Roadmap for Reform Symposium
11-12 August 2016

Summary of key themes

Introduction

Roadmap for Reform: strong families, safe children

In April 2016, the Victorian Government launched the *Roadmap for Reform: strong families, safe children* as one of the key platforms designed to respond to the Royal Commission into Family Violence. It sets out a new vision for the child and family services system to be achieved through three key reform directions:

- Building supportive and culturally strong communities and improving access to universal services.
- Supporting children, young people and families in need with integrated wraparound supports and targeted early interventions.
- Strengthening home-based care and improving outcomes for children and young people in out-of-home care.

Roadmap for Reform August Symposium

The *Roadmap for Reform: strong families, safe children* Symposium was held on 11 and 12 August 2016 in Mt Eliza, Victoria.

The Symposium was hosted by the Minister for Families and Children, the Hon Jenny Mikakos MLC, and convened in partnership with the Centre for Excellence in Child and Family Welfare.

The event, which focused on Roadmap implementation, brought together over 150 attendees from across the child and family services sector, academia and government. Representatives from Aboriginal Community Controlled Organisations and young people with experience of the child and family services system also participated in the event.

The Symposium considered key threshold questions that go to the strategic intent of the Roadmap. Liz Forsyth, Global Lead for Human Services, KPMG Australia, facilitated the event. Additional KPMG and government representatives facilitated break-out workshop sessions and recorded discussions.

At the conclusion of the Symposium, the Minister announced that she will establish three working groups to report to her Roadmap Implementation Ministerial Advisory Group (RIMAG) : a Universal Services Working Group, Out of Home Care Working Group and Learning System and Practice Implementation Group.

Key Symposium themes

A resonating message from the Symposium came from the young people present: that support to vulnerable children and families centres on *relationships* – not systems and programs per se, – and the *quality* of those relationships is critical to effectively supporting better life outcomes for children, young people and families.

Other key messages from the Symposium included the critical importance of understanding and effectively applying the available evidence to our reforms, and building a system that recognises the important role that data and information can play in supporting better outcomes for clients. This includes the role of data in supporting better service and system planning to respond to demand and changing needs.

The content set out in the document below provides an overview of the key themes and discussion points raised by Symposium attendees, as captured and summarised by KPMG.

For more information or to keep updated on the Roadmap

For regular updates on the Roadmap, including the RIMAG and Working Groups, please subscribe to the Minister's Roadmap for Reform Newsletter by emailing roadmapforreform@dhhs.vic.gov.au or visit the strongfamiliessafechildren.vic.gov.au website.

Reform Direction 1: Universal services

Threshold questions
- How can we better access and leverage universal services for vulnerable families?
- The Intensive Support in the Early Years project tangibly links intensive services for vulnerable families. How can we ensure the links between the full spectrum of responses from universal through to intensive? What would that look like?

Improve the integration of universal services	• Consider ways to encourage integration of services, including by funding services and roles that 'build bridges' across sectors[1] • Improve communication flows between universal services and families • Strengthen the transfer of care/transition between universal services for vulnerable families, including the points in the system where clients transfer • Consider ways to best include Local Governments • Improve linkages between MCH and hospitals • Identify ways to better connect universal services to the community (for example, connecting MCH to playgroups) • Link trauma-informed family services to universal platforms
Consider diverse 'entry points' to the system	• Map the existing service system to understand what services, networks and partnerships are already in place • Acknowledge the importance of Maternal and Child Health (MCH) as an important point of contact for vulnerable families, but also consider other points of contact so that the 'burden' does not lie primarily on MCH services • Focus on antenatal services • Provide pathways for vulnerable families to enter the universal system, rather than expecting them to fit into universal platforms
Improve access to universal services for vulnerable families	• Identify and understand barriers to access, including: • Fear of a statutory response • Cultural barriers • Socio-economic barriers • Geographic mobility of vulnerable families • Understand what motivates/discourages vulnerable families to engage with/access universal services – sense of belonging, money, education, community governance • Consider whether at-risk groups should be prioritised in accessing universal services, noting that the concept of vulnerability is fluid and that families can become vulnerable following crisis • In particular, consider focusing on specific vulnerable cohorts (e.g. refugees and asylum seekers) • Consider changes in practice and service delivery models that may be required to better reach families, including: • Re-establishing a system navigator or key worker role to support clients • Re-establishing roles focused on managing cultural differences – previously, Early Childhood workers were employed to support children from different cultural backgrounds to join playgroups, and the parents to feel welcome • Clarifying the role that social workers can play in supporting families • Expanding both outreach services and 'in-reach' services into homes • Improving access to MCH and Enhanced MCH
Ensure	• Improve data and information sharing – strengthening connections between

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[1] In this document, the 'sector' is understood to include all organisations that provide support to vulnerable children, young people and families, spanning across universal, targeted and tertiary services, and including the service delivery arm of the Department of Health and Human Services.

accountability for the performance of universal services	universal services and family services to understand family history and manage risk • Use unborn reports to inform system responses • Assist families and communities to understand their own data and be accountable for their data • Use systems such as CDIS and Patchwork 'Connected Care' for early years
Focus on early intervention and prevention	• Ensure that universal services are well-positioned to identify vulnerability and refer appropriately • Capitalise on early health messages at opportunistic points, such as the antenatal and early years periods • Promote the use of universal services to the community
Define the cohorts of vulnerable families	• Define vulnerability • Consider that vulnerability is not always a factor at birth, and that families can become disadvantaged or vulnerable at a later stage due to crisis events • Identify specific cohorts who may require help (e.g. teenage mothers) • Consider the role of men (including fathers) and extended family in the system, including evidence-based programs that focus on the role of men • Consider changing the name of Maternal and Child Health to something that includes fathers and carers
Provide more resources to best capitalise on the potential of universal services	• Provide clients with more choice by diversifying the range of service providers available • Ensure that enough workers are available • Adjust the investment strategy to shift the focus away from outputs and throughputs • Strengthen related services, such as funding for emergency relief and homelessness services • Improve consistency in service delivery across the state
Acknowledge the importance of relationships	• Families are more likely to disclose need and request help when they have a trusted relationship with a service provider (e.g. nurses conducting home visits) – consider ways to develop a system that facilitates these relationships • Emphasise the importance of families feeling welcome – the "how can we help you" approach
Acknowledge the importance of place	• Consider where co-location might be appropriate (e.g. therapeutic playgroups in mainstream settings, such as pre-schools) • Look at what is currently working locally
Learn from good practice	• Investigate lessons learned from the emergency management, disability, mental health, drug and alcohol, and aged care sectors • Identify instances of good practice currently occurring across the service system, particularly local examples of good practice (e.g. health justice models in Albury-Wodonga and Latrobe, and other models in Ballarat, Bendigo and Mildura) • Make better use of the Early Years Reference Group as an existing platform

Consider the role of key stakeholders	• Discuss how universal services can secure support from secondary and tertiary services, and vice versa
	   • Demarcations between the three tiers need to break down
	   • Services need to adapt and build bridges between the universal and specialist systems
	• DET should engage more with services at a local, divisional and system level
	• DHHS should move from 'case work only' responses and capability
	• Work with the Commonwealth Government to address red tape around benefits

Sequencing and interconnections
- What is the focus for the next 12 months? 24? In 10 years what do we want to have achieved?

These notes are covered in the previous sub-section.

Engagement method post-symposium
- Existing governance and co-design consultation is planned – what else is needed?

Engagement methods	• Map the existing service system to understand what services, networks and partnerships are already in place

Implications for enablers
- What governance and accountability arrangements will help achieve greater access to universal services and greater integration between universal and targeted services?
- How can the development of a learning system support this?
- What workforce capability and capacity features will support this reform direction?

These notes have been moved to the relevant Day 2 session.

Reform Direction 2: Integrated wraparound supports

Risks/benefits	
<td colspan="2">• What are the potential benefits of the Hub model for vulnerable children and families and the existing service system? • What are the risks and what opportunities exist to enhance the model? • How can we ensure that the Hubs maintain a strong focus on the needs of vulnerable children?</td>
Benefits	• The Hubs represent significant opportunities to improve service access to vulnerable cohorts • The co-design process will facilitate collaboration across the sector, with a positive impact on the delivery of future services
Risks	• Stakeholders in the sector are currently unsure about what the Hubs will mean for their current operations • There is a risk that any competitive tender plan may impede collaborative co-design • By building on the present system, the Hubs may duplicate existing services or continue systems that exclude some communities • There are challenges in bringing together the specialist family violence system (including a specific gender lens) and with family services (and specific child focus)
Ways of focusing on the needs of children and vulnerable families	
Set principles, vision and language	• Develop a common set of principles and a common purpose statement to guide the establishment of the Hubs, to be used by all stakeholders • Ensure the use of common language around the Hubs and develop common tools • Ensure sector clarity around the vision for the Hubs
Identify target cohorts	• Identify and target the key cohorts who will use the Hub, including children • Consider including the broader family in the target cohort (e.g. dads, aunts, grandparents where appropriate) • Engage with targeted cohorts to understand what their motivations might be for using the Hubs (e.g. parents may have Child Protection concerns without a family violence background)
Identify key sector stakeholders	• Identify key sector stakeholders at state, divisional and local level • Identify existing networks and partnerships that are focused on supporting vulnerable children and families • Clarify the scope of the stakeholder network for the Hubs (e.g. relationship with DET, the health system, housing, financial counselling, the mental health and drug and alcohol services, community services such as libraries, essential services such as utilities companies) • Develop a stakeholder engagement strategy
Develop a client-centred approach	• Ensure that the co-design and establishment process for the Hubs is client-centred • Consider whether the term "client-centred approach" should be replaced with "family-centred approach" • Emphasise the importance of including the views of the child and addressing the child's needs • Consider how a client-centred approach may respond to individuals from diverse backgrounds • Consider how a client-centred approach may address the issue of gender
Ensure approaches are evidence-based	• Ensure that the design of the Hubs is informed by evidence-based practice

Capability/resources
• How do the Hubs establish a specialist, integrated intake team to effectively triage and plan services for victims, perpetrators, children and families?
• How do the Hubs establish effective service allocation ('booking in') and referral pathways for local service delivery?
• How do we ensure Hubs are accessible and provide culturally competent services for Aboriginal people and communities and other unique cohorts?

Integrated intake	• Stakeholders agreed that integrated intake has been a long-term aspiration • Ensure that clients' first experience with intake services is positive in order to build their confidence in the system • Consider how the intake system can have a strong family violence 'lens' but also respond to those requiring support from child and family services • Consider the potential need for multiple entry points and connections to the specialist family violence system, as some individuals experiencing family violence may be reluctant to approach specialist services • In particular, consider intake points before the point of crisis. These may not be directly inside the sector (e.g. getting electricity connected) • Identify 'back office' models for the intake process from other integrated intake models
Service allocation	This question was not discussed in detail.
Accessibility	
Provide a welcoming, stigma-free service	• Ensure that services are welcoming of all stakeholders, including children. Many existing services are not child-friendly or accepting of diversity • Address existing challenges for mainstream services and Aboriginal-specific services in making all community members feel safe • Consider the best location for the Hubs to guarantee that they are stigma-free. This may include leveraging existing stigma-free platforms such as schools and community health services

Draw on local experiences and partnerships	• Determine the extent to which Hubs will be place-based, with local governance and flexibility to structure and implement the Hub in accordance with the needs of the local community
	   • Identify instances where co-location of services may be appropriate
	• Determine whether the 'hub and spoke' model is the most appropriate model for reaching vulnerable families, particularly in regional areas, and whether the use of the term 'hub' is the most appropriate language
	   • Consider the most appropriate model to ensure accessibility, given the geographic scale that regional Hubs in particular are expected to cover
	• Draw on existing networks, partnerships and alliances that are working effectively to support vulnerable communities – "don't break up what already works"
	• Determine the balance required between standardisation for core processes at a state level and localisation of processes

Develop the Hub model	• Consider the most effective outreach mode, particularly for regional families
	• Consider how the model will negotiate the tension between providing both safety and support services so that crisis-driven interventions do not 'take over' non-crisis support
	• Identify whether Hubs will operate both physically and virtually, and what the requirements of both types of Hub might be. For example:
	   • Physical Hubs: Open areas
	   • Virtual Hubs: Phone, online and videoconferencing access, and use of apps as an engagement tool for young people

	• Consider how the physical and virtual hubs will interact • Consider the after-hours response of the Hubs • Develop the 'branding' of the Hubs

Engage with diverse communities	• Engage with Aboriginal and Torres Strait Islander communities to investigate the best way to engage ACCOs and Aboriginal communities in the design of the Hubs (e.g. use of Gathering Places)
	    • Conceptualise the Hubs as being part of a network, where Aboriginal services might be part of that network without needing to be co-located
	    • Clarify the relationship between ACCOs and the Hubs
	• Considering methods for engaging CALD clients, such as community gardens

Ensure safety	• Ensure that any Hub providing services to both victims and perpetrators is able to manage both cohorts safely, particularly if within a shared physical space • Ensure that a focus on safety does not mitigate a focus on providing support • Ensure that the Hubs do not undermine the capacity of universal services to work more safely

Role/function • What services need to be connected to the Hubs, and what is the best way to achieve this? • What is the most effective way for child protection to support teams operating from the Hubs (and family services more generally)?	
Services to be delivered	• Ensure that the Hubs do not try to "do everything" – noting the diversity of roles, responsibilities and functions currently delivered by ChildFIRST • Clarify whether the Hubs will be primarily focused on family violence, and if so, what this means for families requiring child and family service support without a family violence context • Develop a suite of services based on the NDIA menu concept • Consider the need for system navigators • Discuss the relationship that the Hubs will have with universal services • Connect the Hubs to prevention and early intervention services • Consider a range of services (e.g. perinatal expertise, support for fathers)
Partnerships	• Develop partnerships across the spectrum of universal, secondary, tertiary and specialist providers • Consider where colocation models might work, noting that they may not be appropriate for all settings

Wider system changes • What changes to the wider service system are needed for the Hubs to succeed? • What should the state-wide and local governance arrangements for the Hubs look like?	

Enhanced collaboration	• Facilitate closer collaboration between specialist family violence services and Integrated Family Services and Child Protection.
	• Consider the role of health justice partnerships and existing system navigators in related sectors
	• Work with universal services to ensure that universal service providers continue to take responsibility for working with family violence victims where appropriate
	    • Identify how universal services can be strengthened by specialist services and the Hubs
	    • Identify how universal and secondary services can best be linked

Legislation and information sharing	• Work with stakeholders to find the right "balance" in sharing information that facilitates support to stakeholders without exacerbating their vulnerability • Ensure that there is a feedback loop from clients

	• Ensure that the legislative framework supports changes made to the system
Governance	• Empower place-based leadership to authorise resourcing and lead service coordination • Develop strong sector-wide governance models using learnings from the establishment of ChildFIRST and ServicesConnect • Ensure that the community and service users have a role in governance structures • Clarify roles and responsibilities across the sector, including child and family and related services (e.g. education, homelessness)

Co-design process	
• What would a successful co-design process look like?	

Co-design principles and process	• Set a clear vision for the co-design process agreed by the sector
	• Set key dates in advance over the next 12 months
	• Set out agreed principles, parameters and decision-making rights for co-design
	• Ensure that the process is transparent
	• Ensure that the leaders of the co-design process are clear about who is involved in the co-design process
	   • Client input is critical at multiple stages in the co-design process, including input from young people
	   • Ensure that all participants are "trained" equally in how to co-design
	• Be clear on which elements of co-design are up for negotiation and which are not
	• Avoid co-design becoming "a chat among friends"
	• Establish regular communication with stakeholders, with updates on progress and timelines
	• Establish feedback loops to 'reality test' propositions

Use of good practice examples	• Draw on lessons from:
	   • the reshaping of homelessness services and parallel systems
	   • mental health and drug and alcohol services
	   • the establishment of ChildFIRST and ServicesConnect
	   • the Child Risk Alliance
	   • local examples such as the Colac Alliance

Reform Direction 3: Out-of-home care and residential supports

Key themes are listed below.	
Review of OOHC	• Include inputs from young people who have been in OOHC into policymaking and system design • Rename services to be more positive and to change the "psychology" of the placement system (for example, rename "out-of-home care", as kinship care is not 'out of home', and rename the concept of "access" as it can be perceived to denigrate the family)
Child Protection system	• Focus reform efforts on DHHS Child Protection • Reconsider the case management, case team, and Family Led Decision Making models in the context of system navigators • Emphasise that the Child Protection system is integrated with the broader child, youth and family sector – in reform, all roles should be on the table • Support the system to become outcomes-driven • Identify the relationships that need to be supported in order for the Child Protection system to function effectively • Identify ways to incentivise service providers to deliver continuity of care across the spectrum of need • Limit focus on throughput or focusing on care types
Child Protection practitioners	• Consider ways to provide additional supports to Child Protection to enable them to develop relationships with families and better support children • Re-define the model of engagement between Child Protection practitioners and children/young people – practitioners should have aspirations for the children, use positive language when working with them, and actively support children to achieve outcomes
Child Protection model	• Consider a person-centred care model based on the NDIS system. This may involve, for example, practitioners coming to the family home • Include a focus on families, remembering that families and carers are also clients • Consider moving away from a 'model' towards a 'package' that meets children and young people's needs • Consider a model where OOHC is used as a short-term placement, with a stronger focus on working with the whole family as a way of supporting reunification • Identify the financial supports that both the system and carers/families need, and consider how they could be better addressed
Foster and kinship care	• Continue recruitment strategies to build carer capacity in the system and redefine the carer selection and support model so that there is less 'churn' • Supportbetter matching of carers and children, more skilled carers and better support mechanisms for carers • Investigate new models of foster care beyond the volunteer workforce
Residential care	• Identify alternative arrangements for children and young people who cannot be accommodated in home-based care (HBC) once the residential care model becomes short-term
Leaving care	• Focus on and improve the system's capacity to provide leaving care services • Identify ways to provide support to young people after they turn 18

Enabler: Learning systems

What will a learning system look like in practice?	
Learning system	• The learning system would be focused on core objectives • Research would be a key pillar of activity in funding/commissioning services • Consider connecting the development of a research strategy to the National Research Strategy which was developed under the National Framework for Protecting Australia's Children. • It will be important to establish robust processes that ensure that services collect evidence on what is working well, as part of a system of continuous improvement. • Protocols would be established for research and best practice that are strictly implemented • Safety and research would be aligned as a best practice example, as is done in the Health sector • The sector would be aware of who is trained in research and evaluation and how • The system would be geared towards prevention and early intervention • Researchers and evaluators would be independent, and have expertise and authority • The sector would take a more strategic approach to research • Broader systems would be evaluated, not only small programs under the control of the Department/service provider • Funding sources would be diversified – for example, looking at philanthropy • Ethics approvals would not be as major a barrier and young people would be involved in the evaluation process • Cultural biases would be addressed – for example, against Aboriginal cultures • The learning system would be integrated into a reformed Child Protection system and broader sector – the model cannot be 'bolted on' to an existing system already under pressure • Learning system technology would be diversified (e.g. virtual learning models) • The learning system would be flexible and agile, able to respond to the local environment

What evidence-based activities are already in place?	
Research sources	• Future Social Services Institute • AIFS • Parenting Resource Centre • Community Child Health – MCRI • ARACY • DHHS supports, hosts and funds events that showcase good practice initiatives • Sector Research Partnership by the Centre for Excellence in Child and Family Welfare

How prepared is the sector to evolve into a learning system? What will it take to get there? On the horizon: can the sector deliver off a living evidence-based menu? What is the role for the Department, the CfECFW, universities and CSOs?	
Sector agreement	• Define the outcomes that the sector is working towards, and ensure that there is buy-in across the sector to these outcomes

	• Establish a common understanding across the sector about the knowledge and evidence gaps • Develop an enduring long-term strategy with bipartisan commitment • Determine whether to adopt a new system or build on existing research systems • Ensure that the development of the learning system is not affected by political or sector change, similar to Health learning systems
Menu of evidence-based practice	Participants generally supported the concept of a menu, but suggested that the Department: • Address potential risks that a menu would not allow for incubation of new ideas in an innovative space where ideas can fail
Collaboration	• Identify key research and evaluation stakeholders, both within and outside the sector (e.g. Children's Court) • Identify ways to incentivise collaboration between all key stakeholders • Establish forums and communities of practice to facilitate collaboration and enable conversations to occur • Include the client in the learning system, including young people • Emphasise the importance of cross-sector collaboration (e.g. engaging with the disability and mental health services) • Include universities
Implementation barriers	• Investigate the barriers to developing and implementing evidence-based practice
Funding and resourcing	• Ensure commitment from all stakeholder groups to contribute to research and evaluation • Ensure that funders are prepared to take the risk of funding research • Consider alternative models for the funder-researcher relationship – for example, the Annie E. Casey model where funding organisations also provide staff who are embedded in the organisation and drive change • Consider alternative funding models, such as outcomes-based funding • Consider the costs (both fixed and variable) to service providers for moving to evidence-based approaches • Consider flexible funding models • Incentivise the sector to adopt evidence-based practice
Performance measurement and data	• Address significant data issues to enable outcomes measurement • Use data to improve services, not only as a compliance measure
Knowledge management	• 'Write up' and collate evidence for the sector to draw on

What constitutes 'good evidence'?	
Evidence	• Develop local evidence, particularly relating to Aboriginal young people • Define evidence-based practice according to international practices • Consider overseas models (e.g. in Scandinavian countries) • Identify where RCTs can be used appropriately
Systems for using evidence	• Consider who will be the 'keeper' of evidence – it should not be DHHS' role to do this, as it is an implementer of government policy • Identify ways to strengthen the link between evidence and practice using available data • Use a clearinghouse for up to date data

Proposed changes to the Learning System diagram on page 34 of the pre-reading pack

- The box at the top should say 'Government' rather than DHHS, and should not be at the top
- Children and young people need to be at the centre
- Add family, children and young people as a new circle
- Needs to be cross sector e.g. universal, secondary, tertiary
- Formal and informal supports are missing
- Environmental scans are missing
- The diagram is closed – an open system is required

Enabler: Funding and governance

	Key themes are listed below.
Packages	- Focus on person-centred packages - Consider family-centred packages rather than person-centred packages - Invest in the Targeted Care Package approach for reunification, and financially incentivise reunification, in order to avoid placement in the statutory system - Consider the impact that the introduction of person-centred packages might have on the sector (e.g. entrance of for-profit providers)
Other funding	- Consider different funding models, including: - Outcomes-based funding, noting that this is reliant on improvements in data reporting - Draw on client data to inform what and how DHHS funds - Individualised and pooled funding, noting that individualised approaches may threaten agencies' funding base - Ensure that infrastructure costs are included - Funding models that enable enduring relationships between practitioners/workers and their clients - Broadbanding - The NDIS model (as above) - Fund prevention and early intervention services as a greater proportion of all OOHC funding - Consider additional funding for care leavers - Consider alternative practice models such as those in New Zealand and New York - Design incentives to minimise competition within the sector

Enabler: Workforce

	Key themes are listed below.
Workforce profile	• Encourage greater cultural diversity in the workforce • Broaden the skillsets and disciplines in the child and family workforce • Address the demographic profile of the sector (female, middle-aged, works part-time) by encouraging younger workers • Consider whether qualifications should be mandatory beyond residential care, without excluding individuals with lived experience or an appropriate background
Workforce recruitment	• Map the current state of the sector workforce and identify gaps • Consider the Department providing cadetships or traineeships to young people who have left care or are in care, in order to provide them with the skills and qualifications to work in the sector and support their transition out of the care system • Investigate ways of addressing limited recruitment pools, particularly in regional areas • Investigate available levers to influence award rates for social workers • Work with universities to promote Child Protection as a career path to social work students

Workforce development needs	• Invest in ensuring that the workforce has core skills, including:
	  • An understanding of trauma-informed care – organisations should promote this from the top down
	  • A focus on outcomes – the learning system should embed the practice of collecting, interpreting and implementing evidence
	  • Reflective learnings and practice
	  • Flexibility in working style
	  • An understanding of the standard of care required
	• Work with universal services providers to train them in managing vulnerability, particularly for early childhood workers who need to be able to understand vulnerability and have cultural awareness
	• Support service providers to invest in developing their workforces

Workforce models	• Investigate flexible working models so that the workforce can better respond to clients' needs outside of working hours • Identify service models that are more multidisciplinary • Develop processes for sharing data on workforce trends