 to 598 in the period from July 2011 - June 2012 (data not shown in the table below). In response to significant demand capacity pressures in a number of catchments across the state, Minister Wooldridge approved enhanced growth funds from March 2012 until June 2016 for specified catchments, including the Hume Moreland catchment area (HM Child FIRST and Integrated Family Services). The monies received by HMIFS partner agencies immediately resulted in additional service capacity in the HMIFS system, with only four families waiting in active holding by the end of June 2012. These additional resources have also contributed to the effective management of ongoing demand capacity pressures during 2012, with no need for recourse to formal contingency procedures (restricted Intake) since April 2012.

The table below highlights the increasing demand for service and difficulties managing demand capacity pressures experienced in the Hume Moreland catchment area between 2009 -2011.

Table 5: Overview of HMIFS data 2009-2011

Data	July 2009 – June 2010	July 2010 – June 2011
Number of cases on active holding at the beginning of the period	12 cases (Hume & Moreland) (June 2009)	13 cases (Hume & Moreland) (June 2010)
Total number of cases being processed at Intake at beginning of period (HM Child FIRST* & Local Intakes)	48 families (111 children & 1 unborn)	42 families (95 children & 2 unborn)
• Number of cases being processed at HM Child FIRST Intake at the beginning of the period	46 families (109 children & 1 unborn) (June 2009)	37 families (84 children & 2 unborn) (June 2010)
• Number of cases being processed in Local Intakes at the beginning of the period	2 families (2 children) (June 2009)	5 families (11 children) (June 2010)
One-off phone calls received by HM Child FIRST for the provision of information, advice and support during the year (i.e. support that does not include registration or processing for ongoing service)	569 occasions	699 occasions
Total new registered referrals to HM Child FIRST & Local Intakes (HMIFS) during current year	404 families (916 children & 25 unborn)	496 families (1,188 children & 16 unborn)
• HM Child FIRST registered referrals	337 families (763 children & 24 unborn) (83.4%) (89.5%)	444 families (1,052 children & 15 unborn)
• HMIFS Local Intake agencies registered referrals	67 families (153 children & 1 unborn) (16.6%) (11.5%)	52 families (136 children & 1 unborn)
• Of these total new referrals in HMIFS during current year (HM Child FIRST & Local Intakes), number of families living in Hume	263 families (629 children & 13 unborn) (65%)	335 families (860 children & 10 unborn) (67.5%)
• Of these total new referrals in HMIFS during current year (HM Child FIRST & Local Intakes), number of families living in Moreland	141 families (287 children & 12 unborn) (35%)	161 families (328 children & 6 unborn) (32.5%)
Number of cases on active holding at the end of the period	13 cases (Hume and Moreland) (June 2010)	20 cases (Hume & Moreland) (June 2011)

* HM Child First refers to Hume Moreland Child First.

5.4 Discussion

Hume has high levels of disadvantage across several suburbs and is accordingly the subject of many federal, state and local initiatives. These initiatives are focused across the three levels of service provision in the Child and Family Services sector. A significant challenge has been for local initiatives to blend seamlessly and complement one another. This report explores how services and programs are currently configured and how new and established initiatives can operate effectively and in combination for the benefit of the local community, including families and children who are vulnerable or at-risk across a number of dimensions.

There is a growing demand for IFS (Child FIRST/ Family Services) in the Hume Moreland catchment area, which is applying significant pressure on the current system to respond effectively. The HMIFS Alliance seeks to maintain a sustainable service system, where service access is prioritised according to greatest need (vulnerability), but has faced ongoing demand capacity issues within a finite resource base during the period 2009 - 2011. The HMIFS Alliance's 'formal contingency arrangements' are an example of measures to manage such demand capacity pressures. Such measures are clearly less than optimal for managing the needs of vulnerable families in the community and are not aligned with the features of an integrated service system, which emphasises driving expertise into universal services so that the needs of families can be met in an appropriate and timely manner.

6. Analysis and discussion of consultation findings

As outlined in detail in section two (2) of this report, consultations and surveys were undertaken with local service providers to gain insight into the barriers and facilitators of integrated referral pathways between the primary, secondary and tertiary service layers within the Hume Moreland catchment area, specifically in relation to the interface between early years services, IFS (Child FIRST/Family Services) and the Child Protection system.

The consultation and survey feedback presented below represents a small proportion of professionals involved in the service system; the results discussed here must therefore be considered as a snapshot. However, the combination of this feedback and the results of the literature scans above were very informative of the system and services under review. Four themes emerged from the analyses of the consultations and surveys in light of the literature and contextual scans; these can be broadly categorised as:

- **Systemic Issues:** relating to the constraints on capacity to do things in the current way with existing funds (e.g. the lack of capacity within agencies to provide services to meet client demand, and accept and process referrals successfully).
- **Systems issues:** relating to the broad service system in Hume Moreland catchment area and particularly relating to knowledge of referral protocols and pathways, communication between services, and integration of the services that comprise the system.
- **Service issues:** relating to useful local data to inform service planning, earlier intervention and engagement of vulnerable families through appropriate policies, procedures and workforce of the Hume Moreland catchment area early childhood and Integrated Family Services system (e.g. culturally appropriate and responsive services for families from culturally and linguistically diverse communities; proactive engagement with families; and responses to cumulative harm).
- **Practice issues:** relating to communication, including information sharing and relationship building.

The findings from the consultations are elaborated in the following section under each of these themes.

6.1 Systemic issues: Capacity constraints

A recurring theme within the feedback was a perceived lack of capacity within agencies to provide services to meet client demand and successfully accept and process referrals. It is noted there are limitations to the number of families who can be accepted by secondary and tertiary services. However, whilst it appears intuitive that funding increases for secondary and tertiary services would translate to an increased capacity to meet demand, evidence indicates that the costs of doing so are prohibitive and that there are in any case, more effective and efficient ways of supporting families (CCCH, 2006).

Capacity constraints are far reaching systemic issues that span across the entire breadth of the service system, not only in Hume Moreland catchment area, but in the state of Victoria generally. Universal services such as kindergartens and schools experience secondary service capacity constraints in the limited funding available for inclusion services, such as Kindergarten Inclusion Support Services (KISS) and speech pathology. Secondary services, such as IFS (Child FIRST/ Family Services), experience demand capacity imbalances and at times have needed to implement formal contingency responses where no new referrals are accepted for a specified period (as has been documented above). Tertiary services experience demand capacity pressures in their increasingly overworked systems and staff. The level of process duplication inherent in the system, due to bureaucratic processes and concerns about privacy legislation, contributes to problems with capacity.

For co-located universal services, referral pathways can be much easier to follow; for example, hubs that co-locate universal services such as schools, playgroups, kindergartens, and child care can provide a better coordinated service for families, especially with children in several age groups. With regards to IFS (Child FIRST/ Family Services), co-location may assist in relationship building and knowledge of how to make referrals, which can in turn lead to greater levels of efficiency, but only if coordinated Intake points exist. Even in integrated settings, prioritisation of need policies still determine decisions about allocation; however this is a systems rather than systemic issue.

Faced with the current capacity constraints, agencies are increasingly turning to more innovative practices and approaches. In order for these approaches to be successful, they must focus on effectiveness, efficiency and reducing the amount of duplication in the system, by intervening earlier and making better use of the universal system.

6.2 Systems issues: Service integration and referral pathways

Information collated from the consultations and surveys indicates there is a variety of referral rates between services in Hume and that this is often related to service type or position within the service system. For example, staff from universal Early Childhood Education and Care (ECEC) services such as kindergarten and long day care reported that they rarely refer to Child Protection and other tertiary services (this was also confirmed by Child Protection); and only when a clear cut, 'forced' (i.e. mandated) decision exists, such as apparent physical abuse, rather than cumulative harm cases. All five consulted ECEC staff reported they referred to tertiary services as infrequently as once in every two years. By contrast, primary school staff, who are subject to more scrutinised mandatory reporting requirements, reported much higher frequencies of reports to Child Protection, as often as monthly or bi-monthly. This is more likely indicative of the system failing to support ECEC staff in identifying and acting on concerns, than any difference between the ECEC and school systems in terms of numbers of children with protective concerns.

Maternal and Child Health (MCH) nurses reported that they frequently refer to their secondary counterpart, Enhanced MCH (EMCH). EMCH professionals reported they are likely to make reports to Child Protection at least monthly and noted that although a large percentage of their clients are

involved with protective services, there is a significant group of clients referred to Child Protection whose cases do not progress to a protective investigation because they are not classified as high risk. If this is the case, there may be some question as to whether the report is appropriate and suggests that an area for improvement could be the system's clarification of referral and reporting criteria and pathways.

In some cases, the outcome of a report to Child Protection may be referral to a secondary service such as Hume Moreland Child FIRST. However, because of demand pressures in HMIFS and the legislative requirement to prioritise service access based on greatest need (vulnerability) of children and their families, the threshold for access to HMIFS has substantially risen. Accordingly, the system prioritises on the basis of perceived risk and assessed need. This means that families with early signs of distress or who are experiencing short-term or transitory issues may not progress to allocation of a caseworker. Without adequate support being provided to these families in a timely manner, such issues may escalate and become entrenched, even if information and referrals to alternative forms of service are provided.

For those families who are assessed as requiring a caseworker, some wait for up to twelve weeks to be prioritised for allocation due to capacity pressures. For many of these families, the impacts of neglect or cumulative harm may already be entrenched. In the focus group consultations, one EMCH professional noted that although many such families are referred to Child FIRST, they are often suspicious of the service system and accordingly become adept at concealing their problems.

While IFS workers seek to proactively engage families in their service, it was reported that some families exhibit a reluctance to engage for a range of reasons and may prematurely withdraw from the services. One practitioner noted:

"Referring vulnerable families is often quite an involved process includes many hours of discussion, explanation and support to the family to help them to understand or get on board with regard to the referral. From the families' perspective, they are often reluctant to seek support or treatment from a person/ system they are unfamiliar with - fear, lack of understanding, lack of information, trust, effort involved in making the appointment are all barriers for vulnerable families."

By embedding expertise in a range of services there is the potential to support families within services with whom they do have a trusting relationship and provide support in this way, rather than only through specialist agencies that can be stigmatising and where families may be suspicious of the intent of the service. For example, in addition to registered referrals, HMIFS Agencies (i.e. agencies with their own suite of services that may be less stigmatising for families to be involved with than Child FIRST) may run group work as a specific service intervention to complement the casework service and as an important service in its own right.

Since the implementation of the HMIFS practice model in the Hume Moreland catchment area from March 2008, the nominated entry point for professional referrals from universal services is through Hume Moreland Child FIRST. The primary focus for HMIFS local Intakes is self-referrals, although referrals from professionals may also occur. Two of the five primary school staff reported that although they had been involved in information seminars on Child FIRST procedures and protocols, and the model was well suited to schools, the service was over-worked. In situations where formal contingency arrangements were put in place, primary school staff members were required to report to Child Protection, which can cause significant concerns for the wellbeing of a child if the issue is temporary but serious. In addition, if the report does not progress to a protective investigation, there is the potential that unnecessary pressure has been put on the system.

One practitioner noted:

> ***"There is a huge gap between Child Protection and Child FIRST as Child FIRST is often so booked out that they cannot assist you. If the family does not want to participate then we need to make the choice as to whether they need Child Protection, as there is virtually no one else to go to."***

Practitioners across services also reported they experienced communication issues relating to Child FIRST referrals and Child Protection reports. This was described as including limited feedback after making a referral or report (between universal and secondary/ tertiary layers), or ambiguity around policies and procedures involved in making a referral to Child FIRST or a report to Child Protection. The concerns raised regarding referrals and communications indicate that significant effort needs to be devoted to working with the system on an agreed approach to referral protocols.

During MCH consultations with clients, privacy issues are often covered by the client's agreement to sign a consent form that allows MCH nurses to liaise with other practitioners and support them to make referrals. This assists the shift towards service integration. It would be valuable for the system to consider the privacy protocols of the full range of organisations within the service system and put in place systems to distinguish between highly confidential information that cannot be shared between agencies due to legislative and ethical constraints, and information that can usefully be shared to support vulnerable families and their children, with or without permission from families.

6.3 Service issues: Engaging vulnerable families

6.3.1 Inclusion

The key issues raised during the consultations with respect to inclusion concerned the needs of families from culturally and linguistically diverse (CALD) backgrounds. Inclusion issues are equally important for a range of groups, including Aboriginals and Torres Strait Islanders. Consultation and survey feedback identified a need to strengthen access to culturally appropriate and inclusive services, which are those that are respectful of the client's cultural beliefs and practices in the design of service intervention plans. The online survey also identified significant referral rates for a limited number of locally available interpreting and translation services.

The two bilingual workers consulted noted that provision of services does not always synchronise with the cultural norms and practices of clients. This is an important consideration when working with and providing appropriate services to culturally and linguistically diverse clients.

Because a high proportion of Hume's population is from culturally and linguistically diverse backgrounds, there are challenges in identifying and acting upon cumulative harm cases for CALD families, and this may contribute to children being subject to poor emotional and psychological wellbeing and development. There was concern raised by practitioners consulted that despite evidence that cumulative harm (e.g. through prolonged exposure to family violence or conversely through neglect) can be as damaging as direct or emotional physical abuse, these children and families may fall through the service gaps. Although cumulative harm cases are often reported to Child Protection, these are in many cases not progressed through to a protective investigation due to lack of evidence to demonstrate significant harm to children. Participants noted that often these cases are then referred to Hume Moreland Child FIRST and allocated to a caseworker in a HMIFS Family Services agency, or may be referred to another target or treatment agency. However due to capacity constraints across a range of services, these families may wait for service for a significant period of time.

These findings suggest that the service system needs to focus on assessing and addressing need and delivering an appropriate service or referral from the outset. To be effective this would require clear logic models for service provision, with the result that this may assist secondary services to provide earlier intervention and prevent unnecessary entry into tertiary services.

6.3.2 Earlier intervention

During the course of the consultations, participants consistently commented on the impact the new Child and Family Service reforms were having on the prime target group for IFS (Child FIRST/ Family Services); namely, that the reforms have created a focus on a highly vulnerable group, based on the legislative requirement to prioritise access to services based on 'greatest need' (vulnerability). Practitioners reported that this has created a service gap, with few available options for those children and families who would have previously received lower intensity support. As a result, there was seen to be potential for the issues of these families to escalate over time, such that some of these families may come to the attention of Child FIRST or Child Protection at a later point.

Key referral pathway issues identified in consultations concerned Early Childhood Intervention Services (ECIS), speech pathology and dental services. Speech pathologists conduct visits in Hume primary schools once a month to screen children for speech development concerns, but the demand for this service far outweighs current capacity. It was reported that there was considerable frustration around situations of bilingual or multilingual children, as it is often unclear if their language problems are of a cognitive nature (delays in language acquisition due to the cognitive demands of processing more than one language) or the result of a specific language impairment (SLI). In such cases, cognitive assessments may be warranted; however, in reality this involves an additional referral and/ or service to the original speech pathology referral, which is unlikely to progress in a timely manner.

As discussed elsewhere in this report, a strengthened integrated system would be able to cater for earlier intervention for children and families if it were built on a strong base of universal or primary services. The purpose of such a system is to drive expertise into universal services, building their capacity to respond to emerging issues before they are escalated to secondary or tertiary services. For example, in reference to the instance cited above, it is much more efficient to ensure all children have a language-rich early environment, than to try and rectify language issues once a child has started school. In the Family Services context, it is preferable to provide universally available parenting information and education, than to provide remedial parenting support where neglect or abuse has occurred.

6.4 Practice issues: Communication and relationships

It was evident from participants' comments that there are formal processes and agreements around communication between universal, secondary and tertiary services and that these enjoy varying levels of effectiveness. When they are effective, practitioners noted that this was the result of strong working relationships that have been developed through dynamic participation in local networks, partnerships and other projects that promote and support local collaboration.

The strength of local relationships between practitioners was particularly highlighted during consultations. It was reported that although practitioners are hard-pressed for resources, with waiting lists and agencies often at capacity, workers are often creative about their approaches, using their well-developed professional networks (such as the Hume Early Years Partnership, HMIFS and the Hume Child and Family Services Network) and personal relationships to arrive at the best possible outcomes for their clients. From consultation and survey responses, it was evident that the benefits of partnerships and collaborative practice are well known to practitioners in Hume, who often need to think laterally. One practitioner commented:

"DHS protection workers are overwhelmed. What happens when you get to a dead end? You persevere, and call many Child Protection officers. Sometimes it takes 25 phone calls. Workers become very resourceful..."

Participants agreed that sometimes there were gaps in communication between agencies, and feedback across and between system layers can be limited. Often, services are not provided with feedback after referrals are made, and conversely, do not follow up with referred agencies. Some universal services asserted that they weren't notified when Family Services became involved with the family and one participant cited an instance where the family themselves were unaware they were involved with Family Services. This can affect the universal service's ability to provide the highest quality service to the family.

During the consultations, it emerged that some participants felt information sharing and communication among the service system strata is often not well maintained, and that this could be strengthened further for optimal service provision. Consultation and survey responses indicated that Hume Moreland IFS (Child FIRST/ Family Services) have protocols in place for acknowledging referrals by responding to the referring agency/ service, mainly via an email or phone call. The referrer receives an email on referring and then again to notify them if the case has been allocated to a case manager. Participants did not necessarily agree about whose responsibility it is to communicate and provide feedback between services, with some referrers assuming that referees should be responsible and some referees assuming the contrary. Family Services staff asserted that it was the prerogative of the referrer to contact them to gain information and follow up on referrals if that information was not forthcoming. These ambiguities should be clarified between professionals, as strengthened information sharing and communication between services will support a more effective service system.

There was a general consensus from participants that language used across the service system is not uniformly agreed and that widely used terms have different meanings for different professionals. This is a further barrier to collaboration, relationships and communication. When asked in the survey to define a list of widely used terms such as disadvantaged; universal services; early intervention; integrated services; and early childhood intervention, there was some variability among the responses for these terms, with one respondent unable to distinguish between the terms 'vulnerable' and 'early childhood intervention'. It should be noted that there are different definitions of the term 'vulnerable' used by workers in the early childhood services sector and those in the Integrated Family Services sector (see Glossary section for differing definitions of 'vulnerable').

From responses in the survey and consultation, it is apparent that language and understanding are areas that need to be strengthened and workers would like the terminology used in communication processes to be more streamlined, defined and agreed upon. Agreement on key terms is essential to generate the shared understanding on which communication needs to be based.

6.5 Discussion

Evidence from the consultations highlighted the pressure on capacity within the Hume Moreland service system to provide services to meet client demand and accept and process referrals successfully. The HMIFS Alliance partnership seeks to maintain a sustainable HMIFS service system within its finite resource base, but is faced with ongoing capacity constraints. Under 'formal contingency arrangements', the HMIFS Alliance has not accepted new referrals for a specified time to manage 'system clog'. Some professionals interviewed that this can pose significant barriers to managing the needs of vulnerable families in the community.

This situation appears to lead to inappropriate reports to Child Protection, causing further stress on the system and unnecessary distress for families and children. Ultimately the family may end up returning to Child FIRST to receive an active holding response while awaiting allocation to a case worker, having already been shuffled through a range of agencies unable to meet their presenting need, which may have escalated over time or become entrenched.

On the basis of the knowledge we have, practice needs to be more aligned with the features of an integrated service system, which emphasises driving expertise into universal services so that the needs of families can be met in an appropriate and timely manner.

Professionals at different levels of the system refer to each other to differing degrees and with varying confidence. For example, ECEC professionals refer/ report to secondary or tertiary services less than primary school or MCH staff. Participants noted referrals/ reports may not progress due to classification of risk or capacity management issues. It was noted that these situations can lead to service 'bottle necks', particularly for cumulative harm cases. Strengthening the capacity and expertise within and around referral points, including within universal services, is an emerging need for effective referral pathways in the Hume Moreland catchment area. Participants reported that referral pathways could be weakened by the inability of services to effectively engage families, and by unclear communication between referrers and referees. Assessing, and where appropriate addressing, emerging need within the universal system and the development of appropriate referral protocols and processes are crucial elements needed to address duplication and thus inefficiency within the system.

Participants raised issues relating to the need for inclusive services for groups, including Aboriginal and Torres Strait Islander families, families where either the child or parent/ carer experiences disability, families with low income, socially isolated families and particularly families experiencing housing instability and homelessness. Culturally appropriate services and access to translation services for families from a CALD background were also raised as a key area in need of support, reflecting the culturally diverse population of the Hume Moreland catchment area.

Early intervention for children and families was reported as a service gap, with few available options available for those children and families who would have previously received lower intensity support, especially around speech pathology and disability support services. Building on a strong base of universal or primary services to strengthen the integrated service model will assist the service sector in delivering earlier intervention approaches.

Participants noted that professionals in the Hume Moreland catchment area are very resourceful and skilled at relationship building. It became clear during consultations that they are adept at using these resources and networks towards achieving outcomes for the children in the catchment. There were suggestions to develop clear communication processes for all practitioners, so they are able to collaborate, develop relationships and communicate amongst each other more effectively.

Since this research was undertaken in 2010, the service system has not remained static; rather, findings need to be viewed and understood alongside the ongoing positive achievements of these local partnerships and their related service initiatives during the past two years (refer to the Foreward on page 2).

7. Opportunities and recommended actions

Consultation and survey participants responded to questions around pathways between universal, secondary and tertiary services; service bottlenecks; and use of communication in the Hume Moreland catchment area. The findings indicate that the smooth operation of the service system is hampered by:

- Systemic issues (relating to capacity);
- Systems issues (relating to the way the system works as a whole);
- Service issues (e.g. engaging vulnerable families); and
- Practice issues (multidisciplinary approaches and communication: information sharing and relationships).

The consultations, surveys and the literature scan provided suggestions for action to improve service pathways in Hume Moreland catchment area. Much of this action relates to improvements under the broad umbrella categories of service, systemic, systems and practice improvements. While this report is primarily focused on early years' services and Child Protection concerns, many of the issues raised may equally relate to other systemic issues such as housing security, family violence or disability services.

In discussing suggested improvements, it should be noted that evidence suggests many parts of the service system in Hume Moreland catchment area have already progressed into a more integrated service model. The key concern of this report is to reflect on how the model can be strengthened and what supports maybe needed to achieve this throughout the system. While the literature highlights the need for local action to strengthen service integration, there is also a need for systemic approaches to complementing and supporting integration. For example, resources should be appropriately targeted to reduce duplication and inefficiency, in order that existing funding can be maximised to address the capacity constraints of universal, secondary and tertiary services. This is particularly the case as the policy and service environment increasingly acknowledges the importance of the early years and a demographic environment in which the populations of children aged zero to five (0-5) years in the Hume Moreland catchment area are increasing.

There are four clear categories for action arising from the Hume Pathways project:

7.1 Systemic challenges

As shown in the project consultations, the current service system in the Hume Moreland catchment area is having difficulty coping with overall demand. Significant demand capacity pressures in secondary and tertiary services in the project site create referral bottlenecks and as a result, many children and families do not get the specialist help they need. The system's inability to appropriately accommodate all referrals to Child FIRST or reports to Child Protection during 2009-2011 was raised a number of times by participants as an issue of urgent concern. In addition there were some concerns raised that ECEC services refer less often than is desirable.

Only increasing the funding for targeted and treatment services in their current forms to address this issue would at best be of limited value and at worst a dangerous and unsustainable precedent. Given the wide range of services that would need additional funding if this solution were embraced (including health, mental health, disability, special education, family support, parenting, Child Protection services), the application of this rationale across the service system would be prohibitively costly (CCCH, 2009b). In any case, the evidence suggests that a targeted approach is not the most efficient and effective way of meeting the needs of all children and families, or even the most vulnerable children and families for whom they are intended.

In the present policy context, the HMIFS service system (including Child FIRST/ Family Services) is bound by the requirement to prioritise on greatest need. However, because of capacity constraints, the threshold for accessing a Family Services response via Child FIRST Intake has risen; so that highly vulnerable children and families with multiple and complex needs (including chronic conditions of neglect) are being prioritised for service. This issue can leave families with low or transitory need with the potential to end up in a situation of high need.

Efforts should be focused at the universal level, to maximise opportunities for needs to be met within a system that is non-stigmatising, responsive and able to support both sustainable service and long-term client-worker or client-service relationships.

There needs to be greater awareness that families move in and out of need and vulnerability at different times. Resources should be directed towards ensuring the universal service system has the capacity to manage short-term issues, by driving expertise and resources into this service layer. Existing examples of this approach include early start kindergarten, subsidies for inclusion of low income and Aboriginal & Torres Strait Islander families in kindergarten services and broader mechanisms - particularly the COAG Partnership Agreement for universal access to early childhood education and care in the year before school.

Capacity constraints are best managed by ensuring service duplication is minimised and universal service workers are skilled and empowered to work with families to prevent and/ or promptly address their short-term and emerging needs.

An optimal universal service system is well resourced; with a highly skilled workforce that is able to deal with emerging needs and make appropriate referrals when required. Directing resources to support earlier intervention within the universal system is an effective mechanism for managing demand for specialist services. The efficiencies this achieves are twofold: families are able to receive direct care or service in many instances in their usual universal setting, thus taking pressure off the overall system; and when referrals are made they are appropriate and efficient, enabling secondary and tertiary services to attend to their core business rather than wasting time processing misdirected referrals.

7.2 Systems challenges

Globally, governments of developed nations are making efforts to improve outcomes for young children and their families by integrating services more effectively (Stanley, Prior, & Richardson, 2005).

A more integrated approach makes referral networks and processes straightforward, seamless and relationship-based, in turn facilitating easier access to services for families.

An integrated service system model emphasises universal preventative services and multidisciplinary practice, encouraging overlaps in capacity and support between services and allowing children and families to experience a seamless journey through the service system. The reform agenda from federal and state agencies has advocated for a shift to integrated models; the issue that resonates for services in the Hume Moreland catchment area is that of strengthening this model locally, by developing the structures and supports needed to run an integrated service system efficiently and effectively, including appropriate and well-understood referral pathways.

Although there is no clear evidence arising from this project of inappropriate referrals being made throughout the Hume Moreland service system, it appears likely from the consultations that the local situation mirrors that found in a recent review of Enhanced Maternal and Child Health (EMCH) services (CCCH, 2011). The review found a significant number of clients were referred to EMCH by MCH, based on program-nominated risk factors. However, upon Intake it was regularly discovered that EMCH did not have the specialist expertise to address such risk factors due to the level of complexity of client needs. Where service was provided, workers were in many instances unable to sufficiently engage with clients in order to provide the funded hours and intensity of service intended within the current framework. Thus clients are likely to be recycled back into the system, causing greater pressure and demands on other secondary and tertiary services such as Child FIRST and Child Protection.

In the *Hume Pathways* project it was noted that a number of Child Protection reports come from EMCH, for families that have been referred to EMCH by MCH nurses. In addition, it was noted that EMCH reports to Child Protection are frequently determined to be unsubstantiated, often to the frustration of EMCH workers. A Needs Assessment should determine appropriate services for referral. While clients often face several needs that may impact on their ability to parent (such as housing, poverty, gambling or substance abuse issues), referral to a service that is able to address families' backgrounds or psycho-social issues and alleviate these pressures may often be of assistance in addressing the foreground issue of parenting practices.

Client outcomes can be improved and referrals handled more efficiently if the universal system has clear processes to support and skill its workers in conducting needs assessments and accordingly making appropriate referrals.

Referral protocols and pathways from universal services into secondary and tertiary services need to be strengthened, clarified and made consistent. Services will then be able to build stronger relationships with their referral counterparts and understand what services are provided by which agencies. This approach needs to be supported by strengthening universal services, so they can respond to the needs of a wider variety of clients and prevent vulnerable families from falling through the service 'cracks'.

A particular systems issue raised during the consultations is that of privacy concerns, particularly in integrated models. It was noted that the constraints of privacy laws often make information sharing between services difficult. In addition, it was felt that many workers do not understand the parameters of privacy laws and that this may be contributing to their hesitation or reluctance to make referrals. This problem can be mitigated by the development of shared protocols and staff training and development.

Managing privacy concerns is a constant issue for those involved in Family Services. To reduce the prioritisation of privacy over optimum care for children, clear privacy guidelines, referral protocols and training for early years' staff need to be implemented.

7.3 Service challenges

While many families of young children are well supported socially and make good use of services, some do not (Carbone, et al., 2004; Moran & Ghate, 2005; Winkworth, Layton, McArthur, Thomson, & Wilson, 2009; Winkworth, McArthur, Layton, & Thompson, 2010). In the Hume Moreland area, as elsewhere, it is understood there are families who do not have good social support systems and are isolated; such families often disappear through service gaps and receive inadequate levels and quality of services. Consequently, it is precisely those children who are in most need of help that are at increased risk of poor health and developmental outcomes, despite numerous policies aimed at prioritising vulnerability within the service system.

In the Hume Moreland catchment area, emerging needs in relation to engaging vulnerable families focus on cultural and linguistic inclusivity, including the need for culturally responsive services. The impact of cumulative harm and need for services to adequately identify and address this issue was also raised as an issue facing vulnerable families that receives inadequate attention within the catchment. Targeted efforts are warranted to develop ways of engaging and retaining contact with the most marginalised and vulnerable of families, and making all aspects of the service system more equitable and inclusive (Carbone, et al., 2004; Hertzman, 2002b; Offord, 2001).

Cultural competency, including an understanding of how to develop culturally appropriate case plans and view family practice through a cultural lens, is a necessary skill for service providers at all service levels.

In an integrated environment, workers at all levels of the system need to be trained to appropriately engage with marginalised groups and provided with the appropriate tools and skills for screening and needs assessment. Developing a multidisciplinary workforce is a key element of an integrated model, which includes joint assessment, reporting and evaluation. This necessitates a stronger focus on two-way communication between service levels, which aids in providing a more inclusive, efficient system for the most vulnerable of clients. Together with senior management and organisational support, these initiatives would enable universal, secondary and tertiary services to work more closely together, in turn providing a higher quality service for marginalised and vulnerable families.

The consultation findings indicated that some confusion exists among services as to who is responsible for following up on and communicating about the status of referrals. Workers also need to be clear as to which particular outcomes they are working towards and responsible for, when families have multiple needs that are being met by a range of services.

The consultation findings highlighted the need for workforce development to ensure workers understand their responsibilities in terms of reporting, proactively engaging with vulnerable families, monitoring outcomes for which their service is responsible, providing referrals when needed, communicating with other services and following up on referrals.

The consultation findings indicated that some confusion exists among services regarding mandatory reporting laws: who constitutes a mandated reporter and under what circumstances. The issue of cumulative harm in particular was discussed as a grey area in terms of assessment, reporting and impacts on children.

Assessment in cumulative harm cases may often be difficult or appear to be of less significant risk than cases where children are at immediate risk of harm. The Department of Human Services (DHS) is collaborating with Community Support Organisations (CSOs) to strengthen the analysis and identification of cumulative harm and the provision of services through the development and implementation of a cumulative harm framework, to assist professionals in their needs and risk assessments. In the meantime, the sector may need to take responsibility for educating its workforce on the dangers of cumulative harm. Additionally, mandatory reporting laws may change in the near future in light of recommendations arising from the Cummins Report (Cummins, et al., 2012); services will need to be aware of any such changes that may affect them and their workers.

Education for universal staff with respect to cumulative harm and mandatory reporting would be a useful strategy and could be delivered as part of a service-training package for early years and school staff.

7.4 Practice challenges

The development of an integrated service model entails joined-up services with highly trained staff members reaching out to the community to engage with children and their families. Workers may require training in multidisciplinary approaches so they are able to identify and address issues with family functioning and/ or child development issues.

"(It is recommended to trial) integrated partnership arrangements (within one DHS region), which more closely align the two sub-sectors, and support the practice of joint case management or the movement of cases seamlessly, between the two sub-sectors. Key characteristics of this arrangement would include joint governance arrangements, co-location, a client pathways approach, the use of multi-disciplinary teams and shared responsibility for outcomes to vulnerable children and families" (KPMG, 2009).

Agencies in the Hume Moreland catchment area, backed by national policies, support a multi-disciplinary approach: already holding joint training in multidisciplinary practice and engaging professionals across the service system. These initiatives encourage each level to increase their knowledge about other approaches to working with children and families and expand their suite of skills (KPMG, 2009). Joint and cross-sectoral information and training programs have also been delivered in the Hume Moreland catchment area. These programs have been well attended and have gone some way towards creating an ongoing dialogue between services. As discussed earlier, while services in the Hume Moreland catchment area have made some headway in progressively implementing an integrated service model, the question still remains of how this model can best be strengthened and supported. A multidisciplinary practice approach could be supported by services clearly defining service outcomes and developing appropriate performance measures, so that accountabilities are clear and service strengths are harnessed.

In moving towards a strengthened integrated model, professionals require further training in the consultation and coaching skills necessary to ensure that they can share their knowledge and communicate effectively.

To enable this, professionals should be supported across sectors to work in a multidisciplinary way, through appropriate organisational support structures, resources and tools (KPMG, 2009). Universal service providers will need training and support in effective prevention strategies (Dunst, Hamby, Trivette, Raab, & Bruder, 2000; Noonan & McCormick, 2005). Eligibility criteria will also need to be varied and flexible so that secondary and tertiary services are capable of meeting the needs of all children and families (as discussed in the previous subsection: 'Engaging Vulnerable Families').

Vulnerable families are more likely to engage with services that recognise their basic needs (such as housing, income and employment) and offer various forms of practical help (Ghate & Hazel, 2002; Moran & Ghate, 2005; Winkworth, et al., 2009). Relationships between service providers should be developed and maintained through networks and collaborative practice, just as relationships between parents and service providers should be maintained through engagement and clear information-sharing processes. Furthermore, service models based on clear program logic and needs assessment are crucial to ensuring that family needs are matched to what the service is able to provide.

Clear referral protocols and a targeted effort to integrate and build relationships between the components of the service system would empower universal service providers to engage with families and address their basic needs.

To support improved communication, greater terminology clarification and practice guidance are required. In the consultations, participants noted that the language used across the service system is not uniformly agreed upon and thus terms have different and often vague meanings, hindering workers' ability to collaborate, develop relationships and communicate clearly and succinctly with each other. The consultations and surveys identified a strong need for the development of a shared glossary of terms and language across the local municipality of Hume. This could be linked with the existing Hume Children and Family Services Network Directory, which details agencies and contacts in the region.

Attaching a glossary of terms to the Hume Children and Family Services Network Directory and other Child and Family Services directories, including one called "your child and you" may be an effective way to develop shared and agreed terminology, in turn facilitating collaborative practice among agencies in Hume. The glossary would be focused on families with children 0-12 and include agencies' roles and responsibilities.

A glossary of terms developed as part of the Hume Pathways project can be found at the end of this report.

8. Summary and conclusions

This project explored early childhood services and the Child & Family Services system in the municipality of Hume, providing evidence to support a shift from a traditional service system (made of universal, targeted and treatment layers), to an integrated system (consisting of a tiered system of universal, secondary and tertiary services). It was noted that this shift has already begun in the Hume Moreland catchment area, stemming from local action and reform at the federal and state level. Structures and systems to support and strengthen this new tiered and integrated model need to be emphasised and further developed. In light of this, four service system areas emerged during consultations with stakeholders as consisting of opportunities for improvement: the systemic; systems; service; and practice domains.

A discussion of best practice in services for families needs to take account of the changing ideas and assumptions about the nature and purpose of early childhood services. As has been noted throughout this report, the successful inclusion of vulnerable children within the service system depends upon the provision of a high quality mainstream universal system. Secondary and tertiary services have difficulties meeting the needs of all children and families effectively because they can be too dependent upon scarce resources. Inevitably, there are delays in children with additional needs receiving both the specialist and generalist support they need, which can cause many children to fall through the 'service cracks' (CCCH, 2009b). A strong social and cultural context for quality in Early Childhood Services can be offered when families and community agencies collaborate to meet the needs of children in ECEC services. In relation to this report, an important question for further discussion is how local action by community partnerships impacts on the process components of quality.

Sections 4, 5, 6 and 7 of this report highlight the findings that a strengthened integrated service system is reliant on a high quality, well-resourced universal system, complemented by well-resourced secondary and tertiary service systems. An integrated system focuses on early intervention; promoting positive health and development; two-way communication between service-layers; and reducing stigmatisation by dealing with issues as they arise, rather than targeting at-risk groups. The service system operating in Hume Moreland catchment area has already progressed towards an integrated service model, and according to the findings of this report, this model could be further consolidated and strengthened.

The findings also indicate that the current model of care provided by services to families and children is comprehensive and effective in assisting most children's development, despite its challenges. Practitioners place a focus on developing trusting relationships between each other, which has shown to be a strong feature of the local service system in the municipality of Hume.

The four issues that need to be addressed start broadly: primarily with funding and government policies which set a context; followed by systems and processes within a service system; leading to service interventions and strategies employed by a service or a group of services; and finally narrowing down to the practice techniques that individual practitioners utilise in the provision of services. While there is much strength in the Hume Moreland catchment area, there also exist a number of service gaps, as identified by the group of local stakeholders interviewed for this research. Practitioners and agencies working in the Hume Moreland catchment area will need to address these issues to strengthen the service system and facilitate access for all children and families to appropriate, high quality services.

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Appendices

Appendix A: Hume Moreland Partnership/Alliance as at January 2011

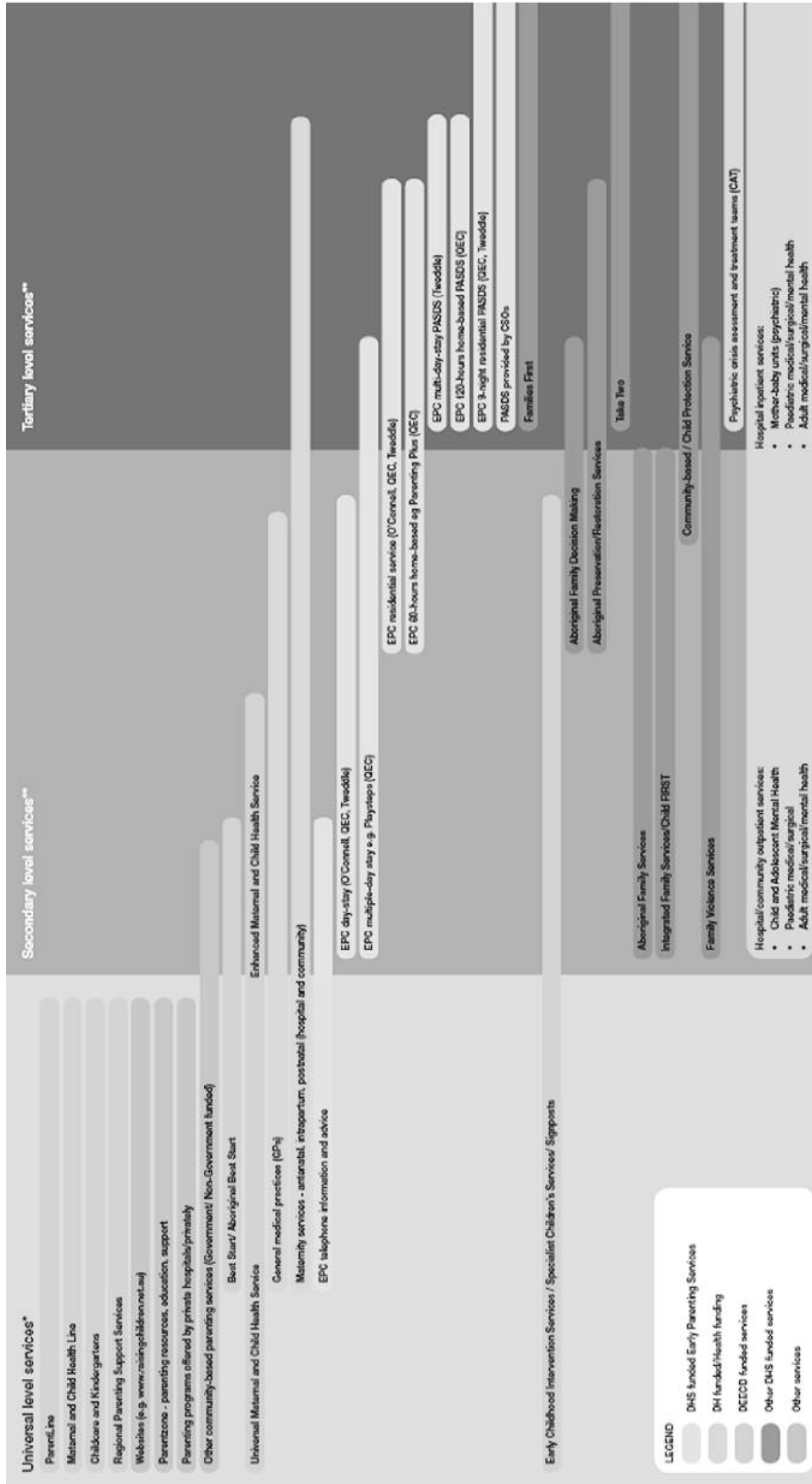
HEY Partnership	HMIFS Alliance (Governance Group)	Hume Children and Family Services Network
Anglicare Victoria (Hume Moreland) Lentara UnitingCare** Dianella Community Health Hume City Council Merri Outreach Support Services Brotherhood of St Laurence Melbourne City Mission VICSEG new Futures Dallas Brooks Community Primary School and Kindergarten HMIFS Alliance Meadow Heights Primary School Banksia Gardens Community Centre Coolaroo South Primary School Meadows Primary School and Kindergarten Catholic Education Office St Dominics Primary School Holy Child Primary School	**Core voting partners** Anglicare Victoria (Hume Moreland) Lentara UnitingCare** Merri Community Health Services Kildonan UnitingCare* facilitating partner) Sunbury Community Health Victorian Aboriginal Child Care Agency Cooperative Ltd (VACCA) Department of Human Services (Child Protection and Family Services Partnerships) Non-voting partners Dianella Community Health Hume City Council Moreland City Council	Arabic Welfare Anglicare Broadmeadows Family Services Anglicare Broadmeadows Women's Community House Anglicare Youth Service Broadmeadows Centre Link Broadmeadows Insight Group Broadmeadows Police Family Violence Officer Lentara UnitingCare** Brotherhood of St Laurence - Craigieburn Community Connections DHS - Northern Metro Office, Glenroy (Long Term and Planned Response Teams only) DHS-Child Protection, Preston (Child Protection Notification) Dianella Community Health Holy Child Parish North West Children's Resource Program N.W Melbourne Division of General Practice

* Orana.
On August 31, 2011, Orana UnitingCare relinquished the role of HMIFS Alliance facilitating partner, Hume Moreland Child FIRST provider and Integrated Family Services provider in the local municipality of Hume. From 1st September 2011, responsibility for these roles shifted to Kildonan UnitingCare.

** As noted elsewhere in this report UnitingCare Sunshine & Broadmeadows amalgamated with Orana UnitngCare to form Lentara UnitngCare in 2012.

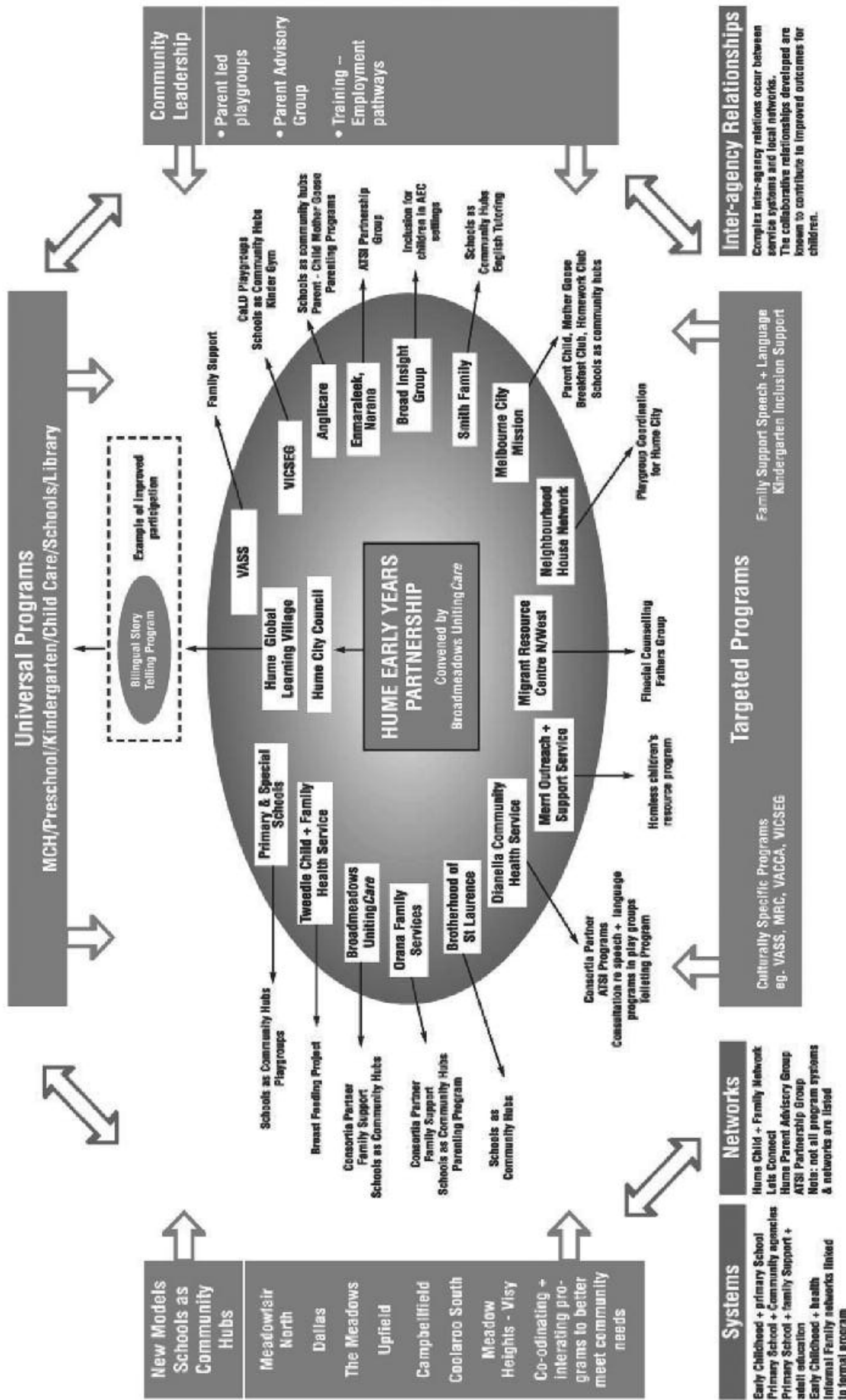
HEY Partnership	HMIFS Alliance (Governance Group)	Hume Children and Family Services Network
Campbellfield Heights Primary School		Parent Line
Hume Valley School		RCH Mental Health Service Broadmeadows Campus
Berry Street		Victorian Arabic Social Services (VASS)
Brotherhood of St Laurance		Vic. Coop. of Child Services for Ethnic Groups
Family Mediation Centre		Women's Health in the North (WHIN)
Family Relationships Centre		HMIFS (including Hume Moreland Child FIRST & funded IFS agencies)
Workskill		Hume City Council
The Smith Family		Life Works
Foundation House		Migrant Resource Centre-North West
DEECD		Family Works
FACHSIA		
University Of Melbourne		
Victorian Arabic Social Services (VASS)		

Appendix B: Victorian state government funded service continuum

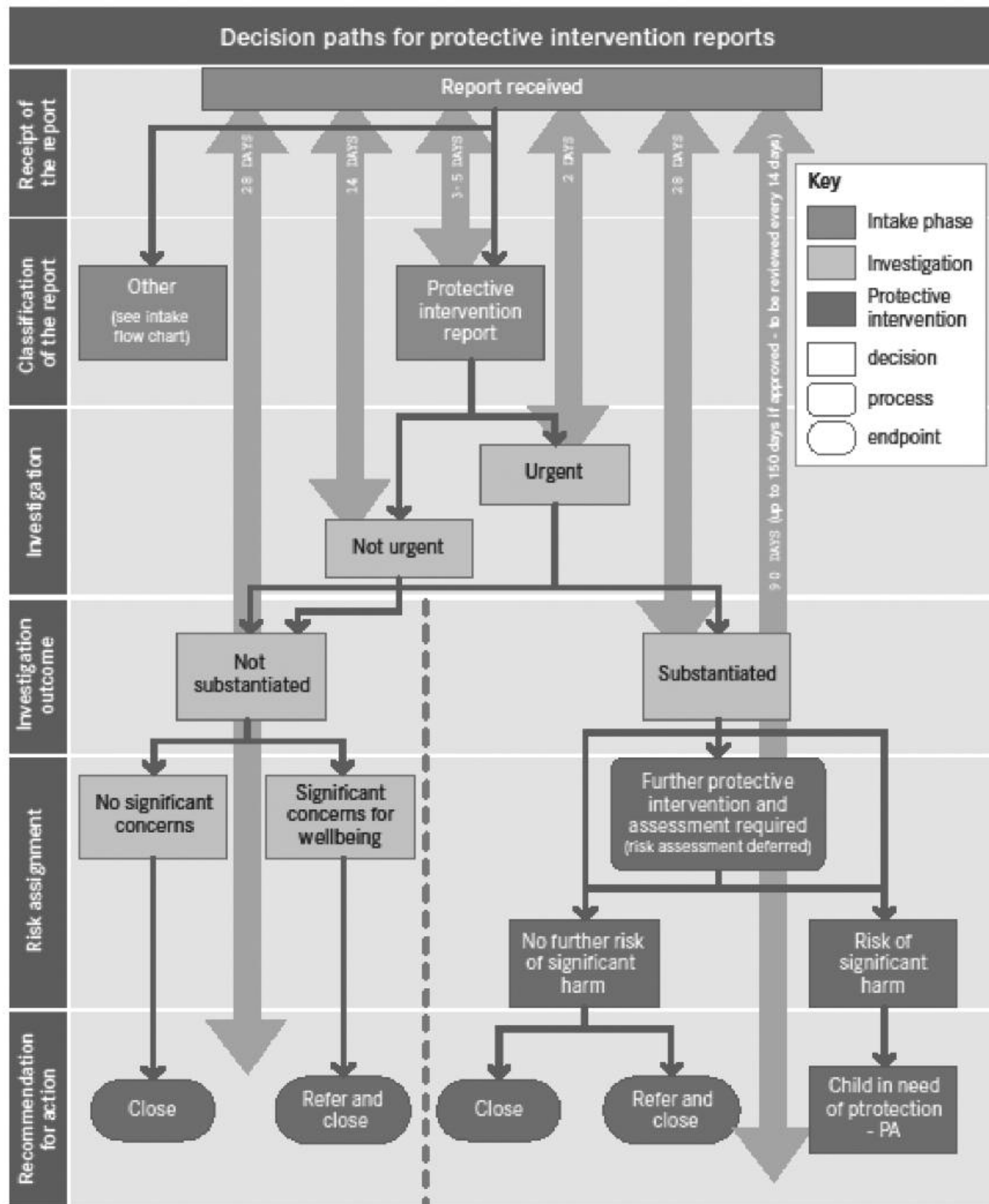


Source: Supporting parents, Supporting Children, A Victorian Early Parenting Strategy (DHS 2010)

Appendix C: Hume Early Years Partnership



Appendix D: Decision paths for protective intervention reports in Child Protection (DHS Victoria, 2010)



Source: Protecting Victoria's Children : Child Protection Manual Department of Human Services 2010

Appendix E: Focus group questions

Hume Pathways Research Study

The Hume 'Pathways' research study is being funded by Communities for Children (CfC) Hume and facilitated by Broadmeadows UnitingCare (BUC) as well as the Cities of Hume and Moreland. The study focuses on referral Pathways between the primary, secondary and tertiary service system tiers, primarily in Hume but with lessons to apply to Moreland. The research seeks to provide an evidence base from which later efforts can be made to strengthen the integration, linkages and partnerships between the early years' service system, schools, the Child FIRST/ Family Services system and the Child Protection system. It is hoped that this will lead to a service system that better enables flowthrough between the primary (universal), secondary (targeted) and tertiary (treatment) service tiers for vulnerable children and their families, rather than the bottle necks that are common in the present system.

Community consultation questions

- **About Child FIRST**
  - Please explain the Hume/ Moreland Child FIRST Intake system/ structure
  - What is the role of Child FIRST?
  - What is not the role of Child FIRST?
  - Do you believe this is well understood by local professionals/ agencies?

- **About Referrals**
  - What types of referrals come in to Child FIRST?
  - How many?
  - From where (schools, MCH, individuals etc)?
  - Mainly from which areas?
  - What are the cultural backgrounds of the clients? Are there many indigenous clients?

- **Within Child FIRST**
  - What is the ratio of case management to individual services?
  - What are the caseloads like for Child FIRST workers?
  - Are there separate waiting lists for Child FIRST case management/ individual services?
  - If so, what are the numbers like for each?
  - What are the common services you direct your clients into?

- **About Referees**
  - Do clients ever call you directly, or is it always agencies/ professionals?
  - What is your relationship like with referees? Is there good communication back and forth?
  - What do you tell referees/ clients if you are unable to get them into Child FIRST for whatever reason (e.g. books are closed, Child FIRST is unsuitable)?
  - Do you feel the local Intake system works well? Why/ why not?

- **About Child Protection**
  - Do you ever need to escalate/ refer on to Child Protection?
  - If so, how often?
  - For what type of concerns?
  - What has been your experience of this?

- **About Universal Services**
  - Do you ever refer clients out to Universal Services?
  - If so, how often?
  - For what types of services?
  - What has been your experience of this?

- **Do you ever refer out to other family services not covered by Child FIRST/ HMIFS agencies?**

Appendix F: Glossary of terms

Child Wellbeing and Safety Act (2005)

Victorian legislation that governs children's wellbeing. Its chief purposes are to outline principles for child wellbeing; and establish and confer authority and responsibilities to various bodies and offices in relation to child wellbeing (such as the Child Safety Commissioner).

Children, Youth and Families Act (2005)

Victorian legislation that governs the Child and Family Services sectors. Its chief purpose is to make provisions in relation to child and family community services, child protection, youth justice and the Children's court.

Early Childhood Intervention

Within the context of DEECD, Early Childhood Intervention Services (ECIS) support children with a disability or developmental delay from birth to school entry and their families.

Early Intervention

DHS definition

Within the context of the Strategic Framework for Family Services (DHS), Early Intervention refers to intervention at a stage before children's vulnerability has been identified and is seen to be the primary responsibility of universal services. Examples of this include a Maternal and Child Health nurse providing information to a young mother about facilitated playgroups designed for teenage parents and their children.

Other definitions

Early Intervention is also a term that is used synonymously with the term Early Childhood Intervention by Community Services across the ECIS sector (although not by DEECD). This creates confusion across sectors, as the ECIS definition refers to secondary, specialist services (such as allied health), whereas the DHS definition refers to primary or universal services such as ECEC and MCH.

Earlier Intervention

Within the context of the Strategic Framework for Family Services (DHS, 2007a) and the Family and Placement Services Sector Development Plan (DHS, 2005c), 'Earlier Intervention' refers to Family Services interventions that occur when a child, young person or family's vulnerability has been identified, but before the risks and concerns escalate and lead to Child Protection intervention. Primary examples of this type of intervention are Child FIRST and Early Parenting Services (see below).

Early Parenting Services

Within the context of Family Services (DHS), Early Parenting centres offer a range of specialised support, counselling and advice services aimed at providing assistance to parents who need additional support to care for their infant/ toddler. Early Parenting services provide critical, timely and responsive services before risks and concerns escalate and further specialist or tertiary interventions are required.

Vulnerable

DHS definition

Within the context of the Strategic Framework for Family Services (DHS, 2007a, p. 27), vulnerable children, young people and families are ***likely to be characterised by:***

- Multiple risk factors and long-term chronic needs, meaning that children are at high risk of developmental deficits;
- Children, young people and families at high risk of long-term involvement in specialist secondary services, such as alcohol and drugs, mental health, family violence and homelessness services;
- Cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm;
- Single/ definable risk factors that need an individualised, specialised response to ameliorate their circumstances; and
- Single/ definable risk factors that may need specialised one-off, short-term, or episodic assistance to prevent or minimise the escalation of risk.

Elsewhere in the Framework (DHS, 2007a, p. 27), reference is made to the following risk factors for vulnerability with regards to children, young people and their families:

- Significant parenting problems that may be affecting the child's development;
- Serious family conflict, including family breakdown;
- Families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement;
- Young, isolated and/ or unsupported families; and
- Significant social or economic disadvantage that may adversely affect a child's care or development.

Federal definition

The *National Framework for Protecting Australia's Children 2009–2020* does not provide a definition of vulnerability. However, FaHCSIA provides a definition of vulnerability within its Family Support Program, as follows:

Vulnerable families are vulnerable to poor outcomes including:

- Compromised social, emotional, physical and cognitive development;
- Social isolation;
- Social exclusion;
- Family violence;
- Sexual/ physical/ emotional abuse and neglect;
- Poverty;
- Homelessness; and
- Poor mental or physical health.

Such families may include:

- Indigenous families;
- Single parent or blended families;
- Young parent families;
- Families living in areas of locational disadvantage;
- Families experiencing housing instability or high mobility;
- Families where violence or significant trauma is an issue;
- Families involved with the child protection and/ or family law or justice system;
- Families experiencing financial hardship or disability;
- Grandparent or extended family carers;
- Families experiencing mental health or substance abuse issues; and
- Many culturally and linguistically diverse families, particularly refugees.

Maternal and Child Health (MCH)

Maternal and Child Health is a universal service that works with all families with children from birth to school age, supporting them during this often challenging phase of parenting. There are a limited number of visits at key 'ages and stages' of children's development from birth to five (0-5) years.

Integrating services

Integrating services/ service integration refers to the process of building connections between services of different types, so as to create a system that is more comprehensive and cohesive; and services that are more accessible and responsive (i.e. universal, secondary and tertiary services).

Universal services

Universal services are available to the whole of the population and are designed to promote positive functioning and decrease the likelihood of specific problems or disorders developing. Services are only truly universal if they are available to the whole population, accessible to all and accessed by most. Factors affecting accessibility include location, cost, opening hours, and inclusiveness. In the early childhood and child and family service sectors, this includes Maternal and Child Health, Childcare, Kindergarten and School.

Targeted services

Targeted services are available to selected groups or individuals who are known to be at risk of developing particular health or developmental problems, with the purpose of reducing the likelihood of such problems developing. In the community services (early childhood and child and family services) sector, this includes services for specific groups such as indigenous families; newly arrived immigrant and refugee groups; and sole parents. DHS-funded Family Services programs and interventions include family violence, sexual assault, drug and alcohol, and other services that fall under the umbrella of the Family Services system.

Treatment services

Treatment services are specialist services available to individuals or families who have an established condition or problem, with the purpose of either eliminating the condition or problem, or, if this is not possible, minimising its negative impact. Within the DHS-funded Family Services system, treatment services more often referred to as statutory or tertiary service (see below). The two terms are closely linked and comprise virtually identical services, with the difference being conceptual in terms of a treatment versus protection focus.

Secondary services

Secondary services are intended to describe agencies or service providers to which children are referred for additional assistance with an identified concern. Secondary services aim to prevent further development of an identified concern through 'earlier' intervention, as defined by DHS. Within the DHS-funded Child & Family Services system, Child FIRST/ Family Services have been located in the secondary service area with a close interface with Child Protection (a tertiary service) based on legislation (CYFA) and a formalised Statewide Child Protection - Integrated Family Services Agreement. Secondary services may also be provided by other community services organisations (CSOs); local government; or state government (DEECD) provided Early Childhood Intervention Services (ECIS). These secondary services include, for example, health services such as speech pathology, audiology, paediatricians and early childhood intervention within a registered setting.

Tertiary services

Within the DHS-funded Child and Family Services system, tertiary services refer to services such as Child Protection, out of home care, youth justice and the Parenting Assessment and Skills Development Service (PASDS). Such services are intended to make a difference to children's developmental pathways, as they have the capacity to resolve acute problems and tackle the most difficult, complex or chronic conditions.

Child Protection

Hozer and Bromfield (2007) provide the following legal definition of a child in need of protection in Victoria:

> ***"In Victoria, a child is in need of protection if he or she has suffered or is likely to suffer significant harm due to physical injury or sexual abuse, or emotional or psychological harm (to the extent that he or she suffers or is likely to suffer significant emotional or intellectual damage). A child is also in need of protection if he or she has been or is likely to be significantly harmed as a result of not being provided basic care or effective medical, surgical or other remedial care. Thus in Victoria, statutory intervention is triggered due to the consequences of abusive and neglectful behaviours."***

Mandatory reporting

A range of professional groups are listed in the Children Youth and Families Act 2005 Section 182(1) as mandatory reporters. The mandatory reporting scheme was introduced on a phased basis. Eighteen years later, some categories have yet to be 'Gazetted' into law, including operators and professional employees of children's service centres. The only gazetted professionals required to report are:

- All Victorian police members
- Primary and secondary school teachers and principals
- Registered medical practitioners (including psychiatrists)
- Nurses (including midwives and school nurses)

Mandatory reporters must make a report to Child protection as soon as practicable after forming a belief on reasonable grounds that a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse and the child's parents are unable or unwilling to protect the child.

Complex

Within the context of the Strategic Framework for Family Services (DHS), complex implies multiple, chronic and prolonged problems arising from a variety of factors, including increasing socio-economic disadvantage; high rates of underemployment; poor housing affordability; and complex issues and pressures related to parenting and families, such as family violence, drug and alcohol use and mental health issues.

The Hume Pathways Project :
working together towards an integrated local service system for families.

UnitingCare
Lentara

Murdoch Childrens
Research Institute
Healthier Kids. Healthier Future.