

*Redfern-Waterloo Human Service Plan***FAMILIES AND CHILDREN CLUSTER****CONSOLIDATED WORKSHOP OUTCOMES****BACKGROUND:**

During April and May 2005 a series of workshops were held to discuss the development of the Redfern-Waterloo Human Services Plan. The workshops were made up of cluster groups corresponding with the four priority areas for 2005 -06 namely:

- Young People;
- Families and Children;
- Aboriginal Issues; and
- Health Issues.

The Families and Children Cluster Workshops were held between 10am and 3 pm on 15 April, 29 April, 6 May and 13 May 2005. On average about 24 individuals attended each workshop representing government and non-government service providers in the area, or as members of the Redfern-Waterloo Human Services Advisory Group.

On 6 May members of the cluster also hosted a consultation with members of the community. Over 20 members of the public attended and provided their views on ways to improve services for families and children in the area (see separate write-up of these consultations).

The cluster workshops were focused on developing strategies to improve outcomes for local families and children. The cluster was also asked to investigate family violence and sexual assault. Included as an Attachment is a set of parameters that cluster participants were asked to use in developing their strategies.

What follows are the consolidated results of the four Families and Children Cluster Workshops discussions. They have been prepared by the workshop facilitator- Edwina Deakin of EJD Consulting and Associates- based on a record of the discussions.

Whilst there was clear agreement by workshop participants that the issues listed were priorities for improving outcomes for families and children in the area, it was also noted that material was the product of a workshop processes. All the material, including the strategies and actions listed, should be viewed as work-in-progress and for discussion purposes only at this stage.

Prior to any of the following strategies and actions being finalised, further information will need to be sought from relevant providers (including government agencies) to:

- **confirm the scale of unmet need;**
- **to review the adequacy and capacity of current or planned services and models to meet the identified needs;**
- **scope good practice models or options for addressing the needs given the local environment; plus**
- **develop implementation plans, including costings, timeframes and responsible agency or agencies.**

VISION FOR FAMILIES AND CHILDREN:

That families and children in Redfern and Waterloo will:

- be safe, healthy and resilient;
- have access to stable accommodation; and
- be connected to services that will support them.

OUTCOMES FOR FAMILIES AND CHILDREN:

In order to strengthen local families and children, and provide a more integrated human service system, five outcomes have been identified:

1) O- 6 years

To establish a consistent and coordinated service system for children aged 0 to 6, that links their health, education and well-being.

2) School Aged

To provide access to education and opportunities for all school-aged children that will enable them to obtain their full potential.

3) Family Support

To strengthen the relationships between families and the service system and enhance how services access and resource families when they need assistance.

4) Family Violence and Sexual Assault

To address the causes of violence in the community and provide a coordinated and holistic approach to supporting individuals affected by family violence and sexual assault.

5) Participation in the Community

To improve the capacity of, and opportunities for, local parents and children to fully participate in the life of the community, including involvement in local services.

Throughout the cluster process, participants kept returning to a number of common approaches or themes related to improved service provision. These themes sit alongside the vision and outcomes and have helped shape the draft strategies and actions that follow.

COMMON THEMES TO IMPROVED SERVICE PROVISION:

- a) Improved consistency in:
 - i) the type and quality of services clients (with similar needs) receive, regardless of how or where they enter the service system; and
 - ii) how government and non-government staff respond to clients (with similar needs) and apply established policies and procedures.
- b) Focus on assisting vulnerable families to establish and maintain relationships with the service system, especially when their needs change or when new providers need to become involved.
- c) The need for some bureaucratic flexibility, or the establishment of alternative procedures, for supporting vulnerable families and children, particularly in circumstances where requisite papers (such as birth certificates) or fees can prevent individuals receiving essential services.
- d) Improved linkages and procedures for connecting families formally engaged in government programs and processes (including child protection, health and education services) with other government and non-government family support services.
- e) A recognition that individuals and families have the right to choose to receive a service. Whilst services should be made more accessible and interconnected to assist clients, they cannot impose client participation (in non-mandatory areas). In this sense an individual's desire to self-help is critical.
- f) The need for shared information and training involving all local providers to ensure a common knowledge of roles and responsibilities and processes for referrals etc.
- g) Better consultation and joint planning processes to establish a more integrated and collaborative service system.

STRATEGIES AND ACTIONS

1) O- 6 YEARS:

To establish a consistent and coordinated service system for children aged 0 to 6, which links their health, education and well-being.

1.1 Streamline the transition from neo-natal to post-natal care particularly for at-risk women and teenagers.

*Options/
Possible
Actions:*

- Establish case management protocols and transition procedures to support at-risk women with children from hospital back into community settings.
- Establish stronger links and protocols between early childhood nurse and other family support services to provide support and early intervention to vulnerable women and babies, including referrals to appropriate childcare (... *Families First*)
- Review referral processes and supports available to substance-using pregnant women and post-natal AOD services after child-birth.

Comments: New babies can impact on school aged children's learning and attendance. Currently no process for notifying schools.

Local early childhood nurse is currently 3 days per week. Opportunity to expand hours to enable case conferencing and service referrals etc

1.2 Increase the availability of affordable, culturally appropriate child-care

*Options/
Possible
Actions:*

Given this issue is fundamentally about increase government funding, the cluster was unable to identify any revenue neutral action.

Nonetheless there was unanimous agreement that there was a distinct shortage in the area, especially for 0 to 2 year olds.

1.3 Strengthen transition programs for pre-school aged children into school, including programs focus on children and parents who have not attended childcare

*Options/
Possible
Actions:*

- Through the local Early Childhood Network, review current transition initiatives (including their promotion in the community), with specific focus on the small though known challenges of accessing kids:
 - a) Not participating in local childcare or supported play groups;
 - b) Recent arrivals to area with no previous childcare; and
 - c) Non-toilet trained older pre-schools (who are generally not eligible for local pre-schools and who continue to have problems in school).

- Review availability of transition programs and support services for children with disabilities.
As in other areas, there are known long waiting lists and narrow eligibility criteria to qualify for support services, especially from some public health professionals.

Comment:

It was noted that the area currently has some very effective transition programs already in existence, as well as an effective Early Childhood Network.

2) SCHOOL AGED CHILDREN:

To ensure access to education and opportunities for all school aged children that will enable them to obtain their full potential.

2.1 Increase school attendance patterns of local school-aged children

*Options/
Possible
Actions:*

- Better engage parents and children in the activities of the school, including those that demonstrate the value of education.

- Improve assessment processes to allow early identification and support for children with learning disabilities or emotional or behavioural issues.
A key part of this process will be to improve parental involvement and consent in conducting these assessments, as well as gaining their ongoing support for the recommended actions arising from the assessment process (see above bullet).

- Develop ongoing strategies to deal with school lateness or fractional truancy (such as going home for lunch).
The promotion and provision of breakfast and lunch programs at school (including at APCS) may be an effective measure.
Issue associated with the timing of school transportation and ensuring children had adequate time to eat breakfast before school commences was also a potential issue.

- Review access to, and the appropriateness of, alternative schooling models for children and young people not suited to mainstream educational learning.
For example the Waratah Program offered at the PCYC is one model of alternative education for local children.

- Recruit quality teachers into key positions within local schools, particularly with experience in managing social-economic and cultural issues in an educational context.
Previously NSWTF have prevented certain positions being advertised. What may be required is a revisiting of "special fitness" provisions to give school principals capacity to recruit the right staff into key positions (and not be bound by normal transfer policies etc)

Comments: It was noted that the 'Kids with Promise' program offered in the Campbelltown areas was one model that could be looked at in this context

2.2 Improve attendance and education options available to children prone to suspensions

*Options/
Possible
Actions:*

- Revise processes and procedures for managing school suspensions including:
 - 1) Enhancing opportunities for parental involvement
 - 2) Establishing better links and information sharing with local support providers; and
 - 3) Investigating impacts and options for enhancing use of good practice alternatives such as:
 - i) family conferencing
 - ii) in-school suspension options
 - iii) use of mentors

- *(Also see Action 4 under 2.1)*

Comments: The Green Square School provides an opportunity to improve local suspension management. It was felt there may be options for expanding this facility to address the needs of kids not suited to mainstream education on an ongoing basis.

2.3 Coordinate after-hours activities for school-aged children, including capturing for the interests of difference age and gender groups

*Options/
Possible
Actions:*

- ➔ *Options for this strategy have also been investigated by the Youth Cluster*

- Establish a single forum for the coordination of all after-school hours care in area
The COS is planning to convene a ASHC Forum, though primary goal will be on better networking, assisting with accreditation and support.

- Establish a single forum for the coordination and promotion of vacation programs in area
The current program put out by Council was seen to have a number of shortcomings:
 - It was issued too late to be useful to some families and services;
 - It tended to be a consolidated list of what's on not a coordinated program covering all ages etc; and
 - It was not routinely distributed to key players and potential promoters in area such as local schools.

- Review demand for, and feasibility of, expanding the Kids Speak program to other days or other locations in area.
Currently the service runs on Fridays only. Up to 30 parents and between 40 to 70 children regularly attend.

Comments: 5 to 12 years is huge range in terms of recreational interests. It was noted 9-12 are often not engaged. It was also noted that The Factory can only cater for up to 40 kids during holidays. (There are a lot more kids in area.)

Out-of-area providers and larger charities were not generally linked to what else was available in area and which kids were involved. As a result, frequently the same kids got selected or participate in numerous programs. Whatever coordination initiatives get established, it is vital to also engage with these providers as well.

2.4 Increase opportunities for parents and carers to access activities which strengthen their parenting skills and confidence

Options/
Possible
Actions:

- Increase opportunities for parents to come together in informal settings (such as 'Gathering' or 'Yarn' days) and exchange ideas on parenting issues
Emphasis should be on interactions and discussing rather than information and lecture-style sessions.
These sessions should also facilitate intergenerational support, including opportunities for mentoring or providing peer support to younger mothers.

- Investigate providing (free) access to 'parenting experts' or child psychologists in recreational contexts such as during supported playgroups, through child-care or the school.
For example free morning teas that might have a bit of talking but plenty of informal access to practical experts could be investigated.

- Establish playgroups and other support activities for older carers who are not currently participating in young mother's group type activities.

3) FAMILY SUPPORT:
To strengthen the relationships between families and the service system and enhance how services access and resource families when they need assistance

3.1 Increase access to counselling and non-crisis family support workers that can be called on by all local providers

*Options/
Possible
Actions:*

- Establish a local family support worker network that serves as a common resource to all providers, and enables workers to better out-service to clients in their preferred location.
 This might include "freeing-up" current family support workers based at a service, and encouraging them to access clients in a number of locations. It might also include pooling resources and better promoting existing services and staff so that they can better outreach eg, through access to pooled vehicles etc.
- Review the need for access to additional professional counsellors including:
 - a) Local domestic violence counsellor- see 4.1
 - b) Family counsellor, especially one skilled in dealing with managing anger and family breakdown at an early stage (ie. kids under 12 years), and
 - c) Culturally appropriate grief and loss counsellor for families and young people dealing with issues such as post-traumatic stress, premature death, incarceration of relatives, family breakdowns, stolen generation issues etc

3.2 Establish common intake and assessment processes, referral protocols and communication processes for assisting clients utilising a number of services.

*Options/
Possible
Actions:*

- Establish common basic intake forms and assessment processes to streamline client referrals between providers. (This would need to include a common client consent process to enable:
 - a) Basic information to be exchanged with another provider; and
 - b) Approval for specified information, and service options, to be discussed between providers.
 It will also need to include common language and definitions of terminology and agreements on what and how to assess 'risks'.
- Establish common referral protocols used by local providers to increase client access to appropriate and specialist services.
 (For example access to DV specialists)
- Establish common feedback protocols to assist providers to support clients using more than one service.

- Establish common training on service roles and responsibilities, including roles and expectations of child protection and health bodies regarding information sharing.

Comments: A similar strategy and set of actions is also being pursued through the Youth Cluster. Much of the work would be common to both clusters.

It was noted that the proposed exemption from the Privacy Act for very high-risk clients was "a long time coming". There was a strong interest in it proceeding ASAP with a potential to expand if application if approved.

It was noted that even when a child leaves the area, affected agencies including schools, were not routinely informed. This can cause problems for teachers and students, as well as administrative issues such as the school bus attempting to pick-up the child over some weeks.

3.3 Remove administrative barriers that currently prevent vulnerable families and children from accessing services they require.

*Options/
Possible
Actions:*

- Review government processes that require birth certificates to access essential services (including housing and education) and establish or pilot alternative strategies for vulnerable families.
(This might include establishing a local hardship fund or identifying brokerage options to cover costs of reissuing new birth certificates or service protocols for enabling requisite paperwork to 'catch-up' after the service has been rendered).
- Review procedures for recognising 'kinship law' to enable children living in out-of-home situations to be eligible for benefits and supports currently only available to DoCS overseen foster-care situations.
(This action will need to clarify entitlements for extended family carers and children living in out-of-home situations such as:
 - a) DET teacher's aid funding assistance;
 - b) Commonwealth Family support benefits;
 - c) Commonwealth Disability support benefits;
 - d) State Foster Carer payments.
 (For example it is estimated that up to 48 children living with aunts or grandparents in area are not currently eligible for DET teacher's aid funding assistance as a DOCS caseworker is not involved.)

3.4 Provide better support for at risk families and children including those subject to low level notifications

*Options/
Possible
Actions:*

- Fast track the implementation of the DoCS Early Intervention Program.
Note: Participants emphasised the importance that it's roll-out complementing the direction and content of the Redfern-Waterloo Human Service Plan

Comments:

DoCS Early Interventions Case Workers to be based at the Community Service Centre are currently being recruited (as in other parts of NSW)

Purchasing of Early Intervention NGO support services for DoCS Eastern Sydney Region has commenced.

4) FAMILY VIOLENCE AND SEXUAL ASSAULT:

To address the causes of violence in the community and provide a coordinated and holistic approach to supporting individuals affected by family violence and sexual assault.

4.1 Provide local women and children with access to specialist domestic violence counselling and ongoing support

*Options/
Possible
Actions:*

- Interconnect in-area and relevant out-of-area domestic violence (and sexual assault) crisis and counselling services to establish a service network for clients and service providers.
This is likely to require realigning and/or better promoting existing services including:
 - DV counsellor available through St Vincent de Paul
 - Centrecare services based at Enmore; and
 - Support activities available through SSCA.
- Review the need to establish a local, specialist domestic violence counsellor who can be directly linked to clients at their preferred venue (see 3.1)
The model preferred by the cluster was a floating type position that could be shared between providers and operate through out-servicing.
- Provide training to local staff, including police, on how to link victims with relevant local DV staff and service providers.

4.2 Establish clear pathways for assisting women and children affected by family violence, from the initial crisis to ongoing counselling and support

*Options/
Possible
Actions:*

- Review existing processes to establish common intake, referrals and support processes for all local women affected by DV.
This needs to cover women who use police and AVOs and those who do not. It also needs to include managing processes over time from a crisis incident, access to crisis accommodation, through the court support system, as well as ongoing support in the community.

One useful model identified was currently used by Mascot police where victims give police consent to forward their details to a local DV counsellor who then immediately follows up with the client (if unavailable at time of incident)
- Review existing barriers to crisis accommodation and other services for women and children escaping DV who do not have AVOs or have not involved police in their situation.

Comments:

- For example there was a perceived inconsistency in Dept of Housing staff approach to:
- a) DV crisis accommodation applications including whether AVOs and support letters were required;
 - b) Debt and damages bills linked to female tenant when male was the perpetrator.

4.3 Enhance school and community based violence prevention programs to deal with bullying, intimidation and threats of violence

Options/
Possible
Actions:

- Educate parents and children about what bullying is, as well as the schools and the parents roles and responsibilities in managing inappropriate and violent behaviours
- Provide children with skills for building resilience, managing bullying and intimidation, as well as with information on how to seek assistance (both within and outside the school) without retribution
Referring and linking at-risk kids to follow-up support outside the school may be a useful strategy to prevent victimisation
- Enhance use of youth case conferencing for offenders and victims that include links to local support services.

Comments: Threats of violence and intimidation of families has a flow-on effect with significant cost implications. It is estimated that up to 10 families per annum may be requesting DoH relocate them out-of-area based on threats and intimidation from other residents.

4.4 Increase local children's and young people's awareness of the issues relating to family violence and sexual assault

Options/
Possible
Actions:

- Use experts in the teaching of compulsory PE/H/PD components in schools relating to:
 - 1) Family violence and sexual assault;
 - 2) Drug education;
 - 3) Law and rights;
 - 4) Safe Sex.
- Include local service providers in the teaching of key PE/H/PD components (see above) to assist children and young people make connections with services that could assist them if or when required
- Increase relevant school staff's awareness of, and ability to link children and young people to, local support services that can assist them.
- Review local implementation of the 'Interagency Guidelines for Child Protection' to identify ways to improve support available to children following a mandatory child protection report.

Comments: Mudgin-Gal and RPA Sexual Assault counsellors are currently involved in a pilot in the senior campus of APCS to assist in violence and sexual assault education.

4.5 Expand local anti-violence and prevention initiatives, and specifically those focused on boys and young men

Options/
Possible
Actions:

- Reactivate or expand the 'Black Out Violence' initiative as a key violence prevention program
- Incorporate more anti-violence initiatives in programs and services targeted at males and assist them to identify strategies for building prevention into their everyday dealings with local men and boys
- Increase local programs and initiatives that focus on positive activities, and physical expression for males that do not involve violence
These options need to be pursued in a recreational context. For example a program based around go-carting has been successful in rural areas.

Comments: Further work needs to be done on adopting good practice violence prevention models working in other parts of NSW, Australia and the world

4.6 Expand programs and initiatives focused on male perpetrators

Options/
Possible
Actions:

- Review existing local programs and identify areas to strengthen local perpetrator anti-violence programs
It is understood there are a number of actual or potential providers in the area, including free service provided by Relationships Australia.

5) PARTICIPATION IN THE COMMUNITY:

To improve the capacity of, and opportunities for, local parents, families and children to fully participate in the life of the community, including involvement in local services.

5.1 Increase opportunities for members of the community to become involved with local schools, their facilities and activities

*Options/
Possible
Actions:*

- Identify further opportunities for parental involvement in community events hosted at the school, including through the P&C.
Finding ways to foster greater involve of Aboriginal parents is a specific area of focus
- Increase use of school facilities by other organisations (for example City of Sydney) to increase community exposure to the school and its facilities.
- Increase the number of events and activities in the community which feature local school students.
- Increase the promotion of school-based events beyond current students and their families.

Comments:

Many local parents, including in particular Aboriginal parents, have had negative experiences with schools in the past. Many still associate with them as places to avoid or even fear. These perceptions are very difficult to overcome, even though it does impact of their and their children's ongoing involvement with the education system.

There is a perception that with the exception of NADOC week there is insufficient opportunities for parents to come to the school for community based events.

5.2 Streamline and strengthen access to information about local services, activities and events

*Options/
Possible
Actions:*

- Consolidate processes for collecting and dissemination information to the public regarding local services, programs, activities and events
- Consolidate processes for maintaining, updating and distributing service directory information for use by local providers
- Explore opportunities to enhance local providers capacity to utilise computers, including accessing email and the internet, to better support and refer clients

- Host 'open-days' or 'sticky-beak' tours of local services to increase community and service provider involvement and understanding of what services are available

Comments: Connect Redfern has a site for all agencies to post things as well as a calendar- both currently not being well used

IMPLEMENTATION:

The cluster agreed that the existing Family and Children's Taskforce was an ideal vehicle for progressing a number of strategies and actions listed above.

It was noted however that the Taskforce would need to be effectively resourced to do so. It would also need to establish better links with the large NGOs or charities that also provide services in the area.

In order to be effective, it was noted that there needed to be clear links and dialogue between the Taskforce and other advisory and decision making bodies in the area including:

- the South Sydney Interagency,
- Redfern-Waterloo Human Service Advisory Group, as well as
- Redfern Waterloo Authority, City of Sydney and other key government agencies with a role in funding and supporting family and children's services

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ATTACHMENT**CONTEXT FOR THE HUMAN SERVICES PLAN**

What follows is a list of NSW Government's key expectations for the Redfern-Waterloo Human Services Plan.

That the Redfern- Waterloo Human Services Plan:

- 1) Build on the research and findings contained in the Morgan Disney Report entitled *Making Connections: Better Services, Stronger Community* (November 2004). (See recommendations at end of paper).
- 2) Should aim at integrating the way human services are provided in the area.
- 3) Respect the uniqueness of Redfern and Waterloo, including its diverse demographic, social, cultural and economic profiles.
- 4) Be linked into the broader service system that operates across the inner city and south east Sydney. It should also complement other activities of the Redfern-Waterloo Authority, including its proposed Infrastructure Plan for the area.
- 5) Focus on delivering measurable outcomes to clients and the community. In the first instance this focus requires less attention on specific services and administrative issues, and more attention on meeting individual and community needs.
- 6) Identify solutions covering all facets of the human service system, and not just direct service delivery. This includes integrating issues such as information and referrals, case management, planning and networking, funding processes, plus compliance issues such as data collection, reporting and evaluations.
- 7) Deliver sustainable change over time. In the first instance however the Plan should focus on specific strategies and initiatives to be implemented over a one to three year period.
- 8) Where ever possible solutions should be simple and easy to implement rather than complex and expensive.
- 9) Be delivered within existing resources and funding.
- 10) Result in a reduction of service sites.

- 11) In its initial phase, the Plan should focus on four priority areas namely:
- i) Aboriginal issues;
 - ii) Health;
 - iii) Youth;
 - iv) Families and Children
(including domestic violence and sexual assault).

In 2005 the Plan will be expanded to address other key areas including older residents, people with disabilities, people of cultural and linguistically diverse backgrounds, housing support and homelessness.

It was noted that strategies for each priority area will be progressed through April and May using four corresponding cluster workshops. Information and strategies arising from each cluster will be shared between the groups and care will be taken to ensure the Plan is developed as a cohesive and interrelated document.

The development of the Plan will also be informed by feedback from the Redfern-Waterloo Human Services Advisory Committee made up of government and non-government members, together with community representatives. A number of other high level government bodies will also review and vet the plan before it is finalised.

At this stage it hoped the Action Plan for the Redfern- Waterloo Integrated Human Service Plan will be submitted for Government approval by August 2005.

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