



## Access System Redesign

A submission to the:  
NSW Department of Family and  
Community Services

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## Introduction

**yourtown** strongly welcomes the NSW Government's plan to comprehensively redesign the child safety, child wellbeing intake, assessment and referral system (the Access System)! We fully support every effort to reframe the system so that it moves away from being crisis-focused and reactive to become an early intervention and prevention system.

The system's current focus on crisis and statutory interventions has long needed reform as the absence of early help and preventative measures only leads to the exacerbation of issues for those children and families at risk. Indeed, the system can, at times, even cause harm itself. It also results in greater social and economic costs to communities, with families and communities at greater risk of cycles of disadvantage and with increased need for lifelong support from support services.

**yourtown** is greatly encouraged by the content, detail and analysis of the Discussion Paper and Evidence Profile. We believe that the Discussion Paper identifies many of the drivers of vulnerability, as well as the case for change, elements within the system that require reform, and system-wide enablers. Elements that we note or emphasise in our submission draw from our experience of working with vulnerable children, young people and families for whom intergenerational disadvantage and trauma are notable challenges.

Indeed, through our work, we know that given the complexity of these challenges, there is no quick fix and no one intervention, approach or principle will alone alleviate them. However, thanks to emerging research and our own experience and research, **yourtown** has identified a number of broad approaches and principles to working with children, families and communities that produce positive results and provide a starting point for policy, service and system development.

In our submission, we present an overview of these approaches and principles using some examples of our programs that apply them, which cover deep and persistent areas of disadvantage such as family violence, unemployment, homelessness and youth offending. These approaches/principles include:

- A whole family approach
- Early intervention with a particular focus on promoting positive child development
- Importance of education engagement
- Relationship-based, holistic and intensive case management support
- Trauma-informed practice
- A whole of government approach supported by collaborative or partnership arrangements between stakeholders
- Indigenous-led policy and service design

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<sup>1</sup> <https://www.theirfuturesmatter.nsw.gov.au/implementing-the-reform/one-connected-response/access-system-redesign>

The plan to reform the system is ambitious and cannot be achieved overnight. A significant cultural shift is needed to make this plan a reality, as well as long-term, political commitment to sustained and appropriate levels of funding. Initially, this will mean that considerable investment is necessary but we are confident that major savings can be made over the long-term if the new Access System is achieved. For our part, we look forward, and are committed, to working with the NSW Government to deliver a reformed system that prevents harm and supports all children, young people and families to live healthier and happier lives.

## **yourtown services**

**yourtown** is a national organisation and registered charity that aims to tackle the issues affecting the lives of children and young people. Established in 1961, **yourtown's** mission is to enable young people, especially those who are marginalised and without voice, to improve their life outcomes.

**yourtown** provides a range of face-to-face and virtual services to children, young people and families seeking support. These services include:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for 5 to 25 year olds with special capacity for young people with mental health issues
- Employment and educational programs and social enterprises, which support young people to re-engage with education and/or employment, including programs for youth offenders and Aboriginal and Torres Strait Islander specific services
- Accommodation responses to young parents with children who experience homelessness and women and children seeking refuge from domestic and family violence
- Young Parent Programs offering case work, individual and group work support and child development programs for young parents and their children
- Parentline, a telephone counselling service for parents and carers'
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse or been exposed to violence.

### **Kids Helpline**

Kids Helpline (KHL) is Australia's only national 24/7, private support and counselling service specifically for children and young people aged 5 to 25 years. It offers counselling support via telephone, email and a real-time web platform. Kids Helpline is staffed by a paid professional workforce, with all counsellors holding a tertiary qualification.

Since March 1991, children and young people have been contacting Kids Helpline about a diverse group of issues ranging from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

In 2018, Kids Helpline counsellors responded to over 140,000 contacts from children and young people across the nation, with an additional 843,753 unique visitors accessing online support resources from the website.

## Our submission

In the following submission, we respond to the discussion questions broadly in each section rather than specifically, in turn. We can provide further detail in relation to any issue we have identified upon request.

### Part I: Guiding Principles

We strongly welcome the design principles identified in the discussion paper and believe that they would provide good building blocks on which to develop the system.

We particularly welcome the acknowledgement that the system needs to be able to listen and respond to the views and experiences of children and young people, and the intention to build processes into the system to accommodate their voices when developing policy and legislation. At **yourtown**, we are developing and implementing a youth participation strategy as we know that through hearing directly from children and young people themselves, our services can better understand and accommodate their needs and strengths, and thereby provide more effective and sustainable services.

To ensure that those working in the system are able to appropriately receive, use and act on information that children and young people provide, we would like to see the following points added to the description of the principle 'Children, young people and families and communities at the centre':

- Understanding the key stages of child development so that system responses are age and development appropriate, and children and young people can identify with services and feel like they are welcome, belong and are understood by them and their staff, and
- Delivering trauma-informed practice so that the system identifies, understands, and effectively responds to behaviour resulting from trauma. Behaviour resulting from trauma can be confronting, frustrating and difficult to manage and some services today tragically may end up excluding children in view of their 'difficult behaviour' due to this lack of understanding.

We also welcome the principle to provide culturally safe and accessible services, acknowledging the importance of prioritising and responding to the needs and experiences of Aboriginal and Torres Strait Islanders in the system, who are over-represented. We would add to this principle's description the need to work in partnership with Indigenous Peoples to design and deliver services, to emphasise the critical importance of this approach to effective policy design in this area.

## Part 2. Key themes from the evidence

### 2.1 Understanding the drivers of vulnerability

We support the Discussions Paper's analysis of the drivers of vulnerability and in the following sections emphasise the importance of intergenerational disadvantage and trauma and of taking a strength-based approach to service delivery, as well as identifying the areas where the system is a driver of vulnerability itself.

- Intergenerational disadvantage and trauma

At **yourtown**, we work with many children, young people and families who are affected by intergenerational disadvantage and trauma. For example, many of our clients accessing our educational engagement programs have parents who did not finish school or did not achieve a school or vocational qualification. Many of our clients accessing our employment support programs have parents who have never worked or who are unemployed. Many of our clients accessing our parenting support programs were born to teenage or young adult parents themselves, whilst children and young people that call our Kids Helpline counsellors seeking mental health support often have parents who have mental health issues.

In addition, it is common that our clients have been affected by significant trauma in some way during their young lives including, for example, child abuse or family violence, and this has contributed to their present circumstances. Hence, our experience working with these groups supports the Discussion Paper's finding that intergenerational disadvantage and trauma are the most significant drivers of long-term and multigenerational need for a wide range of support.

- The system can be a driver of vulnerability

We would add another driver of vulnerability and tragically that is the system, at times, itself. The system is a driver of vulnerability in relation to the following:

1. Families can be **fearful of the system** and **not have trust in** it due to previous experiences with its services. This fear and mistrust can be well placed given that many people have been let down by it, including in particularly Aboriginal and Torres Strait Islanders who have considerable ongoing mistrust of the system given historical and systemic policies which resulted in the Stolen Generations.

Indeed, **yourtown** staff tell us that any interaction with vulnerable children, young people and families is a careful balancing act as children or parent/s will fear repercussions following a disclosure, and we need to work to gain and maintain their trust and ensure they receive the support they need whilst, for instance, potentially lodging reports in relation to child safety at the same time.

2. There is a **stigma** associated with accessing the system's services, with many families unwilling to reach out for help when they need it for fear of what their wider family and community will think of them.

3. Services **not being located in local communities**, with people unable to access the nearest services provided due to the lack of public transport or their own means of transport or drivers licence.
4. Services **not being welcoming to particular groups** (e.g. children and young people, CALD or First Australians), in terms of the physical environment and staff.
5. Services **not recognising trauma** and how it affects children and young people. Experience of trauma and neglect at an early age is associated with poor emotional regulation and impulse control, learning and behavioural difficulties at school, mental health problems, risky behaviour and later offending.<sup>2</sup>

In our experience, in the absence of formal support this negative pathway can be inadvertently strengthened by inappropriate responses from families and schools. Some behaviours may simply be labelled by staff as 'difficult' or 'inappropriate', and our staff are aware of providers exiting our clients from their services as a result. In addition, our staff are aware of parents medicating their children, who may be hyperactive, have poor attention spans or display other challenging behaviour, with cannabis. Furthermore, a significant proportion of our clients who have youth offending history advise that they have been 'diagnosed' with Attention Deficit Hyperactivity Disorder (ADHD) yet have never consulted, or been assessed by, appropriate professional staff.

Alternatively, given the system's failure to appropriately recognise and respond to client trauma, the system can exacerbate an individual's issues by retriggering their trauma. Schools were often mentioned by our staff as being ill-equipped to manage and respond to children with trauma, with their responses often being quite severe such as exclusion and expulsion from school. Indeed, we fear that children displaying problematic behaviour at school are also labelled ADHD (without any follow-up care), when in fact a history of untreated, complex trauma is likely to be responsible for their behaviour.

6. Services **not being joined-up or coordinated** (see more about this issue in 2.3 and Part 3, 3.2), with clients having to unnecessary repeat their histories or overcome bureaucratic hurdles to access the different services they need.
7. Many **bureaucratic hurdles** exist for service providers such as rigid funding guidelines, eligibility criteria and prescribed funding outcomes that prevent services from helping clients who seek help with an array of issues, some of which might not be covered by the funding they receive from government. Whilst we know that our staff go the extra mile to try to assist clients in these circumstances, there are times when for example, the age of the client makes this impossible.

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<sup>2</sup> Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex Trauma in Children and Adolescents. *Psychiatric Annals*. 35. 390-398.

For example, we had one client who wanted our staff to assist them in accessing another service. However, as they were 18 years old, this service would not let us help them and so the client in question did not end up using the service. To have to deny support in this way, when an individual has reached out and is ready for help, is clearly not in the interests of the client, provider or government and we believe that more flexibility is required in relation to funding guidelines and access to funding to facilitate holistic intervention models.

- The importance of applying a strengths-based approach

We apply a strengths-based approach to our work at **yourtown**, acknowledging that children, young people and families who are confronted by significant life challenges, also have significant resources, which with the right support, they can draw from to improve their outcomes. Being supported to use their strengths to overcome challenges is empowering and helps to develop increased resilience and independence in our clients.

However, empowering children, families and communities in this way requires significant investment. This is because many people affected by extreme disadvantage lack self-esteem and confidence, often telling us that they have nothing to contribute or that they are not good at anything. They also often lack trust in the system, for example, because of historical interactions with their family and the system. Hence, significant resources in terms of staff time and training is required to help children and young people overcome these challenges.

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

As the Discussion Paper acknowledges, evidence now overwhelmingly demonstrates the importance of early child development to life course trajectories and outcomes.<sup>3</sup> At **yourtown**, this insight underpins the development of our services for children and parents, and drives our whole family approach to service delivery. For example, our young families centre in Western Sydney (the San Miguel Centre or San Miguel) delivers wraparound support to young parents experiencing homelessness (see more about San Miguel in our response to Part 3, 3.1). The Centre focuses on supporting parents through the early years of their babies and children's lives to help break cycles of disadvantage, whilst simultaneously delivering programs for children and babies to support their development and address any trauma early on (e.g. through delivering expressive therapy). Given that they are a child's first teacher, we know that if we are to help children, we must help their parents too.

However, in our experience, there is a lack of services that work with children and their families to prevent the need to remove children. At the same time, the out-of-care system, while well-intentioned, can cause significant harm to children with their physical, emotional and cultural safety not being guaranteed in care. Significant investment is needed into these areas so that children and parents have access to the supports they need to keep children safe and, where possible,

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<sup>3</sup> For example, see: Duncan, G., & Murnane, R. e. (2011). *Wither Opportunity? Rising Inequality, Schools and Children's Life Chances*. New York: Russell Sage Foundation.



families together. Indeed, our staff say that sometimes it feels like it is easier for the Department to remove children given the absence of services to help a parent manage a mental health issue, or drug and alcohol problem or learn the life skills needed to effectively run a home. The services needed are resource-intensive – we know that, for example, learning life skills at home and one-on-one is effective for those who have severe needs – but ultimately they are worthwhile investments, which will pay dividends through reduced service and support needs later in life.

In relation to mandatory reporting, **yourtown** staff working at San Miguel and at our employment and social enterprise services in Sydney, advise that insufficient feedback is provided by the Department following lodgement of a report about a client's safety. Often, therefore, we are unaware whether a report has been, or will be, followed up by the Department. This is particularly unhelpful to the children and young people we work with as, where appropriate, we like to make them aware that we are reporting an issue to the Department. However, with no idea of a timeframe for a response from the Department or whether the Department will indeed respond, our clients are left feeling anxious about whether they should expect a knock at their door. We would like to be able to provide feedback to our clients about what to expect following the lodgement of a report and when a decision has been made by the Department about a course of action and why this decision has been made, including why the Department may have decided to take no action.

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

**yourtown** fully supports the key themes that the Discussion Paper has identified following its evidence review and stakeholder workshops. In our experience, client needs are wide-ranging and span service systems, and siloed responses to complex disadvantage are less effective and in some ways compound disadvantage given their lack of flexibility and accessibility.

Below, we focus on the difficulty of sharing information between service providers, and the issues that result from this system weakness, as well as the importance of taking a client-centred approach to risk assessment. We also highlight the need to provide support to clients transitioning out of, or between, services.

- Difficult to share information between providers about service users

Information-sharing is undoubtedly a considerable weakness of the current system. As it is difficult to share key information about clients between providers, often clients have to repeat their histories – which can retrigger trauma – whilst providers may lack the full history about their clients and information that would be helpful such as previous services they have accessed, when and for how long. Knowing this information would not only help providers like us better understand their needs and meet them, but would also ensure that we do not lose them – a poor experience with a service can jeopardise the trust that a young person has built with a service or put them off connecting after long summing up the courage to access it. We would strongly welcome changes to the system that enable information-sharing so we can provide a more integrated service response, whilst respecting and protecting clients' privacy and confidentiality.

- System focuses on managing risk not clients' needs

Ensuring that risk management does not unintentionally prevent vulnerable children, young people and families from accessing the support they need is important. For example, our research in relation to preventing youth suicide found that children and young people can be deterred from seeking help for fear of services taking a heavily risk-focused approach, by involving emergency services for instance, when all they are seeking is someone who will listen to them.<sup>4</sup>

Indeed, given how important it is to develop and maintain client trust, **yourtown** is careful to ensure that our approach to risk assessment – for example in relation to Duty of Care – is client-centred. This means we are careful not to reduce any disclosure events to box-ticking and policy-first exercises, and instead take the time to work with clients collaboratively to find solutions to identified issues, and ensuring that they are aware of the limits of confidentiality and reasons why this may need to be broken. If we do have to report an issue, we seek to keep clients informed throughout the process so they feel empowered by actions taken.

- Transitioning out of service support

**yourtown** practice staff wanted to acknowledge that services need to be equipped to support vulnerable children, young people and families to transition from their support to no support or to different services. Clients are likely to have developed strong relationships with support staff with whom they have worked, with some staff being the first adults that they trust, and so if care is not taken, they may feel a sense of loss, unable to cope or let down by the system when this support ends. Again, often funding eligibility criteria and guidelines do not enable providers to sufficiently support their clients during this time, or rather expects service providers to deliver ongoing support in this way without funding.

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

**yourtown** supports a socio-ecological approach to delivering services to support children and families, and we agree that it would help to refocus the system to a prevention and early intervention system. Increasingly, the need for social-ecological approaches to address deep and persistent issues of disadvantage is apparent.<sup>5</sup>

However, as seen in the health system with public health issues, simply endorsing a socio-ecological approach is not enough. It will require significant investment, system-wide staff training and a sustained and long-term policy commitment to support a cultural shift from delivering acute, reactive services to becoming an early intervention and prevention system. To this end, securing cross-party support for this approach is critical to ensuring that the system can and will change.

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<https://www.yourtown.com.au/sites/default/files/document/2.%20Preventing%20suicide%20by%20children%20and%20young%20people.pdf>

<sup>5</sup>For example, in relation to bullying.

## 2.5 Regional and remote areas face specific challenges

The inverse care law is evident in regional and remote areas in that some of Australia's most vulnerable children, young people and families find it more difficult to access the support they require as services are not available locally or, as communities are smaller, people are unwilling to access them for fear of knowing people delivering them or of being seen accessing them by people they know.

Significant investment will be required to develop further interventions and support services for children and families in regional and remote areas, which will include confidential, digital and virtual services. Indeed, we have developed Kids Helpline to help overcome access issues so that it provides a safety net of support for children and young people who live in areas lacking services, with reduced access to services or who want to speak to someone confidentially and anonymously.

To this end, **yourtown** has also partnered with the University of Sydney and the Black Dog Institute to create a world-first: Circles, a social media platform in the support and treatment of young people with mental health issues, from early stage to crisis (see below).

### Overcoming access issues: Circles

Following a pilot and testing phase, Circles has been developed as a social network for group counselling 13-25 year olds, in order to provide national long-term support of mental health problems. Purpose built, it is a mental health social network that is safe, free and private, and that delivers counselling support to young people 24/7.

Once fully evaluated, the expected outcomes and benefits of Circles are to attract any young person from anywhere in the country, with any mental health concern, to a combined professionally trained counsellor+peer support group available through smart phone or computer at any time, in order to tackle and reduce the long-term national burden of chronic mental health problems. Through accessing both formal support, that they may find difficult to access in their communities, and the support of their peers who are experiencing similar issues to them, we see that Circles could have significant benefits for children and young people in rural and remote communities.

Circles is unlike any other online mental health intervention in that it contains the features of all popular social media tools (e.g. posting of videos, pictures, music, social networking games and chat functions), but without the inherent privacy and confidentiality risks of other generic social media platforms, which are understood to deter children and young people from using them. It provides professional, group counselling services anonymously within the Circles social network, at any time 24/7, whilst vigilantly monitoring discussion boards to ensure peer exchanges and engagement are positive. Circles provides the added attraction of remaining anonymous online and to the peer support group to thereby overcome any stigma attached to accessing support. At the same time, every client is asked to sign up with an individual counsellor who knows their details to optimise their safety and wellbeing throughout their interaction with Circles.

Although we are awaiting the full evaluation results of Circles, to date, the views and experiences of children and young people accessing it have been positive. Of a survey on online support of 912 children and young people, 74% respondents indicated that they thought KHL Circles model would be helpful to them.

## Part 3. The system elements

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

We believe that central to being able to support children and young people at risk of developing life-long issues that affect their outcomes are a number of different elements including: a whole family approach, early intervention, a focus on supporting vulnerable children at school, and relationship-based, holistic and intensive case management support.

- Whole family approach

The whole family approach, or the two or three generational approach, is widely acknowledged as being critical to disrupting deep and persistent disadvantage.<sup>6</sup> This approach acknowledges the importance of nurturing parental relationships to early child development. The absence of these relationships paired with poverty and related stress, often leaves children ill-adapted to confront key life milestones, negatively affecting their long-term social, educational, economic and health and wellbeing outcomes.<sup>7</sup>

#### The importance of parents

There is universal acceptance of the importance of parenting on childhood development. Parents are not only a child's first teacher, they are also their first caregiver. Parents play a significant role in shaping the person the child will become and the opportunities in life the child will have,<sup>8</sup> and although parents can influence child development through the resources and cognitive stimulation they offer, the impact of their attachment or bond with their children is fundamental to their flourishing.<sup>9</sup>

Secure attachment in the early years positively impacts on a child's later development and life chances, with insecure attachment negatively affecting educational attainment as well as social and emotional development. Parents who are living in poverty, have mental health problems or are young are most likely to struggle with parenting and attachment. Good parenting can protect children growing up in disadvantaged settings,<sup>10</sup> accentuating the need for early interventions with high-risk or troubled families that support parenting attachment and responsive care.<sup>11</sup> Secure

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<sup>6</sup> E.g. The Aspen Institute and the Bernard Leer Foundation (2016) *Breaking the cycle of poverty: whole family approach*: [https://bernardvanleer.org/app/uploads/2016/09/Breaking-the\\_Cycle\\_Framework\\_AspenAscend\\_BernardvanLeer.pdf](https://bernardvanleer.org/app/uploads/2016/09/Breaking-the_Cycle_Framework_AspenAscend_BernardvanLeer.pdf)

<sup>7</sup> Ibid

<sup>8</sup> Duncan, G., & Murnane, R. e. (2011). *Wither Opportunity? Rising Inequality, Schools and Children's Life Chances*. New York: Russell Sage Foundation.

<sup>9</sup> Bowlby, J. (1979). *The Making and Breaking of Affectional Bonds*. London: Routledge.

<sup>10</sup> Gutman, L. M., & Feinstein, L. (2010). Parenting behaviours and children's development from infancy to early childhood: changes, continuities and contributions. *Early Child Development and Care*, 180(4), 535-556.

<sup>11</sup> Moulin, S., Waldfogel, J., & Washbrook, E. (2014). *Baby Bonds: Parenting, attachment and a secure*

attachment helps children thrive by learning to manage their own feelings and behaviour, improving their confidence, resilience and self-reliance.

Most parents want the best for their child, with evidence that having children can be the catalyst for social mobility.<sup>12</sup> However, it is evident that families that live in poverty face more challenges in meeting the needs of their children.<sup>13</sup> Stigmatisation, lack of access to resources and social support are key issues that need to be addressed to enhance the lives of these vulnerable families.<sup>14</sup>

The current evidence base on parent help-seeking is scarce, with no national data to inform the development of early interventions for family support. However, research commissioned by the Queensland Family and Child Commission suggests that parents are not good at asking for help.<sup>15</sup> The report identified that parents are stressed and worried about their ability to keep their children healthy and safe. Many also worry that by asking for help they will be judged negatively and perceived to be struggling.

Assisting parents to navigate the 'procedural madness' of service support systems through normal, non-stigmatising, universal settings such as schools is seen as an effective strategy.<sup>16</sup> The success of engagement with vulnerable families lies in the relationship skills of the practitioner to respond to the complexity and uncertainty of these families' lives.<sup>17</sup> With client trust, confidentiality and control identified as important factors influencing help-seeker choice, the importance of working with rather than doing things to families is paramount to successful partnerships and service engagement.<sup>18</sup>

### The importance of wider support

In addition, the whole family approach also recognises that child development is influenced by access to appropriate community services and a positive wider environment. Indeed, recent research shows that to improve their life chances, children and young people in disadvantaged communities need to have access to the same 'opportunity structures' – 'a combination of physical facilities, institutional support and social networks' – that exist within more affluent communities. Crucially, this research found that in comparison to children in disadvantaged communities, the children of low-income families in more affluent suburbs had higher aspirations and knew what they needed to do to achieve them. That is, they benefited by learning from and simulating the

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base for children: <https://www.suttontrust.com/wp-content/uploads/2014/03/baby-bonds-final.pdf>

<sup>12</sup> Freeman, A. L. (2017). Moving "Up and Out" Together: Exploring the Mother-Child Bond in Low-Income, Single-Mother-Headed Families. *Journal of Marriage and Family*, 79(3), 675-689.

<sup>13</sup> McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). *Families' experiences of services*.

FaHCSIA Occasional Paper No. 30: <https://ssrn.com/abstract=1700846>

<sup>14</sup> McArthur, M., & Winkworth, G. (2013). The hopes and dreams of Australian young mothers in receipt of income support. *Communities, Children and Families Australia*, 7(1), 47-62.

<sup>15</sup> Ipsos. (2016). Talking Families Campaign: Detailed findings and technical report: <https://www.qfcc.qld.gov.au/talking-families-research-report#Research-report>

<sup>16</sup> McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). *Families' experiences of services*.

FaHCSIA Occasional Paper No. 30: <https://ssrn.com/abstract=1700846>

<sup>17</sup> Barrett, H. (2008). *'Hard to reach' families: engagement in the voluntary and community sector*. London: Family and Parenting Institute.

<sup>18</sup> Featherstone, B., & Broadhurst, K. (2003). Engaging parents and carers with family support services: What can be learned from research on help-seeking? *Child & Family Social Work*, 8(4), 341-350.

behaviour and activities of others around them in the environment, and like their more affluent peers, developed the skillset to take advantage of available opportunities.<sup>19</sup>

The whole family approach is therefore built around the idea that all factors affecting the family will impact child development in addition to the direct experiences of the child, and that the context and outcomes of a child, their family and their community are mutually reinforcing, be that positively or negatively.<sup>20</sup>

#### **Whole of family approach: tackling family homelessness**

**yourtown** delivers a unique service to one of the most vulnerable population groups in our communities: young parents aged 25 years or younger - often single mothers - and their children who are experiencing homelessness. San Miguel provides long-term support and although we seek to have helped a family transition to independence as soon as possible and ideally within 12 months, we will support them for as long as necessary.

They are parents with new babies and young children, many of whom have had to deal with issues such as family violence, drug and alcohol dependence and economic hardship, and who often have been placed in out-of-home care. However, the out-of-home care system is not well equipped to support young parents and their babies meaning these young parents have nowhere to go and their infants are at risk of being taken into care, perpetuating the cycle. Hence, many residents at San Miguel have been forced to leave care on becoming pregnant and we thereby fill a huge support gap to these families, providing support in two key ways.

Firstly, we resolve the immediate housing issue and provide safe accommodation and, in doing so, alleviate immediate stress. This then enables us to, secondly; work with these young parents and their children to help build their parenting and life skills (often lacking for all young people leaving out-of-home care); provide appropriate child development education and activities; therapeutically address any trauma experienced by parents and children as well as any additional issues that may have contributed to their homelessness (e.g. alcohol and drugs misuse) and; divert families to take part in community-based social and educational activities.

The goal of San Miguel is to create an environment in which young families can develop the skills needed to live independently and to raise children whose future will be very different to their parents. To this end, our approach to the delivery of therapeutic and educational programs at San Miguel is flexible, person-centre and holistic. For example, parents often need nutrition and cooking education and given their young age and previous family experiences, this education has to be tailored to a range of needs, including extremely basic needs.

In addition, San Miguel is well-resourced with both staff and facilities. A Senior Parenting and Child Development Worker provides specialist support to develop the knowledge, skills and confidence of parents, a Child Development Worker works with children and parents to support

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<sup>19</sup> Ibid

<sup>20</sup> Ibid

children to achieve key child development milestones, a Families Case Worker supports parents to achieve life goals and personal development, and an Outreach Case Worker assists the family to transition back into the community through nurturing links to community services and support services.

In terms of facilities, the 19 hectare site includes a purpose-built community room for social activities such as movie nights and other events, a tennis court, swimming pool, community garden and fenced paddocks. We also provide transport so that our work with and referral to external services is easily supported. Collaborative work with a diverse range of external organisations not only ensures a robust, holistic response but also helps to ensure that on leaving San Miguel families have a support network within the community and are able to access the services they require over the long-term.

- Early intervention

A wealth of evidence today highlights the value of early intervention in place of acute support in relation to not only preventing negative life outcomes and cycles but also in reducing costs in service provision. However, we also know that government policy and service provision is still skewed to providing costly crisis support as effective early intervention is no easy task and requires long-term planning, collaboration and considerable upfront investment.

Below, we draw from our own experience in working with young offenders,<sup>21</sup> and set out some key factors that we feel are crucial to effective early intervention in this area and to thereby preventing cycles of offending within families.

#### Early intervention: youth offending

Research on pathways to crime has shown that conduct problems in childhood, evident as young as preschool and the early primary years, predict later aggressive and delinquent behaviour.<sup>22</sup> Moreover, the vast majority of children and young people who commit offences are among Australia's most disadvantaged. In their young lives, many will have been confronted by a range of deeply complex, persistent and interrelated social issues, a fact explaining the startling, continuing and increasing overrepresentation of Indigenous children and young people within our youth justice systems.

Many risk factors for offending are statistical markers for family traits associated with socio-economic disadvantage, for example parental or sibling offending history, family violence, low parental educational attainment or employment, parental use of drugs and alcohol, poor child-rearing practices, neglect or abuse, and poverty.<sup>23</sup> Hence, young offenders will, for example:

<sup>21</sup> **yourtown** has a wealth of experience working with youth offenders through both delivering direct youth offending services, and other targeted services including employment, homelessness and education services

<sup>22</sup> Farrington, D.P. (1991). Antisocial personality from childhood to adulthood. *The Psychologist*, 4, 389-394 and Stevenson, J. & Goodman, R. (2001). Association between behaviour at age three years and adult criminality. *British Journal of Psychiatry*, 179(3), 197-202.

<sup>23</sup> Armytage, P. and Ogloff, J. (2017) *Youth Justice Review and Strategy*. Victorian Government: [https://assets.justice.vic.gov.au/justice/resources/c92af2a1-89eb-4c8f-8a56-3acf78505a3a/report\\_meeting\\_needs\\_and\\_reducing\\_offending\\_executive\\_summary\\_2017.pdf](https://assets.justice.vic.gov.au/justice/resources/c92af2a1-89eb-4c8f-8a56-3acf78505a3a/report_meeting_needs_and_reducing_offending_executive_summary_2017.pdf) and Farrington D.P. (2003) Key

have had contact with child safety services; have parents who have been in prison or use drugs and/or alcohol; be unemployed and/or homeless; live in an unstable family environment. We also know that, if left unaddressed, that there is a high chance that these issues will become intergenerational and today's young offenders will become the parents of young offenders in the future.

Given our experience in working with young offenders, we have identified four key factors that we believe are important in delivering early intervention support to children who may be at risk of offending and their families.

1. **Universal and comprehensive assessments of children** as early as possible, and regularly throughout a child's school career, to identify and monitor those at risk of offending. We know that even primary school staff are able to identify students who are having problems that are likely to develop into severe behavioural problems, school disengagement and criminal activity later in their young lives. In Victoria, schools are encouraged to use available data and information to identify children at risk of disengaging.<sup>24</sup> We believe that youth justice systems could take a similar approach to identifying children at risk of offending, using an assessment of all children at primary school and triangulating additional information and data they have to develop an at-risk cohort that can become a focus of targeted support.
2. **Holistic, flexible and person-centred support services** that collaborate to provide targeted child and family interventions that address multiple risk and protective factors. We believe that there is little point providing services to the child alone, as a child will still return home to a volatile and disruptive environment that will halt or hinder his/her progress. Services must work with a child's family – through providing parenting and life skills education and addressing significant issues such as drug and alcohol use that may affect parents. Evidence shows that it is the cumulative number and combination of risk factors that most strongly predicts offending, hence interventions targeting a single factor are unlikely to be effective.<sup>25</sup>
3. **Trauma-informed practice** should be a core aspect of any service dealing with at risk children and young people. A significant body of research shows that (a) youth involved in the justice system have high rates of exposure to trauma, often from early in life, and often across multiple different contexts,<sup>26</sup> and (b) trauma and chronic stress can have long lasting effects on brain development, which can contribute to antisocial behaviour and offending in later life.

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Results from the First Forty Years of the Cambridge Study in Delinquent Development. In: Taking Stock of Delinquency. Longitudinal Research in the Social and Behavioral Sciences: An Interdisciplinary Series. Springer, Boston, MA

<sup>24</sup> <https://www.education.vic.gov.au/school/teachers/studentmanagement/Pages/disengagedrisk.aspx>

<sup>25</sup> Homel R, Cashmore J, Gilmore L, Goodnow J, Hayes A, Lawrence J, Leech M, O'Connor I, Vinson T, Najman J & Western J. (1999). *Pathways to prevention: developmental and early intervention approaches to crime in Australia*. Canberra: Commonwealth Attorney-General's Department

<sup>26</sup> E.g. Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network. *European Journal of Psychotraumatology*, 4, 0.3402/ejpt.v4i0.20274



4. **Relationship-building.** We know that relationships are central to working with vulnerable groups and again any service must consider how it works with children and their families to develop mutual respect and trust. For young offenders, they will often have been let down by and lost faith in the relationships they have with adults and do not know their potential value. Therefore, all children must have the opportunity to develop respectful relationships with adults be that at home, school or the wider community and it should be the aim of early intervention to develop this trust early on to help them learn that there are adults on their side.

To this end, it would be useful to have a **key worker for an at risk child and their family** to facilitate both the development of trust and coordination of different services and staff, including between school staff and children and families. The key worker would be responsible for planning and coordinating the child and family's support and monitoring their progress and outcomes. Having an assigned key worker would help all stakeholders share information and know who to contact. The aim of their role would be to build support services around the child's and family's needs and help them to overcome the challenges of navigating complex and disjointed services, as well as to advocate for them when their needs are not met or new challenges and hurdles arise be that at school, home or in their community.

- Relationship-based, holistic and intensive case management support

To effectively overcome issues relating to client self-confidence, and trust and difficulties accessing services, the system must invest in services and interventions that enable relationships of trust to develop between providers and clients. Relationship-based or case-intensive approaches to service delivery are critical to building trust and to, ultimately therefore, addressing significant and multidimensional issues.

Indeed, the success of all the services we provide is underpinned by our staff's ability to develop relationships built on mutual trust and respect with our young clients. Disadvantaged children and young people often will not have a healthy relationship with an adult or have reasons to mistrust adults, and all services supporting vulnerable children and young people need to show this cohort that they believe in them, and are there to help.

Staff need appropriate time to earn this trust and we consider an intensive case management approach to be an effective way to help nurture a relationship between a client and staff member, so that staff have the opportunity to uncover all the complex issues that confront a young person. Through fully understanding their circumstances and needs, our staff can then coordinate a range of different services, both internal and external, to address the multifaceted and interrelated issues they face.

We identified the need for this approach in our delivery of employment services to long-term unemployed young people and have developed a model, which we are currently piloting and rigorously evaluating. We set out the details of this model below.

## Relationship-based intensive case management – tackling long-term youth unemployment

Increasing numbers of young people are experiencing long-term unemployment. Long-term youth unemployment is defined as young people aged between 15 and 24 years who have been unsuccessful in securing work for any period longer than two weeks, for at least one year. In 2006-07 over 44,000 young people were in long-term unemployment. This rose to over 51,000 young people in 2016-17.

**yourtown** works with more than 7% of these young people through our employment support programs. Subsequently, we have an extensive knowledge of the barriers young people face when trying to access sustainable work as well of the enduring detrimental impact that long-term unemployment can have on young lives.

### What we know

Long-term unemployed young people deal with a range of highly complex and multifaceted issues, unlike those who are in short-term unemployment, which can increase their risk of social exclusion and permanent detachment from the labour market. These barriers and their consequences are compounded as time spent in unemployment is prolonged, further impeding their opportunities in acquiring long-term sustainable work. However, current difficulties in accessing suitable longitudinal data for young people means there is a lack of specific research in how to best support these young people and tackle this ongoing issue. Furthermore, rigorous evaluations of current responses to alleviate long-term youth unemployment are scant.

To help address this gap in knowledge, **yourtown** undertook a survey of nearly 300 young people in long-term unemployment across Australia. Through this research, young people told us that the following issues prevented them from finding employment:

- Educational - such as low levels of formal schooling, literacy and numeracy
- Vocational - such as limited work history and low work skills
- Contextual - such as intergenerational unemployment and living in low socio-economic areas
- Practical - such as not having a driver's licence and limited access to support through social/familial networks or services
- Psycho-social - such as mental health concerns, substance use, and homelessness
- Cognitive-motivational - such as low self-esteem and poor decision-making skills; and
- Anti-social - such as offending history and poor anger management

### A diverse group with diverse needs

Our survey also showed that young people in long-term unemployment are not a homogenous group and different youth cohorts have varying experiences of long-term unemployment – critical insight when developing effective interventions. For example, young men, who have a higher rate of long-term youth unemployment than their female counterparts, told us that not having a driver's licence, limited transport, low literacy and numeracy, anger management issues, unstable accommodation, and offending history were more important barriers to

employment. Young women, on the other hand, told us that they more often experienced a lack of available jobs, low self-esteem and mental health issues as employment barriers.

First Australian young people ranked a lack of qualifications as the main barrier to employment, whilst young people with culturally and linguistically diverse (CALD) backgrounds rated difficulties in accessing social and institutional support due to their residency or citizenship status as a principal work barrier. The top issue for young people in regional and remote areas was the lack of jobs, whereas young people in metropolitan cities were more likely to view limited work experience, low work skills, and having no car as barriers to employment.

### **A new model of support**

Given this cohort's complex needs, it became increasingly clear to our jobactive staff that existing caseload sizes in jobactive do not provide our consultants with the time required to develop the rapport and trust necessary to work with these clients, to comprehensively understand their individual needs, strengths and interests, or to develop a detailed plan of action in collaboration with other service providers, including post-employment strategies targeting ongoing capability development.

We therefore used our research with young people alongside other existing research into tackling youth unemployment to develop a model for support services to effectively assist long-term unemployed young people to engage in sustainable employment. Named **your job, your way**, it is designed to meet a range of different needs throughout the life of a long-term unemployed young person's journey into work. In addition, it recognises that long-term unemployment is a barrier to finding work itself and compounds existing issues that prevent job obtainment.

**your job, your way** targets young people aged 16-21 who have been unemployed for over 52 weeks, and are at high risk of social exclusion and permanent detachment from the labour market. Central to its approach is the delivery of intensive, concurrent services and support to small active caseloads of around 25 young people. This is achieved through the provision of a dual support team of a qualified case manager (Pathways Coach) and an Employment Mentor who work with the young person using a collaborative strengths-based, trauma-informed approach, coupled with targeted employer engagement and intensive 'in work' mentoring to 26 weeks.

We are currently funding pilots of the model in Elizabeth in South Australia and Caboolture in Queensland – two areas of high disadvantage and high rates of long-term youth unemployment. **yourtown** is also funding the Centre for Social Impact (University of New South Wales) to provide an independent evaluation of these pilots to ensure that the effectiveness and impact of these pilots on young people and the community is thoroughly tested and measured. We are confident that we will be able to share some positive results showing how intensive relationship-based approaches can effectively transition Australia's most disadvantaged job seekers into sustainable employment in the near future.

### 3.1 Community hubs

In our experience, South West Sydney services work together well and the effective partnership working between GPs and youth workers there, for example, is making a considerable difference to service user experience and outcomes. We believe that the more organisations can partner and build agreements, the better outcomes we will achieve for all parties involved.

To this end, our family centre in Western Sydney, San Miguel, has a loose partnership with Family and Community Service. We find that through meeting and communication regularly, we are able to share information on clients so that we are all fully aware of a client's holistic needs. Critically, we are no longer developing many service plans for a client but one individual plan, and again, we believe that this is resulting in better outcomes for our clients as well as better use of organisational resources.

### 3.2 Multi-agency services coordination

The complexity and interdependency of the challenges that confront disadvantaged children and young people means more effective collaboration between all stakeholders is critical. However, whilst this is well known, effective collaboration is extremely difficult to execute in practice owing to a host of intra- and inter-organisational factors such as competing priorities, funding, ways of working and IT and data systems, compounded by the number of stakeholders involved in a child's journey to adulthood.

We suggest that complex problems such as intergenerational disadvantage and trauma require more than traditional collaboration, and that the collective impact approach shows the most promise. Collective impact refers to 'long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem'. Collective impact is more than collaboration, with organisations committing to a common agenda, a shared measurement system, mutually reinforcing activities, ongoing communications, and support for an independent backbone organisation with staff dedicated to facilitating collective effort.<sup>27</sup>

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<sup>27</sup> Kania, J. & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*, Winter, 36-41

## A joined-up approach: The Geelong Project

The community of schools and services (COSS) model is an example of the Collective Impact approach and underpins the 'Geelong Project' in Victoria.<sup>28</sup> Led by Barwon Child, Youth and Family, this early intervention project is a place-based partnership aimed at preventing young people at risk of disengaging or leaving school from becoming homeless and entering the justice system. The partnership includes Swinburne University, headspace Geelong, the Geelong Region Local Learning and Employment Network, and three pilot schools within disadvantaged areas.

The Geelong Project is being evaluated and following its first three years of operation, has reported some positive outcomes including:

- Between 2013-2016, the number of adolescents entering the Specialist Homelessness Service system in Geelong declined by 40 percent from a 10-year base line of 230 to a new post-TGP base line of about 100 cases.
- The school disengagement indicator has showed a shift to improved school engagement since 2013 - from 8.9 percent at high risk of school disengagement or an estimated 197 students to 4.6 percent of about 100 students.
- Early school leaving has been reduced by about 20 percent for the three pilot schools. In 2013, more students left school early from the three pilot schools than the other nine state secondary schools in Geelong. By 2016, that had been reversed: the majority of early school leavers came from the other schools.

A key element of the model is the assessment tool - the Australian Index of Adolescent Development survey (AIAD), which was developed by Swinburne University for the Project. This survey screens all students to identify those with incipient issues such as family conflict, poor mental health and disengagement from education which, when left unsupported, are strong correlating factors in young people engaging in criminal activity, entering homelessness and a lifelong reliance on support services. The survey continues to assess those at risk at key stages throughout their journey through school and flags and levers intervention where required. The Project delivers flexible and responsive services to the needs of those students identified at risk, acknowledging that not all students need the same level of support.

The Geelong Project stemmed from the determination of a group of practitioner-leaders who recognised that the current approach to reduce youth homelessness, school disengagement and youth offending was not working and needed to be reformed. They also acknowledged that working in partnership would not be easy and, despite pooled government funding coming to an end and youth workers answering to different funding streams, found ways to operate as a collective - through service amalgamation and forming an 'early intervention platform'. The Project's outcomes to date are testimony of what can be achieved by effective collaboration.

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<sup>28</sup> MacKenzie, D. (2018) *The Geelong Project Interim Report*: [http://www.thegeelongproject.com.au/wp-content/uploads/2018/02/TGP\\_Interim\\_Report\\_FINAL\\_e-PRINT.pdf](http://www.thegeelongproject.com.au/wp-content/uploads/2018/02/TGP_Interim_Report_FINAL_e-PRINT.pdf)

### 3.3 Need is matched to the right response

As described in response to 3.1 above, the Geelong Project in Victoria provides an excellent example of the use of holistic screening to identify children at risk in order to provide them with appropriate support targeted to their individual needs, hence improving educational and wellbeing outcomes.<sup>29</sup> This includes outcomes directly and indirectly related to youth offending, demonstrating how an investment into robust assessments would help government and agencies intervene early to prevent the emergence, of and to deal with, a number of different issues that confront disadvantaged children and prevent them from leading healthy and prosperous lives.

We would emphasise also that holistic assessments need to be delivered face-to-face and in a culturally appropriate manner to help develop the rapport and trust, crucial to client success in a program. In addition, assessments should incorporate information held by government agencies and other services working with the young person so that a 360 degree understanding of their needs can be developed and accommodated.

### 3.4 Pathways for early help and advice, and child abuse and neglect

We believe that child protection should take a gate-keeper approach to preventing and responding to cases of child abuse and neglect, an approach that is often advocated in relation to youth suicide prevention for example.<sup>30</sup> This would involve delivering training to all gatekeepers – all adults who intersect with children and young people within the system, including for example, teachers, GPs, youth workers, service provider staff and staff running community activities and clubs – to be able to recognise signs of child abuse, neglect and trauma and to know how to be able to effectively respond.

This approach is similar to the workforce development approach that is being taken currently by the Victorian Government in relation to family violence in their 10 year plan 'Ending Family Violence: Victoria's Plan for Change', which is their response to the Victorian Royal Commission's recommendations on the issue.<sup>31</sup> Workforce development includes ensuring whole-of-workforce training for priority sectors (including GPs, hospital, mental health, drug and alcohol, child protection, aged care and disability workers) receive training in minimum standards and core competencies to guide the identification of risk, risk assessment and risk management.<sup>32</sup>

### 3.5 A monitoring and outcomes framework

**yourtown** concurs with the Discussion Paper's analysis of the issues that need to be considered in the development of a system-wide monitoring and outcomes framework. Monitoring and reviewing outcomes will in itself help to develop a culture of continuous learning, innovation and quality improvement and is preferable to simply monitoring and delivering certain inputs and activities.

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<sup>29</sup> <http://www.thegeelongproject.com.au/>

<sup>30</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5992649/>

<sup>31</sup> <https://www.vic.gov.au/familyviolence/our-10-year-plan.html>

<sup>32</sup> [https://www.vic.gov.au/familyviolence/recommendations/recommendation-details.html?recommendation\\_id=3](https://www.vic.gov.au/familyviolence/recommendations/recommendation-details.html?recommendation_id=3)

We would, however, emphasise the importance of two key groups in the design, development and implementation of the framework. Firstly, outcomes must be meaningful to clients and also respect and recognise the smaller steps of their progress. For example, the way in which complex disadvantage and trauma affect children, young people and families mean that it is important to recognise achievements that many of us may take for granted - such as simply attending a session or starting to make eye contact with a staff member.

Secondly, it is important that the framework is developed with service providers so that it considers, and where appropriate, accommodates their ways of working, perspective and need. In doing so, buy-in of organisations and their staff can be gained, so that the framework can be effectively implemented.

In addition, acknowledging the complexity of the issues that clients are confronted by, the monitoring and outcomes framework must be geared to long-term outcomes as well as short and medium term outcomes. If real progress is to be made by clients and service providers in addressing deep and persistent disadvantage then the system must provide long-term inputs of support.

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

We know that efforts to 'close the gap' between Indigenous and non-Indigenous populations on a number of different outcomes are meeting with limited success, and indeed that key targets to reduce the gap on school attendance and halve the gap in reading and numeracy by 2018 have not been met, whilst the target to halve the gap in employment by 2020 and reduce life expectancy by 2031 are not on track to be met.<sup>33</sup>

Following the ten year review of Closing the Gap, one of the key lessons government says it has learned is that 'effective programs and services need to be designed, developed and implemented in partnership with Aboriginal and Torres Strait Islander people'.<sup>34</sup> We strongly agree and would add that policy-makers must be willing to empower Indigenous people to take the lead in designing solutions. It is not enough that Indigenous consultation is an 'after-thought' or an add-on, First Australian leadership and views must be inherently intertwined in, and central to, the strategic planning, policy and service delivery of services that seek to support disadvantaged children and young people.

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<sup>33</sup> <https://closingthegap.pmc.gov.au/executive-summary>

<sup>34</sup> <https://closingthegap.pmc.gov.au/executive-summary>

Community-led interventions are particularly important for Indigenous groups as they have the ability to overcome the significant access barrier of trust that First Australian people experience when interacting with formal services and agencies, and instead can instil not just a sense of, but real ownership.<sup>35</sup> Yet today, we know that – in some areas Indigenous-led interventions for school (re) engagement for youth offenders for example – are simply not being delivered due to funding shortages.

Facilitating Indigenous policy and intervention design will not only result in the development of services that more appropriately and sustainably meet their needs, but will also help to enhance and restore First Australian cultural and social agency lost due to historical events.

### **Indigenous solutions: a work engagement model**

In collaboration with Marumali Consultations and Relative Creative and informed through yarning with Aboriginal and Torres Strait Islander peoples working at the construction of the Parklands Project, Gold Coast, **yourtown** developed the First Australian's Work Engagement Model ©yourtown.

The model was developed in recognition that although Indigenous Participation Plans (IPP) are designed to increase the amount and quality of Aboriginal and/or Torres Strait Islander employees and businesses participation within a construction project, when it comes to their implementation, things get skipped over, pared back, or forgotten. Sometimes key stakeholders for a project may not understand the role they need to play in supporting the IPP, which can influence the extent to which an organisation is able to have a truly inclusive workplace culture and foster the engagement and retention of First Australian employees and businesses. Sometimes the plan itself may not be fully understood, especially if a template is adopted from elsewhere.

We found that what is missing from the IPP space is a framework or theoretical understanding of what drives First Australians to want to work for an organisation and what makes for a good working experience for Aboriginal and/or Torres Strait Islander peoples. With this understanding, businesses can connect their strategies to a clear purpose – research shows that purpose drives people to act and influences their discretionary effort. It may also suggest that new or alternative strategies may be useful to build the required foundations for First Australians' workplace engagement. Therefore, this model offers the beginnings of a culturally theoretical underpinning of IPPs.

#### **The model explained**

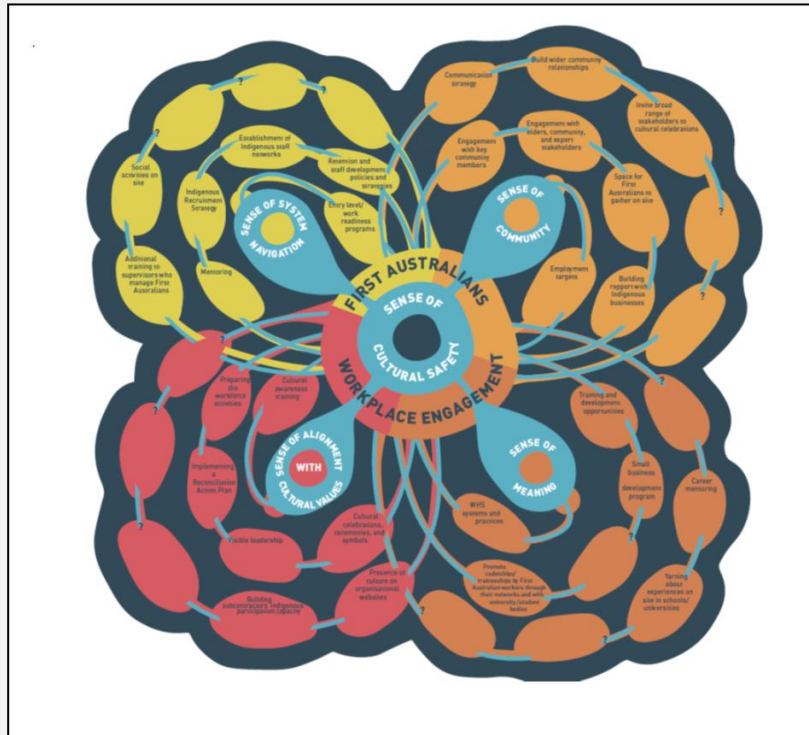
The First Australians' Work Engagement model depicts the factors identified as likely to facilitate First Australians' sense of work engagement. The factors are all interconnected, shown through the blue lines which represent ripples in water, or thread weaving the sense of cultural safety through the other senses.

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<sup>35</sup> Law Council of Australia, (2017) *The Justice Project: Aboriginal and Torres Strait Islander, Consultation Paper, 2017:* <https://www.lawcouncil.asn.au/files/web-pdf/Justice%20Project/Consultation%20Papers/Aboriginal%20and%20Torres%20Strait%20Islander%20Peoples.pdf>



The First Australians' Workplace Engagement, seen in the yellow, reds and oranges, represents that if the blue continues weaving, work engagement will weave back. This 'ripple effect' reflects that which can occur through investing in Indigenous participation initiatives. The colours of this model are inspired by the colours of the Parklands Project itself which seemed fitting as this project has led to so many Indigenous participation legacies. A sense of 'Cultural Safety' is viewed as the 'higher order' factor in this model, but the weaves do not flow in any particular direction as they are all interconnected.



### 3.7 Awareness and capability development

System-wide staff training on child development, trauma-informed practice and cultural competency is required if NSW is to keep its children safe and prevent issues from escalating. In addition, given the importance of relationship-based approaches to effective working with vulnerable children, young people and families, it is imperative that the system has sufficient staff to support relationship-based service provision, intensive case management and one-on-one support.

### Part 4. System-wide enablers

In relation to the funding and strategic commissioning, we would like to see a move to longer service contracts, with appropriate clauses embedded within them to ensure that the system can remove service providers that are underperforming, or for example, undertaking inappropriate or even illegal activity. Longer contracts would help services plan and budget, as well as develop relationships with other community organisations. We also believe that it would reduce unhelpful competition between providers, which often acts as a disincentive to the system working as a whole as providers can work on a longer-term basis. Crucially, it would help children, young people

and parents navigate the system and know where to go with their issues as services become a more permanent fixture in the community, and it would allow for them to develop relationships of trust with providers. Currently, given short-funding contracts, services can cease without much notice and it can be difficult to keep up-to-date with services to whom we can refer clients.

With regards to governance and accountability, we would agree that service provider regulation is in need of reform. In our experience, the current approach to service provider regulation stems from a compliance - rather than from an outcome and performance - mindset. The result is a considerable administrative burden for providers to demonstrate that they are compliant, in relation to evidencing the number of activities undertaken by a client for example, when the focus should be on whether meaningful client outcomes have improved, particularly over the long-term. The development of the monitoring and outcomes framework that focuses on long-term outcomes will clearly be an important step to transitioning from a compliance to an outcome performance framework.